

## Now What Do I Do?

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Some years ago, after considerable hounding by the publisher of a national health magazine, I finally got around to sitting at the kitchen table one gloomy Sunday afternoon to write out a long-promised article on acupuncture. I put together a couple of graphics and a cover letter, and the article was mailed without fanfare on Monday morning. Little did I know, this simple article would change the lives of numerous individuals for years to come.

Approximately three months after the article appeared, I received a letter from a medical physician in Connecticut, asking, "Now, what do I do?" His letter stated that he had a 42-year-old male patient who suffered from nocturnal enuresis and had wet the bed literally every night, without exception.

The patient had received every known treatment since he was a child. Other than the fact that he suffered from nocturnal enuresis, there was absolutely nothing wrong viscerally or psychologically, as far as anyone could determine. The reason for the physician's question was that, following the first attempt at a simplified acupuncture procedure I had explained in the article, utilizing (of all things) pressure from a ballpoint pen to what may be considered a highly questionable acupoint, the patient had never experienced another bed-wetting incident in the year I followed up on the case. Incidentally, the MD had no knowledge of acupuncture philosophy or theory, other than his new-found awareness of an acupoint, which, according to the article, had an effect on bed-wetting.

The doctor's question of "Now, what do I do?" certainly was legitimate: Do I continue to treat him or leave the condition alone? The answer to this question depends, of course, on who is answering. To me, the answer is obvious: "If it's not broken, don't fix it."

Everyone is familiar with the three monkeys carved 800 years ago into the side of a horse stable in Japan. It illustrates "Hear no evil, see no evil and speak no evil." This carving is internationally known. However, the small relief that sits next to it shows a cat sleeping under flowers. The philosophy of this relief was, "What do you say to a sleeping cat under flowers in bloom?" Of course, the answer is, "Nothing, let the cat sleep. Leave it alone."

Far too often, we do not leave conditions alone once they have attained healing and symptomatic relief. In doing so, we are guilty of one of the worst clinical and professional mistakes a practitioner can make - overtreating. Ask yourself, how many times in the past year have you seen a patient who was asymptomatic after a short term of treatment, and, because "the treatment plan wasn't finished," the patient had the "Anything you say, Doc" attitude? And yet, for any number of other reasons - including greed - we went ahead and treated the patient, only to see their symptoms return to full-blown status?

If you're a student or a very young practitioner and you haven't experienced this yet, be patient - it happens to all of us. However, the objective is to learn from our mistakes and the mistakes of others

and minimize this occurrence.

In my opinion, one of the cardinal rules of healing is to understand when the patient is to be released from active care. Had that medical doctor continued to treat the same acupoint, which relieved the patient's symptoms, the possibility and probability of the original symptoms returning would have been significant. One treatment was all that was necessary. The patient would have agreed to treatment every day for the rest of his life had that been suggested, at considerable financial reward for the practitioner. However, the doctor received a much larger reward through the multitude of referrals and personal satisfaction by releasing the patient, even though that patient received only one treatment.

Use common sense in scheduling your patients for continuing care. Acupuncture point stimulation can have an immediate energetic healing response, which will alter the selection of future rationale for treatment. Proper evaluation of the patient is essential in determining ongoing treatment. If you are not at the point in your clinical development to determine by examination what to do next, you are best advised to discontinue the use of any specific acupoint as soon as significant clinical response has been achieved.

I routinely schedule three to five new patients a day. All of my patients come from either patient referral or colleague referral. Even though I've heard my philosophy criticized as being wrong for practice development, I nevertheless stand by releasing the patient from active care as quickly as possible. I find that if I schedule patients to return for management treatment three or four times a year, as opposed to trying to cram once a month or more down their throat, my referrals and follow-up treatments rise significantly. I schedule maintenance treatments whenever the universe changes (when the four seasons are observed). For each of the seasons, the body likewise experiences similar changes. I also don't cut off my referral "tree limbs" by dragging the patients on when they really don't understand why they still are coming to the office, since they are no longer experiencing a problem.

I fully realize the response to that last comment is simply "patient education," and I agree. However, I have not found my philosophy to be anything but successful. We've all heard the adage, "Find it, fix it and leave it alone." This is sage advice from the old-timers. The significance of that statement may, infact, be the best advice you'll hear all year.

Incidentally, the acupoint for bed-wetting the doctor used is in the exact center of the bilateral proximal pip and dip joint of the small finger, on the palmar side.

Attempt to achieve stellar clinical and healing response in the least amount of time, with the least amount of treatment, with minimal financial outlay, and your practice will be overflowing with grateful and happy referring patients.

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