

## The Initial Consultation: Getting to the Heart of the Matter, Part 8

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In previous installments of this series, I emphasized the importance of questioning deeper than the superficial information or data to reach the unique individual patient and understand how, and in what way, they are in need of help and support.

We are able to provide help with our choice of points, based precisely upon the need of the patient, which we must perceive with our own senses. Patients are much more than a collection of physical symptoms and labeled conditions. If that were the case, we would treat everyone with the same symptoms in the same fashion. We know, by a wealth of experience, that the appropriate points for one patient may be ineffectual for another, regardless of the similarities of their symptoms. Therefore, we must see, smell, hear and feel who the patient is, not merely discern what their symptoms are.

Regardless of the presence of physical symptoms, there will always be a level of mental and spiritual imbalance, which we must address if we are to treat holistically. To ignore the deeper levels is akin to patching and painting the holes in the walls of a house without regard to what is going on within and how the holes got there in the first place. Toward that end, I will discuss how to ask a patient about the subjects of sleep, diet and appetite. Though the suggestions contained herein are by no means exhaustive, they are intended to show how to ascertain a baseline and to determine who the patient is beneath the level of information.

In this system of acupuncture, the fact that a patient has bowel symptoms does not necessarily mean that we will treat the Large Intestine meridian (or the Metal element). Any symptom can be the result of imbalance in any of the Twelve Officials and/or the Five Elements. Once a primary imbalance (the Causative Factor) exists, it spreads imbalance throughout the system, affecting all organs and functions. This subject can be reviewed in detail in my prior article, "[Symptoms: Distress Signals and Nothing More](#)." (October 2003) In reviewing a patient's physical systems during the initial consultation, it is necessary to know the state of the systems at the time of examination to provide us with a baseline against which we can measure the patient's progress.

The patient's main complaint may not be the first to resolve, and they may feel that treatment is not working. Some patients forget where they started. I recall a patient who, after one month of treatment, still complained of headaches, but had to be reminded that her secondary complaints of fatigue, insomnia and constipation had completely normalized. She was encouraged that, indeed, progress was being made.

If, however, after four to five treatments, we do not perceive positive change, we must ask ourselves, "Why not?" Is there an energetic block or blocks preventing the treatment from getting through? Am I treating the correct element (Causative Factor) and its Officials? Am I reaching the patient at a sufficiently deep and appropriate level? Am I treating the patient at the correct interval? Is my point location accurate? What lifestyle factors might be undermining progress and

what homework should I assign?

We must not forget that nature does the healing. We do not dictate the order in which symptoms resolve. Fortunately, we do have a guide in the Law of Cure. In any natural system of healing, wherein symptoms are cured rather than suppressed, there is an order in which symptoms tend to clear. This phenomenon is also known as "Herings Law," observed and documented by the renowned homeopath, [Constantine Hering](#). Basically, this law states that symptoms surface from within to without as part of the process of cure. That is to say, they clear from the interior of the body to the skin, and from the deepest part of ourselves to the more superficial: from the spirit, to the mind to the physical body. Thus, a patient, although experiencing a temporary resurfacing of symptoms, or still plagued by the main complaint, will feel better, stronger and more vital.

Symptoms will clear from above to below (top to bottom), from the head to the extremities, and from more important organs to less important organs. Symptoms will clear in the reverse chronological order of their appearance. Like peeling layers of an onion, the more recent symptoms will be the first to resolve. Conversely, those symptoms that appeared first will be the last to heal. Thus, knowing the patient's medical history in chronological order is of great significance in determining their progress in treatment. Patients' experiences of the Law of Cure can vary in terms of what will manifest, how intense or subtle the manifestations will be, and the time frame in which healing will take place.

In asking about a patient's sleep, I ask open-ended questions, such as "How do you sleep?" Unconscious answers such as, "All right" or "Not enough" are insufficient. I question further: "What time do you go to bed? Do you fall asleep right away? Do you get up during the night? How many times and for what reason? Can you get back to sleep quickly? If not, what do you do? What time do you wake up? How do you feel when you wake in the morning (rested, groggy, wretched, with or without an appetite, headachy, able to relate to others, etc.)?" Sleep is a vital need. A change for the better in a patient's sleep pattern is an indicator that treatment is working.

"How is your appetite?" This question often elicits a response such as, "Too good" or "Okay." We need to know what those terms mean. It is common for people to be deceitful when talking about so called vices such as eating, drinking, smoking, drug use and sex. I get specific when I ask, "What did you have to eat yesterday?" or "What do you have for breakfast?" If a patient does not eat breakfast, I ask when they stopped the practice, and what was going on at the time. Breakfast should be our main meal. According to the wisdom of the Chinese Clock (aka The Law of Midday/Midnight), the Stomach Official is at its peak of energy and most receptive to ingesting a meal between the hours of 7 a.m. and 9 a.m. If we do not feed this Official when it most wants to be fed, we inevitably pay a price in our available energy, which is a product of the food we eat and the air we breathe.

"What do you drink during the day? Do you add sugar (or whatever else) to your beverages? Do you have anything to eat mid-morning? What do you typically have for lunch, after lunch, for dinner, after dinner, for snacks, for desserts?" I have had some patients keep a food diary of everything that goes into their mouth so they can see what they actually do consume.

Adding it all up can be quite surprising to patients who believe that they really "just don't eat" and cannot understand why they are overweight or plagued with any of the myriad diseases that arise from poor eating habits. Some patients will self correct once they become conscious. Others will need more specific direction as to what to eat, and when. In assigning homework, I give only enough so that the motivated patient can succeed week to week and will register the experience as a win. Our job is not to be tyrannical, but to encourage patients to give their best to themselves.

## A Case Study

A female patient in her late 60s came to me for treatment of insomnia. As she answered my questions related to sleep, I felt that I was in the midst of a great tragedy. I felt deeply sorry for her and found myself exhibiting sympathy from the very beginning of our interaction. I noted that in spite of the extensive sympathy I gave, she hungered for more. Her voice had a quality of "appealing," which I identified as a singing voice. This, combined with her yellow color and fragrant odor, confirmed her Causative Factor as Earth. As her litany of complaints continued, I took her hand and gently asked, "What's wrong?" She went quiet, looked at me with tear-filled eyes and said, "It's my son."

Though he was fully-grown and independent, he still shared a house with her, and she constantly feared he would leave her, as her husband had done years before. The more she tried to control his affections, the more angry and distant he became. Her fears had increased to the point of obsessions. Alone at night, with no outside distractions, she would lay in anguish. Sleep was largely an impossibility.

The following are among the points I used in this patient's first several treatments. They were not intended as symptomatic points for insomnia but illustrate appropriate responses to the needs of this unique individual.

*Stomach 8 Head Tied:* This point was chosen to help this patient loosen and release the intense mental knots that held her bound. She had been utterly unable to shut off her mind. Rather than smoothly digesting her experience, her mind had created endless fearful obsessions, which loomed ever larger, churning over and over, giving her no peace. This point provided relief, relaxation, an untying of the knots and the beginning of seeing with eyes of clarity and compassion.

*Spleen 16 Abdomen Sorrow:* This patient held deep sorrow, fear and grief, like a child who has lost, or fears the loss of, its own mother. There can be no comfort or security, giving or receiving of nourishment when one is stuck in such deep emotional pain. She regretted the way in which she raised her son and blamed herself for his emotional distance and coldness. She regretted never living up to her own mother's expectations. She was unable to be a mother to herself. This point, located on the abdomen, brings the "mother's" qualities of love, comfort, warmth, security, relaxation and nourishment to the very core, deeper than the level of the mind. In this patient, it allowed the process of digestion, even of this perceived extreme hardship, to begin. Conjoined with other points to strengthen her spirit and support her Earth, it allowed her to restfully sleep for the first time in years.

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