



PATIENT EDUCATION

The Qigong Master: Talking to Your Patients About Care

Brandon LaGreca, LAc

We all have patients who respond to treatment beyond our expectations. It doesn't take much, just a few simple points and they are singing your praises at their next appointment. I've had many patients like this over the years but a recent "hyper-responder" stood out for the most curious reason, having me rethink my approach to patient communication within the treatment space.

The QiGong Master

Lisa was a 64 year old woman with a history of COPD, presenting with Kidney qi deficiency failing to grasp zong qi. She was divorced, working as a school bus driver, and had no higher education or formal meditation experience.

My acupuncture protocol was simple and my ego bolstered by her exceptional response. Although rotating through different points, the mainstays of her treatment included: Zhaohai Ki-6 and Lieque Lu-7 as extra meridian points to enhance Lung Kidney communication, Shufu Ki-27 to further reinforce Kidney qi, and the chin points Water Gold and scalp thoracic points as microsystems for respiratory function.

I used herbal therapy at various points to which she also responded fairly well. I went about my merry way, content with the elegance of my protocol, when one day Lisa began to describe her experience resting with the pins in. She claimed to often feel a lot happening at Zhaohai Ki-6 and thought she should raise that sensation up her legs to her chest to the points there (Shufu Ki-27). She claimed she would do this over the course of the treatment, and when the sensation reached her chest, she would cough a few times and then things would settle down. In retrospect, I heard her cough during treatment but never thought much of it.

Lisa would get several days of relief from such a session, and after a series of treatments, was able to walk at length on a adventurous trip she had been planning for months. When I inquired about

her inward process, she claimed to being doing this all along and that it simply felt like what she should do.

We can analyze this a number of ways. Clearly Lisa was leveraging a long-held axiom of Chinese medicine that qi flows where the mind goes. The fact that she connected Zhaohai Ki-6 with Shufu Ki-27 and moved qi up her Kidney channel might be coincidental good luck, but I'm quite sure that Lisa was following her inner guidance.

The fact that Lisa would cough as the sensation reached her chest is curious, suggesting the clearing of stagnant qi in the Lung when bolstered by its reconnection with the Kidney. Although the Kidney meridian ascends to the Lung, we often think about the Kidney grasping zong qi and pulling it downward. This was not what Lisa was experiencing. Instead of focusing on deepening and descending her breath (which is what I might have suggested if I thought to counsel her on a visualization), Lisa was following the meridian direction and generating her own healing response. Perhaps Lisa had discovered the practical interpretation of the Taoist esoteric principle to breathe from one's heels.



Less Can Be More

Over the years I have simplified my patient communication. Unless a patient is really interested, I avoid language relating to traditional Chinese medicine. I seldom refer to a zangfu diagnosis unless the departure from conventional medicine is so distinct, and the patient's condition is so effectively explained by our take on physiology, that doing so unambiguously enhances their understanding.

One example is describing Liver blood deficiency to a menstruating woman who is not anemic by conventional blood work. They are tired after a cycle and the paleness in their face and tongue is apparent. Being diagnosed with a Blood quality issue after their doctor has affirmed that their iron levels are normal is self-assuring, even if our concept of Blood deficiency is foreign. Our diagnosis is intuitive enough to drive compliance in these patients, especially as they dramatically improve

with Blood-building herbs.

Such cases are the exception rather than the rule. I don't describe what I feel in the pulse unless a patient asks, and even then I keep it brief. I don't describe qi flow, preferring the descriptor of influencing "circulation" when a patient asks how acupuncture works. They assume I am referring to blood, and I am happy with the half-truth instead of dialoguing at length about the subtleties of qi and its relationship with Blood. I also describe the effects of acupuncture on the brain to ground the effects of treatment in the science of neuroendocrinology in a way more palatable to the Western thinker.

Coaching Qi Flow

I defer to Western terminology when describing Chinese medicine but have become more open to coaching a patient on qi flow after treating Lisa. The reality is we never know which patient, who otherwise shows no interest in the trappings of Chinese medicine, may be an unacknowledged qigong master.

If a patient feels a strong sensation at a particularly acupoint, I may have them focus there, especially if it relates to the amelioration of a physical pain. For instance, if I stimulate a distal hand point for a headache, and they simultaneously feel their headache improve while their hand aches, I will encourage them to "feel" their headache pain shooting out their hand.

The same holds true for a local point. If a patient with deltoid pain has a strong twitch response at Binao Li-14, I will direct their attention to this point and make the suggestion that the muscle has released and that circulation is coursing to the area. The needle becomes a marker for awareness, driving consciousness toward an amplified healing response.

There are elements of hypnosis to acupuncture if we choose to think in these terms. While Western medicine may label this effect a placebo response, Eastern practitioners take all steps possible to leverage the power of the mind. My mistake was assuming that the average patient was uninterested or unwilling to supercharge their treatment with the power of awareness. Now I think about introducing the concept of influencing "circulation" to any patient who stays awake during their treatment.

Even though I maintain neutral language and don't talk much about qi (or even energy for that matter), I realize it doesn't take formal training in meditation to be able to move qi. Unacknowledged qigong masters walk among us and many end up in our treatment rooms.

FEBRUARY 2018