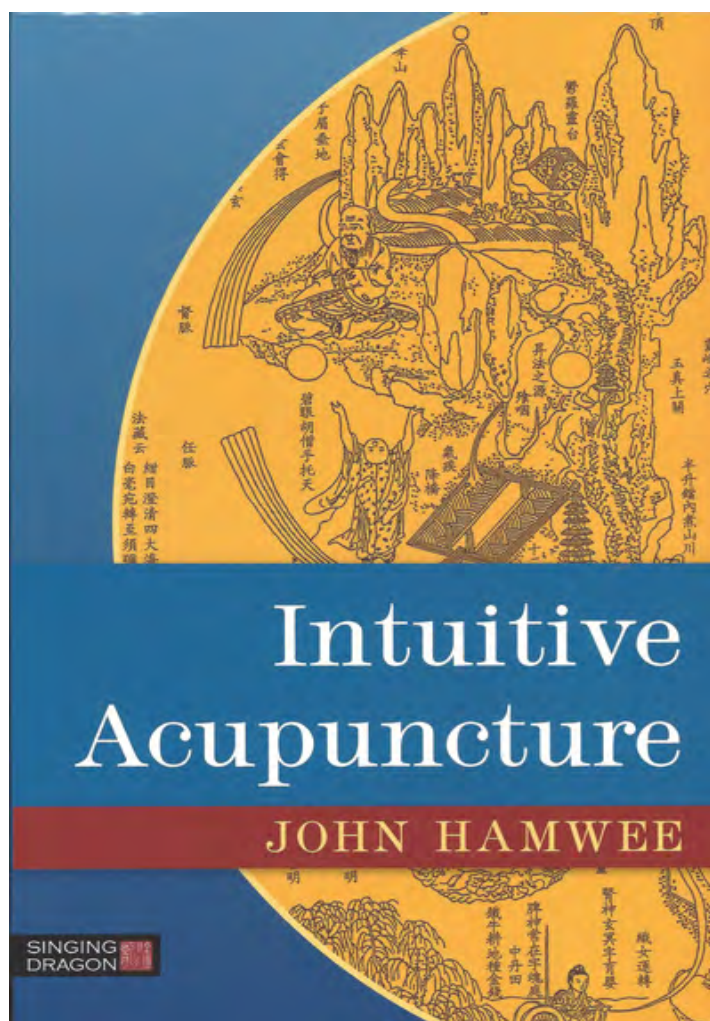




# John Hamwee Intuitive Acupuncture



*zum Bestellen [hier klicken](#)*

**by naturmed Fachbuchvertrieb**

Aidenbachstr. 78, 81379 München

Tel.: + 49 89 7499-156, Fax: + 49 89 7499-157

Email: [info@naturmed.de](mailto:info@naturmed.de), Web: <http://www.naturmed.de>

## Contents

PREFACE	9
<i>Chapter 1</i> Intuition	11
<i>Chapter 2</i> Attention	28
<i>Chapter 3</i> Energy	45
<i>Chapter 4</i> Touch	63
<i>Chapter 5</i> Relationship	76
<i>Chapter 6</i> Decisions	95
<i>Chapter 7</i> Cultivation	112
<i>Chapter 8</i> Reliability	125
<i>Chapter 9</i> Healing	137
<i>Chapter 10</i> Conclusion	150
REFERENCES	158

As we struggle to find the right diagnosis or to understand why a treatment seems not to be working as it should, it is a comfort to realise that we are indeed on the horns of a dilemma, and an inescapable one at that. Most of the time we just live with it and manage to get by. But one of the gifts of intuition is that it can swerve us past those horns. In a moment of insight you can suddenly arrive at a diagnosis that is in all the books and also fits the unique patient in front of you perfectly; or you craft a highly individualised treatment for an unusual condition and later realise that what you have done is an exemplar of something described in the *Nei Jing*.

And just in case you suspect that intuition is something only for rather weird or way-out practitioners, here is what one genius, J.M. Keynes, said of another. Writing of Sir Isaac Newton, perhaps the most famous scientist of them all, he commented, 'I fancy his pre-eminence is due to his muscles of intuition being the strongest and most enduring with which a man had ever been gifted' (Keynes, cited in Myers 2002, p.61).

## Intuition

Thirty years ago a woman sat at her kitchen table. She looked up and saw a man she didn't know walking past the window. She said to herself, I'm going to marry him. She did, and they have been married ever since.

A well-known novelist recently spoke of a similar experience. 'I walked up a field I'd not walked up before and over the brow of the field there appeared the ridge line of a house, and by the time I'd reached the house, and I can't explain this, I knew it was the only place I could possibly live' (Garner 2014). And he has lived there for over fifty years.

Perhaps the reason these examples are so striking is simply because the predictions came true; maybe we all have what we think of as astonishing insights, but the overwhelming majority of them turn out to be wrong and so are forgotten. Even so, there is something compelling about these stories. They seem to open a window onto a truth that we don't normally encounter in our everyday thoughts and plans.

Experiences like these are highly valued in a number of Eastern traditions and whole disciplines have been developed to foster them. A well-known example comes from the practice of Zen Buddhism, where the student is instructed to ponder such imponderables as the look of her face before she was born or the sound of one hand clapping. There is no possibility of finding an

answer through the normal processes of thought and enquiry – which is, of course, the whole point. ‘Sartori [Japanese for awakening] really designates the sudden and intuitive way of seeing into anything...one seeks and seeks but cannot find. One then gives up and the answer comes by itself’ (Watts 1962, p.181).

If not exactly fostered by conventional medical practice and procedures, there is at least a recognition that the times when ‘the answer comes by itself’ are both common and valid. ‘The best [doctors] seem to have sixth sense about disease. They feel its presence, know it to be there, perceive its gravity before any intellectual process can define, catalog, and put it into words’ (LaCombe, cited in Mukherjee 2011, p.128).

There are many medical stories about what this author calls a sixth sense; here is one:

That night the nurse couldn't stay away from the patient's room, even though she was assigned to someone else's care... She found him 'sort of pale and anxious', and even though he was still conscious she called the doctors and, sure enough, just as the doctors arrived the patient began to die... The pulmonary embolism was caught, and the patient was saved. In trying to explain her need to check on the patient, the nurse could only say, 'I had a suspicion there was something wrong with him.' (Schultz 1999, p.43)

A neurosurgeon points out that intuition is inescapable, however scientific the system of medicine:

Consider headache for a moment. This very common symptom may be the result of eye strain; meningitis (many different infectious agents); hemorrhage (from several dozen causes); increased intracranial pressure (from many different types of tumor...a head injury with bleeding; a blood clot, failure to absorb fluid, excess production of fluid); vascular irritation (dilated blood vessels such as in migraine); or muscle tension – among others! ...most



thinking physicians are aware that, ultimately, it is their intuition which allows them to 'guess' which tests to order in order to make a 'suspected' diagnosis. (Shealey and Myss 1988, pp.61-2)

When practitioners, whether of Western or Eastern medicine, reflect on what they actually do, as opposed to what they were taught to do, they often comment on this combination of a subjective guess and an objective assessment.

I decided to start my treatment by taking advantage of Manaka's yin-yang channel balancing model... I did this by treating the Liver-Small Intestine polar channel pair on the first visit. My thought process at this time was a blur of intuitive insight and rational logic. (Birch 1997, p.132)

I am sure that many diagnoses are the product of this kind of blur. Recently I was treating a young woman who, although she seemed well in general, had not had a period for more than six years. As it was the fourth or fifth session I was beginning to become confident of my diagnosis and I had enough feedback from previous treatments to have some idea of what was good for her. I bent over her ankle to needle Ki 3, but for some reason it didn't feel right. I stepped back, a bit puzzled. Then I wondered if Ki 6 would be better. I felt that point too, but as I was doing so I felt drawn instead to Ki 5. I knew this was the Xi Cleft point, but that was about all; I have hardly ever used it. So I went and looked it up in *A Manual of Acupuncture* and the very first indication for that point is amenorrhoea. I think it is true to say that logic got me to the Kidney channel, but intuition took me to Ki 5.

This is one way intuition can work, which is by giving a tiny hint as to how best to proceed or a mere glimpse of some possibility or a fleeting impression of a quality of energy. It

might arrive as a half-heard voice in your ear or as a nudge that pushes you ever so gently off the familiar path.

We tend to think of reasoning as primary and intuition as secondary, but it is probably more accurate to see them as equal and complementary.

The manner in which the mathematician works his way towards discovery, by shifting his confidence from intuition to computation and back again from computation to intuition, while never releasing his hold on either of the two, represents in miniature...the reasoning powers of man. (Polanyi 1958, p.131)

And here is the man who created the polio vaccine, reflecting on his scientific career: 'Only by cultivating and refining the processes of intuition and reason complementarily, only by reconciling each in the service of the other, can we achieve the wisdom we seek' (Salk 1983, p.18).

All professions use this combination of the two kinds of thinking. My father was a lawyer and good at the relentless logic of following an argument. But what he was really good at was knowing whether or not a case could be won; some of them that looked easy he refused to take on; others that seemed hopeless he threw himself into with confidence and came out triumphant. I am sure he could point to various features of these cases that suggested success in spite of the odds, just as an experienced acupuncturist faced with a very ill patient can spot energetic imbalances, which, if treated, should lead the patient back to health. In both instances, experience has shown them something that others might not have noticed; maybe something they didn't even consciously notice themselves. Or perhaps it's not so much that experienced practitioners see something that others miss, more that they place a great deal of weight on some particular sign or symptom that others might

regard as unimportant. Certainly my father would have said he had hunches, and thought no more about it.

An example from my own practice is a young man with a long history of bowel problems. He had seen many specialists and taken many kinds of medication, but still had a dozen or more bowel movements a day, and most of them were urgent. With a chronic condition like this I don't usually know if I can help until I have seen the patient a few times, until I have mulled over, refined or changed my diagnosis and until I have found out which treatments seem to bring about an improvement and which do not. But within seconds of the first needles being inserted at the very first session this young man started to laugh. And it was one of those bubbling laughs that comes up irresistibly from the very depths of a person's being. He tried to control it, but it broke out again. He apologised; I assured him it was alright. It stopped, then started again. I couldn't help smiling. He shed a few tears too, which were quickly wiped away. In all, I suppose it lasted for about five minutes. After that I was practically certain he would get better. You could say that the response from his body and mind was so instinctive and so unequivocal that I gave more weight to it than to all the history of his intractable problems and failed remedies, but actually it didn't seem like that at the time. I just knew, and there was nothing much more to say about it.

If you reach a conclusion by logical deduction then, even if you did it in an instant, you can retrace the steps and work out how you got there. That means, for instance, that you and others can check to see if there are any flaws in your reasoning. In one of the colleges where I was trained we were encouraged to decide how to treat a patient by drawing a diagram on which the main signs and symptoms were connected by arrows to the diagnosis, which in turn led to treatment principles, which then suggested specific points to be needled. As a process it helps



the acupuncturist to ponder causation, to organise thoughts and to become aware of any inconsistencies in reasoning. With intuitive thinking, by contrast, we don't know how we know something, we just do. The notion arrives unbidden. It may make sense and it may not, but the experience is less like thinking and more like having a drink when you're thirsty – instinctive, natural and with a sense of rightness about it.

Rationality and logical thinking are both taught explicitly and implicitly in schools and universities in the West. But in spite of the fact that all the eminent thinkers and scientists I have quoted regard intuition as equally important, there are no courses in it and hardly anyone has researched it. You get hunches or you don't, seems to be the attitude. Some of them are useful; most of them are not. The good ones and the poor ones appear to come equally randomly, so what is there to study? How can intuition be taught as a skill, or improved if you already have it? Fortunately, a few people have applied themselves to these questions, and relating their work to the practice of acupuncture sheds much light on what we do – and could do better.

## **Intuition as recognition**

Herbert Simon, a Nobel Prize winner, put forward the following concise description and explanation of intuition:

In everyday speech, we use the word intuition to describe a problem-solving or question-answering performance that is speedy and for which the expert is unable to describe in detail the reasoning or other process that produced the answer. The situation has provided a cue; this cue has given the expert access to information stored in memory, and the

information provides the answer. Intuition is nothing more and nothing less than recognition. (Simon 1992, p.155)

In other words, there is nothing magical at all about intuition. Experts can't explain how intuitions appear in consciousness simply because they aren't aware of how much they know, nor can they track the lightning speed with which they compare the present case to the ones 'stored in memory' in order to find a fit. But that is what they are doing and that is all they are doing. The intuition arrives at the moment when a good comparison is made. The quotation continues with this example: 'A large part of the chess master's expertise lies in his or her intuitive (recognition) capabilities based, in turn, on large amounts of stored and indexed knowledge derived from training and experience' (Simon 1992, p.155).

All of this applies directly to the process of acupuncture diagnosis. The practitioner notices a sign, hears about the symptoms and is instantly riffling through the well-known syndromes, phases or elements in her head until that moment when she realises that what she is seeing is Spleen Qi deficiency combined with Heart Blood deficiency, for example, or an Earth constitutional type with Fire as a sub-type. Quite complex diagnoses, but then the expert remembers having seen these things many times before and recognises this patient as fundamentally the same as the others she has seen with that same combination. As I shall have a good deal more to say about this kind of intuition I am going to call it 'unconscious inference'.

Here is an example. When a new patient walked into my treatment room recently I was immediately struck by her pale face, dry hair and the lassitude with which she looked around, put her bags down slowly and settled herself in a chair. Then she told me that she kept forgetting things and didn't sleep well – all signs and symptoms of Blood deficiency, pretty much

a textbook case actually. I might have looked no further, but there were a few things that gave me pause for thought. I looked at her tongue and it wasn't pale; on the contrary it had a vibrant colour and a healthy moss. Then I discovered that her periods were absolutely regular, pain free and with a moderate flow of red blood for three days. And once I started to talk to her about her life I discovered that she held down a demanding job and didn't find it exhausting; on the contrary, she told me she loved working late when everyone else had gone home.

When signs and symptoms are contradictory or inconsistent – and I am tempted to ask, when are they not? – I usually just struggle on trying to make sense of things. Sometimes I decide to ignore the difficulty and focus on one aspect of the patient's energy and see what happens when I treat it. But occasionally I get lucky and suddenly understand. It wasn't so much that this woman was Blood deficient, I realised one day, as that her Fire had gone out. A pretty obvious alternative once I'd thought of it. And if Herbert Simon had been there no doubt he would have nodded his head and commented that I had picked up some cue, perhaps a lack of laughter in her voice or an evident lack of joy in her life, and that had triggered memories of patients I have treated in the past using mainly Fire channels and Fire points, and I recognised her as essentially the same. That's exactly what intuition does, he would say, and there's no mystery to it at all.

It is really helpful to have this concept of unconscious inference. For one thing, it acts as a caution to inexperienced practitioners. Until they have seen many patients they would do well, according to this view, to be very wary of any intuitive diagnosis; they simply don't have a sufficient memory bank to identify a new patient as like a host of others who have been successfully diagnosed and treated in the past. And it also suggests that when an experienced practitioner has a hunch

and suddenly wants to do points based on an unlikely and unexpected diagnosis, there is a way of checking before taking action. A question like 'Who does this patient remind me of?' might bring the unconscious recognition up to consciousness; and then it can be examined to see if it really is accurate. Another possibility is to ask, 'What is it about this patient that makes me reject the obvious diagnosis?' Again, this question nudges the practitioner to make explicit what has been an instinctive reaction and response, and then it can be examined and tested.

And this ability to check up on a sudden idea means that a practitioner can learn to use her intuition better. If each time she does a treatment based on this kind of diagnosis she makes a note that she has done so, then when she sees that patient again she can find out if her idea was accurate or not. And if she keeps this up over the course of a few months she can then look back over a range of instances and see how reliable her intuition really is. And there is more information available too; when I did this myself I found that my intuition was pretty accurate when I was treating muscular-skeletal conditions and acute conditions generally, much less so when I was treating patients with chronic conditions. And finding out why that was so taught me quite a bit about my strengths and weaknesses as a practitioner.

## Beyond recognition

Michael Polanyi, a chemist and philosopher of science, has put flesh onto the bare bones of intuition as recognition. The best way to appreciate the essence of his ideas is to answer the following question quickly and without pausing to think. Imagine you are riding a bicycle and it starts to topple to the left. Which way do you turn the handlebars?



Exploring intuition and its paramount importance in diagnosis and treatment, John Hamwee reveals how development of the intuitive sense, and its appropriate use in the treatment room, is vital to effective individual practice.

Through discussion of theory, clinical examples, and the experiences of leading acupuncturists, the author describes how intuition, or the grasping of subliminal clues, can be developed. He explains why it is so useful for this to become a conscious and rigorously examined process, and suggests that learning to trust the intuitive faculty, while still fully interrogating conclusions, is the basis of better patient outcomes and significantly enhanced practice.

---

'We need more books like this. The author uses his considerable expertise and intelligence to explore aspects of the therapeutic relationship that are seldom discussed. Chapters entitled "Intuition", "Attention", "Relationship" and "Cultivation" give a sense of the kinds of issues that are crucial to the work of all physicians but are so hard to teach or even to discuss. This is an important book for any acupuncturist who wants to think more deeply about the work that they do.'

– Peter Mole, *Dean of the College of Integrated Chinese Medicine and author of Acupuncture for Body, Mind and Spirit*

'This is a courageous and important book. It shows us how to grow our own intuitive sensibilities, step by step, and how this will enliven our practices, and our lives. Above all it is very accessible, not only to acupuncturists but to all those interested in healing.'

– Isobel Cosgrove, *acupuncture practitioner and teacher*

---

**John Hamwee** has been a practising acupuncturist for over 20 years and is a teacher of acupuncture and Zero Balancing. He previously worked as a Senior Lecturer in Systems at The Open University, for whom he wrote numerous textbooks. John is the author of *Acupuncture for New Practitioners* and *Zero Balancing*, both published by Singing Dragon. He practises in London and the Lake District, UK.



SINGING  
DRAGON

73 Collier Street  
London N1 9BE, UK

400 Market Street, Suite 400  
Philadelphia, PA 19106, USA

[www.singingdragon.com](http://www.singingdragon.com)

Cover design: Black Dog Design

