

The Little Laughing Lady

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Usually, they give it away quickly, the *shen*-disturbed. Like the woman who told me during the intake that her name wasn't really Clara, as it said on her medical card, but Cleopatra. She went on to tell me she might have to leave early because Dwight Eisenhower was picking her up. To both of our credit, she came seven or eight times for treatment of low back pain, which was the reason the doctor in the outpatient clinic had sent her for.

I always asked if she felt confused, if she felt she needed more clarity of thought; anything to justify adding Du 20 and *Sishencong* or Lu 3. However, in her estimation, she was always clear. Of course, I always asked if she was taking her medications. She wasn't and said they "clouded up" her thinking.

Not all the *shen*-disturbed patients I see present so quickly, so evidently. Doctors refer for depression, anxiety and general emotional fatigue. I've treated posttraumatic stress disorder (PTSD) patients who were combat veterans, ex- and present-gang members, ex-convicts on parole, rape survivors, gunshot victims, abuse victims as well as abusers. As a Vietnam veteran, I had a diagnosis of PTSD myself. I am pretty good at spotting *shen* disturbance quickly, but the little laughing lady somehow flew in under my radar (to use a military idiom).

The General Medicine Clinic referred her to me for thoracic outlet syndrome (TOS) pain of the right arm. In our first session, I noticed that she laughed too much ("excessive joy") and it was evident that she had a problem larger than TOS. However, it would take months before the depth of her disturbance would surface.

She began treatment at a time when the clinic was on a "drop-in" basis. Patients could come for treatment as often as they felt was needed, as long as they were referred by a primary care doctor from one of the outpatient clinics. I had suggested that she come two times a week for one month, and then we would re-evaluate. The second week she came three times, and by the end of the month she was coming for treatment almost daily. Her TOS had subsided, but then her low back hurt. She also complained of asthma and shortness of breath, and when treatment helped that, then her arm hurt again. She came to the conclusion that her body had too many toxins and that was the root of all her problems - which was a reasonable assessment.

Soon she was confiding in me that she was sure it was the cyanide poisoning. She told me that people were sneaking into her room and injecting her with cyanide. Then she would laugh and say, "And I don't appreciate it." She became a fixture, the first person I would see in the morning, waiting outside the office, smiling and laughing her hello. She said the treatments helped her think straight, to be less frightened, to be able to come out of her room and go about her day, many of which were spent at Highland General Hospital for one appointment or the other. She continued to get treatment for whatever pain she had, asthma, "cyanide poisoning," as well as anxiety and depression.

The little laughing lady concerned me. Her eyes were very disturbed; they held such pain, fear and

confusion. We discussed medications; she used to take psych meds, but had stopped. I suggested she talk to her primary physician about some new meds and she told me she had. She agreed to sign a consent form allowing me to talk to the primary. It took months for us to convince her but, she eventually agreed to take some new meds that helped her immensely, but not before she had a complete meltdown.

As she came more, she told me more. People came into her room at night and injected her with cyanide, and then she would have to drink three shots of whiskey first thing in the morning to throw up and cleanse. Those same people sometimes raped her and then she would say with vehemence, "And I don't appreciate it." She refused to go to the police or the Rape Trauma Center at the hospital, which handled all the rape evidence exams for all of Alameda County.

The cyanide was happening daily, the rapes weekly. Then she began to talk about her sons. Sometimes she had twin boys, which eventually became two sets of twins. Sometimes they were living far away, other times two were dead and occasionally, all four were dead. The constant laughter was becoming hysterical, but treatment always calmed her. She left the clinic stable, albeit laughing between every phrase, but not hysterically crying like when she came in. She never admitted to any suicidal thoughts, ideation or plans.

After about two years of running the clinic as solely drop-in, it had gotten so busy that I had to go to an appointment system. I told my drop-in patients they had to make appointments and would have to limit treatment to one or two times a week to make room for the new patients. The little laughing lady stared at me blankly for a moment and then said, "But I can drop-in if I really need to?" We negotiated two days a week for her. Of course, everyone had the option of drop-in if the situation were severe enough. One drop-in day, she came in crying, hysterical and agitated, ranting about being raped and poisoned for more than 40 years and that she had just received news that one of her sons was dead. The casket had been dug up, revealing that his body had been mutilated.

Points: *Shenmen*, sympathetic nerve and the balance point in one ear and kidney, liver, lung in the other, plus *yintang* (a modification of the NADA protocol), Du 20 (*Baihui*), *Shishencong*, Lu 3 (*Tianfu*), H 7 (*Shenmen*), and Liv 3 (*Taichong*). This is the point combination that, for the past 18 months, we found worked best for her. It worked again and she agreed to talk to her doctor about meds. A month later, she began taking them. First she reported sleeping better. Eventually, there was no talk of rape or mutilated children and finally, no cyanide poisoning.

She now comes once a week, occasionally twice. She has had one episode of "cyanide poisoning" and admitted to not taking her meds, but agreed to start up again. She is on a double maintenance program: meds daily and acupuncture weekly. She still laughs between each phrase, and her eyes are still disturbed. She exists in a limbo of reality, but at least she is out of hell.

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