

# Treating Patients with Chronic Disease

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Many people seek relief from the suffering of progressive degenerative disease. What does one mean by relief from such chronic conditions? Focusing on the physical manifestations of disease leads many modern practitioners to search for the perfect protocol - the "magic bullet." The desire for proof leads to the standard of seeking results that can be replicated. This narrows the therapeutic focus to controlling the expression of disease, rather than individually sorting out the pathogenic factors from the being's intrinsic response. Many modern TCM practitioners look for treatment strategies or protocols that work for every patient in a certain diagnostic category, which is a Chinese medical magic bullet.

Patients and many practitioners identify the supposed magic bullet with a cure for disease. They accept temporary control of disease expression and fail to realize that focus obstructs the search for a true cure, which entails a reversal of the physiological process creating the disease process. Therapies aimed at cure through disease reversion focus on the distorted process that creates physical changes, rather than symptomatic expression. While symptoms are an important guide to understanding the individual's struggle, their elimination is not the purpose of curative therapy.

While modern pharmaceuticals can sometimes temporarily block symptomatic expression, they do not alter the basic discrepancies of being that lead to most chronic diseases. A surgeon might cut out a localized lesion, but the imbalanced functions that created and sustained it will seek and find other expression. While modern Western medicine can sometimes help patients manage chronic disease through controlling its expression, the therapies it offers do not contribute to fundamental cure. Relative to chronic disease, the magic bullets of modern medicine offer temporary control (at best), rather than a cure.

Daoist medicine doesn't even search for magic bullets. Healing isn't found in treatments and modalities; it belongs to, and is the responsibility of, the patient. Each person is unique and must be met individually, based on discriminating his or her specific blocks to healing. Those blocks to wellness must be individually discerned, probed, disentangled, and eventually released in order to stimulate and allow healing. No successful treatment can be generalized to any definable (sub)population of people with the same named diagnosis. There are no magic bullets; the magic potential of healing results from individually unblocking the power and vitality of the embodied spirit.

Healing isn't always a pleasant and comfortable process. Chronic degenerative conditions can result from accumulations of unresolved (physiological and personal) struggles. Thus, healing them generally involves stimulating the being to release the attachment and expel the stagnation. This allows the individual's vitality to flow freely and for the fundamental changes that ensue. These changes pervade the entire being and are not solely physical. In fact, profound healing often begins with emotional or spiritual transformation(s). This point was aptly made in chapter eight of the *Ling Shu*, which conveys the classical wisdom that physical lesions are the somatic result of suspending unresolved spiritual or emotional conflicts. [See, for instance, *Rooted in Spirit* by Claude Larre & Elizabeth Rochat de la Valle.]

Twenty-one hundred years ago (around the time the *Ling Shu* was recorded), a devoted student of medicine named Chun-yu I delineated four stages in the transmission of Chinese medical texts. The first two (receiving and reading) can be attained through good luck in finding a competent teacher and hard work in study. The third requires the student's creative inspiration - to discern the workings of Dao within the microcosm of an individual patient's life process. One must learn to sort out the individual's intrinsic responsiveness from the challenges of factors disrupting it. The fourth stage of learning delineated by Chun-yu I refines and verifies one's relationship with Dao through regular application of the sorting out of stage three.

[Note: I follow Nathan Sivin's translation of sorting out for the Chinese character *jie* (in Wade-Giles, *chieh*). See his wonderful essay: "Text and Experience in Classical Chinese Medicine." However, one must understand that this sorting out is not the mere act of separating distinct things. Chun-yu I used the same character as the therapeutic method for resolving fire toxins (*du*), which is a pictogram of an awl-like tool made from an ox horn. This sorting out involves patiently and persistently separating factors that appear inexorably bound to each other.]

There are at least two different levels of sorting out that one must slow down and see in learning the classical standard of Chinese medicine articulated by Chun-yu I. The one mentioned above is central to therapeutic judgments. It recognizes that symptoms and signs are not the direct result of pathology. Rather, they arise from the struggle between the intrinsic responsiveness of the individual and the extrinsic factors that are disrupting natural flow. If one simply classifies symptoms and signs into syndromes, and formulates treatment strategies based on them, one merely manages the expression of distress. In trying to control the unpleasant aspects of an individual's physiological (and personal) distress, one fails to recognize the potential for healing found in facilitating the being's intrinsic process.

This clinically oriented sorting out relies upon a deeper, more profound sorting out, which lies at the heart of Daoist cultivation. This is the process of watching and growing more aware of one's compulsive projection of individual point of view. The growing awareness one attains in the process of watching allows one to gradually sort out the phenomena that occur from the interpretations individuals have of them. Relative to one's person, many individuals simply view all symptoms as unwelcome and want them controlled. Can the clinician simply be present with the patient who is suffering and not buy into that projection? This is the profound degree of sorting out required in learning to clinically sort out pathological factors from intrinsic responses.

Treatment strategies based on clearly sorting out and facilitating the intrinsic response to pathogenic factors can stimulate profound transformation. Many patients struggling with a wide variety of diagnoses attain substantial degrees of disease reversion. However, such profound transformation frequently requires a high degree of commitment from patients. Sometimes individuals are not willing to make the dramatic changes that reversion requires. Many prefer the somewhat lesser standard of halting the progression of chronic degenerative (progressive) conditions. While it is theoretically less satisfying, the lesser degree of reversion that halts progression prevents that disease from causing the individual's demise.

Disease reversion is real. We need only open ourselves to the possibility of profound healing.

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