



AUDIO TRANSCRIPT

Interview with Emilie Connor

Richard: Hi. Its Richard Rowland I have with me Emilie Connor from the Holistic Health Center in Southbury, Connecticut. Hi Emilie. Good morning. How are you doing?

Emilie: I'm good thank you.

Richard: Good. Emilie Connor is one of the few practitioners in America who is trained as both a Physical Therapist at Columbia University and as a Licensed Acupuncturist. And Emilie how many years did you study acupuncture?

Emilie: The program itself is a three-year program and I completed the program in 1994.

Richard: Okay, great. And since then you've been really experimenting with different modalities that combine acupuncture, acupressure and what else, can you comment on that?

Emilie: Well, the practice includes a combination - it's predominately acupuncture. I do include from my physical therapy background a lot of stretching techniques, gentleness and motion, therapeutic exercise. I've offered palate classes because I think it's very nice form of exercise for anyone older and younger people. We've offered different classes in Tai Chi at different times over the life of the center. So I combined a lot of both eastern and, you know, traditional western physical therapy techniques in my practice, along with breathing, meditation, [inaudible 1:50] because that's necessary, but I would say the bulk of the practice predominately maybe 90% is in acupuncture practice.



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Richard: Great. Well, we've been talking about baby boomers and the fact that the inevitable practices of aging produce some predictable forms of distress in both men and women. As we look at it we can probably break it down into a few different categories. One of them is *Joint Issues* and that would cover knees, it would cover shoulders, it would cover toes, fingers. Talk to us about how acupuncture can help relieve those things and what's known about that?

Emilie: Well, anytime we're talking about joint issues there's a number of things you want to be thinking about. One is the joint inflamed and is it hot and swollen or is it more cold and stiff? So at times when the joint is more swollen and hot the goals of acupuncture would be to try to control the inflammation, preserve any motion that's there, and kind of rally the body's kind of healing ability to move through the acute phase. In I'd say a more chronic phase where the joints might be stiff, swollen, sometimes cold where circulation may be an issue the goal of acupuncture would be then to increase the circulation, try to create more flow in the lymphatic fluids so that we can try to say maybe we need some of the edema that may be accompanying that. And of course, in both instances manage and try to diminish any pain that's involved with that. So I think that's the first thing, you know, that we would be thinking about with acupuncture in terms of joint issues.

Richard: So let's talk a little bit about what the process of acupuncture is as far as what does it accomplish what does it seek to accomplish? How does it work with the body's energy?

Emilie: Well, when we look at the body we can look at the body and view it through different filters. And of course, some of these filters apply both with the way we may look at it from a now pathetic western perspective and virtue in an eastern perspective also. So certainly both disciplines are looking at how the venous and arterial blood are



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circulating in the body, how lymphatic fluid is moving through the body, how nerves are conducting and this creates a flow in the body. Acupuncture will also add to these circulations a flow of energy, which in many cases parallels the circulation fluids lymphatic fluids, parallel the circulation of the blood and it certainly involves in the conduction of nervous energy through the nervous system. So in this model we're looking at all of these circulations and what we're looking to do with acupuncture is maintain a flow through the circulations in the body and maintain a balance in all of those systems.

Richard: How do you - yeah, I'm sorry. I was just going to ask how does the lymphatic fluid flow, through what vessel does it flow?

Emilie: Well, there are lymph nodes and lymphatic tissue and I think that there's also a flow connected to all of these systems through the connective tissue of the body which has a kind of collagenous matrix, if you will.

Richard: Okay. So does acupuncture free the flow of energy or does it change it, does it divert it?

Emilie: It can help all of the above, all of the above. And it works as many, many different mechanisms that it works, it can work through the nervous system, it can work through the muscular skeletal system. So for example, if the muscle is tight and hard it's impeding the flow of lymphatic fluid through it, it's impeding the flow of venous and arterial flow through it, it's irritating the nerve tissue that goes through it. So by selecting certain points on the body we would try to soften that muscle tissue and that would allow then all of the circulation to flow better.

Richard: Now, how effective is acupuncture and how do you know?



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Emilie: I'm sorry how - I couldn't hear the beginning of your question.

Richard: How effective is acupuncture and how do you know?

Emilie: Well, I can compare - I think acupuncture - I see people getting better in my practice. I hear subjective complaints disappear. I see people whose conditions improve. I see whose functional levels change for the better, so there are both subjective component in observing and listening to the patients that I treat. My personal interest don't lie a lot in the field of research but there are more and more studies available and I'm sure that, you know, there are other acupuncturist who could speak to you better about that, but there are certain things. And certainly the NIH has defined by reviewing research I think that the paper was in - I want to say '90 - it could be looked up - they had a consensus paper put out about which conditions in reviewing literature and research studies they feel are highly effective for acupuncture which ones are a second tier including conditions that seem promising. And so, you know, there's both what I see in my practice and what's available for people to find in terms of the research that's available.

Richard: So is acupuncture used more as a form of short term relieve or correction of a condition or is it more something can deal with chronic conditions or both?

Emilie: I think it's actually both. Again, like in the example I used about joint pain, so if somebody's joint is irritated and in the more acute phases pain they may come in and maybe our focus is more on relieving the symptoms as it stands at that point because it's very acute, and then long-term we would be looking to try to rectify both their own body's healing ability and the overall circulations to try to improve the condition that might be considered chronic to try to change that. So it's both address and a few



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problems and chronic problems. The focus of what we're addressing varies based on whether the problem that's presented is acute or chronic. And in fact at this point I would say we deal with a lot of chronic things because often people are coming to acupuncture after they've tried everything else.

Richard: Right, right. If there's a typical number of treatments in a chronic situation before there is a noticeable improvement?

Emilie: Well, again it really varies based on what the chronic problem is. And is it a chronic problem that can be completely relieved or is it a chronic problem that is not going to go away and we're trying to maintain a quality of life for someone. So for example, somebody with arthritic changes in their hands may - the degenerative changes may not go away and so that's a chronic problem that isn't going to go away but that symptom can be managed over the long haul. So in that case, somebody may do a course of treatments anywhere from maybe five to ten treatments to try to help get the process started and then they may need to have some kind of program on a regular basis, maybe once a month or once every two months, once every three months because the problem itself ultimately doesn't go away. Whereas, there may be other conditions, say someone who develops a frozen shoulder has not really - there's no degenerative changes in the joint, it seems to be a more muscular problem, you know, that problem can be rectified and that person may not need any maintenance for that problem going forward so that might be a case where five to ten treatments just completely rectifies the problem.

Richard: And that could also be a byproduct of sports in general or overuse.

Emilie: Certainly. Certainly.



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Richard: Which is a very chronic problem in our society and as you get older your muscle tissue is less adaptive those kinds of, you know, strains.

Emilie: Right. And I also see, though, in my practice still you also see now a large population of very healthy conscious older people who are out there in there, you know, their 60s and 70s and some 80s, going to palates classes. So they still - these are people who still could be pronged to, you know, acute muscular skeletal injuries that are from either repetitive strain or overuse or, you know, improper kind of alignment while they're doing certain things but these problems can get better.

Richard: Do you see a lot of computer related injuries?

Emilie: I do but I wouldn't necessarily say that I see that in the older population.

Richard: You remember the...

Emilie: Well, you know, and certainly we might see it at the, you know, in the 55 to 65 group. Post-retirement I don't think I see it, 75, 80s I'm not seeing a lot of computer problems.

Richard: Yeah but, you know, this whole the context of the book is for baby boomers and in many cases they are - the whole idea is to reduce or eliminate the fear that they have of getting older and from the standpoint of "Gee, but there's nothing I can do about it" and "How am I going to continue to be able do what I'm doing if I have to keep working", you know, that sort of thing or doing some kind of work. So it's really not the 70s or 80s so much right now as it is probably 50s and 60s.



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Emilie: Okay, so in that population yes, I do see actually computer problems. I see people who are trying to maintain working careers even though they may have, say rheumatoid arthritis, which is, affects their ability to use a computer and continue working. And by the same token I see people who do have work related injuries, computer related problems, hand wrists, that can be problems [inaudible 14:28].

Richard: Yeah. Personally, I don't think we discussed this, but I've had a tremendous problem with my right arm with tennis elbow. I play tennis plus a lot of computer work with the mouse and email where you're clicking with the index finger...

Emilie: Yep.

Richard: ...and plus a lot of handwriting and all with the right hand.

Emilie: Yeah, yeah.

Richard: You know, it wouldn't...

Emilie: Yeah, I do see this could be, you know, something of a concern for the baby boomers population.

Richard: Yeah, and I can...

Emilie: So I absolutely can help with some of the stuff I think we do best.

Richard: Yeah, that's great. Let's talk about some other common conditions.



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Emilie: I'm going to ask you to hold just for one second, I'm going to put you on speakerphone so that I'm not holding the phone to my ear. Hold on. Okay, can you still hear me?

Richard: Yeah.

Emilie: Okay, good.

Richard: Let's talk - we were talking about joints, so there's notable efficacy demonstrated in knee joints issues through acupuncture and, but when we look at other kinds of muscular skeletal issues there's neck, there's back, and foot and ankle can you talk about those in terms of acupuncture, particularly, you know, from the standpoint of the aging baby boomer?

Emilie: Well, I think the overall issue regardless of what the condition is whether it's, you know, joint pain or muscle pain or internal organ issues I think, you know, the thing that I really remind, you know, most of the people that I see is that, you know, acupuncture can help all of these things, it can be useful for helping your back pain, other joint pain, you've mentioned knees, there's certainly a lot of studies about that, neck pain, very good job tennis elbow, hand pain, you know, so all of these things. But what makes the difference between when acupuncture works with someone and when it doesn't and there are - there probably are some people who it just is not going to be the right thing for, there's one set of people. But then there are other people who I think it works better for because they're embracing other health practices in their life. So if you're still eating a ton of sugar and you're coming to me to say, you know, can acupuncture help my joints, yeah, but it also would really, really help if you also watch your sugar intake. So it's always a question of, yes acupuncture can help and what else are you going to do to support that process?



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Richard: So let's talk about, you know, if you look at the common sources of degenerative disease let's say, there's also arterial sclerosis, there's - so that's a circulatory issue and that's tied in with heart disease. Can we talk about - do we know anything about that in relation to acupuncture?

Emilie: Well, I know that acupuncture in the context of a complete health program for someone that includes stress management, diet and nutrition and exercise and acupuncture can be a real boost to those processes and really help. I've told many people in my practice help control their blood pressure and maybe lower their medication with their physicians. I've helped people regulate other types of medications, beta blockers for the heart diuretics. There are different ways that we can help relieve some of the systems and help rectify the systems, but again, it's all in the context of what I would consider, you know, other healthy lifestyle choices.

Richard: And that's good. What other kinds of predictable issues - let's talk about liver, for example, we talk about other organs in terms of predictable decline or by product of either stress or bad diet or alcohol or other kinds of drug use, let's say. How can acupuncture help re-invigorate those organs?

Emilie: Well, acupuncture works both on helping address systems and on addressing things at a more root organ level and certain points for the body can help to start to rectify and balance some of the organ systems. So we're often addressing the autonomic nervous system, which has a lot to do with our stress response sight or fright, or the parasympathetic response, which is - the sight or fright is your sympathetic response, the parasympathetic response rests in digest it can also be regulated with acupuncture. So we're certainly helping to address kind of the thermostat of the body and the state of autonomic systems that help - that can affect the different organ systems. The adrenal



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gland and the kidney, the thyroid, different hormonal issues which become a problem through middle age on acupuncture is very, very useful in helping some of those things. The liver, I see a lot of people coming in - and it's a kind of common practice now for people who looking at healthy lifestyles to talk about detoxing, you know, and how that helps. And different bodies, different body types can detox in different ways acupuncture by helping to regulate the kidneys and regulate the liver can be, again, a useful component in the process of detoxing for people.

Richard: Beautiful. Let's talk about - so what you're saying is that acupuncture which can start as a focus symptomatic treatment can extend into a support for a more helpful lifestyle and a whole attitude and, you know, sort of the opening of a whole new awareness?

Emilie: Right, right and that's what I hope - that's what I try to encourage in my practice that it's not one thing. I mean I think, you know, I think this generation is at a turning point in terms of how they view the medical community and they're being more active in terms of making choices, they're looking at alternative choices, they're being active participants in the medical process. And I think that they're just - they're being better consumers and so I think, you know, acupuncture then becomes now a viable choice for people in a system where they're making choices.

Richard: Let's talk about the physical process of acupuncture. A lot of people, if they're aware of acupuncture early on they associate it with something intimidating.

Emilie: Right.

Richard: That, you know, they're going to stick needles in me and, you know, and that sort of thing. And even people like me when I was going to come in and do the



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acupuncture for me I didn't know where you were going to put the needles and it was - I was just sort of hoping you knew what you were doing, you know, for all I knew you were going to be putting it right into the eye or, you know.

Emilie: Right. Well, certainly I think education for the population is a big component of trying to understand, you know, what acupuncture is, what is it doing? I think our profession has been growing in leaps and bounds in this country in the fastest 10 to 20 years probably, especially, the last 10 years. I think there's a generation of doctors now that are more open to exploring what acupuncture and alternative therapies and complimentary therapies have to offer, you know, and how we can better work together. So I think the medical community has had more exposure, I think the population has had more exposure, I think the profession is growing, I think there is always a need for more education for people.

Richard: Right. You and I were talking about how that even the notion of the needle that the acupuncture needles so much thinner that people realize that it actually - let's talk about where - how thin are they? You said that 12 acupuncture needles can sometimes fit...

Emilie: It's hard for me. I, you know, before I start giving you numbers about how many - you'd have to be talking about which needles and which hypodermics because there's hypodermics that have different sizes too. So, you know, what I would say is that, you know, anywhere from say five or six - say five acupunctures - five to ten acupuncture needles could probably fit in, you know, a hypodermic needle, you know, based on what gauge that is.

Richard: Right. Right.



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Emilie: The big difference is that any hypodermic needle that's used either to give an injection or a needle that's used to start an intravenous line is hollow and has a deviled edge. Whereas, an acupuncture needle is solid and the whole the needle is pointed so that it can slide in easily. It's not meant to inject anything so it's just much, much tinier. And I generally, you know, describe it - it's almost more like a wire than it is a needle because the term needle tends to be associated with this other kind of needle and I think that's a hurdle that...

Richard: Right.

Emilie: ...the American population has to get over.

Richard: Right. I think of it actually as more like a hair.

Emilie: Yeah. Yeah.

Richard: And so when it is inserted how is it interfacing with the skin? In other words, is it going into a follicle, what's it doing?

Emilie: Well, it's going right through the skin, I can't say, you know, we're not aiming in particular for a follicle. It generally, once it passes the very top skin layer which usually does very quickly because the needle is usually tapped in through a tube so it's a pretty quick little kind of tap that makes it pass the skin barrier. It's really that skin barrier I think where people feel the little pinch. Often people feel nothing. A lot depends on the point, you know, fingers and toes and eyes, around the eyes are going to be a lot more sensitive than a media area in the forearm or the thigh or the calf.

Richard: So but when it's coming in it's not going into a blood vessel typically.



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Emilie: No, it's actually not going into a blood vessel, we're not looking to touch a nerve, we're not looking to touch the bone, it's really in the muscle and connective tissue.

Richard: And so how deep - is there a standard one depth that it goes?

Emilie: Different points have different depths, you know, the fingertip, you know, which is just really piercing the skin I can't point for you I don't know, it's just tapped in, whereas a point in the buttock may go in, you know, an inch and a half to two inches and different...

Richard: I won't put that in the book.

Emilie: What's that?

Richard: I won't put that in the book.

Emilie: I didn't think so. Yes. So I think different points vary based on the location of the body. And often a needle might be put in added to an inch length but it may be just under the skin, so it's not an inch deep it's just an inch long.

Richard: Right. Right. Well, Emilie you are truly a master at this art and science and is there anything that we haven't covered that would be a value to the audience.

Emilie: Well, I think maybe that the one other thing that, and it's really a bigger topic, but just as a statement is that I think the other thing that acupuncture has to offer anyone but particularly this population is that it also offers the model for people to live kind of in more harmony with nature and with the seasons so that there are also just guidelines that



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come out of an acupuncture practice for us to be kind of more in sync with what's going on around us.

Richard: Well, and that's one of the opportunities, you know, retiring without fear is partially about taking the external sensible challenges and recognizing that you have options that you're in control of creating your life, that you're in control of adapting to a modality that can be very, very, satisfying and very satisfactory without being beholden to the necessarily the material aspects which may have been emphasized before. In other words, there's a whole process of awareness, a process of spiritual growth, a process of clarity and consciousness which ties in also to a more aware lifestyle in terms of health practices and a more aware approach to interacting with the environment, as you're saying, the environment as well as the community, so that all of those aspects enter into it. That's what - the book is a kind of a visionary integration of all of these fragmented types of courses of action that people could take and it's trying to put a buffet in front of them and say hey, you know, there's no reason to panic and there's no reason to be living with this sort of very uncomfortable fear of the unknown.

Emilie: Right.

Richard: Here's the bounty that's really, you know, here before you.

Emilie: Right.

Richard: Regardless of your circumstances, per say.

Emilie: Right.

Richard: And it's trying to be...



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Emilie: Well, good luck. Great book. I'll see you in the office.

Richard: Wonderful, Emilie. Thank you so much.

Emilie: My pleasure. Bye.

Richard: You know what I'm going to get you a copy, a transcript of this because this will make a great article.

Emilie: Yeah, it would. Thank you very much.

Richard: Pleasure Emilie. Thanks. Bye-bye.

Emilie: Bye.

END