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“ANA recommends treatment from a medical team with substantial acoustic neuroma experience.”

This statement was adopted by the Acoustic Neuroma Association Board of Directors in October 2001 and demonstrates its belief that treatment of acoustic neuroma by a medical team with extensive experience is critical to your best chance for a successful outcome.

Criteria to be used in the selection of medical professionals can be found in the Medical Resources link on our website at www.ANAUSA.org.

The physicians and organizations listed have self-reported data to meet criteria established by ANA for having substantial experience in treating acoustic neuromas. The listings should NOT in any way be construed as an endorsement or recommendation by ANA. The ANA does NOT make any independent determinations concerning the qualifications of any listed physician or organization. It is every individual's responsibility to verify the qualifications, education and experience of any healthcare professional.

MEDICAL REPORT

The Potential Benefits of Integrative East-West Medicine

Editor's note: This article contains a summary of a presentation given at the ANA's National Symposium in Los Angeles, CA in August 2013.

BY MALCOLM B. TAW, MD, FACP

What is integrative medicine?

Integrative medicine, as defined by the Consortium of Academic Health Centers for Integrative Medicine which consists of 57 academic medical centers and affiliated institutions, is “the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing.”¹

Interestingly, during the height of the healthcare reform debate, a summit was convened in 2009 at the Institute of Medicine on “Integrative Medicine and the Health of the Public” examining different topics, including the science, evidence base, research and models of care involved.²

A subsequent statement entitled “Integrative Medicine: A Vital Part of the New Health Care System” was issued by the late Senator Edward “Ted” Kennedy, who was chair of

the Senate Health, Education, Labor and Pensions (HELP) Committee at the time, with a specific focus upon prevention and wellness as fundamental components of integrative medicine.³

The statement also emphasized the promotion of health as defined by the World Health Organization, which is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”⁴

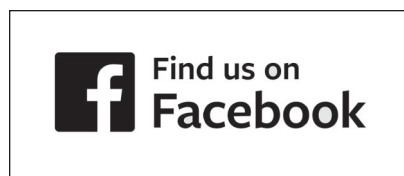
What is integrative East-West medicine?

Integrative East-West medicine is a healthcare paradigm that embodies this description of integrative medicine through bringing together the best diagnostic and therapeutic modalities of modern Western and traditional Chinese medicine for the care of patients. Through the individual strengths of each, both Western and Chinese medicine can address the entire spectrum of healthcare.

Some of the salient differences between Western and Chinese medicine include a disparate philosophical construct (e.g. reductionism versus holism, respectively) and a parallel ontological perspective about the mind and body (e.g. dichotomous versus unified). The division of the mind and body is generally attributed to the French philosopher, René Descartes, and hence the phrase ‘Cartesian dualism’ is often used.⁵



Malcolm B. Taw, MD, FACP, is an Assistant Clinical Professor at the UCLA Center for East-West Medicine, Department of Medicine, David Geffen School of Medicine at UCLA. He received his B.S. and M.D. from the Joint Biomedical Sciences program at the University of California, Riverside and the UCLA School of Medicine. He is board-certified by the American Board of Internal Medicine and by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Oriental Medicine, Acupuncture and Chinese Herbology.



See Medical, page 8

ANA MISSION: The mission of ANA is to inform, educate and provide national and local support networks for those affected by acoustic neuromas, and to be an essential resource for health care professionals who treat acoustic neuroma patients.

We cannot recommend doctors, medical centers or specific medical procedures and always suggest that one consult with a physician before making any medical decisions.

Your comments, ideas, suggestions and financial support are needed and welcome. ANA is a 501(c)(3) non-profit organization.

Published by the Acoustic Neuroma Association, located in metropolitan Atlanta, four times a year (March, June, September, December).

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Acoustic Neuroma Association

FROM THE BOARD

We Are Family

BY ALAN GOLDBERG
ANA Board President

The relationship between you and your acoustic neuroma often begins with a feeling. Whether it gets hard to hear others, you notice that your balance is slightly off, you have a strange sensation on your tongue or you feel fullness in your ear, that is where the journey begins. You visit your ENT, have an MRI and your diagnosis lets you enter the Acoustic Neuroma family.

Those in the AN family include friends, spouses, those who are watch and wait and others who have had one or more procedures. However you are related, you have now joined one of the warmest, most supportive families — one that understands you and welcomes you.

I became a member of the Acoustic Neuroma family in 2009 when my soon-to-be wife complained about a burning sensation on her tongue. Her ENT tried a number of approaches before sending her for an MRI. A 2.5 cm tumor was discovered and choosing a surgical team began.

We were impressed at how the AN family provided support throughout the entire process. We had never heard of an acoustic neuroma (most of us had not), but we learned quickly that there were many “relatives” — a large network of people who were available to answer questions, provide support, give encouragement and even make us smile.

Lauren and I married four months after surgery and though she lost her hearing on her left side, had some balance issues and some post surgical challenges, she was the same person I fell in love with two years earlier. Since her surgery, Lauren has completed her degree as an RN and now co-chairs the New York City Acoustic Neuroma Local Support Group. We were always taught that family comes first, and the AN family has accepted us with open arms.

Each of us has our own story as to how we joined the family. We have each read them on the Acoustic Neuroma Association’s Facebook page and on the ANA Discussion Forum. Most importantly, those who choose to share make a significant difference in the lives of those who are recently diagnosed.

As president, I, along with the entire Board of Directors and staff are committed to providing our family the best support, information

and resources available as you begin or continue on your AN journey.

We cannot do it alone; we need your help — (it’s all right to ask for help from family)

■ *Provide your experience, knowledge and compassion* in talking to those newly diagnosed or those challenged by the changes an AN brings about. Continue to attend Local Support Groups, participate on the Forum and on our Facebook page.

■ *Check out the newly designed website* www.ANAUSA.org to find out more about the work ANA is doing in research and advocacy. We provide the most comprehensive information for “family members.”

■ *Listen in on our monthly webinar series* (more information at www.ANAUSA.org) presenting some of the best medical professionals talking about the most pressing issues facing our family. The webinar series is free to ANA members.

■ *Join or renew your membership* in the Acoustic Neuroma Association. Your membership helps us keep you informed about AN research and activities and allows us to help thousands of recently diagnosed patients to get the information they need.

■ *Become part of our research efforts* by participating in the Yale University Acoustic Neuroma Research study or advocating for government support of AN patients and research.

■ *Make a donation* to the Acoustic Neuroma Association. Your donations continue to help us to expand the breadth of services we can offer.

See **From the Board**, page 6



Alan Goldberg
ANA Board President

Regional Conference

ANA / New Jersey Mini-Conference

Sunday, October 26, 2014
9:00 am – 3:30 pm

Summit Medical Group Conference Center, Lawrence Pavilion, Berkeley Heights, NJ

For registration information

Please contact

Jane Huck, janehuck@msn.com or 908-725-0233 or www.ananj.org

LOCAL SUPPORT GROUP SPOTLIGHT: *Albany, NY*

Individual Experiences with Common Bonds

BY JOHN GIGLIELLO
Group Leader/Facilitator
ANA Board Director

AND TRACEY COLLINS
Group Co-Leader/Facilitator

Our support group meetings have been most rewarding and we feel very good about the work that we are doing. Our meetings have touched dozens of AN patients in the Capital District and Mid-Hudson valley.

One experience in particular was when John was able to help facilitate a patient phone call with Dr. John Tew, Jr., in Cincinnati, OH. As a Board member, John has been fortunate enough to meet some of the most talented neurosurgeons in the country, and group members are encouraged to take advantage of these relationships. Through this contact, Dr. Tew established a panel to discuss this particular individual's case over the phone, which was really quite remarkable.

We usually have a speaker or presentation and then allow time for sharing among the group. We have had presentations on issues such as new technologies for hearing, radiation therapy and surgery. We typically have a core group of people who attend, and a few newcomers each time. The people who attend are at various stages of diagnosis and treatment. It speaks volumes to how beneficial these meetings can be for a wide cross-section of patients and caregivers. We all have our own story, but we all also share a common experience.

At the time of John's surgery in December 2001, the Albany area was without a local support group. He didn't even know about the ANA at the time and quite honestly, he was frightened and felt alone.

After the removal of a 3.5cm tumor, John felt further withdrawn because of facial paralysis issues and endured several emotional years in dealing with his new normal. It wasn't until some six years later in 2007 that he decided to do something about that.

The first meeting took place in John's house and had one attendee. But even though there was only one person, there was a

great connection, with each person realizing that they were not alone. Slowly the meetings became more organized and we reached out to professionals in our area.

Over the last several years, we've had neurosurgeons, otolaryngologists and hearing-aid representatives speak at our meetings. We plan to invite yoga instructors, psychologists and insurance experts for future meetings.

John had been running the group for quite some time by himself and thought it would be good to enlist assistance. Tracey was a logical fit for support group co-leader. Tracey attended her first meeting as a pre-op patient and has been regular ever since. John and Tracey connected right away and both her pre- and post-op conditions were similar to John's. Since that time, Tracey has continued attending the local support group meetings, and she has been a constant source of strength and support.

Tracey was diagnosed with a 2.5 cm acoustic neuroma in October of 2009 and had her surgery in December. Like so many AN patients, she too had read lots of things on the internet about this kind of tumor. The upside, it is benign. The downside, it can cause many very serious complications. She was initially shocked and confused.

Tracey believes that having the opportunity to meet and speak with people who were facing the same diagnosis, or who had already been through treatment, was invaluable.

Even the most experienced doctor cannot tell you what it truly feels like to have a brain tumor or to go through treatment. That is a bond and comradery that can only be shared by those who have actually experienced the same thing. It is important to be able to share your own story and to be a listener and sounding board for other people.



Since its founding, the Albany Support Group has grown in numbers and in depth of information and sharing.

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Gamma Knife Was Right Choice for Me

BY CINDY JARRETT
Roanoke, Virginia

My AN journey began in August 2012 at the age of 50 after being told by my ENT that I did indeed have a benign acoustic neuroma. My tumor was 1.9 cm x 1.7 cm x 1.3 cm, located in the cerebellopontine angle. The only symptoms I had were tinnitus and high pitch hearing loss in my left ear. My word recognition was at 92%.

I was completely shocked and terrified by the diagnosis. Telling my children and my parents was probably one of hardest things I have ever done.

I came home and my husband, children and I began researching what an AN was and what to do about it. The ANA website was so informative and allowed me to reach out to others.

My first appointment was in Virginia to review the treatment options. The doctor was very thorough and explained I could have surgery or Gamma Knife. The choice was totally up to me. He felt I could wait and watch, but the tumor was already near 2 cm.

Once my husband and I spoke with the doctor, I felt a sense of peace and knew that even though the journey may be long, I would survive.

Next my husband and I visited a hospital in Minnesota, and the doctors there also felt that I was an excellent candidate for surgery or Gamma Knife. I asked them if I were a relative what would they advise, and they said it was my decision.

They did, however, feel with my age and hearing ability that Gamma Knife would be a good choice.

I still had the ability to talk on the phone with my left ear and did not want to lose my hearing with surgery. I also was worried about my facial nerve and the chance of damage during surgery. I felt surgery seemed to be much more complicated with a greater risk of potential problems.

After a lot of prayer, my husband and I felt the best course of action for me was Gamma

Knife in Virginia, which also would be close to home.

At 6 am I had GK on October 12, 2012. I went in feeling a little anxious, but it all seemed to go pretty fast. I was concerned about the head frame but found after being sedated, it was put on quickly. I never felt a thing. I had an MRI with the frame on and was then sent to the GK suite to wait while the doctors planned my treatment.

Actual time in the GK Perfexion was 38 minutes, which I spent in prayer. Afterwards I had the head frame removed and felt perfectly fine. I was then sent to the recovery suite where I was given lunch. About 12:30 pm, I was released and went home. I do remember when we got to the parking garage that I broke down and cried.

The very next day I attended the first ANA group meeting in Roanoke, and I felt like my old self again.

Things were really good until about four months later. I woke up with what I thought was an earache and sharp shooting pains in my face. I waited about a week before

calling the GK Center. They explained that I was having effects from the treatment. I was put on a steroid, but it did not alleviate the pain.

I was then put on a second steroid and almost immediately the pain subsided. I had an MRI, and it showed slight swelling of the tumor.

I then got another MRI three months later to check on the tumor, and this MRI showed the tumor to be stable.

“The only thing you need to realize about Gamma Knife is that the results are not immediate.”

In December 2013 I received some surprising news. This MRI showed that the tumor had shrunk to 1.4 cm x 1.5 cm x 1 cm. There also was a sliver of space between the tumor and my brainstem. Finally after 14 months, I had great news. I had never really thought about the tumor shrinking and was always happy with the news that it was stable.

See Voyages, page 5



Cindy, her husband and granddaughter enjoy a day out, post-treatment

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Why Local Support Groups Are Important

Local Support Groups are a vital extension of the support network for acoustic neuroma patients. For many the local group is the only place where they can make personal contact with other acoustic neuroma patients who have gone through a similar experience.

Acoustic neuromas are relatively rare, and most newly diagnosed patients feel very much alone. Providing contact with other patients provides education, support and is very comforting. The local support groups provide a chance for networking on all issues relevant to AN patients.

The groups assist with social and personal support for all acoustic neuroma patients, including newly diagnosed, watch and wait and previously treated acoustic neuroma patients and their family.

They provide the opportunity for personal connection and encouragement and are helpful for individuals facing the challenges of an acoustic neuroma giving them an opportunity to learn new ways to handle challenges and cope with changes.

A small tip goes a long way to make a patient feel normal again.

Additionally, support groups provide the opportunity for education on pre- and post-treatment issues affecting acoustic neuroma patients with guest speakers from the health care profession.

Benefits of Communication

Acoustic neuroma patients and family members can communicate with each other in a nurturing, non-judgmental environment with others who have shared

a common acoustic neuroma experience.

The open format allows participants to feel some degree of anonymity and to participate as they are comfortable.

For some people, simply attending meetings and listening to the experiences of others can be helpful.

Sharing Information

For those who have experienced an acoustic neuroma, the value of sharing tips about everything from hearing, balance, tinnitus, headache, facial and eye issues is invaluable.

The sharing of information includes how to deal with specific problems, overcoming disabilities and transitioning to a new normal. The participants have an understanding incomparable to anyone else.

Education

Guest speakers from the health care profession are often a part of the local support group meetings.

These medical professionals present detailed information about various aspects of AN treatment and issues and address questions in a personal environment.

Guest speakers cover subjects such as treatment options, hearing devices, balance rehabilitation, tinnitus and facial issues.

Emotional Support

Since the AN patients at the meeting have “walked in their shoes,” they can provide the important emotional support so necessary for some AN patients. Family members sometimes cannot fully understand the burden that AN patients must live with every day.

The group helps patients develop realistic expectations and adjust to changing life situations, reassuring others that bet-

ter times lie ahead. The healing power of groups is well documented.

Group Dynamics

All groups are unique, yet ultimately behave similarly. Group leaders remember that everyone shares a commonality and can learn from each other and try hard not to focus on negativity at meetings.

Occasionally it is important to recognize that difficulties may be caused by fear. Information, support, networking with others and reassurance can help to alleviate this fear, as well as emphasizing the positive.

Groups help AN patients develop realistic expectations, with an understanding that sometimes things won't be exactly as they used to be.

Volunteers Needed

ANA is recruiting volunteers to serve as local support group leaders.

ANA's Local Support Group Program works with dedicated volunteers who lend their time to coordinate, schedule and facilitate local support group meetings in their community.

If you are interested in becoming an ANA Local Support Group Leader, we currently have opportunities available in the following areas: Charlotte, NC; Columbus, OH; Grand Rapids, MI; Jacksonville, FL; Long Beach, CA; Nashville, TN; Phoenix, AZ; Portland, OR; Sarasota/Tampa, FL; Springfield, MA; W. Bloomfield/Detroit, MI.

Please contact the National Office at 1-877-200-8211 for additional information.

VOYAGES

Continued from page 4

Recently in June 2014, I just went for another MRI. This MRI showed shrinkage of 1 mm to 2 mm again. I am due to go back in one year.

I feel that GK was the best decision for me. I knew from the beginning that surgery scared me, but if the doctors had felt that was my best option, I would have chosen it.

The only thing you need to realize

about Gamma Knife is that the results are not immediate. Also going every six months for an MRI makes you have to remember that you have an AN. I still have slight tinnitus, and my last audiogram showed I now have 84% word recognition. I feel fantastic, walk three miles most days, do aerobics, teach preschool and play a lot with my one-year old grandbaby.

God has a plan for each one of us and

a reason for everything that happens. It may not be the plan we thought it would be, but through my journey I have met incredible people. I have realized how many people are willing to help and truly do care. I hope that I have been able to help others, too.

From the beginning I kept reciting Proverbs 3:5: *Trust in The Lord with all your heart and lean not on your own understanding.*

New ANA Website

ANA is pleased to announce a new website (*photo of home page below*). The website has been redesigned with a more current and vibrant design, with the information laid out for ease of use for both pre- and post-treatment AN patients.

This new look will make it easier to navigate the site to learn more about acoustic neuroma education and local support opportunities in your area.

Features

- Sliding photos on the homepage to highlight our newest programs and events
- Ease of use with better navigation
- Mobile tech accessibility for smart phone and tablet

Check it out www.ANAUSA.org.

Fall Webinar Calendar

In 2013, we launched a new webinar program for acoustic neuroma patients, medical professionals, friends and family — a new ANA member benefit. These educational webinars cover key areas of interest relevant to AN patients with plenty of time for questions and answers. They are presented by leading acoustic neuroma medical professionals and AN patients who are ANA Board Directors.

To date we have presented seven webinars, and they are archived on our website in the Member section.

- **Dealing with the New Normal**

September 9, 2014 at 1 pm ET

AN patients sharing their experiences with the post-treatment changes in their lives.

Presenters: Board Directors — Marla Bronstein, Karla Jacobus, Kris Siwek

■ **Balance Issues Pre- and Post-Op**
October 14, 2014 at 1 pm ET

Presenter: Patrick Shumrick, BS, MHS, DPT, The Center for Balance, Cincinnati, OH

■ **Quality of Life Issues with an Acoustic Neuroma**

November 13, 2014 at 1 pm ET

Presenter: Michael J. Link, MD
Mayo Clinic, Rochester, MN

AN Patient Survey

Patient surveys are an ongoing program of ANA providing valuable information to current and future acoustic neuroma patients in the areas of symptoms, treatments, post-treatment and quality of life issues.

This information makes it possible to continue to advance our understanding of acoustic neuromas.

We invite you to provide your experiences in the survey. If you have not been invited by email to participate in the survey, please do so now.

The survey is located on our website in the Resources section on the home page menu bar. Click on 2014 Patient Survey.

The last published 2012 patient survey results can be viewed on our website in the Resources section on the home page menu bar.

From the Board

Continued from page 2

■ **Leave your legacy**, by remembering ANA in your will. Your future gift will make a difference so we can continue to do more as we know more about acoustic neuromas.

The goal of our Board of Directors during the next two years includes working with the ANA Medical Advisory Board to expand communication between the medical and patient community (our extended family); to continue to provide up to date, unbiased information on treatment and post-treatment options; and to be a voice for you and those yet to be diagnosed.

I welcome your comments and suggestions by contacting our national office or me directly at alansgoldberg@outlook.com.

We know you never expected to be a part of our family. But we welcome you and ask you to join us at our family reunions — held at Local Support Group meetings and by webinars throughout the year.

We want you to be part of the Acoustic Neuroma Association. We welcome you as family.

Join/Renew | Donate | ANA Discussion Forum | Contact Us | Member Section Login

ANA provides information and networking support for pre- and post-treatment acoustic neuroma patients.

Home | What is an AN | Pre-Treatment | Post-treatment | Resources | Finding Support | About ANA

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Search...

Yale University Acoustic Neuroma Study

Don't miss this opportunity to participate in the first AN causation research study.

[Click here for survey information](#)

Latest News

Webinars - View upcoming and past webinars presented by leading acoustic neuroma medical professionals.

Patient Survey - 2012 Results - View results and take our patient survey now.

Local Support Groups - Attend a meeting in your local area to meet others who have walked in your shoes.

New Medical Advisory Board Members

New members were elected to the ANA Medical Advisory Board at the annual spring ANA Board of Directors meeting.

Babak Azizzadeh, MD, FACS, is a facial plastic and reconstructive surgeon in Los Angeles, CA. He is the Director of the Facial Paralysis Institute and the founder of The Facial Paralysis & Bell's Palsy Foundation. Dr. Azizzadeh is an expert in facial nerve disorders and the co-editor of the recently published medical textbook *The Facial Nerve*.



Aaron Fay, MD, is an Ophthalmic Plastic Surgeon in the Department of Ophthalmology at Harvard Medical School and a member of the Facial Nerve Center at Massachusetts Eye and Ear in Boston, MA. Dr. Fay has an office in New York City at the New York Head and Neck Institute at Lenox Hill Hospital.



J. Thomas Roland, MD, is Mendik Foundation Professor and Chairman of Otolaryngology, NYU Langone Medical Center, New York, NY. He is also a Professor of Neurosurgery. Dr. Roland has been involved in the management of patients with acoustic neuromas for 26 years and is also Co-Director of the NYU NF2 Center which offers comprehensive



multidisciplinary care that includes surgery, cochlear implants, auditory brainstem implants and medical therapy to patients. His surgical interests include the management of acoustic neuromas and other skull base lesions, facial nerve problems, hearing issues and other ear diseases.

Rafael J. Tamargo, MD, is the Walter E. Dandy Professor of Neurosurgery and Professor of Otolaryngology at the Johns Hopkins University School of Medicine in Baltimore, MD. He is the Director of the Division of Cerebrovascular Neurosurgery, Vice-Chairman of the Department of Neurosurgery, and Neurosurgery Co-Director of the Neurosciences Intensive Care Unit. He has been at the Johns Hopkins Hospital for 29 years. He specializes in the treatment of skull base tumors, particularly vestibular schwannomas and cerebrovascular lesions of the brain and spinal cord.



Announcement

Dr. Michael J. Link will now co-chair the MAB along with Dr. Rick Friedman. Dr. John Tew, Jr. MD, has stepped down from the Co-Chair position, but will remain on the MAB.

Dr. Tew was appointed to Executive Position at UC Health and UC College of Medicine, directing the community outreach and philanthropic efforts of the integrative medicine program. He will also continue to serve as tenured Professor of Neurosurgery with the College of Medicine.



The Yale University Acoustic Neuroma Study

Don't miss this opportunity to participate in the first AN causation research study.

Note: Important: If you have started the survey, please make sure that you provide all the necessary components of the survey noted below:

- Online questionnaire
- Send to Yale
 - Saliva specimen
 - Signed Consent Form to obtain a saliva specimen
 - Pathology or MRI Report to confirm eligibility
 - Signed Consent Form to obtain medical records

ANA has awarded a grant to the Yale University to assist in the funding for this first phase of the data collection.

Note: Many Local Support Group Meetings will provide the opportunity for the group to work together to take the survey and sample collection. Also there is a new Visitor option on the survey for those who want to review the survey in advance.

What is the goal of the study?

Little is known about risk factors for acoustic neuroma. The purpose of this study is to discover why some people develop acoustic neuroma while other people do not.

Who is organizing the study?

The study is organized by Dr. Elizabeth B. Claus from Yale University.

Who can enter the study?

Any person over the age of 20 years with a diagnosis of acoustic neuroma.

What are study participants asked to do?

There are two parts to being a study participant: 1) an online interview with questions on medical and family history, and 2) a saliva sample that will permit us to look at changes in DNA. If you allow us, we will also review your tissue specimens and MRI scans of your acoustic neuroma. You may access the questionnaire and consents at the Yale Acoustic Neuroma Survey.

Please go to our website to participate in the survey at [ww.ANAUSA.org](http://www.ANAUSA.org).

For questions and more information, email lisa.calvocoressi@yale.edu or call 203-764-8422.

Medical

Continued from page 1

As an illustration, I often like to use the analogy of a camera, whereby reductionism is much like a ‘telephoto lens’ that precisely hones in on the specific pathophysiological mediators involved, such as various neurotransmitters and hormones, while holism is similar to a ‘wide-angle lens’ that provides a broad, panoramic view of multiple interactive physiologic cascades.

Through this analogy, it should become apparent that the models of reductionism and holism are *not mutually exclusive*, but rather provide ‘different perspectives’ along the continuum of health and disease.

A recent shift, however, in the modern Western healthcare paradigm from reductionism to holism has been described whereby the latter incorporates the dynamic, integrative systems of the human body and its complex biochemical, physiological and environmental interactions, with a key tenet being “cura personalis” — that is care for the whole person.⁶

This holistic paradigm can be seen in various emerging fields, such as systems medicine, systems biology, complexity theory and nonlinear dynamics.^{7,8}

What is acupuncture and how does it work?

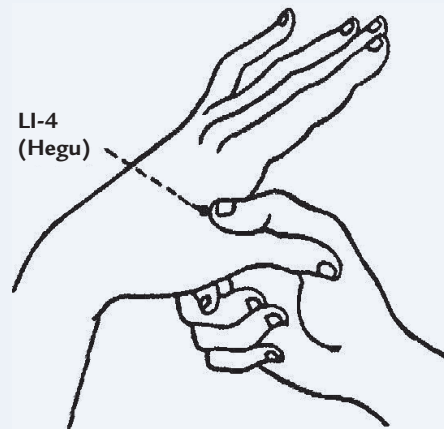
Acupuncture, a therapeutic modality that involves insertion and manipulation of thin needles in the body, has been reported as early as the 5th century B.C. for treatment of various disorders involving the head and neck.⁹

Its therapeutic effects primarily derive from re-regulation of multiple physiological cascades within the internal milieu of the body, whether through modulation of the autonomic nervous system, neuroendocrine axis, inflammatory response, immune system, limbic system or pain pathway.¹⁰⁻¹⁵

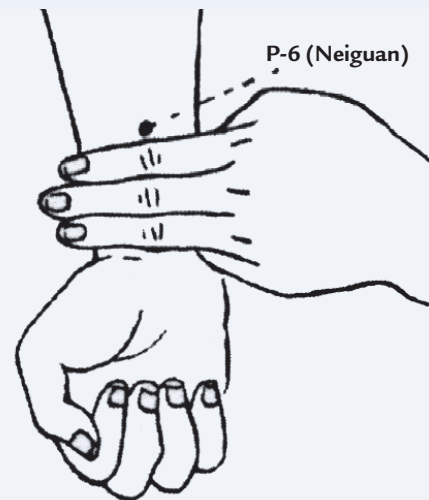
The therapeutic effects of acupuncture can be achieved not only through the use of needles, but via any modality that can stimulate acupoints, such as acupressure, transcutaneous electrical nerve stimulation (TENS) and trigger point injections.

See Medical, page 9

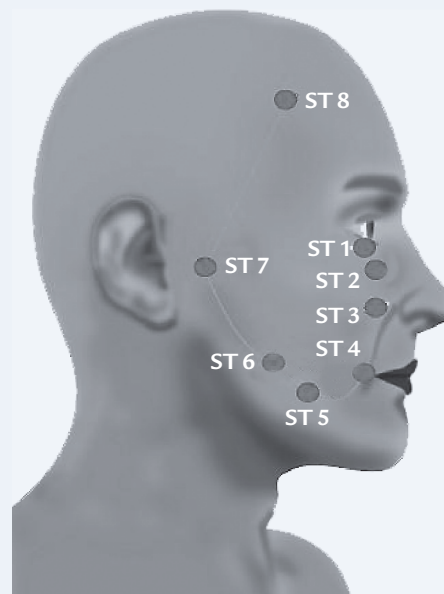
Some Acupuncture/Acupressure Points That May Be Helpful



LI-4 (Hegu)



P-6 (Neiguan)



LI-4 (Hegu)

Location. Found at the highest spot of the muscle when the thumb and index fingers are brought together

Indications. Stress, headaches, neck pain, facial pain, sinus congestion, toothache

Caution. Can induce labor in pregnant women

Note. Acupuncture of this point has been shown to modulate the limbic system and subcortical gray structures of the brain on functional MRI.²²

P-6 (Neiguan)

Location. Three finger breadths proximal to the wrist crease, in between the two tendons

Indications. Nausea, motion sickness, vertigo/dizziness, anxiety, carpal tunnel syndrome, upset stomach

Note. In a randomized controlled trial, acupressure of this acupoint has been demonstrated to be effective in the treatment of vertigo.²³

ST Acupuncture Meridian

ST 8. Migraine/tension headaches, facial motor tics, dizziness

ST 7. Facial pain, temporomandibular joint disorder, ear pain, tinnitus

ST 4/5/6. Bell’s palsy, lockjaw/trismus

ST 3. Maxillary sinus congestion

Medical

Continued from page 8

What are myofascial pain and trigger point injections?

Myofascial pain (syndrome) is a condition that affects the muscles and surrounding fascia/soft tissue within which can be found trigger points — discrete, highly sensitive and taut nodules of muscle fiber that can produce pain locally and in a referred pattern.

While always tender to palpation, trigger points can be ‘active’ or ‘latent’ depending upon the presence of spontaneous pain at rest.

Trigger points can be caused by a number of factors and are commonly a manifestation of a pain condition, but may often times be associated with a variety of non-pain disorders.

Trigger point injections, usually administered using an anesthetic solution such as lidocaine, can effectively inactivate trigger points and provide symptomatic relief.

As an interesting historical fact, President John F. Kennedy had received trigger point injections by White House physician, Janet Travell, M.D., for treatment of his back pain. Dr. Travell, along with David Simons, M.D., wrote a two volume set about myofascial pain and trigger points that is considered to be the authoritative source on the topic.¹⁶

It is also notable that correlation between acupuncture points and trigger points, while not entirely equivalent, has been described.¹⁷

What conditions can be treated?

The therapies that we offer are primarily adjunctive to standard Western medical care with the goals of treatment being to:

- 1) reduce symptoms,
- 2) improve quality of life,
- 3) minimize adverse effects of conventional care and
- 4) enhance wellness.

Acupuncture and trigger point injections can be therapeutic for various musculoskeletal pain disorders, including those conditions most relevant to patients with acoustic neuroma—*notably headache, neck/facial pain and post-operative pain.*

A consensus conference at the National Institutes of Health concluded that acupuncture was shown to be effective for the treatment of post-operative pain, dental pain and chemotherapy-related nausea/vomiting and was recommended as an adjunct treatment for headaches, fibromyalgia, myofascial pain, osteoarthritis, low back pain, carpal tunnel syndrome, tennis elbow and menstrual cramps.¹⁸

Non-pain conditions such as *dizziness/vertigo, tinnitus, insomnia, anxiety and stress* may also be amenable to treatment and may perhaps be mediated through modulation of the somatosensory system.^{19–21}

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Editor’s Note: The complete PowerPoint presentation from the Symposium can be viewed on our website in the Member Section.



Acoustic Neuroma Legacy Society

The Acoustic Neuroma Association Legacy Society was introduced in 2013 as a way to recognize donors who have made a bequest to ANA.

Members of the Legacy Society have named ANA in their estate plans, ensuring support will be here for AN patients well into the future.

Previous bequests have allowed us to introduce new programs such as our webinar series and social media sites. Estate gifts have also allowed us to develop and maintain one of the most comprehensive AN websites in the world.

ANA is grateful to all members of the Legacy Society for their generous gift. Our hope is that others will follow in the footsteps of these generous donors and leave their own legacy with ANA.

The founding members of ANA's Legacy Society

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- Virginia Ehr
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- Scott Van Ells
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A bequest assists ANA in meeting our future goals, without affecting your assets today. This kind of estate gift can have a significant impact on ANA's mission for years to come.

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your lifetime and can always be amended as necessary.

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In many cases, you can also direct your bequest to be used for a particular purpose. In this instance, be sure to check with ANA to ensure your intentions can be fulfilled by the organization. There is no upper limit on the estate tax deductions that can be taken for charitable bequests.

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I, (*name*), of (*city, state, ZIP*), give, devise and bequeath to the Acoustic Neuroma Association, Federal Identification Number 23-2170836, a 501(c)(3) tax-exempt organization, whose national office address is at 600 Peachtree Parkway, Suite 108, Cumming, GA 30041, the sum of \$____, or percentage of (*written amount or percentage of the estate or description of property*) for its unrestricted use and purpose.

Local Fundraiser Thank You

Team Vargo Run Raises Dollars for ANA

Joe Vargo set a goal to complete the Pittsburgh Marathon on May 4, 2014, the two year anniversary of his middle fossa surgery. "Team Vargo" includes Joe Vargo — AN Warrior and running enthusiast, Barbara Vargo — wife, Crew Chief and Official Stuff Holder, family and friends.

Joe completed the marathon and just completed another run with a fellow ANer.

He continues to inspire others to run and create awareness of AN. Team Vargo raised over \$800 for ANA, through their CrowdRise site. Congratulations Joe!

Former ANA Board Director Completes IRONMAN

Deciding to attack life and all it has to offer after his 2005 AN diagnosis, Scott

Van Ells made a goal to finish his first ever half IRONMAN on June 14, 2014.

Almost nine years to the day of his Gamma Knife treatment he completed a 70.3 mile Half IRONMAN Triathlon in just over 6.5 hours! That is a 13.1 mile run, 56 mile bike ride and a 1.2 mile swim.

Scott raised \$500 for ANA through his CrowdRise campaign. Congratulations Scott and thank you for raising awareness and funds for ANA!

If you have a personal challenge or passion that you would like to utilize as a fundraiser for ANA, please contact Kristen Hamel at development@ANUSA.org for a Fundraising guide that will help you start your own CrowdRise page for ANA.

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