



ACUPUNCTURE TECHNIQUES

## Possession: Blocks to Healing

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Before we can approach treatment of a patient's primary elemental imbalance (AKA "Causative Factor" or "CF"), a number of specific energetic blocks must be considered and, if present, removed in order for treatment to be effective. I cannot emphasize this enough. We cannot treat through a block, which means that however accurate our diagnosis of the elemental cause of the disease, the patient will not improve until any and all blocks are removed.

### Possession

This energetic block comes first in order of priority, as no subsequent block can resolve unless this one is removed. The term "possession" tends to conjure up Hollywood imagery, as in the film "The Exorcist," or of the Salem witch trials of the 17th century. While the expressions of possession can manifest as extremes of insanity, such expressions are rare. More often, it is a more subtle manifestation, as we shall explore in this article.

Virtually every native system of medicine recognized the existence of possession and had protocols for its treatment. Although relatively rare to encounter, possession is a reality that most practitioners will face in the course of practice, and unless the block is cleared, the possessed patient has little or no hope of improvement of whatever the presenting symptoms may be. Possession can be best understood in the sense of a person's energy having been *taken over* by an invading force such that one's will is no longer one's own.

### The Causes

The invading force can be generated internally, as in the case of a bad habit, which becomes an obsession and a compulsion, and is beyond the will of the possessed person to stop. This does not necessarily mean that all who are labeled addicts are possessed, but addictive compulsions should alert the practitioner to the possibility. As with all blocks, if we suspect its presence, we treat it. We can do no harm by endeavoring to clear a block that is not there, and will do tremendous good if we do clear it.

Possession can also be caused by an overwhelming external event - a bad accident, a sudden climatic change, drugs, a terrifying experience, mystical or meditative practices (both drug and non-drug induced) for which a person is unprepared and vulnerable, or the overwhelming influence of another individual or group - a cult, a charismatic political or religious leader, a boss, a co-worker, even a family member - to name a few. I do not mean to suggest that everyone who has experienced any of the foregoing to be possessed. There has to be vulnerability on the part of the person in order to be susceptible to possession.

I have often been asked about ghosts, non-physical entities, and *other-worldly* beings in relation to the phenomena of possession. Sometimes, we simply cannot know, and it is not necessary to know what caused the possession or exactly what has taken over a patient. It is, however, necessary to be able to recognize and clear it.



### The Diagnosis

The patient is unreachable. He or she lives in an internal prison from which there is no escape, until the block is cleared. This is a block that presents no particular symptoms, behavior, or pulse picture, and can affect those of any elemental CF. Its manifestations can range from the very subtle to stark raving madness. Possessed patients may have jobs, families, and all the trappings of a *normal* life, but are not fully present to any of it.

The best way to determine *reachability* is to look into the patient's eyes. The eyes have long been called the "Windows of the Soul." Normally, when we make contact with another, we do so through the eyes. To check for possession, ask the patient to look into one of your eyes and to continue looking there (until you indicate for him/her to stop). In the case of possession, it is rather like looking into eyes through which we cannot make essential contact, that are *veiled* into which we cannot penetrate, and which lack depth or three-dimensionality.

If patients ask why we are looking into their eyes, I suggest simply saying that it is part of our

diagnostic process. I do not recommend using the term "possession" in any form, as it is a highly emotionally charged word and will likely frighten and confuse the patient. With a possessed patient, we will additionally find that we cannot make essential contact or reach the person at any level - physically, by reason, emotion, or at the level of the spirit.

### Treatment of Possession

In this system, the protocols for clearing possession are called the "Treatments of the Seven Dragons." There are two sets of points we may use, and may sedate or tonify. The vast majority of possessions clear with the first protocol: sedating the 7 points corresponding to the Internal Dragons (AKA "IDs").

The points are: the Master Point approximately  $\frac{1}{4}$  inch below CV (Ren) 15, ST 25 bilaterally, ST 32 bilaterally, and ST 41 bilaterally. Insert each needle in the above order, perpendicular to the skin and give each a hint of a turn counter-clockwise. When all needles are in place, in the same order, give each a full 180-degree rotation counter-clockwise. When treating bilaterally, sedate right side first, then left. Leave the needles in place until the possession clears. With sedation, do not press to seal the points after needle withdrawal; leave the holes open. If the possession clears, these protocols are finished and we need go no further regarding treatment of possession. We will know the possession has cleared by being able to reach the patient, especially through the eyes.

Sometimes, possession will clear gradually. In such cases, we will be able to increasingly *reach* the patient (best determined through the eyes). In such cases, leave the needles in place until the eyes are clear. If there is no change after 20 minutes (assuming the point location was accurate), we must change needle action. We then tonify the same points. The needles are already in place, so in the same order as above, starting with the Master Point, turn each needle 180 degrees clockwise, left side first, then right, quickly withdrawing each, and pressing the point immediately thereafter, sealing the hole.

If these protocols fail, we go to the second set of points: the External Dragons (AKA "EDs"). As with the Internal Dragons, sedate the points first (in the same manner as described above) and wait for the clearing. If there is no change after 20 minutes, tonify the points in the same order, tonifying the left side first, then the right side, with the same needle technique as described for IDs. The points corresponding to the External Dragons are: GV (Du) 20, BL 11, BL 23, and BL 61.

Accurate point location is vital in all of these protocols. Missing even one of the points will render the treatment invalid. If unsure as to the exact point location, we may place several needles in and around where we feel the depression on the skin surface to insure that the point was located accurately. As with the location of any point(s), we should feel the needle *grip* when we manipulate or remove it as confirmation of accuracy.

### The Case Study

The patient came for treatment complaining of neck pain following an injury. In the first few minutes of the initial examination, I sensed that she was not *with me*, seemed to be in a world of her own, and was unreachable. Further, on looking into her eyes, there was the impenetrable *veil* as described above. I placed her on the table and inserted the sedation needles for Internal Dragons. Within several minutes, her face began to grimace with eyes tightly shut. Her body tensely arched upward as she seemed to be struggling to loosen (imaginary) bonds at her wrists and ankles. This struggle continued intensely for several minutes. Suddenly, her entire body relaxed. She opened her eyes, now clear and steady, looked at me standing nearby, and said, "My God, what was that?" I asked how she felt. She slowly replied, "I feel like - myself, and I haven't felt

like myself - ever."

I asked her if she knew what the struggling to free her wrists and ankles was about. She said that when she was a small child, she was tied up and left alone in a dark closet (sometimes for hours) while her caregiver went out to socialize. She had not remembered these traumatic events until the possession was cleared. She felt that she had been released from a life-long prison-like grip of trauma.

Certainly, not all possession treatments produce such a dramatic catharsis as this one. Many times, the effect is a subtle, but substantial restoration of self - of one's stable ground, one's ability to connect, to express one's own willpower, and to meaningfully interact with the world.

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