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## Health for all

The Community Acupuncture Clinic celebrates its first anniversary.

by Michou Landon  
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It is said that back in the day, in China, long before Mao, acupuncture was grounded in a preventative orientation. A person received regular treatment, paying the doctor a maintenance fee of sorts. He stopped paying when he got sick, while the doctor continued or redoubled his care. Acupuncture was a part of ordinary life—not exotic, nor the luxury it became when transplanted into the West.

One of Boulder's best-kept secrets may be its Community Acupuncture Clinic. Founded in September 2004 by established practitioners Samhitta Jones and Mary Saunders, the clinic's mission is to make professional acupuncture accessible and affordable to a population that might normally not consider it an option.

The clinic is tucked away on the bottom floor of the Marine Street Wellness Center, a brick Victorian standing trimly and quietly unnoticed by the enormous volume of traffic zooming through the intersection of Arapahoe and 28th, within view a short block west.

There is an ambient warmth and sweetness to the place, offering a palpable sense of ease, purpose and welcome. Descending the stairs from the entry floor is like entering another world, a womb, with a slightly Asian flavor.



Light from windows and incandescent lamps, calming sounds of music and water, and the warm yellow and orange tones of the walls all enhance the womb-like feel even as they disperse the oppressiveness common to a basement space. Practitioners and clients agree there is something very special about the atmosphere, which is at once relaxing and abuzz with an ineffable energy associated with nourishment, healing and community. That sense of mutual support has graced the clinic since its inception.

"We had to spend very little to put the place together, and the doctor upstairs gave us a really good deal on the [space]," says Samhitta Jones. "We got all the furniture, chairs and other stuff by donation. There was just an outpouring. We opened our doors, and from day one we were booked. There was just such a need."

The original inspiration for this clinic came from Jones' experience co-founding an acupuncture clinic in India, where people would gather and happily hang out for hours waiting to be treated where a circle of chairs were set up in the plaza.

"It was so beautiful to make this medicine available [there], and the circle of healing was just awesome!" remembers Jones. It's been a dream of hers to see a comparable facility here.

Needless to say, that clinic's less formal structure was considered nonviable for the Western rhythm and sensibility. So it wasn't until Jones and Saunders discovered a workable model in the Working Class Acupuncture Clinic in Portland that their dream could gel in Boulder. And gel it did: Within a month of her visit to Portland, Saunders says, the Boulder Community Acupuncture Clinic was up and running.

In private practice, a Western acupuncture practitioner sees one (or occasionally two) patients at a time or in the course of an hour, borrowing from the established health-care model. Everyone is sequestered in a private room.

Over time, however, many acupuncturists have found that this model is not always the best use of resources—human or financial. They have devised ways to make the system more efficient, effective and financially viable for both patient and practitioner.

In the model adopted by the Community Acupuncture Clinic, multiple patients can be scheduled an hour, at 15-minute intervals. Several beds are available, separated by standing screens; and a handful of comfy recliners beckon in the rear of the space, which tidily resembles your aunt and uncle's den more than a clinical setting. The plenitude of treatment sites makes it possible for people to linger and rest as long as necessary, even as others are arriving and departing.

In the conventional model, when you can only see a small handful of patients per day, expenses associated with insurance, school loans and overhead require that you charge \$60 to \$80 per visit.

Saunders admits, "I can't afford to get acupuncture [at that rate]; most people I know can't, at least not often enough."

With this model, everyone benefits. The Boulder clinic currently sees around 40 to 80 patients per week, with the capacity to accommodate more. (The longer established Portland clinic sees 200 per week, at \$15 to \$35 per treatment). The sliding fee scale posted makes it clear that the intention is to make this care accessible to anyone. The rates vary with patient income and frequency of treatment. Initial visits range from \$60 to \$30; follow-ups from \$35 to \$20, and for additional treatments in a week, \$30 to \$15. There is additional flexibility depending on circumstance.

What makes this model more sustainable is that it allows practitioners to see a volume of patients that, even at the low rates, allows them to meet their overhead. And the affordable rates enable patients to come as often as required to get better.

This model also serves the practitioners by affording them much more hands-on experience and the opportunity to see more consistent and profound results of their work. Moreover, patients who enjoy results refer others.

Lupine Hudson, director of resource development at the Portland clinic, adds, "Acupuncture is very easy to do. It's needles, cotton balls and stillness. We aren't giving up anything—not sacrificing health or profit."

Still, one might naturally wonder whether patients miss extra attention and time from their practitioner in the community model. There are probably some who might prefer more attention, according to Saunders; and there have been a few who wanted a less open, public, active milieu, and they have found options that suit them better—visiting the student clinic at Southwest Acupuncture College or seeing practitioners in their private practice. Predominantly, however, the response is overwhelmingly positive.

"It doesn't change the care at all," says Jones. Generally, "If you go see a Western traditional Chinese medical practitioner, he only spends a few minutes with you, then he leaves the room. The benefit of the open space setting is that they are not alone in the room, and people actually love it. If they get cold or they have to go to the bathroom, you're right there. There is a collective energy that happens, even when people go to sleep."

One might also be surprised that people can sleep in the open setting.

But sleep they do. The white noise and healing momentum in the room, combined with the separation screens, enable patients to easily retreat into their own space, so to speak. These same factors quickly allay most concerns about privacy. On that point, the needling techniques employed make it unnecessary to undress significantly.

The clinic clientele varies as much as the fees. Patients include single mothers, artists, students and CU faculty. The clinic's newest practitioner, Molly McIntyre, specializes in treating children.

For them, she primarily uses a needle-free, non-invasive and painless Japanese procedure called Shonishin. Instead of needles, this technique applies tapping, brushing and light pressure to acupuncture points and channels. This is especially effective for children.

"Adults sometimes have been carrying the origins of a complaint around for a long time; so, since the needles are a deeper, stronger treatment, it's a more efficient way to get significant results," says McIntyre. "But kids don't hold most of their disorders as deeply as adults do, and therefore don't require needles or as many treatments. They just tend to flush things out of their system quickly."

There are exceptions. Some kids do benefit from needles, and many kids don't mind them. For the most part, though, McIntyre sees ample results with the subtler technique, which can be helpful for disorders with which conventional medicine has little success, like eczema, ear infections, bed-wetting, colic, ADHD, asthma, etc.

Without a budget for advertising, the Boulder Community Acupuncture Clinic runs solely on revenues from patients and grows at a gentle pace through patient and practitioner referrals.

At last, an increasing number of doctors are recognizing acupuncture's track record with confounding conditions, especially chronic ones, including fatigue, carpal tunnel, arthritis, pain (particularly back pain), migraines, menstrual disorders, insomnia, depression, diabetes and viral afflictions.

Because of her nursing background, McIntyre was invited to provide acupuncture at an in vitro fertilization clinic in Denver.

"They require acupuncture before and after the IVF procedure if someone has poly-cystic ovary syndrome, and they're strongly recommending it for anyone with IVF treatment, because they have the research that the success rate is so much higher with acupuncture," she says. "It's cool that the Western docs are starting to recognize the bridge bringing alternative and western medicine together. If we could do that in other areas [of medicine] everyone would be so much healthier."

Dr. Heather Fliege is another of the growing number of doctors and other practitioners who embrace this centuries-proven art. Having seen acupuncture's benefits in both personal and professional contexts, she continues to refer patients to the clinic.

Physician's Assistant Janet Gelman, who also enthusiastically refers patients, observes that many people need to hear from a conventional authority that "it's OK," that acupuncture is legitimate. Otherwise they might not go.

Both the patients and the doctors stand to gain from the cross-referrals. When a doctor can admit the limits of his own expertise and offer patients an option in addressing stubborn conditions, when those patients get well, they have renewed faith in the system, trust in acupuncture, in their doctor and in their own potential to manage their health.

One client, Sukey Williams, was in a serious bike accident in which her sciatic nerve was severed. As Jones gently and efficiently inserts needles, Williams glowingly expresses her gratitude for the acupuncture she is able to receive twice weekly in conjunction with her medical care and other therapies. Not only has the acupuncture lessened the pain and helped her substantially decrease her need for morphine, it has attenuated a great number of side effects created by all her medications.

The clinic operates with the same financial and logistical challenges as any health-care practice. However, neither Saunders nor Jones could readily cite major difficulties unique to this endeavor.

"There's rent, supplies, heating; things break, disappear; but I have felt more nourished actually than challenged here. For me it is a joy," says Jones.

Saunders ventures that the biggest challenge may still be educating patients. Especially with chronic complaints, multiple treatments are usually required. A condition rarely develops overnight and rarely disappears so quickly. This community acupuncture model is designed to make this frequency of care feasible.

"One time is not going to do it. I have to explain, 'You really have to come every week,' and they may think they can't afford it. I have to help them understand the value," says Saunders. "It isn't really a question of money. Whether it's \$20 or \$80, people still have this idea that is hard to pay for health care. Once they have a treatment or two and feel a little better, then they value it."

"Part of our mission is to separate money from health care," says Lupine Hudson at Working Class Acupuncture in Portland. "This model makes it possible to take care of yourself!"

Once patients have given themselves permission to come more often, they are able to value preventative measures, as well. Saunders reports that many clients continue to come monthly, "because they know they feel so much better and stay well."

So, the attitudes are evolving full circle, coming closer to the view held in acupuncture's culture of origin. Often in that setting, the care was a community event, where numerous people received treatments in adjacent beds or chairs, simultaneously, thus participating not only in their own healing, but sharing in that of other individuals and of the collective.

This synergy is another key feature of the open-space, community-clinic model, reports Hudson.

Families come, or people hang around and have tea. It begins to neutralize the trend of isolation in our culture.

So positive is the response to this system that, in addition to Boulder and Portland, such clinics are appearing in other states. One has recently opened in Loveland, Colo.

The founders of Portland's Working Class Acupuncture offer a book, trainings and tool kits for starting and optimally running such a practice. One such presentation will be held in Keystone, at the 13th Annual Acupuncture and Oriental Medicine Alliance Conference in early May.

"This [clinic] is a great service!" says Janet Gelman, "I feel so lucky that we have this in our community."

The Boulder Community Acupuncture Clinic is located at 2825 Marine St. Visit [www.communityacupuncture.org](http://www.communityacupuncture.org), or for appointments, call 303-447-0443.

To learn about other upcoming trainings, resources or other clinic locations, contact Hudson at 530-335-9440, or at [workingclassacupuncture.org](http://workingclassacupuncture.org).

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