



Felice Dunas, PhD

"Practitioners are free to do what they wish and to do that to which they are attracted. They are, perhaps, not aware, of what classical acupuncture is capable of addressing (i.e. the whole person - body, mind, and spirit) and thus, may not consider it among their choices. I don't specialize in anything but the unique individual patient who is before me. I don't specialize in any conditions, symptoms, or syndromes. Neither did J.R. Worsley, my teacher. This tendency toward specialization is more of a

modern Western concept, which is quickly, and tragically, swallowing up the holistic approach of Classical Chinese medicine."

Others like Ken Rose, founder of the Three Springs Institute, international lecturer and author of *A Brief History of Qi* and *Who Can Ride the Dragon?: An Exploration of the Cultural Roots of Traditional Chinese Medicine*, said:

"What I see in the U.S. is that people are specializing in areas such as gynecology and fertility, sports medicine, orthopedics, pain management and addiction. Historically, have there been specialists? I would bet so. It seems a naturally emergent artifact of the social, political, economic and clinical realities of any medicine. Doctor X gets good at dealing with fevers. Doctor Y does a great job with broken bones. You can fool some of the people any time but, generally, not a whole community forever. The word got around as to who was recovering from various maladies and insults and who helped them heal. The people who truly provided help were the organic specialists. They were made in the clinic and their specialization was built upon results.

This point of *organic specialization* is an important one. If you are thinking of specializing in an area, is this specialty being born of its own accord or must you manufacture it?"

This small sampling of accomplished pioneers in our industry shows that we have many different thoughts on the subject.

Because this work developed in small communities, each having their own circumstantial challenges, practitioners treated diseases brought to them by their local patients. The techniques my teachers trained me in were taught to them because of their areas of origin. Their methods didn't change even though all three had moved to the U.S. I was never told that I was learning a specific village's Japanese or Korean technique, even though that was the case.

When I was lecturing in North Vietnam a few years ago, I found an ex-military engineer who was taught acupuncture and moxa techniques by his grandmother. I found him standing next to his plumbing supply store in Hanoi and applying a thick, hand-rolled moxa cigar to 3H 17 to keep his eyes strong, he said. He had points I have never seen on his ear charts. And yet, he had no concept that what he did was different than what was done elsewhere. Had I asked him if he specialized in a localized, Vietnamese form of practice he would not have understood my question. He honored his grandmother as his teacher. That was all. Any practitioner who did not attend school, but was raised in the medicine is carrying on local tradition. Like a cherished family recipe, medical practice has its unique qualities that are adjusted and tweaked with each generation and village.

Our profession evolved in a world that was a much smaller place and one didn't have resources to travel as far or as often to share information as we do today. So, over the course of a lifetime, each doctor found his own unique pathways through disease based upon what he encountered year in and year out. Epidemics, war injuries, weather conditions, foot binding, crop and animal supply and a myriad of other factors all contributed to the local challenges a doctor had to help his patients overcome.

Perhaps you can relate to this yourself. Have you ever made a mistake and gotten great results from it, only to include it intentionally, in future treatments? Or perhaps you stumbled upon an idea or had your intuition direct you to do something completely contrary to what you have been taught. Over time these little peculiarities become an integrated part of how you work and reflect an area of specialty

that you have to offer your patients and the students you will eventually have. This has always been the case and generation after generation of small - village practitioners have taught their local students in increasingly "specialized" ways. Students "specialized" by mastering the unique characteristics of their teachers' practices. The little tricks of the trade discovered by each doctor during his lifetime became part of how future doctors in that area practiced medicine.

There have been several areas of specialty revealed in medical theory and writings. Disease etiological "types" and treatment protocols to address them were discussed as far back as the *Nei Ching* and have consistently been part of the medical literature. For example, Five Element Theory, with its focus on location based disease: East, West, North, South, and center, was an early form of specialization, going back to the birth of that theory. We have many other theories canonized through the work of practitioners who "specialized" in discovering and refining them. Midwifery, and the medical problems associated with birth, were practiced by specialists. For the last several centuries, most midwives in China were women while most physicians were men.

Employed in the households of the wealthy and aristocratic for a hundred generation, our professional ancestors had to be skillful in many areas. "Hit medicine," the first "sports medicine" in history, was important for protecting members of the warrior class. Longevity, the ability to extend youthfulness, was a required skill set of practitioners who worked with nobility and royalty. The use of herbs, acupuncture and sexual practices to increase stamina and support fertility, were skills every doctor working with members at the top of the feudal system would need to know to varying degrees. So the question of specialty has always been with us. It has continued, like treatment protocols and theoretical structures, to evolve.

If this is a topic you are noticing in your community or if you are watching an organic evolution in your practice, consider how many points of view there are in our industry today on the subject. Recognize that you are a link in a hundred-generation chain of practitioners whose lives have been devoted to this work. Like them, you are on a life long journey with a medical practice that changes continually throughout time. Perhaps it is the wandering path and the growth, itself, that is the essence of "specialty."

SEPTEMBER 2013