

When Sex Infiltrates the Treatment Room

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You never know how sex is going to infiltrate your office, but you have to be ready for it nonetheless. Your response can eliminate potential lawsuits from patients who blame you for their actions or embarrassment. Or you can become the practitioner who rectifies a lifelong problem no one else could understand or fix. Here are a few examples from my practice. Perhaps you have similar stories and can relate to some aspect of what you are about to read.

Sharon, a 37-year-old woman, lay on one of the treatment tables in my clinic crying. Having suffered with chronic constipation since childhood, she experienced immediate improvement with OM. I was quickly able to warm her cold lower burner, thus infusing action-oriented *yang qi* into her sluggish colon. She was a relatively easy case, and I was surprised with her sudden change of demeanor from relief and happiness at our previous visit to unabashed sobs this week.

Her tears were not for joy over regular bowel movements. She and I had discussed the energetic correlation between the constipation and her lack of sexual interest at our previous session. Since then, she had discussed the matter with John, her sweetheart and another of my patients. Sharon was crying because John told her he was going to leave her to date me. He was tired of her lack of sex drive and was off to find a hot-blooded woman.

The conclusion of that conversation left me dumbfounded. It was the first time I became aware of a patient transferring psychosexual issues onto me. I had believed that only psychologists became their clients' fairy godmothers, ideal mates, dead fathers, ex-wives, etc. I didn't realize "transference" of internal issues could occur in an OM practice. But Sharon's energetic imbalance was being experienced as a drain by her partner, and he wanted out, literally and figuratively.

John, who came in later that week, insisted it was the tight dresses I wore that made it impossible for him to relax during his treatments and made his yearning for me insatiable. "You mean the long-sleeved blouses and slacks I wear under my fully buttoned, knee-length lab coat?" I asked incredulously. John stared straight at me without blinking. "Oh, is that what you are wearing under there? I always imagined you wore some skin-tight little thing that just covered your panty line." Needless to say, sometimes an acupuncturist and her patient are soon parted. But the incident did teach me valuable lessons.

Well when sex enters into our lives. It promotes the normalization of internal processes. And stable nervous system. But when the inability to get normal sex, how to be? Erectile dysfunction often penetrates the lives of men. Drug treatment drugs is not the only option. One of the interesting methods of folk treatment of [erectile dysfunction and watermelon](#). Watermelon is powerful natural aphrodisiac. Many scientists believe that the watermelon and erectile dysfunction it is really the best natural the method of treatment. This amino acid stimulates the production of arginine is the main donor of nitric oxide. In turn, nitric oxide directly involved in the process of occurrence of an erection of the penis.

First, we have a great deal of power with our patients, and for some that can translate into sexual

desire for them. It is vital that you be conscientious regarding your actions, words and attire, and be aware that your professionalism might not protect you against yearnings from patients going through transformative experiences. Next, a practitioner must be able to contain any feelings that arise for a patient. Ethical standards are important for several reasons, including the need to protect your patients from the power they give you. If you allow yourself to become part of a patient's healing process beyond the boundaries of professionalism, you could damage them, as well as yourself and your profession.

A few years later, Paul, a 57-year-old corporate accountant, lay on another treatment table, complaining of left knee pain. He was scheduled to have knee replacement surgery three months later and wanted to see if I could ease his agony until surgery. The diagnosis was simple enough; his pain was primarily in the area of the Liver channel, from the medial aspect of the quadriceps muscle down into the body of the gracilis muscle on the medial side. Because the congestion had been there many years, it took a few treatments to get things moving. But once *qi* moved, Paul dramatically improved. With six biweekly treatments, he was happily going for walks and feeling young and himself again. Two weeks later he resumed his YMCA basketball games after work, his number-one joy and stress-release activity.

However, he complained that as his knee pain vanished, so did his sex drive. The stagnation in the Liver channel was not just local to the knee but spread through the entire channel including the genitals. When that congestion was dispersed, the kidney deficiency (which was the underlying cause of the knee problem) was evidenced by the complete loss of sexual interest. Prior to his pain relief, Paul was able to maintain a low level of sexual interest in his marriage. But I realized this was because Liver channel congestion essentially held stagnant *qi* in the genitals.

As I went into the room to pull out needles following his 10th treatment, I encountered something unexpected. Upon seeing me, Paul said, "I have been a naughty boy," in a soft, seductive voice one never wants to hear coming from a horizontal patient. I noticed that the towel I had placed over his pelvic area and upper thighs had been removed so I could see the issue he referenced. A wet spot was on the front of his underwear. "I ejaculated," he said, with a mixture of pride and embarrassment. "Sometimes that happens all by itself, even without any touching."

"This symptom," I said nonchalantly, replacing the towel, avoiding eye contact and pulling out each needle with great concentration, "is a reflection of a kidney *yin* deficiency. The depletion of the *yin* aspect is what caused your knee to degenerate, rather than just hurt. This seemingly unrelated symptom is caused by the same energetic weakness."

I wrote notes in his chart until he stopped searching my face for clues of inappropriate interest or critical judgment. Then I smiled, looked directly at him with the most professional face I have ever had to muster and handed him a fresh towel for "cleaning up." "I am glad I found out about this symptom," I said with medical sincerity. "Otherwise, I would never have been able to deduce that aspect of the problem." He smiled with disappointment and relief. Unfortunately, he wanted to use the intimacy of this opportunity to begin another type of relationship. No, he was not going to be criticized for his symptom and no, I was not interested in expanding my role in his life.

I went into the washroom, hit my head against the wall 10 times trying to figure out why I had gone into this business, prayed, washed my face with cold water and looked squarely into the mirror to assess whether the woman I was staring at could cope with this situation. I returned to the treatment room with little certainty as to the answer and noted that I felt slightly nauseous. My number-one job was to protect my patient's dignity so we could safely address a health issue. Next, I had to preserve the quality of our medical relationship by maintaining the same demeanor I always did: calm, warm, reassuring and professional. This is the kind of thing that can happen on

any random Wednesday in OM practices around the world. We do get tested. Passing these tests is imperative for the welfare of our patients.

Every human being creates self-esteem and personal identity through their sexuality. We range in feeling from fertile, virile and potent to sterile, weak and frigid. If our genitals can rise, allow us to see stars or cause a pregnancy when we wish, we feel self-respect and joy. If they don't, we encounter a lowering of self-esteem and become self-critical. We must keep this inherent vulnerability in mind as we go about our work. We must honor it by preparing to encounter it.

Our profession has many theoretical constructs that explain how sexuality affects and is affected by overall functioning. By choosing to adapt the attitudes inherent in OM rather than those of our highly sexualized culture, you can support your patients in expanding their views of human sexuality. This provides them with a deeper understanding of and respect for self. According to ancient OM texts, our duty is to provide for the spiritual uplifting of our patients. By succeeding as we address human sexuality, we do, indeed, uplift the spirits of those whose welfare we hold in our hands.

JULY 2008