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Stress Relief Salute to Nurses

Dr. David Rainham, M.D.
Author, Speaker, Stress Management Consultant

“Year after year many promising nurses break down and abandon their calling, and it is strange that the number of those taking to other employments is not even greater.”

This was written in 1895, and nothing much has changed! Experienced nurses are now leaving the profession in droves because they feel excessively stressed – which should worry anybody who may ever become seriously ill. Nurses don't just wash you, feed you, dish out pills and make beds. They educate, reassure, and comfort. And they save lives by monitoring your medical condition and getting timely medical help.

Perhaps the worst of nurses' many stresses is the sheer volume of work, which leaves too little time to spend with patients. Is something not drastically wrong when staff cuts are made at the 'hands-on' nursing level? In addition:

- In hospital and on home care, patients tend to be sicker, because of fewer hospital beds and earlier discharge.
- Both medical treatment and hospitals are changing rapidly.
- Irregular 12 hour shifts are difficult to cope with.
- Patient assaults on staff are common in

psychiatry, emergency and chronic care.

- There's a greater risk of legal problems because of the overload and unrealistic expectations.
- Much stress comes from dealing with difficult people, patients and families – and even doctors!
- The work is physically demanding, leading to high injury rates, and the mental strain of dealing with death and dying on a daily basis also takes its toll.

Any difficult job is made more so if you lack control. Nurses take responsibility for care but often feel they have too little say in decisions that affect their work.

New nurses often start out idealistically, and try to please everybody – which leads to burnout if they don't take time to look after themselves – which, being mostly female, they do not. And who usually runs the home and kids? (sometimes families are more stress than work!).

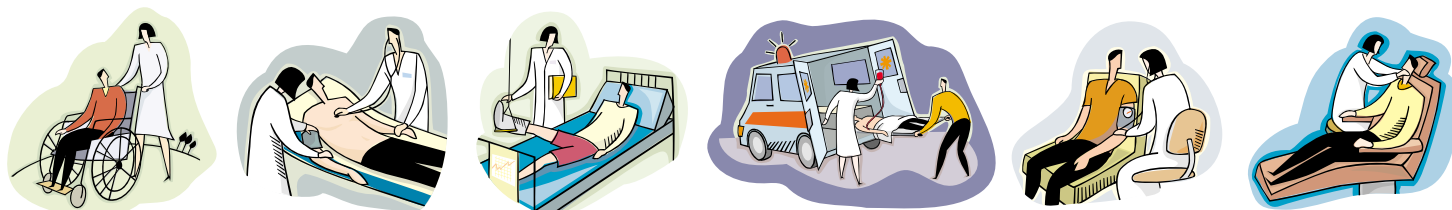
Relief from nursing stress might come from three main sources: Firstly, society needs to value nurses much more highly. Especially in high pressure, high responsibility areas, such as the ICU, cardiac, and home care, workload and pay must be appropriate. Secondly, hospitals need to really show they value their nurses, and give them more say in day-to-day operations. Full time work, predictable shifts, and benefits would help a lot!

Thirdly, like any person with a demanding job, nurses must care for themselves first. They need to make time to meditate and relax, to eat properly, and to exercise. Stresses need to be identified accurately, and nurses must work together to find remedies and be ready for change. Improving communication skills such as assertiveness, listening and conflict resolution will help – as will effective time management. One key to resisting the harmful effects of stress is developing mental strength with positive, accurate self-talk, optimism, persistence – and a big sense of humour.

To put their stresses in perspective and build self-esteem, nurses might keep in mind that good nursing care not only saves lives, it's a major factor in recovery from illness and the relief of pain and distress. Who really holds our hospitals together? Nurses!

If we don't keep our good nurses, and train more, our medical system will fall apart. So we must find ways to provide the status, working conditions and provide the support that all nurses deserve as the backbone of our health care system.

Dr. David Rainham is a family physician, speaker and author of *Getting Older, Growing Stronger*. For more information, visit www.optimumhealth.ca.



What's Inside

- “13Weeks” Follows Six Travel Nurses in Southern California Pg2
- Athabasca University Online Studies Pg7
- CAPNE Conference: Perspectives & Partnerships for Practical Nurse Education Pg4
- Classifieds Pg4
- Conferences Pg4,6
- Editorial: Husband Abuse: Recognition, Prevention and Intervention Pg4
- Global Perspectives on Chronic Disease Management Pg6
- Healthcare Recruiter's Day Pg4
- Leadership & Management Courses Pg6
- If I Only Knew Then What I Know Now - An Article on Alzheimer's Pg3
- Traditional Chinese Medicine Pg8

Career Opportunities

- Allied Health Professionals Pg3
- Cardiothoracic & Respiratory Nurses Pg6
- Children's Nurses Pg6
- Critical Care Nurses Pg4,5
- Community Health Nurses Pg5
- Community Nurse Practitioners Pg5
- Continuing Care Nurses Pg5
- Detox Unit Nurses Pg5
- ER Nurses Pg4,5
- Flight Nurses Pg5
- General Duty Nurses Pg5
- Home Care Nurses Pg4
- Labour and Delivery Nurses Pg4
- LPNs Pg3,4
- Management Positions Pg4,5
- Maternity Nurses Pg5
- Medical Lab Techs Pg5
- Midwives Pg7
- MORE⁹⁸ Regional Representative Pg3
- NeoNatal and Ped. ICU Nurses Pg4
- Nurse Managers Pg3
- Nurse Practitioners Pg5,7
- OR Nurses Pg4,5
- Psychiatric Nurses Pg4,5
- Relief Nurses Pg2
- RNs Pg3,4,5
- RPNs Pg3
- Sonographers Pg5
- Telemetry Nurses Pg4
- Travel Nurses Pg4
- Wound Management Coordinator Pg5

June/July 2005 Vol. 8, Issue 5

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To provide healthcare professionals with job opportunities, continuing education, new products, resources, and editorials to help them succeed in their careers.

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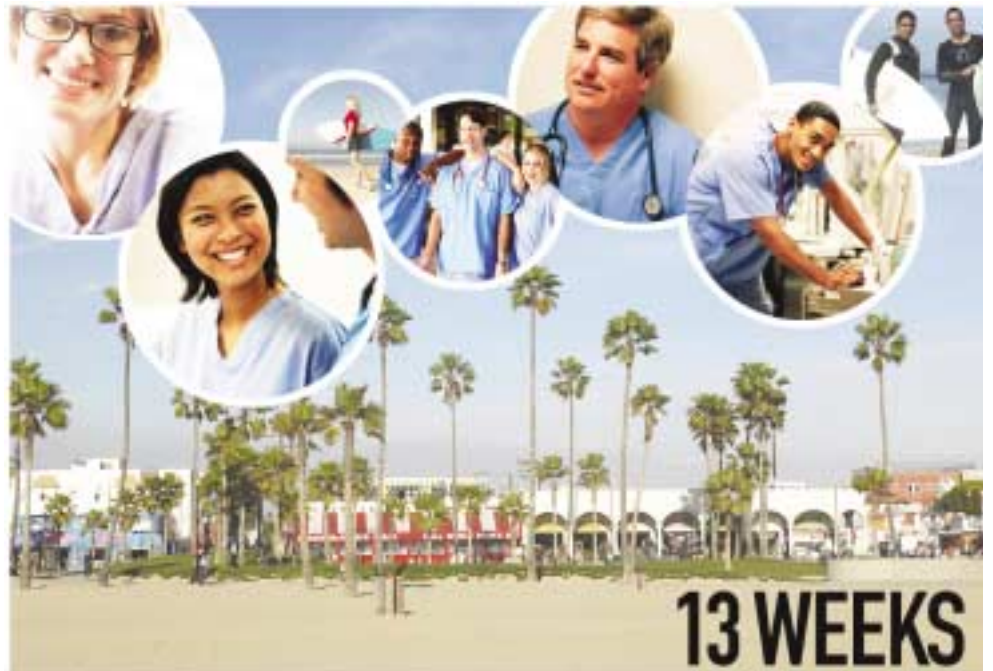
First Travel Nurse Reality Show Launches Trailer, Opens Casting Call "13 WEEKS" Follows Six Travel Nurses in Southern California

Access Nurses, a national travel nurse company, launches the trailer www.NurseTV.com and opens its casting call for the first reality show about travel nurses – highly skilled healthcare professionals who travel the country working at hospitals with acute needs for 13 weeks at a time.

The show, 13 WEEKS, will focus on the lives of six travel nurses relocated to Southern California from all over the country. The focus will include the very intense and challenging hospital work environment, the excitement of exploring Southern California, and the demands of living with five new roommates. "I just think it would be a fun thing to do," said Alycen Skorvonek, an Access Nurses traveler. "It would be a good way to get the word out about nursing to young people considering the profession."

"As a primary provider of patient care, nurses are unsung heroes," states Alan Braynin, CEO of Access Nurses. "13 WEEKS will highlight the many exciting facets of the travel nursing profession and showcase nurses as caregivers who change the lives of many."

The nurses on the show will live in a mansion in Orange Country and will experience the attractions



and excitement of a Southern California lifestyle. Some of the nurses will also have personal development goals for the 13 WEEKS "The show will deliver quality entertainment by focusing on human potential and human drama without being scandalous or bias," comments Braynin.

Filming will occur inside hospitals, inside the mansion and on pre-planned events. The show will be comprised of 13 WEEKS of episodes, as well as a background piece on each of the six nurses. Each episode will be five to seven minutes in length and there will be multiple episodes per week.

The casting call will be open for approximately four weeks and consists of an application process, reference and background check, and an audition tape. Candidate profiles will be posted, and voting will be open, at www.NurseTV.com in early June through mid-July.

The United States Department of Labor predicts that the country will have over 600,000 unfilled



nursing positions by the year 2020. By showcasing the exciting and rewarding lifestyle that travel nursing offers, Access Nurses hopes the show will encourage more people to join the nursing profession.



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Photo by Jim Myres

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If I Only Knew Then What I Know Now

by Jacqueline Marcell, Author, *Elder Rage*

For eleven years I begged my obstinate elderly father to allow a caregiver to help him with my ailing mother, who needed full time care after a massive heart attack, but he adamantly insisted on taking care of her himself.

Every caregiver I hired lasted about three days and then I'd get the familiar call. "Jacqueline, I just can't work with your father. His temper is impossible to handle. He screams and yells and stands over me – and he won't let me do anything. I don't think you'll be able to get him to accept help until he's on his knees himself."

Growing up my father had always been 90 percent wonderful, but that 10 percent of a raging temper was a doozy. He had never turned his temper on me, but then again, I'd never gone against his wishes either.

When my mother nearly died from his inability to care for her, I had to step in and risk his wrath to save her life – having no idea that in the process it would nearly cost me my own.

Jekyll & Hyde

I spent three months feeding my mother every bite of her meals and nursing her back to relative "health" in a convalescent home, while my father yelled and repeatedly threw me out of the house for trying to help. I was stunned to see him get so upset over the simplest things, even running the washing machine could cause a tizzy – and there was no way to reason with him.

It was so heart wrenching to have my once-adoring father turn against me. He'd never laid a hand on me my whole life, but one day he choked me for adding HBO to his cable package, even though he had eagerly consented to it just a few days before. I have never been so devastated in my entire life. I took him to his doctor and was astonished that he could act completely normal when he needed to. I couldn't believe it when the doctor looked at me like I was the crazy one.

Much later I found out that my father had told her not to listen to anything I said – because all I wanted was his money. (Boy do I wish he had some.) It was a Catch 22: I couldn't leave him alone with my mother, because she'd surely die from his inability to care for her. I couldn't get the doctors to believe the horrors because he was always completely normal and sane in front of them. I couldn't get medication to calm him, and even when I did, he refused to take it and flushed it down the toilet. I couldn't get him to accept a caregiver (I went through 40-some were there for an hour), and even when I did, no one would put up with him for very long. I couldn't place my mother in a nursing home – he'd just take her out. I couldn't put him in a home – he didn't qualify.

They both refused any mention of an assisted-living situation and legally I couldn't force them. I became trapped at my parents' home for a year trying to solve the endless crisis-crying rivers daily, and infuriated with an unsympathetic medical system that wasn't helping me appropriately.

Solutions

You don't need to be a Ph.D. to know something is wrong, but you do need an M.D. who can accurately diagnose and treat it properly. Finally, I stumbled

upon a compassionate geriatric dementia specialist who spent the time to perform a battery of blood, neurological and memory tests, along with P.E.T. scans and thorough medical exams. I was astounded when he diagnosed Stage One Alzheimer's in both of my parents-something that all of their other doctors missed entirely.

Since I had no experience with dementia or eldercare, I just didn't get it. I didn't realize that what I'd been coping with was the beginning of dementia, which is intermittent, and appears to come and go. I didn't know that 40-60% of patients become agitated and that 5-20% become overly aggressive.

I also didn't understand that my father was addicted and trapped in his own bad behavior of a lifetime, and that his old habit of screaming and yelling to get his way was coming out when he'd get angry, but over things that were now distorted and illogical and irrational... at times.

His life-long need to be in total control was manifesting itself in an explosive way – because of the onset of dementia. I also didn't understand that demented does not mean stupid, at all, and that he was still socially adjusted to never show his "Hyde" side to anyone outside the family. Even with dementia, it was amazing that he could still be extremely manipulative and crafty.

Alzheimer's – One Type of Dementia

There are many types of dementia, Alzheimer's is

See *Elder Rage* page 5



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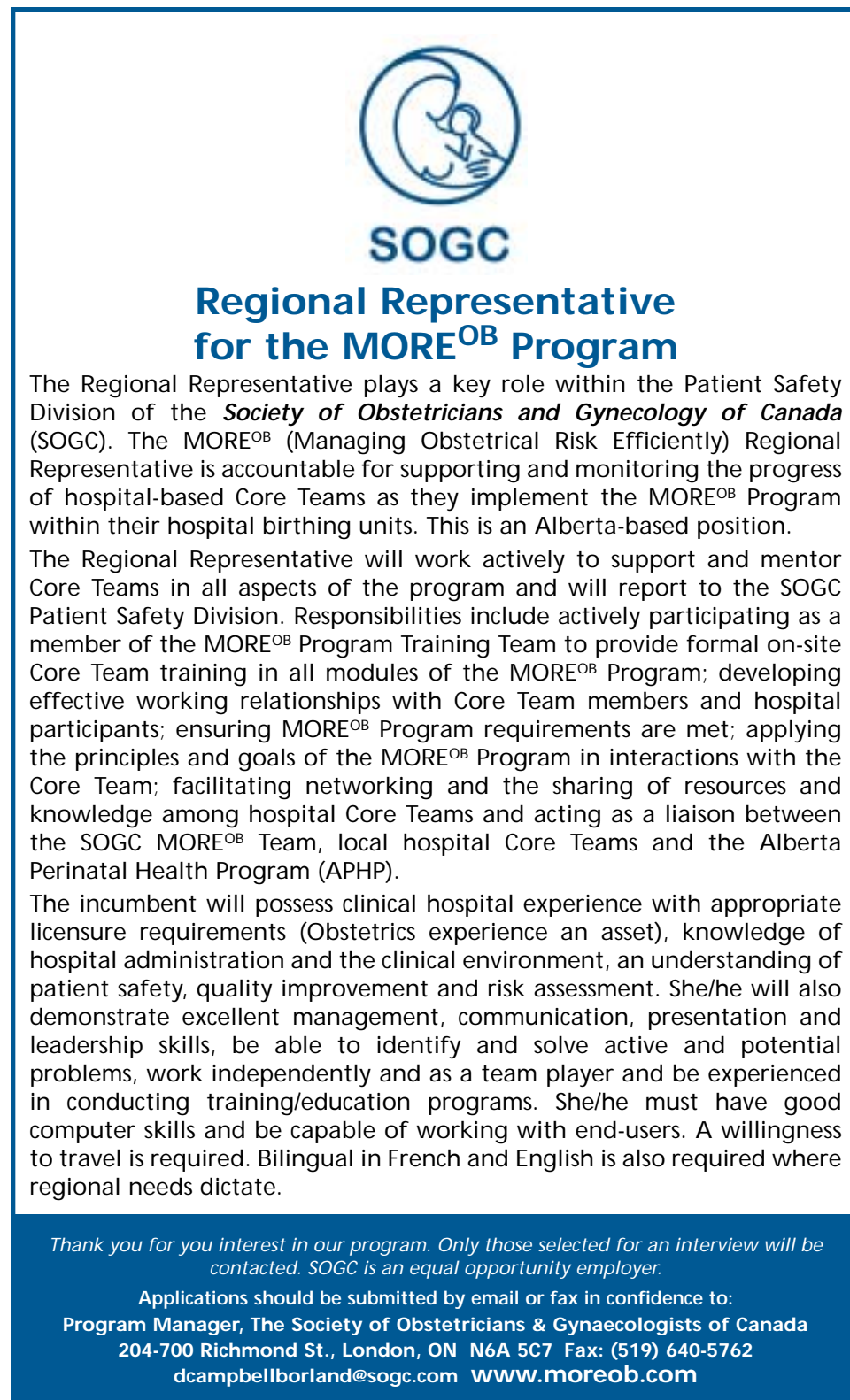
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The Regional Representative will work actively to support and mentor Core Teams in all aspects of the program and will report to the SOGC Patient Safety Division. Responsibilities include actively participating as a member of the MORE^{OB} Program Training Team to provide formal on-site Core Team training in all modules of the MORE^{OB} Program; developing effective working relationships with Core Team members and hospital participants; ensuring MORE^{OB} Program requirements are met; applying the principles and goals of the MORE^{OB} Program in interactions with the Core Team; facilitating networking and the sharing of resources and knowledge among hospital Core Teams and acting as a liaison between the SOGC MORE^{OB} Team, local hospital Core Teams and the Alberta Perinatal Health Program (APHP).

The incumbent will possess clinical hospital experience with appropriate licensure requirements (Obstetrics experience an asset), knowledge of hospital administration and the clinical environment, an understanding of patient safety, quality improvement and risk assessment. She/he will also demonstrate excellent management, communication, presentation and leadership skills, be able to identify and solve active and potential problems, work independently and as a team player and be experienced in conducting training/education programs. She/he must have good computer skills and be capable of working with end-users. A willingness to travel is required. Bilingual in French and English is also required where regional needs dictate.

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Editorial: by Jennifer (Jay) Sherwood BScN, MEd.

Husband Abuse: Recognition, Prevention and Intervention

There have been few issues that have divided researchers and health care professionals in violence prevention as much as "husband abuse". In a paper, "Husband Abuse: An Overview of Research and Perspectives", author Leslie Tutty acknowledges that there is no debate about the existence of husband abuse, rather the debate concerns how common it is and the degree of harm inflicted. In 1999 GSS Statistics Canada surveyed nearly 12,000 men aged 15 years and older. Of the men who had a current partner during the previous five years, 7 percent reported some type of abuse on at least one occasion. Fifty-four percent of those said that it happened more than once and 13 percent reported more than 10 incidences. In comparing these results, to spousal abuse where women are the victims it appears that the incidence of male abuse may be climbing.

I was prompted to write about husband abuse (and in particular the emotional form of abuse) this month because our family has recently been involved in a situation in which abuse in its most insidious form has been evident. This situation involved a young man in the terminal stages of cancer and a recipient of palliative care. His story is not really important to this editorial; rather, it has brought the subject of abuse to my attention as a topic that can be of help to us as health care professionals. In other words: How do we recognize the signs and how can we help its victims?

Psychological or emotional abuse includes various forms of demeaning and controlling behaviors. Emotional abuse is based on power and control and the behaviors of the abuser reflect the goals to exercise same over the victim. While there is no universally accepted definition of emotional abuse, there are commonalities in the abuser's behaviors that have been reported and observed. The forms of abuse that are widely recognized are:

- rejecting – refusing to acknowledge the person's value or worth by communicating that he is useless or inferior;
- degrading – insulting, ridiculing and name calling;

- terrorizing – inducing terror and fear, coercing by intimidation, threatening to place a person in an unfit or dangerous environment, threatening to destroy a person's possessions, pets etc., accusing of illegal behavior;
- isolating – physical confinement, restricting normal contact with friends and family, refusing access to the person's own money and financial affairs;
- corrupting/exploiting – socializing the person to accept ideas and unethical behavior which could have legal consequences; and
- denying emotional responsiveness – failing to provide care in a sensitive and responsive manner, becoming detached and uninvolved.

The examples of behaviors related to each of these forms of emotional abuse are not exhaustive but serve to illustrate each form and can help to recognize when such abuse is occurring.

Emotional abuse accompanies other forms of abuse but may occur on its own. It follows a pattern that is repeated and sustained. If left unchecked abuse does not get better over time. It only gets worse. As in other forms of violence in relationships, those who hold the least power and resources are most often emotionally abused. Emotional abuse can severely damage a person's self-worth, leaving him ever more vulnerable to the cycle and pattern of abuse. A few questions that men can ask themselves may help them to recognize that emotional abuse is a problem for them and seek advice and support. These questions are:

- Does your wife fit the profile? That is to say, is there a routine attack on your confidence, self-esteem, pride and identity?
- Does she insult you with malice? At even a minor provocation will she seize the opportunity to tear into you and deflate your ego and masculine pride?
- Does she need to be in control? Is your partner overcome with a sense of paranoia and violent suspicion when you fail to call, show up, ask for her consent or choose to make a plan without her?
- Do you give in to her no matter what the

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The National Association for Health Care Recruitment (NAHCR) has announced that the first Tuesday in June is National Healthcare Recruiter Recognition Day. In 1991, Congress declared the first Tuesday in June each year to be the day to celebrate Healthcare Recruiters in the US.

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Taken from information on the NAHCR website www.nahcr.com

occasion? Is the price you pay for freedom from conflict and turmoil to never express an opinion that may be contrary to hers and never engage in an argument or debate?

- Have the people you love warned you about her? Has your family, your best friend and others who love you noticed your silence and despair? Have they offered to intervene on your behalf?
- Is "nothing ever good enough"? Do you feel that no matter what you do to make her happy her appreciation and joy are brief?

Men who are especially vulnerable to abuse from their partners are in relationships where the roles are changing. Disrupting or high stress conditions can foster and escalate conflict that was pre-existing between couples. These conflicts can include changes in economic conditions; illness; career setbacks, and the like. While the association between conflict and abuse is strong, the causal direction, if there is one remains unclear.

In an article "Black and Blue: Psychological Weapons in the Intimate War" published in Research Magazine in the Spring of 1998. the author suggest
See Husband Abuse page 6

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Northern Canada and Saskatchewan Career Opportunities

Elder Rage from page 3

just one type, and there's no stopping the progression, nor is there yet a cure. However, if dementia is identified in the early stage, there are four FDA approved medications (Aricept, Exelon, Reminyl and Memantine) that can slow its progression by 2-4 years and improve cognitive functioning.

Keeping a person in Stage One longer, which is milder, delays full time care and nursing home placement. The Alzheimer's Association reports that by delaying the onset of AD for five years, we could save \$50 billion in annual health care costs. Even a one-month delay in nursing home placement could save \$1 billion a year!

In addition to the dementia medication the doctor prescribed anti-depressants, which made a huge difference in my parents' moods. Then, my father received anti-aggression medication, which smoothed out his damaged impulse control. Once their brain chemistries were properly balanced, I was able to use some behavioral techniques – redirection, reminiscence and validation, and then I was able to get them out of bed (“waiting to die”) and into Adult Day Health Care – which saved all our lives for several years.

Hindsight is Always 20/20 Barbara

Looking back, I am shocked that none of the many professionals who treated my parents ever discussed the possibility of dementia with me. Had I simply been shown the “10 Warning Signs of Alzheimer's”, flashing lights would have gone off in my head, as I would have realized a year earlier what was happening. I could have gotten my parents the help they so desperately needed and delayed the

progression of the disease much sooner. If any of this rings true for you or about someone you love, I encourage you to reach out for help by calling the Alzheimer's Association 800-272-3900 and getting a referral to a dementia specialist right away. **Tell them Jacqueline sent you!**

TEN WARNING SIGNS OF ALZHEIMER'S DISEASE

1. Memory loss. One of the most common early signs of dementia is forgetting recently learned information. While it's normal to forget appointments, names, or telephone numbers, those with dementia will forget such things more often and not remember them later.
2. Difficulty performing familiar tasks. People with dementia often find it hard to complete everyday tasks that are so familiar we usually do not think about how to do them. A person with Alzheimer's may not know the steps for preparing a meal, using a household appliance, or participating in a lifelong hobby.
3. Problems with language. Everyone has trouble finding the right word sometimes, but a person with Alzheimer's disease often forgets simple words or substitutes unusual words, making his or her speech or writing hard to understand. If a person with Alzheimer's is unable to find his or her toothbrush, for example, the individual may ask for “that thing for my mouth.”
4. Disorientation to time and place. It's normal to forget the day of the week or where you're going. But people with Alzheimer's disease can become lost on their own street, forget where they are and how they got there, and not know how to get back home.
5. Poor or decreased judgment. No one has perfect

judgment all of the time. Those with Alzheimer's may dress without regard to the weather, wearing several shirts or blouses on a warm day or very little clothing in cold weather. Individuals with dementia often show poor judgment about money, giving away large

amounts of money to telemarketers or paying for home repairs or products they don't need.
6. Problems with abstract thinking. Balancing a checkbook may be hard when the task is more complicated than usual. Someone with
See Elder Rage page 7



The Regina Qu'Appelle Health Region is the largest health care delivery system in southern Saskatchewan and one of the most integrated health delivery agencies in the country. We offer a wide range of hospital, rehabilitation, community, public health, long term care and home care services to meet the needs of more than 245,000 residents living in 120 cities, towns, villages, rural municipalities and First Nation communities within the Region.

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Husband Abuse from page 4

that getting out of the emotionally abusive relationship is as difficult for the victim as it is for those in physically abusive situations. Emotionally abused partners "... may not have the psychological wherewithal to stay out of the abusive relationship. They have a high incidence of depression and anxiety which makes it difficult for them to cope with the ordinary demands of life, much less make the life-changing decisions about ending a marriage and going it alone."

What about the abuser herself? In the same article mentioned above, the authors provide a profile. In the research, it was found that abusive partners have high aggression, low self-esteem, an increased desire for control, impulsiveness and defensiveness. As well, they may have come from violent homes. Two additional characteristics were also noted, these are: a high level of narcissism and a large discrepancy between how abusers see themselves and how others see them. People "... who score very high on narcissistic personally traits are quick to anger and express rage when they don't get what they want or what they think they're entitled to."

The National Clearinghouse on Family Violence, (a body funded through Health Canada) has published numerous papers and helpful articles on all kinds of abuse. Two of these deserve mention here. The first, "What is Emotional Abuse?" gives some direction to health care professionals who may encounter emotional abuse in their clients/patients who may or may not be in their care as a result of

abuse. If you suspect that one of your clients/patients is being emotionally abused Health Canada's advice is to: Listen; believe; support; document client's statements accurately; provide information about available support services and if it is a child, report suspected abuse or neglect. The second publication, "The 2004 Directory of Services and Programs for Abused Men in Canada" provides a listing of services for men who are survivors/victims of abuse. Listings are presented east to west by province and territory and alphabetically by town and city. Knowing about the service providers who are expert in addressing the needs of the abused men and helping your client/patient come in contact with them is a critical component of intervention and prevention of further abuse.

The young man who I have written about did not recognize that his was not simply a "bad marriage" until he told his story to the physicians and nurses who were caring for him during a hospitalization about six months before he died. When he told his story to the health professionals involved in his care, it was immediately recognized that he was a victim of spousal emotional abuse. These caring health care professionals helped him and his family plan the steps that he could take to minimize his emotional pain during the final months of his life.

For more information about domestic violence, spousal abuse, and other kinds of abuse please visit the website of the National Clearinghouse on Family Violence at www.hc-sc.gc.ca/nc-cn.

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Ontario Career Opportunities and Education Opportunities

Elder Rage from page 5

- Alzheimer's disease could forget completely what the numbers are and what needs to be done with them.
- Misplacing things. Anyone can temporarily misplace a wallet or key. A person with Alzheimer's disease may put things in unusual places: an iron in the freezer or a wristwatch in the sugar bowl.
 - Changes in mood or behavior. Everyone can become sad or moody from time to time. Someone with Alzheimer's disease can show rapid mood swings—from calm to tears to anger—for no apparent reason.
 - Changes in personality. People's personalities ordinarily change somewhat with age. But a person with Alzheimer's disease can change a lot, becoming extremely confused, suspicious, fearful, or dependent on a family member.

- Loss of initiative. It's normal to tire of housework, business activities, or social obligations at times. The person with Alzheimer's disease may become very passive, sitting in front of the television for hours, sleeping more than usual, or not wanting to do usual activities.

Jacqueline Marcell is a former college professor and television executive, who after the experience of caring for her elderly parents became an author, publisher, radio host, national speaker, and advocate for eldercare awareness and reform. She is the devoted daughter in her riveting bestseller, *Elder Rage*, or *Take My Father... Please! How to Survive Caring For Aging Parents*, a Book-of-the-Month Club selection, which is being considered for a feature film.

Jacqueline also hosts "Coping with Caregiving", an Internet radio program heard worldwide on [www.wsRadio.com/ CopingWithCaregiving](http://www.wsRadio.com/CopingWithCaregiving). She received the National Adult Day Services Association's Media Award, and The National Association of Women Business Owners presented her with "Advocate of the Year" at their Remarkable Women Awards. For more valuable caregiving information see: www.ElderRage.com



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Traditional Chinese Medicine

Physical, Mental, and Spiritual Approaches to Health

Traditional Chinese medicine (TCM) is a holistic, natural system of healing. It is holistic, first of all, because it applies to the mind body and spirit. Secondly, it involves integration of the major TCM therapies, notably, acupuncture, acupressure, herbal medicine, dietetics, massage, manipulation, Qi Gong and Tai Chi Chuan. Third, it is open to integration with other healing systems, including biomedicine. Fourth, its quest for energetic harmony and health applies as much to practitioners as to patients. TCM is a natural form of medicine because its therapies and diagnostic techniques do not involve synthetic chemicals and drugs or overly-invasive procedures and they have proven safe over many centuries in Asia and elsewhere.

In this brief article, I will discuss these issues with reference to acupuncture, herbal medicine and Qi Gong. Before proceeding, however, it is important to highlight the difference between a technician and a healer. A technician is an individual skilled in some art, science or craft. While this is absolutely necessary in the medical profession, it is not sufficient. Since human beings are comprised of body, mind and spirit – all of which interact in complex ways in promoting health or generating illness – healers must cultivate their own positive energy in order to harmonize the energy of their patients. In TCM, this process of harmonization embodies the art of healing, and the energy involved is known as Qi.

The Concept of Qi

Qi – warm, bright and active – exists in various forms, aptly referred to in terms of “differentiated vital energies.” It encompasses two broad modalities, namely, acquired and innate. Acquired Qi enters us from the environment after birth and innate Qi embodies our genetic heritage as living beings. Acquired Qi consists of Ta Qi (inhaled from air) and Ku Qi (absorbed from food and drink). These are transformed by the Lung into defensive energy, or Wei Qi, and by the Spleen and Stomach into nutrient energy, or Qin Qi. Innate Qi is termed Yuan Qi, 50 percent of which is stored in the Kidney. The Kidney also stores Essence, the cool, opaque and structural and form of Qi (Essence is Yin and Qi is Yang). The energy that flows in close association with Blood and Bodily Fluid throughout the organ and meridian system is termed Jin Qi. Negative Qi, largely in the form of external pathogenic factors, causes disease. This may be exacerbated by negative emotional factors such as fear and anger. The major internal organs together with their associated meridians serve to nourish innate Qi and promote acquired Qi in a continuous, complementary cycle of growth, development and regeneration. If this process is smooth and harmonious, then one is healthy, but in the case of actual or potential stagnation, the various TCM therapies are used to promote positive Qi.

In biomedicine, there is no concept like Qi. Perhaps the closest approximation are the powerful analgesic neuro-transmitters such as endorphins released by the brain in response to acupuncture needling and other TCM therapeutic stimuli, relieving pain and generating feelings of relaxation and well-being.

Medical Acupuncture

Acupuncture has been aptly termed “the fine art of needling others.” In China, it has always been overshadowed by herbal medicine, but in the West it is valued as a useful, complementary pain control therapy. Unlike herbal medicine, it works from the superficial level of the meridians inward to the deep level of the internal organs. It is not merely a physical therapy, as it also applies to the mind and spirit. Indeed, in the classic TCM text, the Yellow Emperor’s Cannon of Internal Medicine, it is characterized as a spiritual axis or pivot. Spirit is to be understood as Shen – the consciousness, alertness and awareness that animates Qi – rather than in the supernatural or religious sense.

Acupuncture has a wide variety of indications, encompassing physical disorders such as back pain and gallstones, mental disorders such as depression and insomnia and spiritual disorders such as fatigue and weak Shen. Certain serious conditions, such as addiction and depression, overlap these categories, and there is no formal categorization of body, mind and spirit acupuncture points. The same points may be used in different disorders and similar disorders may require different points.

As suggested above, healers must cultivate sensitivity to the energetic state of their patients. Yet, there are a number of especially useful Acupoints, including LI.4 (on the back of the hand near the base of the thumb) for physical pain the upper half of the body, PC. 6 (just above the transverse crease of the wrist) for mental problems and GV.20 (at the top of the head) for spiritual uplift. CV.17 (on the front midline level with the base of the shoulders) is the Influential, or single most powerful point, for regulating Qi circulation.

It must be noted that there are a number of Acupoints on the hand, scalp, ear and other Microsystems (localized energetic holograms) that apply to the body, mind and spirit. For example, ear Shenmen, on the anterior surface of the auricle, is one of the most powerful points for mental and spiritual harmony. The two sympathetic lines, near Shenmen, are of equal importance, especially for numerous autonomic nervous system disorders.

Herbal Medicine

Herbal medicine, acting deeply on the internal organs, is as effective as acupuncture, but the results are slower. In the West, it is not as known and accepted as acupuncture. There are safety issues having to do with the purity of the ingredients and quality control of the products as well as concerns about the use of endangered species. There are hundreds of herbal remedies comprising the TCM pharmacopoeia, most of which contain two or more raw or lightly processed ingredients such as leaves, stems, roots, flowers, fungi, animal parts and minerals. These are taken mainly in the form of teas, decoctions, powders, pills and tablets. The most famous TCM tonic is Ling Zhi (Ganoderma lucidum), the ancient “herb of immortality.” It is a wood fungus that has been intensively researched and found to

contain numerous medically important metabolites, including several polysaccharides, triterpenes and nucleosides, which have the power to regulate the human immune system. Ling Zhi, however, is not yet part of the official TCM material medica.

Like acupuncture, TCM herbal remedies cannot be rigidly classified with respect to the body, mind and spirit. The root of the leafy plant Ginseng (Panax ginseng and Panax quinquefolium), another famous TCM tonic, may be ingested as a tea, a decoction or as an ingredient in several herbal remedies for enhancing the mind and spirit. For example, it is one of the ten ingredients of Shen Ling Bai Zhu San, a powder for enhancing Qi and Shen. Ginseng is not a panacea. It is not suitable for those suffering from TCM Heat or syndromes, it must not be mixed with a number of other herbs (such as Chinese honey locust) and it must not be taken in conjunction with drinking Chinese green tea or eating turnips.

Wu Wi Xiao Du Yin is a remedy that largely applies to the body. It is an antiseptic decoction for skin disorders, containing lonicera flower, wild chrysanthemum, dandelion, viola and semiaquilia seed. An Shen Zhen Jing, on the other hand, is a pill for the mind. A sedative for children, this pill contains date seed, cinnabar, ox gallstone and a dozen other ingredients.

Medical Qi Gong

Qi Gong means building Qi through discipline and skill. It works both ways at once, from the outside to the inside like acupuncture and from the inside to the outside like herbal medicine. Therefore, it may be thought of as acupuncture without needles and herbal medicine without herbs – a total body, mind, spiritual experience. Four breathing exercises are the basic building blocks of this ancient TCM practice: 1. (Yin): inhale, hold breath and exhale, 2. (Yang): inhale, exhale and hold breath, 3. (Reinforcing Yin): inhale, hold breath, inhale again and exhale and 4. (Reinforcing Yang): inhale, exhale, hold breath and exhale. Concentration exercises such as the Small and Big Circles serve to move Qi down the Conception Vessel extra meridian (front midline down to the anus) and up the Governor Vessel extra meridian (from the anus up the back midline to the top of the head). There are also various posture/movement exercises involving both breathing and concentration.

At more advanced levels, basic medical Qi Gong breathing is supplemented with several nostril breathing exercises and there are additional concentration exercises involving moving Qi around each of the 12 regular meridians (Lung, Large Intestine, Stomach, Spleen, Heart, Small Intestine, Urinary Bladder, Kidney, Pericardium, Triple Energizer, Gallbladder and Liver). Moreover, phonation is used to reinforce the circle exercises. For example, at CV. 17, the Influential Point for Qi – which is also the Anahata Chakra – the sound “yam” is vocalized and the colour dark blue is visualized. Chakras are important gates of vital energy in both TCM and traditional Ayurvedic medicine. At higher levels of medical Qi Gong, calligraphic art work

expresses Qi flow and creatively through the brush with ink on paper.

In medical Qi Gong, spiritually is most explicitly expressed through the inner smile. This involves smiling outwardly and inwardly at the same time in positive acceptance of oneself and all other sentient beings. Spiritually is also expressed when one offers a blessing of loving kindness to all sentient beings at the end of each exercise session. Qi Gong retreats provide the opportunity for serious students to come together in wilderness areas – experiencing respecting the power of mother nature – in order to practice their exercises in a diligent, disciplined manner as a group under the guidance of the teacher. The Qi Gong exercise known as Hugging the Tree is best practiced in retreat milieus.

Conclusion

In order to become a genuine healer, one should always seek to cultivate physical, mental and spiritual harmony. This involves cultivating pure healing energy. This is the essence of all TCM therapeutic approaches. The vital task of a TCM and any other natural medicine healer is to take negative energy – the suffering, pain and energetic imbalance of patients – and transform it into positive treatment and preventive energy. The healer must be calm, relaxed and mindful – with good and compassionate intentions – to truly and wholly help those who are suffering. Good health is the most important and priceless aspect of our life on earth, which we must all appreciate and share. In cultivating good health, we contribute to one another and fulfill our universal human responsibility.

TCM: Physical, mental and Spiritual Approaches was published in the South African Journal of Natural Medicine (SAJNM) 2001: ISSUE 4, Page 26, 27 and on Page 59.



Dr. Steven Aung is a geriatric and family physician and a traditional Chinese medicine practitioner and teacher. At the University of Alberta, Dr. Aung is an associate clinical professor in Faculty of Medicine and Dentistry and an adjunct professor in the Faculty of Extension. He is a World Health Organization advisor on TCM. Dr. Aung was awarded a Professional Excellency from the Académie Diplomatique de la Paix in 1986, the Alberta Order of Excellence in 2002 and the Queen Elizabeth II Golden Jubilee Medal in 2003. His primary interest is the integration of TCM and Western biomedicine within the context of a more natural and compassionate approach to health and primary health care.