

History Written Into the Body

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Taking patient histories is an art. We ask questions. Their personalities respond, and we must sort through their moods and projections to form clear pictures of both current manifestations and the sequence of developments leading to them. Memory is subject to revision as the individual's personality rationalizes their experience. Even accurate information is limited to the patient's ability to identify causal relationships. Somatic and spiritual reactions to various stimuli are not always obvious.

Yet, patient histories remain among the most important information practitioners use to discriminate the dynamics of each individual's struggles. Some clinical traditions focus on individuals' constitutional tendencies toward certain dysfunctions, and identify "elemental" patterns in their patients' responses to various questions. This approach enhances modern TCM which classifies only the manifesting symptoms and signs.

However, most patients develop blocks in their vital flow based on their specific histories, rather than simply exhibiting constitutional tendencies. Those blocks might be suspended temporarily, as long as the individual has sufficiently strong flow of postnatal *qi*, but they eventually lead to clinical presentations. Profound healing entails dredging out the individual's pathogenic stagnations and stimulating the embodied spirit to resolve them. That resolution might include "re-digesting" certain experiences, and it generally includes release and/or expulsion of stagnating factors from the individual's life.

The most important and interesting parts of patients' medical histories cannot be consciously recalled. Careful and attentive patients can convey the sequence of their somatic expressions, but the causes of unexpressed blockages are not available to their conscious recollection. Unresolved internal and external pathogenic factors are displaced into humors and stored in the patient's "secondary vessels" for final disposition at a later time.

This temporary suspension of pathogenic factors is functional, but also leads to future pathologies. Suspending unresolved challenges and conflicts allows the individual's embodied spirit time to either reprocess or release them. However, incipient factors eventually accumulate to overwhelm the individual's capacity to suspend them. These challenges then emerge in overt expression - progressive degenerative disease. Several important treatment strategies dredge out the accumulation of unresolved stagnating (and thus pathogenic) factors.

After I ask some penetrating questions about a patient's personal history and/or suggest they look at ways to better support vitality, I insert and stimulate needles. After a few minutes of monitoring their progress with the treatment, I typically leave patients for a while to process the physical stimuli and consider their soul's journey. When I return at the end of the treatment, I ask an open-ended question such as, "Did anything interesting happen?"

Many patients report fascinating journeys during acupuncture treatments. When the embodied spirit is sufficiently stimulated, it flows freely. The liberated flow of intrinsic movement often dredges out physical sensations or visualizations. Sometimes there is a combination of both and the sequence of their expression tells the story of the soul's unwinding.

Laura is a 43-year-old woman who struggled with alopecia (hair loss) for nearly three years. During that period, she returned to college to earn a degree in environmental science while working as a computer engineer. Although Laura has done well in her career, she doesn't find it rewarding beyond her remuneration.

Laura enjoyed her studies, but she always was tired and felt drained. She also reported occasional loose stools and acne. Laura was pale with mild flushing and her nails were thin. Her pulses were quite small and slightly tight and fast, which seemed to indicate that her "underlying" deficiency was being complicated by overwork, further taxing her *qi* and blood.

I treated Laura for several months two years ago. I gave her herbs to nourish blood and facilitate its movement to the surface. I counseled her to get enough rest. While she felt somewhat more relaxed after treatments and other presenting symptoms improved, she continued losing large amounts of hair while washing it.

I asked many questions about her stressors, trying to stimulate her to identify and eliminate them. Although she continued working long hours by attending school while working fulltime at her career, she also ended an eight-year relationship, that was not fulfilling her. Perhaps making that life change would allow blood spread to nourish the follicles on her head.

During the brief period of acute stress when she moved out, her original symptoms returned. Those again improved after a few weeks of treatment, but she reported still losing inordinate amounts of hair. Although her digestive and skin symptoms improved with treatments and herbs, I failed to realize those treatments had simply allowed her embodied spirit to again suspend the distress they expressed. Laura continued her busy schedule and planned to attend law school to study public-interest and environmental law.

I thought stress from her busy schedule contributed to her physiological distress, but Laura had a strong drive to finish her degree. She had forsaken that goal after finishing high school when she was able to find good work as a computer engineer. A few years ago, Laura decided to follow her internal purpose by training for a career that would be personally meaningful. Suggesting she forego that educational goal in favor of resting more seemed counterproductive. I was at an impasse, and Laura took some time off from treatments, though she occasionally picked up herbs because her hair seemed to fall out more without them.

When Laura sought treatment again several months ago, she had decided not to pursue a law degree. She has maintained approximately the same degree of hair thinning, which reflects continued hair loss. While she still doesn't have visible balding patches, Laura is disturbed by the amount of hair she collects from the drain after washing. Laura also has recently noticed an alarming change in the shape of her stools, which have been flat rather than round for several months.

During a treatment a couple months ago, Laura experienced a remarkable sequence of physical sensations and visualizations, as flushed-out *qi* accumulated an unfulfilled process from where it had been somatically held. My point selection and needling strategy was inspired by the divergent

channels, though it didn't include the confluence points defining those channels. Instead, needling on the right focused on dredging habituated holding from the *fu* (hollow organ) of the large intestine, and releasing it out through the channel on the left.

Since the large intestine *fu* (hollow organ) is part of the alimentary canal, which is an important expression of the internal sinews, this treatment can be considered one of stimulating release of habituated holding patterns from the internal (*yin*) sinews outward through the external (*yang*) sinews.

The lower *he*-sea point (St 37), which communicates directly with the *fu*, and the *mu* point (St 25) were needled on the right using the deep-shallow-deep method to stimulate movement of *wei qi* into the bowel to unblock accumulation. Along the centerline, Ren 10 was chosen to focus on the lower portion of the alimentary canal and allow her embodied spirit to "re-polarize" suspended material.

On the left, the Window to Heaven point (L.I. 18) was used to communicate between the internal and external branches of the channel, and between the body and the head - the seat of conscious awareness. A couple of *ashi* points were unblocked around her shoulder and upper arm. Finally, the directional flow of *qi* in the channel was reinforced with the *shu*-stream point (L.I. 3), and release to the exterior with the *jing*-well point (L.I. 1). All these points were needled using the shallow-deep-shallow method to stimulate *wei qi* to move into the interior to generate movement facilitating release to the exterior.

A few minutes after I finished needling, Laura felt a pain that radiated from her jaw into a tooth. The large intestine's longitudinal *luo* vessel, which acts as a reservoir for storing unresolved blood stagnations (emotional conflicts) affecting the large intestine primary channel, traverses the arm and shoulder and ascends to the jaw and teeth.

Laura next felt a sharp sensation in the right side of her abdomen and then an exploding sensation, which was not painful. Immediately, she saw a close-up vision of a man's nose and mouth with a moustache. She had the sense it was a boyfriend from 20 years earlier. She also recalled, for the first time since their breakup, a personally traumatic memory from that relationship.

Laura told me this story at the end of her treatment. I asked how she processed that memory and she responded that those events happened a long time ago. While that statement is true, it's also immaterial and a rationalization. While her personality claimed experience didn't matter, her embodied spirit clearly had stored unresolved emotions around that repressed memory. I counseled her to recall the memory, breathe and allow herself to experience the previously trapped feelings.

I told Laura emotions generally aren't reasonable. The emergence of that sequence of experiences implied she continued to hold some charge around them. The unresolved emotional conflicts emerged into her conscious awareness. I suggested this experience provided her with a window of opportunity to be present with her previously somatized conflicts and liberate her embodied spirit by releasing them to the exterior. The shape and size of her stools improved directly after that treatment.

A patient's healing isn't contained within the treatments they receive. Rather, it ensues from the movement and transformation those treatments inspire. In this case, that movement already had been stimulated by her taking a slightly modified version of the herbal formula *Muxiang Binlang Wan* (Aucklandia and Betel Nut Pill) for a couple weeks prior to that treatment. She also participated in a three-hour neonatal *daoyin* workshop focusing on the hips and pelvis. Who can say what part each of those played in stimulating the movement released during the acupuncture treatment?

Laura's markedly thinning hair clearly was an early sign of distress and/or taxation. While the hair loss was proximally due to her embodied spirit's failure to adequately nourish the hair follicles, it now appears that a substantial part of that difficulty arose from blockage in the large intestine's sphere of influence. In TCM terms, Laura has chronic damp-heat in the large intestine, which had drained a measure of her postnatal *qi*, while the dampness and heat controlled each other's expression.

Laura's damp-heat excess masqueraded as a *qi* and blood deficiency by consuming those physiological humors, while balancing each other's intensity. Her experiential confirmation of this analysis came only after treatment was initiated, bringing the impacted blockage out of somatic storage and into conscious awareness.

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