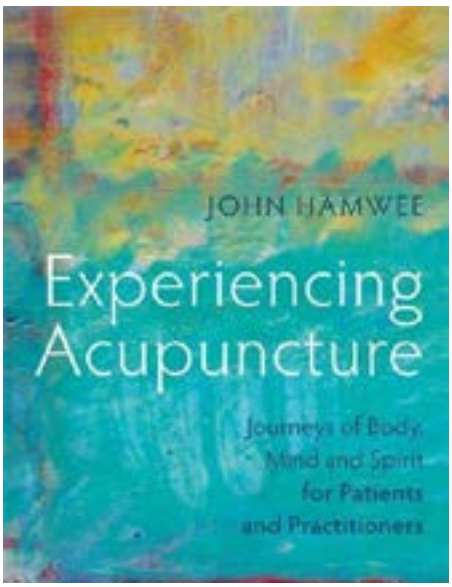
J. Hamwee
Experiencing Acupuncture
Journeys od Body, Mind and Spirit for Patients and Practitioners



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Experiencing Acupuncture

Journeys of Body, Mind and Spirit for Patients and Practitioners

John Hamwee

SINGING DRAGON
LONDON AND PHILADELPHIA

Contents

Note to Readers

All the accounts of treatment in this book come directly from my experience in the treatment room. I have had to protect the privacy of my patients and the confidentiality of our work together, so I have concealed their identities in various ways – changing gender, age and background details and sometimes conflating the experiences of two or three of them into one story. In two instances, where full concealment was not possible, the patients read the accounts and gave consent to them being published. But everything I report really did happen, and all the stories are true.

The accounts are grouped into three sets of three, as there are common themes in the experience of treating the patients in each group, but the accounts can be read in any order. And there is no technical information in the book which would come as a surprise to someone who has ever had acupuncture, and very little which would be puzzling to any other reader. Practitioners, however, may be interested in some more technical detail and so the appendix gives a brief account of my reasons for doing specific treatments and the points I used in them.

Introduction

The Experience of Treatment

Two experiences of treatment opened my eyes to a new way of seeing the world. One was as a patient. The first time I had acupuncture was for some minor ailment. It improved, but what astonished me was that my life-long asthma disappeared. My acupuncturist seemed unsurprised: 'If you get better then everything will get better,' she commented. It struck me then as simple common sense, but at the same time it was profoundly radical for it was the opposite of everything I had been told about illness – and I had been ill a lot as a child.

The other experience was soon after I had qualified as an acupuncturist and zero balancer. A woman told me that she had broken her left arm in a car crash two years earlier. According to the X rays the fracture had healed perfectly and her doctors could find no evidence of nerve damage, and yet she could hardly use her left hand. It moved as directed by her brain, if a little slowly, but it was not strong enough to allow her to pick up a cup or to drive a car. I felt along the arm and it was remarkable. Above the site of the fracture it felt warm and alive, but below it was cold and dead.

Fortunately I had been taught by Dr Fritz Smith, a master practitioner with an unusual set of qualifications, for he is a

Western medical doctor, osteopath and acupuncturist. Before I met him I already knew that there are coherent and organised flows of energy in the body, flows which were mapped thousands of years ago and which have been used by practitioners in the East ever since; what I didn't know was that with a little practice it is possible to feel these flows and to sense if they have been disturbed or interrupted. I could tell that the flow down this woman's arm had been broken along with the bone, so her hand was not receiving the energy it needed to work properly. Could I re-establish that flow?

I had never done it before but, relying on the methods Dr Smith had taught me, it turned out to be easy, and within a few minutes her hand started to re-gain its strength. I was more surprised than the patient. It is one thing to know the theory; it is another to see it work so quickly and conclusively.

These two experiences showed me the enormous scope of a system of medicine which seeks to heal through changing the state of a patient's energy. One treatment was for the chronic weakness of an organ, the other for a failure of a limb; one condition was not specifically treated at all, while the other was treated very locally and deliberately; one kind of treatment I could learn from the ancient texts, the other only from a master. But what they all had in common is that they showed me that if the energy of the body is restored to at least something approaching its natural flows, its rhythms and vitality, then healing is possible.

They also stimulated in me an interest in the experience of treatment. Books about acupuncture usually set out the theory and explain the concepts used in diagnosis, while some also describe various techniques as well. This book is completely different. It tries to capture what acupuncture is like. It does so through accounts of the treatment of a few of my patients – stories of the journeys they undertook in order to get well. Remarkable, sometimes inspiring stories of healing; stories too of the doubts

and difficulties I often had in treating them; and stories of failures as well.

I hope that these accounts will help those who are considering treatment for the first time and want to know what they might be letting themselves in for. And those who are already having acupuncture may have wondered, as one of my patients once wondered out loud: 'What are you doing as you think about how to treat me? Are you evaluating me in some way, judging me, trying to work out the cause of my illness? Does it matter that we get on well? And why do you write so many notes?' The accounts should also help patients to make the most of their treatments. They show that, contrary to popular belief, acupuncture has much more to offer than pain relief or an improvement in symptoms, and they make it clear that healing often comes about through a particular kind of collaboration between patient and practitioner.

I hope that these accounts have something to offer to acupuncturists as well. I often think how much I would like to be a fly on the wall of someone else's treatment room and see how he or she works with a patient who, for example, comes with an enormous list of symptoms, or who only gives the briefest of answers to questions, or who doesn't respond well to treatment in spite of a convincing diagnosis and treatment strategy – all common experiences for me. I hope that my frank accounts of how I tried to work with the uncertainties and anxieties we all face may help other acupuncturists cope with their own.

So the book gives nine full accounts of acupuncture treatments, each one showing what the experience was like as a patient and I travelled together along the sometimes rocky road towards health. A few of the patients had physical pain or dysfunction; some had mental or emotional pain too; and treatment for others was really about reviving their spirit. The journey was different each time, for as a consultant neurologist points out, 'Everybody's experience of illness is their own…

A person's personality and their life experience moulds the clinical presentation, the response and the outcome of any brush with illness' (O'Sullivan 2015, p.21). And the author might have added another thing which 'moulds the outcome' – the singular nature of the relationship between the patient and practitioner.

All of which raises a really interesting issue because medical education and textbooks, whether Western or Eastern, depend on generalisations; that is, on classifying types of illnesses and then types of treatments appropriate to each. There are the signs and symptoms of asthma or Crohn's disease, for example, in Western medicine and of Liver Qi Stagnation or Blood deficiency in Eastern, and they apply regardless of the individual differences of individual patients. So how to bridge the gap between these necessary generalisations and the equally necessary unique responses to the particular patient?

One answer is for experienced practitioners to report on what they actually do and how they try to bridge that gap.

> The focus of the case study is on understanding what happens for the individual, following his or her story, seeking patterns and connections, and drawing out meanings…analyses of case histories provide deep insights not into medicine as a system but into medicine as it is actually practised, with all its diversity, subtle nuances, unexplained happenings, varied interpretations and wealth of potential meanings. (MacPherson 1997, pp.6–7)

In the accounts of acupuncture treatments which make up the bulk of the book there is plenty of the diversity referred to in this quotation. Some lasted a few weeks while others went on for years; there are unlikely successes and unexpected disappointments; there are common conditions and strange symptoms; there are patients who worked hard to get well and those who chose not to participate in trying to recover their health.

There are plenty of unexplained happenings too, as I struggled to understand my patients' responses not only to my treatments but also to my questions, explanations and suggestions. And finally there is a wealth of potential meanings in these accounts, for as well as the meanings which occurred to me and my patients there will be more that occur to you as you notice things I did not see, as you compare my experiences with your own, whether as patient or practitioner, and as you mull over what happened to each of these people in their journeys towards health.

When patients ask the perfectly reasonable question – How does acupuncture work? – there is no one simple answer. Partly it has to do with the flows of energy in the body and with the accurate diagnosis of their disturbance – topics covered in all the textbooks. But partly it also has to do with experiences which are rarely described or discussed. For example, it makes the most enormous difference if the patient really commits to treatment and is willing to change old habits which would undermine any healing. So how does a practitioner stimulate that commitment and motivate the patient to overcome those habits? Then there are patients whose illness appears to be psychosomatic, at least in part, or who make themselves ill through worrying about their every symptom however small or temporary; how to help them overcome the unconscious barrier to health?

There seems to be no better way to learn how to do these kinds of things than to read accounts of how an experienced practitioner tackled them:

> the clinical story is intended to improve clinical judgment…an intellectual virtue that depends not only on knowledge and skill but also on an innate thoughtfulness and decision-making ability … Neither medicine nor information science has improved on the story as a means of ordering and storing the experience of human and medical complexity. (Hunter 1986, p.619)

The great thing about true stories is that there is bound to be more in them than the writer ever imagined or intended. And they are bound to strike different readers differently too, as they will each take from them what has meaning and value for them in their own lives. Reading stories like the ones that follow is, then, a fine way to appreciate the unique experience of acupuncture.

1

William's Irritable Bowel and Getting Energy to Flow

WILLIAM WAS A SURPRISE. HE CAN'T HAVE BEEN more than nineteen or twenty, and he was huge. A tree trunk of a man, well over six feet tall and wide with it. Yet there was no sense of power in him. Instead he looked a little timid, abashed, as if he'd been caught out being too big or too strong and wanted to apologise for it. He'd booked by email, so I didn't know what I was expecting, but it wasn't this.

I waited for him on the front step of the porch, thinking that he was going to have to practically crawl to get through the front door and along the corridor to my treatment room. Old Westmoreland farmhouses were not built for the likes of him.

I always stand there, waiting for patients to park, ready to greet them as they get out of the car, lock it, and walk towards me. Why do I do this? Why not wait inside until they knock on the door? The same goes for offering patients a drink when they arrive, which I always do. Why do I do many of the things that make up my normal working day? I don't really know. They are habits, a kind of style.

I'm not sure if these things make a difference, and I ought to have some idea because once a week I also work in a doctor's

surgery in London where I can't stand by the door and welcome people in, nor can I offer them a drink, let alone make them a cup of tea. So it should be easy to compare the two. But that's central London, and home is in a hamlet in the Lake District surrounded by fields and sheep; there are so many variables that who can say what difference anything makes? And that's just the very first moments. The same holds true for all that follows.

I'm old enough to be William's grandfather – what effect does that have? The thought returns when I find out that he was very close to his grandfather and misses him dreadfully since the old man died. Will that help William to trust me and to respond well to the treatment? And then there is my invariable uniform – smart navy trousers and a white shirt. Would it be better if I wore a white coat? I know some patients would prefer it but it is a bit too medical for my taste.

William sits down opposite me and looks at his hands. I sense a weariness in him for this is a story he has told many times to many people and none of them have made a difference. So it occurs to me that the usual kind of bland questions with which I often start – How can I help? or What are your symptoms like? – won't awaken his enthusiasm for treatment; instead I say that I am going to carry out some diagnostic tests, like looking at his tongue and taking his pulses. I feel a slight quickening of his interest when, after seeing his tongue twice, I turn away from him to make a few notes. Unusually I also take his pulses with him still sitting in his chair. I don't want him on the couch just yet – we still need to talk and I don't want to do that with him lying down looking up at me. As I move away to make notes again he glances at me, the first time he has risked meeting my eye. I suppose that, for him, at least all this is new.

I already have a wealth of information. His tongue is a good shape but it is pale, and at the back there is a distinctly sticky yellowish film – all is not well in his intestines. And his pulses are

a shock for they are the pulses of a different man, an older, weaker man, one depleted by illness or over-work. I try pressing down on the pulses to see if there is any inner strength or resilience but I am simply squashing them to nothing. I feel sympathy and concern for this young man. At his age he should be relishing life to the full but it is quite clear that he simply isn't able to.

'You must get very tired,' I say. He looks at me again. He is suspicious – is this a trick? – but he likes the sympathy. Suddenly a word comes to me – truculent. For some reason it seems to fit.

This happens quite often with a patient. A word arrives unbidden and feels right, as if no other word would convey the vague and formless impression I have of the person in front of me. Although I treat these quick insights with caution as they are not always true, I often find them helpful. With this young man, the word does crystallise something about the contrast between his size and his way of being, and it does show me that I may need to lead him along slowly.

'How long has this been going on?' I ask.

'Three years, nearly four.'

I am shocked. In his late teenage years, when he needed to be doing A levels, playing sport, travelling, meeting girls, having fun, he has been unwell. What effect has it had on him? Does he get depressed? Has he become solitary?

'What's the most difficult thing about it?' I continue, even though I don't yet know what the 'it' is.

He considers. This is a person who takes any question seriously and gives it due deliberation. He is taking his time; trying to choose. Finally he says, 'I have to miss lectures and then I've got to catch up afterwards.'

'Because…?'

'I have to go to the toilet and it's urgent.'

'You have to go more than once an hour?' I can't keep surprise out of my voice.

'Can be three or four times an hour. I can't keep walking in and out of lectures.'

I start to imagine the effect this must have on the life of a young man. 'So you can't go to the cinema either?'

'No, I do. It's normally much better in the evening. And I sit on the end of a row.'

'You go with friends, or a girlfriend?'

'Usually with Rachel, my girlfriend. She doesn't mind. She's used to it.'

'Have you been together long?'

Although he gives a straightforward answer, 'Two years, come September', he looks a bit puzzled. What has this to do with his bowels?

I don't want to startle him, so I decide to go down more familiar lines. I ask him what he is taking for his condition. Another shock. As well as the pretty obvious, and as far as I know harmless, remedies, like Imodium and Psyllium, he is also on Amitriptyline, a strong anti-depressant. Was this prescribed, I wonder, because he has been depressed or because one of its common side effects is constipation?

'Do they help?'

'Not really. No.'

I need to pause. I think he is feeling slightly pressurised, so asking more questions isn't going to relax him enough to give me fuller answers. Instead I decide to take his pulses again. For one thing, it provides me with something to do while I absorb what I have learnt to far, and it gives a bit of quiet time for my intuition to come up with something helpful. And the pulses often change after ten minutes or so and start to show more of the true picture.

I find that his pulses are indeed a little fuller than before, so he is not quite as depleted as I first thought. But now that the others have lifted a bit, it is all the more obvious that his heart

and small intestine pulses are really low. I check his spleen pulse again; because the spleen channel feeds into the heart channel it may be that there is some kind of blockage between them and energy isn't reaching his heart as it should. And indeed there is a tight quality to the spleen pulse, as if energy is dammed up in the channel. I wonder what caused this blockage and I wonder too if his bowel trouble might start a bit higher up the digestive process, in the small intestine rather than the large.

What to do next? I certainly don't have a diagnosis yet, and I would like to learn a lot more about his emotional life before I start to treat him. On the other hand, perhaps I have enough information to make a start and to do something that will help; and that might give him the confidence to open up to me. After all, I can't expect a young man to come into the treatment room of a perfect stranger and within fifteen minutes start talking about deep fears and anxieties, let alone a past trauma.

I decide to ask him if he played sport at school. He looks like a sportsman and anyway I hope that I might learn more from his response to any topic other than his bowel. For the more time I spend in his presence the more I sense that he is carrying the burden of some deep unease or consuming worry.

At the mention of sport there is an immediate change in him. Now he is confident, now he sits up straighter, now he meets my eye and, for the first time, words flow out of him. It was rowing. He was so good at it that he was given a scholarship to a prestigious public school and he rowed for Great Britain in the junior world championship where he won a gold medal. He was captain of the crew when they travelled to events in Asia, South Africa and America, and in spite of difficult conditions and technical problems with the boat – which he explained at some length – they won every regatta they entered. I ask him what kind of boat he rowed in and what position he occupied in the boat. Again, he is eloquent. This is his passion.

I am delighted. Here is a part of him I need to get to know and it is an important corrective to my first impression of a downtrodden man. Actually not quite a man, for in spite of his size there is still something boyish about him. And it occurs to me that he has only mentioned being in the junior championships when surely at his age he would now be in the senior ones. How to approach this? I am not quite sure. Meanwhile there is one obvious question.

'How do you manage in a boat when you need to go to the toilet all the time?'

'It's difficult.'

I wait. There is clearly more to say, so I wait for him to say it. Then what comes is unexpected.

'It was in Hong Kong. The final. I was alright in the heats. But as we were about to get into the boat to paddle down to the start I knew I had to go to the toilet. I told the coach. He said there wasn't time. It made me angry and I swore at him. He took me out of the boat and put the reserve in. I came home early. I never rowed again, not properly.'

I was shocked. One moment, and his career came crashing down. Now he can no longer do the sport he loved and at which he excelled. That is hard. It must have broken his heart and I can imagine that life has been a struggle ever since. Though, I reflect, it doesn't answer the question which lies at the back of my mind – what set all this off in the first place? Whatever it was, perhaps that was the real heartbreaker? And the truculence I noticed earlier – did it arise through resentment and disappointment at what happened in Hong Kong, or was it there before? Maybe the coach reacted as he did because William had been truculent with him.

Then I remind myself that my job is not to help William understand his psychological state and that, at least for now, I must resist the temptation to go further down this road. My job

is to get to know how his energy works when he is well, and how it has stopped working now he is unwell.

I look at him afresh and ask myself, 'What is his energy like?' And immediately I know that it is delicate, fragile, sensitive. It comes to me in a flash, but it is the conclusion my mind has drawn from a hundred different fragments of information: the weakness of his pulses, the way he shrinks into himself, my instinct to tread very carefully with my questions, and so on. And it is crucial knowledge. Given his size and strength, it would be easy to assume that his energy is robust and treat him accordingly, and I am sure that nothing would happen if I did. On the contrary, it has to be coaxed towards change, has to be persuaded that feeling more comfortable is a possibility, and needs to be encouraged to flow freely and easily. If it was forced or bludgeoned or pushed about, it would simply retreat into its shell and become unavailable to me and my needles.

And, as so often, I realise that completely unconsciously I have hit upon an image which is helpful. The phrase 'retreating into his shell' conjures up a picture of a crab pulling its claws underneath its hard carapace. There is indeed a hard shell to William but that is because he feels so vulnerable inside. I am starting to understand why his bowel is over-sensitive; it is because he is.

Which makes me think of another patient I have treated. At first sight the two of them couldn't be more different. Rich is outgoing, charming, confident. He spent his thirties doing something complicated in finance and by the time he was in his early forties he was extremely wealthy and had appalling trouble with his bowel. It was so bad he had to give up work altogether and could barely walk a hundred yards. I asked him what the worst thing was about his condition and he told me that he was too ill to play with his children.

What Rich and William had in common is that they had both been subject to long-term pressure. At work, Rich could gain or lose millions in minutes, and so could the people who worked

under him and for whom he was responsible. Every day, he was on a knife edge between success and failure. As for William, so much was expected of him and at such a young age – the school scholarship, the endless round of training and championships, the demands of being captain of the crew – that as a consequence his energy had become depleted. Both of them had driven themselves so hard that they had used up all their reserves and they had got to the point where their systems could not cope with the slightest extra strain. Any addition to the load and, like the last straw on the camel's back, something would crack.

Which leaves the intriguing question, why did their systems fail in this particular way – why an irritable bowel rather than, say, asthma or a stomach ulcer?

There are two kinds of answers to that question, one specific and one general. First, the general. We all have typical illnesses; we all crack somewhere. Sometimes it is possible to trace it back to a childhood trauma of some kind; I have a patient with chronic stomach problems which I am pretty sure started when he was put on solids at three weeks old – a crazy demand to put on a baby's digestion. Or a child may be brought up in a damp house with parents who smoke, leaving the lungs vulnerable for the rest of his or her life. Or there may be some genetic weakness. Perhaps one of these was true for both William and Rich.

There is a more specific reason too. The bowel works best with order and regularity. That is why it tends to go awry after long-haul flights which cross time zones. It has to be able to hold onto the faeces for quite a long time until they are properly formed and then, in an abrupt reversal of energy, be able to let them go quickly. It isn't hard to imagine that this process is controlled by some kind of inner clock; keep changing the time when it expects to let go and it gets confused.

To most Western doctors this would seem a peculiar explanation. For them, dysfunctions of the kind that William and

Rich suffer from arise either from germs or viruses. Germs would seem the more likely cause, and indeed both men were prescribed antibiotics – in Rich's case in ever increasing amounts until, by the time I first saw him, he was taking well over the normal limit. His doctor's theory seemed to be that if it wasn't working it must be because he wasn't taking enough to overcome the bacteria – so he had to keep taking more. There is a problem with this theory, or rather two problems. One is that there is no logical place to stop upping the dose – at what point does the doctor admit that the diagnosis is wrong? And the other problem is that antibiotics at that level, and taken for that amount of time, do a lot of damage. If they are saving life, as they do, then the side effects are irrelevant; but in Rich's case they were compounding his problems.

We humans are good at prioritising. If a child is in danger, for example, we forget everything and race to the rescue, and there are many accounts of people suddenly acquiring superhuman strength when they need to free a person trapped by fallen debris. Our minds focus on the one task and our bodies ignore all other demands in order to complete it. That is also the case for athletes who have to be at the top of their mental and physical powers, ready to go at whatever time has been fixed for their event. And the same is true for a city trader who has to respond in the moment to sudden fluctuations in the market – everything else is put aside and ignored. Consequently, when the body is required to perform again at a time of the athlete's or the trader's choosing, it can't necessarily respond on demand, nor respond sufficiently quickly before the next event or the next flurry of activity which requires full attention. In these circumstances it isn't hard to see how an organ which thrives on regularity and consistency can lose its ability to function normally.

So there I am, sitting opposite William, and thinking that while I am far from having a full diagnosis of his condition I do know enough to do a treatment which will start to help him.

Now I have to choose between what the Chinese call a root treatment or a branch treatment. The first goes to the fundamental cause of the condition. It tends to take time to produce a change in the patient's symptoms but in the long run is the route to lasting change. The branch treatment, on the other hand, is designed largely to relieve the patient's symptoms. It has its advantages. For one thing it is what the patient has come for; and for another the patient is more likely to trust the practitioner and to trust acupuncture when there are some quick results, and so keep coming long enough to have the root treatments too.

It may seem obvious that the best course of action is to do some branch treatments first to win the patient's confidence, and then go on to the deeper level. It is obvious really, but experienced practitioners know that there are times when, for reasons we may not fully understand, we are drawn to do the opposite. This was one of those times. With lots of ideas buzzing around in my head which I don't have time to assemble into any coherent order, and acutely aware that nearly half of the hour of his appointment has gone and I haven't started to needle him – and there is another patient coming straight after, there isn't time to think it all out. I have to trust my instinct.

And my instinct tells me that the blockage in the flow of energy between his spleen and his heart is fundamental, and that nothing will change until it is removed. So I choose to needle acupuncture points which will re-establish the normal circulation of energy from the spleen to the heart. This has nothing directly to do with his bowel, so it definitely counts as a root treatment.

As I get out my needles I think again that his symptom might really be coming from distress in the small intestine rather than the large. For one thing, the small intestine is the organ which carries out almost all of the absorption of nourishment into the body; and for another the health and illness of the heart and small intestine are very closely linked in Chinese medicine.

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