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The psychotherapeutic utilization of acupuncture.

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THE PSYCHOTHERAPEUTIC UTILIZATION OF ACUPUNCTURE

A Dissertation Presented

By

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C H A P T E R I

INTRODUCTION

Scope and Purpose

The writer has been actively engaged in the field of psychotherapy and counseling for the past twelve years. During this period, we have studied various approaches and have experienced both the satisfactions and the doubts which accompany working directly with troubled persons. While working at a mental hospital, we were particularly struck by the need to explore new, efficacious means of treatment, due to the difficulties in reaching clients psychotherapeutically and the aversive side effects of psychotropic medications. We learned that the practice of acupuncture was routinely administered in mental hospitals in China and was utilized as well throughout Asia for common emotional disorders such as anxiety or insomnia. Following further review of the literature, the writer felt encouraged enough to study this method directly and spent two years at the New England School of Acupuncture, as well as one year apprenticing the art. For the past few years we have been integrating the practice of acupuncture with our psychotherapy and counseling practice. We now feel it is time for a thorough analysis of this approach. This dissertation is designed to provide that analysis.

Background

Modern Western society, with its plethora of technological advances and individual choices, pays a high price in terms of the prevalence of mental and emotional disorders. Psychological services are now offered to every sector of U.S. society. Emotional disorders can affect highly successful individuals as well as those incapacitated by their condition. The most common form of treatment has been psychological counseling (or psychotherapy), the "talking cure." While there is strong clinical evidence for its efficacy, research on psychotherapy has revealed a substantial proportion of subjects who remain unhelped. Other modern approaches to mental illness all appear to include major drawbacks, to wit:

Medications: There are three categories of medications used for emotional disorders: minor tranquilizers, antipsychotic medications, major tranquilizers (AKA) and anti-depressants. All may lead to extremely adverse side effects. Minor tranquilizers, such as "Valium," "Librium," and "Miltown," are physiologically addictive and have become a major social problem. The major tranquilizers, which include "Thorazine," "Stelazine" and "Haldol," can lead to severe extrapyramidal disorders such as parkinsonism,

or, with long-term use, tardive dyskenesia. Antidepressants, including "Elavil," "Tofranil" and the MAO inhibitors, may necessitate substantial dietary restrictions and are lethal in higher-than-prescribed doses.

Electroconvulsive Therapy (ECT): The use of ECT, or shock treatment, for depression and other emotional disorders has been hailed in some quarters as a major breakthrough and damned in others as an unconscionable act. Whatever the perspective, few dispute that a side effect of ECT could be intellectual impairment. The most common form of impairment is retrograde amnesia, or temporary disabling memory defects, although confusion and disorientation also may result. Side effects such as these may be devastating to the person's social functioning and, in some cases, can make gainful employment an unrealistic goal.

Psychosurgery: Even more than ECT, the use of psychosurgery has stirred debate, as well as emotions, throughout the country. Again, the major side effects are intellectual impairment, although with a greater range of dysfunctioning than ECT. This procedure is legally banned in many parts of the country.

In light of the vast scope of the problem and the limitations of modern approaches, many psychological counselors have explored techniques from other cultures, particularly the East. Such approaches as yoga, meditation, trance dancing and Oriental massage have been utilized by

psychotherapists as adjuncts to treatments. We believe that acupuncture can be utilized in the same fashion, with, we shall argue, more straightforward application to specific emotional disorders.

In certain sections of this dissertation we have included more detail than necessary for the reader whose background is psychology. For example, we have mentioned the specific acupuncture points utilized in studies and clinical cases discussed. This material is included for the interest of those with some prior knowledge of acupuncture theory. Other readers may wish to begin with Appendix A, The Elements of Acupuncture, and are further referred to the section in Chapter IV on selected acupoints.

Statement of the Problem

At the present time, not enough is known concerning the practice of acupuncture here in the West to evaluate its utility for counselors and other mental health professionals. The term acupuncture refers to the insertion of stainless steel filiform needles into selected acupoints on the body. It also includes moxibustion, or heat treatments, over these same points. The art and science of acupuncture involves finding the points exactly and choosing the correct ones for each individual case. The latter involves an

extensive system of diagnosis quite different from any of our usual Western approaches.

Our purpose is to explore and evaluate the value of a knowledge of acupuncture theory and practice for the treatment of mental and emotional disorders. We will include, therefore, an exploration of the theory, methods, research and clinical evidence.

C H A P T E R II

THEORETICAL ORIENTATION

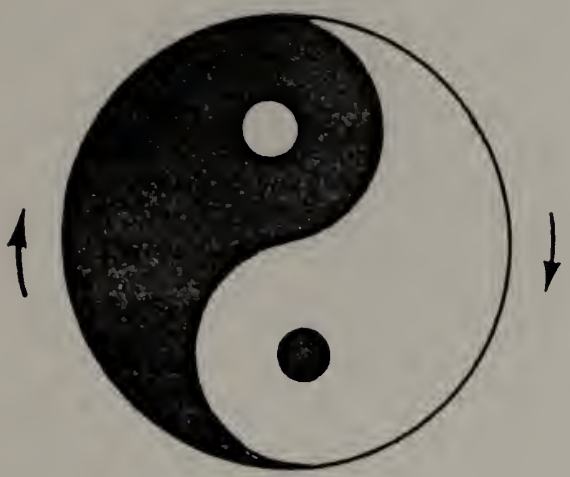
Yin and Yang Theory

The deceptively simple theory of Yin and Yang, wherein all phenomena are viewed in terms of an ongoing, circular dialectic, constituted nothing less than the major Chinese worldview for over two thousand years. Within its framework we find the primary basis for Chinese psychology and medicine. Health and disease are understood as relative, changing and totally interdependent manifestations of the individual.

The terms Yin and Yang are generally believed to have originally represented the shady and sunny sides of a hill respectively although Lewith and Lewith (1980) note that the ancient Chinese also symbolized them by water and fire. The concept is first noted in the I Ching (The Book of Changes)[1] in approximately 800 B.C.E.

Let us look at the now familiar symbol of Yin and Yang (fig. 1) also known as the Tai Chi or "Great Polarity". The circle, representing the whole, is divided into two forces in dynamic relationship to each other. We use the term "force" to denote not a physical entity nor even a form of energy but rather a propensity within phenomena. Yin and Yang cannot exist without each other; they create each other

Figure 1. The Tai Chi or Great Polarity. The symbolic representation of Yin and Yang.



and transform into each other. In fact, we may note from the symbol that at its greatest Yin (the dark side) becomes Yang and vice versa.

The entire universe, material and conceptual, is divided into Yin and Yang. Dark, heavy, night, internal and cold are all Yin qualities. Their opposites constitute Yang qualities. It can be seen at once that these Yin qualities can only be defined in terms of their relationship to the Yang. There is no knowledge of cold without hot, darkness without light or inner without outer. Lao Tzu (The Venerable Philosopher), generally considered the founder of Taoism, expressed it somewhat more poetically:

> Being and non-being produce each other;
> difficult and easy complement each other;
> High and low rest upon each other;
> long and short contrast each other;
> Voice and sound harmonize each other;
> front and back follow one another. (1972)

We may observe that "opposites", often considered to be radically different in Western thought, are perceived at once by the Chinese as aspects of the identical phenomenon. Moreover the relationship can be refined. We like to pose the question, during talk to groups on Acupuncture, "If 'cold' is yin and 'hot' is yang, what is 'cool'? Some people reply that cool is essentially yin since it is closer to cold while others maintain it is both Yin and Yang. The correct answer actually depends upon its defining relationship. Cool is Yin compared to hot (or 'warm' for that matter) but Yang compared to cold. This becomes

important in diagnosis as an individual who presents quite Yang (we will define "Yang" diagnostically shortly) may in fact be in a Yin condition if he or she is less Yang than normally for that person.

Female and Male are also classified as Yin and Yang respectively, however, an error we see often in western sources consists of assuming that the terms are roughly equivalent. We attended a recent lecture in which the speaker, a knowledgeable Naturopathic Physician, substituted the terms explaining that female and male were "easier concepts to grasp" than Yin and Yang. We have also heard criticism of Yin-Yang theory based on its sexist ascribing of predominantly negative characteristics (i.e., Yin) to women. However, as stated, Yin and Yang do not mean female and male; everything in the universe is predominantly one or the other and that includes us. The point can, perhaps, best be stated via logic. Everything that is female is Yin. Everything that is Yin is not female. The same applies for male and Yang. More accurately: everything with female tendencies has Yin tendencies. Everything with Yin tendencies does not (necessarily) have female tendencies. The same again applies for male and Yang. Yin and Yang are larger, more encompassing, concepts. They subsume everything else including female and male.

To return to the Tai Chi symbol again we may note that Yin and Yang contain an element of each other (the small

circles) which means that they can never exist in absolute. Lao Tzu expressed it thusly:

> The most innocent has the semblance
> of being guilty;
> The most clever has the semblance
> of being dull;
> The most eloquent has the semblance
> of speaking with difficulty (1963)

Yin and Yang also reflect a distinction between the microcosm and the macrocosm in which the laws of the universe, which govern the heavens, are manifested in the smallest of earthly phenomena. Humankind is considered a miniature reflection of the universe as well as an integral part of it. The essence of health, physical and emotional, is thus an expression of universal truths.

Concept of Expansive and Contractive Universal Principles

This has been expounded quite literally by Stiskin (1972) who interprets the dark and light aspects of the Yin-Yang symbol as logarithmic spirals representative of the double helix; the basis of biological life, as well as the spherical activity of our solar system.[2] The dark and light representations have also been interpreted as waves, symbolic of the waves believed by the ancient Chinese to control the ebb and flow of the cosmos (Beau, 1965). Modern physics also bases much of its understanding of the universe on the concept and theory of waves.

Returning to the human level, Yin and Yang may be viewed as further manifested in the inhalation and exhalation of the lungs, the systole and diastole of the heart and the sympathetic and parasympathetic division of the nervous system.

Yin and Yang theory posits an analysis of phenomena that is radically different from a Western approach in two critical respects.

Firstly, there is little or no concern with causation in the Chinese understanding; in fact the idea of causation itself is virtually absent in Chinese philosophy. The Western perspective often revolves around this notion. That most quintessential of Western philosophers, Aristotle, stated this view most succinctly:

> Men do not think they know a thing
> until they have grasped the "why" of it
> (which is to group its primary cause).
> (Kaptchuk, 1983)

In Yin-Yang theory and analysis there is no primary cause to grasp, only a pattern of phenomena in flux. Needham expresses the Chinese world-order as such:

> Things behave in particular ways not necessarily because of prior action or impulsions of other things, but because their position in the ever-moving cyclical universe was such that they were endowed with intrinsic natures which made their behavior inevitable for them . . . . (1963)

The second crucial distinction between analysis of phenomena, East and West, concerns the approach to measurement and evaluation. Western researchers and clinicians

always look for quantifiable data; their traditional Chinese counterparts would search for functional relationships. Modern Western psychology, in particular, has been concerned with quantifiable evaluation.[3] This approach is reflected in the dictum of E.L. Thorndike, considered the father of experimental psychology:

> Anything which exists exists in some quantity. Anything that has quantity can be measured.
> (Boring, 1950)

Even seemingly interpretative measures, such as the Rorshach Test, have quantifiable, scorable bases.

On the other hand, Bensky (1982) states that:

> Traditional Chinese thought has an affinity for vagueness . . . due to an appreciation that in nature things are rarely cut and dried but . . . are rather blurred.

The essence of diagnostic evaluation involves discerning patterns of disharmony within a particular individual. Comparisons are made within the framework of the person rather than in relation to a modal, mean or median, average for the population. This approach has been compared to slowly and carefully constructing a picture until a lucid image of the whole emerges. Symptoms are placed on the Yin-Yang continuum until the underlying imbalance is perceived.

Kaptchuk compares traditional Chinese analysis to the weaving of a web:

> The metaphysic that emphasizes the perception of patterns is basic to Chinese thinking. It results in part from Taoism, which altogether

> lacks the idea of a creator, and whose concern is insight into the web of phenomena, not the weaver. For the Chinese that web has no weaver, no creator; in the West the final concern is always with the creator or cause and the phenomenon is merely its reflection . . . . In the Chinese view, the truth of things is imminent, in the Western view truth is transcendent. Knowledge, within the perception of the inner movement of the web of phenomenon. The desire for knowledge is the desire to understand the interrelationships or patterns within that web, and to become attuned to the unseen dynamic. (1983)

The Eight Principles

The eight principles[4] constitutes a special adaptation of Yin and Yang theory to differential diagnosis. They provide a direct method for interpreting the complexities of Yin Yang theory in terms of individual health. They are outlined in figure 2.

Figure 2

The Eight Principles

Internal	External
Cold	Hot
Deficient	Excess
Yin	Yang

In essence this approach consists of evaluating the person's positions in terms of three continuums; the final pair of principles, Yin and Yang, serve to summarize the others.

The internal vs. external criterion refers to the origin and location of the disharmony. Internal patterns reflect imbalances of the organ systems. They are manifest in such signs as vomiting, high fever with no accompanying "fear of cold", a deep pulse and a history of somatic or emotional pain. External patterns reflect "outside, pernicious influences" (O.P.Is.). Some indicative signs include chills, a superficial pulse, and any physical or emotional pain of sudden onset. It may be noted that this pair of principles tends towards distinguishing chronic (internal) from acute (external) conditions.

The cold vs. hot criterion deals more deeply with the individual's personality type and level of energy. Signs pertaining to cold patterns include lethargic movement and speech, shyness and dysphasia as well as pale features, poor circulation, clear urine and a slow pulse. Hot disharmonies are reflected in agitation, delirium, verbosity and irritability plus red features, fever, dark urine and a rapid pulse.

The excess and deficient dimension includes body type among its patterns. Excess is reflected in a strong, thick physiognamy, a loud voice, forceful movements, heavy respiration and a strong pulse. Deficiency can be inferred from a weak, frail physiognamy, a low voice, shallow breathing and a weak pulse.

Internal, cold and deficient signs indicate a Yin disharmony. External, hot and excess signs points to a Yang condition. The signs are almost never unilateral. The diagnostic task consists of parcelling out a pattern of disharmony from the information presented. This may be viewed via a grid which designates the individuals standing in relation to each pair of principles. This approach, we maintain, provides a more useful description than the mere ascribing of a label as is often the case in Western diagnosis.

Yin and Yang in Mental Health

There exists a number of different categorizations for mental disorders in Chinese literature. Most of these tend to be overlapping since they represent ideas from different epochs and do not necessarily present new disorder syndromes.

The most widely cited approach refers to mental disorder as Jian Kuang. The Jian[5] refers to Yin conditions characterized by:

flat affect
despondency, particularly at initiation of disorder
severe headaches
excessive sleep
hypoenergy

withdrawal, "eyes turning inward" (Cheung, 1981) These behavioral symptoms tend to cluster with other, classic Yin symptoms such as a slow or deep pulse, a pale tongue and a soft, rounded body type.

The Kuang refers to Yang conditions. Some general characteristics include:

hyperenergy

insomnia

verbosity

delerium

"always goes to high places" (So, 1978).

These cluster with such basic Yang symptoms as a rapid or "wirey" pulse, a red tongue, a flushed face and a lean or muscular body type.

Mental disorders of both types are viewed as resulting from mucous obstruction. Therefore, the Chinese expect digestive disorders or other signs of mucous such as body lumps to accompany other symptoms. In extreme conditions mucous is considered to obstruct the brain leading to conditions labeled in the West as epilepsy, appoplexy, delirium tremors, tertiary symphillis or some types of schizophrenia.

Yin can be further analyzed in terms of two discrete syndromes classified under Jian mental disorders.

In the first type, referred to as "pure deficiency, or "Not moving Jian", etiology is attributed to a deficiency of

both Heart and Spleen. This may be, in turn, attributed to obsessive thinking and worry. The symptoms of Not Moving Jian include:

insomnia

absentmindedness

fearfulness

lethargy

decreased appetite

melancholy

pulse: weak and thin

tongue: pale

The second Yin mental disorder has its etiology in congestion of mucous Qi. It is sometimes referred to as "Yin and Yang Together". Symptoms of congested mucous Qi include:

frequent crying and/or laughter

mumbling

apathy

mental dullness

soliloquy

flat affect

pulse: wirey and slippery

tongue: thin with white slime

Not Moving Jian appears to be primarily a depressive state while the congested Mucous Qi Jian syndrome indicates primarily a cognitive disorder. If a fully developed

delusional system accompanies a Jian syndrome the Chinese consider the Kidneys to be damaged (Pai Ho Ping syndrome).

Yang mental disorders can also be further classified into two Kuang conditions.

The first type is attributed to flaring fire (heat) with excess mucous and is also known as "Full Fire". This is an acute condition characterized by:

irrational behavior

agitation

explosive anger

flushed face

disorientation

screaming and verbal abuse

destructive behavior

violence towards others

pulse: wiry and fast or slippery and big

tongue: purplish red with abundant yellow coating

The second Kuang condition is considered the result of excess heat leading to exhaustion of Yin. It is referred to as "Empty Yin-Fire Ascends" and considered a chronic liver disorder. Symptoms include:

emaciated body type

irritability

verbosity

ruddy cheeks

pulse: rapid and tight

tongue: red with scanty fur

Cheung (1981) mentions that this type often manifests prolonged suffering in a manic state due to "excessive fire scorching the yin".

Yin/Yang and Western Pathology

The clearest example of Yin and Yang in Western pathology is the condition best known as "Manic-Depressive Psychosis" now referred to in the Diagnostic and Statistical Manual of Mental Disorders (DSM III) as "Bipolar Disorder" (1980). This is considered a disturbance of affect or, more specifically of "mood" defined as "a prolonged emotion that colors the whole psychic life". Classically it involves a long period of depression followed by a shorter manic phase featuring elation, hyperenergy, insomnia and inappropriate feelings of omnipotence and optimism. Interestingly the current nomenclature "bipolar" seems to miss the concept of a cogent, total picture common to both earlier Western Psychiatric designations and Chinese medicine. Freud, in Mourning and Melancholia (1957) referred to the alternating of melancholic and manic phases as "circular insanity". He perceived the separate phases of the condition as having the same underlying psychogenic basis despite "completely opposite symptomatology". His ideas we may suggest, were more in accord with the ancient author(s) of the Huang Ti'

Nei Jing (see appendix B) than with the contemporary task force who authored DSM III. Freud considered the ability of a severe depression to turn into its opposite as a "remarkable peculiarity". A knowledge of Yin/Yang theory, however, posits this occurrence as ordinary and predictable since Yin at its greatest becomes Yang.

Depression viewed as a pattern of symptoms of disharmony is indeed a classic Yin condition.

Our earlier discussion of the Yin/Yang symbol may remind psychologists of similar patterns investigated by the Gestalt school of experimental psychology. (Kohler, 1959; Koffka, 1935; Wertheimer, 1945) These researchers often worked with black and white patterns which are perceived as different images depending upon their figure-ground relationship. A dominant image is viewed when white is perceived as figure. Yet it may tantalizingly recede once the focus shifts to a separate image outlined in black. The central theme of this school was the necessity of an organizing pattern for the creation of a recognizable configuration. Thus "the whole is greater than the sum of its parts". This corresponds to the approach in Chinese medicine to both psychopathology and diagnosis; patterns supercede symptoms.

Perls and his associates (1951) applied the principles of Gestalt Psychology to psychotherapy developing a stimulating and widely used methodology. Psychoanalytically

trained, Perls noted that the classical Freudian mechanisms of defense hinted at underlying dichotomies within the personality. For example both "projection" and "denial" indicate both a recognition of a personality component and a desired identification with its complement. In projection the component is perceived in others; in denial it is firmly rejected via clinging to its complement. Perls encouraged his client to "own" both aspects of any personality component, to accept the Yin and the Yang and attempt to harmonize them within the personality. Thus a meek man would acknowledge his aggression, a cheerful woman could accept her despondency, an intrepid individual might learn to perceive anxiety, and so forth. One noteworthy clinical picture is the Topdog/Underdog dichotomy; a confident, outgoing, optimistic persona coexists with a self-depreciating "loser". This pattern, frequently observed in Gestalt Therapy literature and in the author's clinical experience, is indeed a classic Yin/Yang configuration. A skilled therapist will not be misled by the bold Yang qualities but will pursue the more subtle Yin aspects within the personality configuration.

We may suggest, therefore, that Gestalt therapy principles rest comfortably within the framework of Yin/Yang theory. The therapeutic principle is balance. The aim is to discern the Yin/Yang pattern of disharmony and bring them into alignment and harmony.

> The force that through the green fuse drives the flower drives my soul.
>
> Dylan Thomas (1958)

Qi: Essential Energy

If we were to provide an oversimplified yet accurate overview of the mechanism of acupuncture it would be that acupuncture facilitates the movement of Qi. Matsumoto (1982), an acupuncture scholar, considers Qi the primary concept to be understood.

Qi, as we explained in "The Elements of Acupuncture" (Appendix A, p. 9), is the essential energy, or life force, behind all human functioning. It flows through the network of channels and invigorates each of the organ systems as well as sexual functioning and overall health. The concept of Qi is not restricted just to Acupuncture theory.

All oriental systems of martial arts, whether external (hard) or internal (soft) work towards the development and utilization of Qi. Some systems include it in their name such as Akido, "the way of Qi", a non-aggressive approach to using one's attacker's strength against them.[6] The popular system Tai Chi also concentrates on mastery of Qi although the name contains an acronym which means "great ultimate" (i.e., the "chi" in "Tai Chi" is a different written character from "Qi").

In western psychology many different concepts imply similar meanings to Qi.

Freud considered the sexual instinct to be the basis for a kind of physiological energy. He eventually called this underlying energy libido. His view of psychopathology, particularly in his early writings, suggested, in essence, that it resulted from distortions in the flow of libido. He presented the human body as a source of continuous stimulation which led to the disposition (Freud used the term "instinct") to discharge the stimulation accumulated. Libido, as we stated, was discussed as a component of sexuality, a concept employed broadly by Freud to cover many aspects of human behavior.

Freud's student Wilhelm Reich expounded on the concept of the libido. He viewed it as a direct, endosomatic energy which flowed throughout the body. All psychological problems, he reasoned, could be overcome by unlocking the stagnant energies contained within the body. Reich employed the term "orgone energy" maintaining that "libido" was both too conceptual and too vague.[7] Like the Chinese, Reich studied patterns of behavior from which he formulated a theory of "character traits". These behavior patterns were viewed as symptoms as well as causes of locked energies. The blockage itself could be viewed directly on the person's physique by noting the tension of the musculature. This "body armour" reflected the nature of the character trait, e.g. a person who feels compelled to run away from life's confrontations may have powerful and tight legs on an

otherwise underdeveloped frame; someone with a formal, "stiff necked" personality may indeed have a literal broad, strong, stiff neck. Reich worked with his patients by discussing their character traits (psychotherapy) and by touching and manipulating their body armour (massage). He was perhaps the first westerner to combine these approaches.[8]

Just as Reich's work developed from the ideas of Freud, his mentor, his own student Alexander Lowen expanded and refined Reich's concept of orgone into an approach he labeled "bioenergetics". (Lowen, 1975)[9] The essential concern of Lowen's psychotherapeutic theory is the analysis of personality in terms of the energetic processes of the body. As such it closely resembles Chinese psychology, a fact readily acknowledged by Lowen (Bioenergetics, 1975, p. 45). Lowen devised a series of exercises designed to increase awareness of bodily stress and facilitate its release. Clients performing his exercises, which often consists of maintaining a particular posture, frequently experience vibrations of the musculature. Is this Qi? Physiologically it can be explained (or rather described) as an endosomatic response of the musculature to stress. It is noteworthy, however, that clients often report, along with vibrating sensations, either waves of emotions during the exercise or the perception of catharsis upon completion. (Lowen, 1975) Thus a relationship exists between

bioenergetic energy and the emotions giving it some comparison with the Chinese concept of Qi. Epstein and Topgay (1982) reviewing mental disorders in Tibetan medicine, suggest a similarity between bioenergetics and Qi. The writer, having worked with both bioenergetics and acupuncture, suggests that subjective reports following respective sessions are often strikingly parallel. Description of internal "balance", "harmony", and "freedom" are common to both methods.

The one western psychotherapeutic system which acknowledges a direct relationship with Chinese energetics is the body-oriented approach of Kurtz and Prestera as set forth in The Body Reveals (1976).[10] These authors have integrated the Theory of Chinese medicine with their own analysis of somatic types. They further postulate a common developmental rationale. For example they cite a person with deficient kidney yin who further presented depression, fatigue and a contracted posture particularly in her thighs and lower abdomen. Prestora and Kurtz inferred from this picture an unresolved issue with childhood bed-wetting and report a successful treatment via body manipulation and expressive emotional release. It is noteworthy, we believe, that the inclusion of a Chinese diagnosis helps to provide a clearer and fuller explanation of the problem. We would further suggest that acupuncture treatment of deficient

kidney yin might have substituted for body manipulation with comparable results.

Few acupuncturists, to date, have attempted to link their approach with western psychotherapies. An exception is found in the work of Rose-Neil who has explored the concept of Qi in many modalities. In Acupuncture and the Life Energies (1978) he states straightforwardly "acupuncture fits in with the . . . new psychotherapists . . . the encounter group workers, the Gestalt therapists, practitioners of psychosynthesis, of Rolfing, of awareness massage, of Reich, of co-counseling, all in tune with us." If his optimism is to any degree justified we may anticipate continued collaboration between the fields of acupuncture and psychotherapy in the coming era. Another exception to the rule is the eminent British acupuncturist J. R. Worsley who has championed the use of acupuncture as a tool for emotional health.

C H A P T E R III

REVIEW OF RESEARCH: SCHIZOPHRENIC DISORDERS AND DRUG ADDICTION

Introduction

When Maozedung ascended to power in 1949, forming the Peoples Republic of China, he and his government were faced with the decision of how to provide adequate health care for their teeming, poverty-stricken "born-again" nation. One faction of his party argued for the elimination of all vestiges of traditional culture stepping as swiftly as possible into the technology of the industrialized West. Another faction argued that, if efficacious, traditional healing arts would offer a more pragmatic way to meet the peoples' needs since acupuncture and local herbs were readily available throughout the country. There would, therefore, be no need for large scale production and distribution of synthetic chemicals and materials as in modern Western medicine. We might note that in today's world the grim prospect of a post-nuclear war society also posits the same argument. Acupuncture requires only needles, sterilization equipment and a knowledge of appropriate utilization.

Throughout the nineteen fifties the Chinese performed thousands of experiments and clinical studies before the Central Committee decided in 1958 to accord traditional

medicine equal status with Western medicine.[11] The period between 1958 and 1964 was particularly fruitful and is referred to by Gamble (1982) as a "golden era" for research in the field of acupuncture. The Cultural Revolution brought an end to this activity as many researchers and academicians were removed from their laboratories and offices and sent to the countrysides to work the land.

Most of the research conducted in China does not employ the standard double-blind design preferred in the West. This is not due to ignorance of Western research principles; the Chinese, Kaptchuk (1983) reports, believe it is unethical to perform experiments with human subjects which deny treatment to those in need.[12] The most commonplace design involves pre- and post-evaluation of large, randomly selected samples of subjects. They usually employ Western diagnoses as well as Western tests and measurements.[13]

Many traditional acupuncturists avoid citing research maintaining that the weight of clinical evidence overwhelmingly supports the efficacy of acupuncture intervention (Shen, 1977; So, 1978; Ling, 1981; Worsly, 1982). In this respect they may be compared to psychotherapists who have argued that both they and their clients observe substantial changes as a result of psychotherapeutic intervention.

Research concerning acupuncture in the West is still only a trickle although we anticipate a future flood. Much

of what exists attempts to document specific physiological mechanisms in response to acupuncture stimulation. For example, Milovanovic and Milovanovic (1978) have extensively studied the rise of leukocyte count as a function of selected acupoints. In the fields of psychology and mental health, the paucity of research is particularly marked. This factor along with the reluctance of researchers to translate clinical studies from the Chinese makes for a review of research which is smaller than we had hoped. We maintain, however, that there is value in looking at these early empirical analyses for their heuristic insights on the future of acupuncture as a component in the treatment of mental illness. We shall review acupuncture treatment for schizophrenia and substance abuse. These were selected for their importance as social phenomena and with the foreknowledge that some literature did in fact exist in these areas.

Acupuncture Treatment for Schizophrenia

The Western concept of a mental disorder commonly called "Schizophrenia" has undergone considerable changes in diagnostic criteria since its introduction when it was called Dementia Praecox. For much of the current century it was approached via four manifestations referred to as "Paranoid," "Simple," "Catatonic," and "Hebephrenic" types of the psychosis Schizophrenia. Each type had markedly

different behavioral expressions but were hypothesized to have a common cognitive core impairment. The most recent psychiatric formulation, in DSM III, refers to "Schizophrenic Disorders " (N.B. plural) and admits: "The limits of the concept of Schizophrenia are unclear." (p. 181) Five types: "Disorganized," "Catatonic," "Paranoid," "Undifferentiated," and "Residual" are currently listed along with several associated conditions including "Schizoaffective Disorder," "Paranoid Disorder," and "Schizophreniform Disorder." To presently qualify as having a Schizophrenic Disorder an individual must demonstrate:

1. Either delusions of a bizarre, grandiose, or persecutory nature, or; auditory, hallucinations, or; marked incoherence.
2. Deterioration from a previous level of functioning.
3. A duration of symptoms for at least six months.

We mention this brief review of the concept of Schizophrenia to highlight the difficulty in matching a cross-cultural diagnosis with such a broad and elusive entity. Nevertheless, three components of classical Chinese nomenclature may be viewed as including the Schizophrenic Disorders. These consist of the previously mentioned Kuang and Jien conditions as well as that known as Pai Ho Ping (hundred manifestations disease). The Kuang type compares with the Disorganized type of Schizophrenia (the old

Hebephrenic), the Jien type compares with the Catatonic type and the Pai Ho Ping, characterized by hallucinations or delusions, compares with the Paranoid type. Although the Chinese disorders are still broader categories than their Western counterparts, subsuming related disorders of lesser severity, we should note that this does not influence the course of clinical treatment. Acupuncture treats the nature of the symptoms regardless of their magnitude.[14]

Esser and associates (1976) studied the effects of acupuncture on 18 chronic psychiatric patients including 11 diagnosed as schizophrenic. The remainder of the sample included four diagnoses of depression and three diagnoses of personality disorder. These subjects, ten males and eight females, were drawn from the Day Treatment Center of Central Bergan Community Mental Health Center in Paramus, New Jersey. The age range was 21 to 40. Subjects were offered acupuncture as an "optional, experimental adjunctive treatment." In most cases psychotropic medications were retained as the authors reasoned that combined approaches were standard procedures in China. Three sources of data, (a) before-and-after measurements of vital signs, (b) questionnaires concerning emotional and physical well-being, and (c) ratings from the day hospital staff, were employed.

The acupuncture treatments were administered once weekly with virtually the same points utilized for all treatments for all subjects. The points, adopted from the

writings of the Vietnamese acupuncturist Nguzen Van Nghi, always included the quartet of Heart 7, Stomach 36, Bladder 60 and extra point Yin Tang (the "third eye" point). In addition, they reported choosing two more points from among Conception Vessel 4, 6, 8, 10 or 11. This choice was apparently randomly selected.

Results indicated improvements of some nature in 17 of the 18 subjects. These were augmented by subjective reports of feeling "better," "lighter," "clearer-headed," or "relaxed" post treatment. The authors also noted a homeostatic effect in which depressed and passive subjects reported feeling energized while agitated subjects reported feeling more calm. The perceived improvements were all reported to be short lived nearly always diminishing markedly within three days.

We must note that the acupuncture technique administered in this study appears to be questionable on several counts. Firstly, the utilization of almost identical points for all subjects constitutes "cookbook" acupuncture substantially inferior to the painstaking and elegant procedures of traditional Chinese diagnosis which carefully matches the points to the individual's pattern of symptoms. Moreover these points commonly are varied from succeeding treatments. The point Conception Vessel 8 is mentioned as utilized which is highly doubtful since it constitutes the navel which is forbidden to needle but

treated only via moxibustion or used as a marking point to locate others. The authors do not state who administered the acupuncture, therefore, in addition to a rigid and, in our opinion, marginally appropriate treatment plan, we have no way of assessing if the points chosen were accurately located or if Teh Qi was stimulated adequately.[15] The concurrent utilization of psychotropic medication for all but three subjects, while defensible on their terms, nevertheless, could detract from the efficacy of acupuncture as they may lessen the stimulus received. Finally we contend that treatment should have been administered bi-weekly at a minimum in accordance with accepted practice and to build upon the effects of previous treatments rather than witness them "dwindle away," as they report, over the course of three days.

Given all of the problems above, the positive results of this small study must be viewed as encouraging.

In a widely cited article, Kane and Di Scipio (1979) reported on three case studies involving acupuncture treatment of hospitalized patients diagnosed as schizophrenics. They selected points from a respected Shanghai text utilizing two sets on successive days. The first grouping included Large Intestine 4, Liver 3 and Governing Vessel 26. These alternated with a set consisting of Pericardium 6, Spleen 6 and extra-point Tai Yang. Following a period of one week, four more loci were added to each set. These

points consisted of Governing Vessel 13, 14 and 15 plus Small Intestine 19. Acupuncture was administered by Kane, the ward psychiatrist, who appeared to understand the importance of obtaining proper Teh Qi. Thus, one can have some confidence that correct clinical procedure was employed. A period of "pseudo-acupuncture" was included consisting of needling placebo locations near but not on known acupoints. In these instances Teh Qi was never reported.

Kane and Di Scipio conducted a nine-week blind controlled study utilizing an ABACA design. (A = baseline, B = acupuncture, C = sham acupuncture). This enabled each patient to serve as his or her own control. They were rated by means of the Psychotic Reaction Profile; measurements were taken weekly. Ward staff served as raters. They were aware of the use of acupuncture but not to design sequence nor even the inclusion of pseudo- acupuncture.

The results revealed that two subjects responded positively to acupuncture while their reactions to pseudo-acupuncture were neutral or negative. Both reported subjectively to feeling calmer during and immediately after authentic acupuncture. The third subject showed no significant response to either real or sham acupuncture. The authors examined the clinical profiles of their subjects and concluded that the two successfully treated had presented "florid schizophrenic symptoms" while the non-responder's

symptoms were considered primarily "affective-depressive." This could suggest that acupuncture is more appropriate for schizophrenia as opposed to depression or that the particular treatment selected for the study was more appropriate for schizophrenia as opposed to depression. We await a replication of this experiment with a larger sample.

Choi and Lau (1980) studied the effects of acupuncture on nine cases of schizophrenia at the Northeast Mental Health Center in San Francisco. Subjects included five females and four males ranging in age from 24 to 62; no information was provided concerning ethnicity and we assume, under the circumstances that they were all outpatients.

Treatments were administered by acupuncturists[16] and "psychiatrists who are learning acupuncture therapy." No account is offered of the exact clinical procedure. Treatments were offered every two to three days "according to the client's health" for a total of up to 12 weeks.

Five loci described as "main points" were presumably utilized often. These consisted of Governing Vessel (GV) 12, 13, 14, and 16 plus an unnamed extraordinary point directly below GV13. All of these points are located on the upper section of the spinal column between the vertebrae. An additional six loci were included as "secondary points." (GV 20 and 26, Conception Vessel 4 and 6, Heart 5 and 7) In our view these points represent an excellent repertoire from which to select points for the treatment of schizophrenia.

Evaluation of clinical functioning was collected by means of the Global Assessment Scale (GAS) developed by Spitzer, Gibbon and Endicott. Scores on the GAS were then coded to a 1-5 evaluation (1 = worse, 2 = no change, 3 = slight improvement, 4 = moderate improvement, 5 = great improvement). The mean coded improvement was 3.9.

The authors conclude that while their sample size prevents them from drawing any statistical conclusions the study suggests:

1. That acupuncture has a higher rate of success than conventional modalities.
2. That acupuncture is less expensive than existing methods.
3. That acupuncture is more acceptable to patients and community groups.
4. That acupuncture is more adaptable to the changing patterns of mental health services."

All of these statements posit, of course, quite optimistic outlooks for the future of acupuncture in mental health. The only statement we might question from our own experience is #3. Since this was conducted in San Francisco's North Shore, and since ethnicity was not mentioned, it is possible that this acceptance was influenced by a substantial proportion of Asian Americans included in the project.

Kau (1977) has been employing acupuncture in the treatment of schizophrenia at McLean Hospital in Massachusetts for over a decade. Trained as both a western psychiatrist and a traditional Chinese acupuncturist his approach has been to synthesize a comprehensive program. Drawing on his clinical experience, Kau concludes that "acupuncture and moxibustion are definitely effective for (schizophrenic disorders)." He advises further that ". . . with relief of symptoms or even complete cure, patients should be exposed to deep and penetrating cognitive discipline and training. . ." (p. 26).

Smith (1984) also reports successful treatment of schizophrenic disorders, in a hospital setting, via acupuncture treatment. Although no statistical data are presented, Smith offers an interesting analysis of schizophrenia as a kidney yin deficiency and suggests six acupoints (GV3, 4 and 6, Spleen 6, and Kidney 3 and 7) as most appropriate for treatment. Smith (1981) also reports two case studies in which acute schizophrenic symptoms are controlled via acupuncture. In one case a marked improvement was noted after just three treatments and auditory hallucinations ceased after ten. In the second case a client came out of an acute catatonic episode immediately following treatment. Smith's approach is intriguing as he combines TCM with aureveydic theories and Western clinical impressions. This contrasts with Kau's approach which utilizes strictly

classical TCM differential diagnosis. The unique clinical program at Lincoln Hospital, headed by Smith, will be discussed in greater detail in our subsequent section on drug addiction.

Acupuncture Treatment for Drug Addiction

In this section our discussion will concern "drug addiction," defined as the physical dependence on a drug. In addition to dependence, addiction always includes the development of "tolerance," the need for greater quantities of the drug in question for equal responses to its' effects. We are not writing about the broader concept of "substance abuse." This is usually defined as the utilization of a drug, legal or illegal, for a medical or recreational purpose when alternatives are available or when utilization endangers the user.

Humankind has been attracted to the use of drugs for pain-relief and mood alteration for thousands of years. Probably the oldest known narcotic is opium, the milky exudate from the unripe seed pod of the poppy or papaver somniferum. Typically it has been introduced into a culture via its' physicians and then spread to more popular usage. Opium was extolled by the Summarians in 7000 B.C.E. and employed by the Assyrians and ancient cultures in Iraq, Egypt, Hungary and Switzerland (Syasz, 1974; Terry and

Pellens, 1970). Galen (121-201 ACE), Greek physician to the Romans, prescribed opium for headaches, coughs, asthma, epilepsy, GYN disorders and depression.

In the nineteenth century opium alkaloids were isolated for clinical purposes including morphine and codeine. Morphine was first injected via hypodermic needle in American in 1856. Of this period Bellis (1981) writes that "medical journals enthusiastically endorsed its therapeutic value. . .". During the American Civil War it became routinely used by soldiers to deaden battlefield pain. Its use became so widespread to was termed "solders disease" (Musto, 1973) as war veterans remained addicted sometimes for life. This situation was in many ways paralleled to, and a harbinger of, the heroin problem in Vietnam discussed below. Morphine was included in many over-the-counter remedies and Sears, Roebuck and Co. advertised and sold hypodermics and other narcotic paraphernalia.

Heroin, a semi-synthetic morphine derivative was first produced in 1874 by the English chemist C. R. Wright. It was subsequently given its name by Heinrich Dresser, head of the Bayer pharmaceutical company in Germany, who marketed the product aggressively throughout Europe and the United States. Difficult as it may now be to imagine, heroin was primarily presented to the public as a wonder cure for

morphine addiction. It too was sold without prescription as a patent remedy.

In 1914 the United States Congress, perhaps chastened by the lessons of "soldiers disease," passed the Harrison Anti-narcotic Act which outlawed all nonprescription narcotics. This act produced two long-standing social effects:

1. Narcotic addicts came to be defined as criminal deviants.
2. Narcotic distribution was empowered to M.D.s.

Although the Harrison Act has since undergone considerable modification, these two effects remain problematic in American society.

Heroin addiction is currently a major medical and social problem in the United States and throughout the world. It is often named as a significant contributor to crime as its tolerance factor forces individuals to steal to maintain their habit. As alluded to earlier, the war in Southeast Asia spread its use more broadly than ever. An estimated 20% of U.S. enlisted troops have been cited as being heroin addicts at one time or another (Solomon, 1971; Stanton, 1976). Most of these soldiers, of course, have returned home.

Efforts to stem the tide of the "heroin epidemic," as President Richard Nixon referred to it, have taken many paths. Nixon declared a "war on heroin" and offered a

ten-point plan to eliminate the problem. Bellis (1981) notes that while the rhetoric of this plan stressed "treatment" the funds were largely awarded to the criminal justice system.

One plan, still in use, to help heroin addicts involves methadone maintenance. Methadone is a synthetic substitute for heroin developed in Germany, on orders from Hitler, in 1941. It was initially intended as a powerful analgesic for soldiers. In terms of the maintenance concept its value stems from producing a cross-tolerance for other narcotics, which necessitates larger doses to get "high," and from reputedly muting the craving for heroin. We should distinguish methadone maintenance from methadone detoxification, a short term procedure whose goal is narcotic abstenance. Although the stated goal for methadone maintenance is also abstenance its documented effect is often continuous narcotic addiction (Bellis, 1981).

Our review will focus on two programs which utilize acupuncture for heroin detoxification. Each is based in a hospital in a large urban center where heroin addiction is a major cause of concern. H. L. Wen's program is in Hong Kong; his reports are largely experimental. The Lincoln Detoxification Clinic headed by Michael Smith is in the Bronx and his reports are primarily clinical.

Wen has been recording encouraging accounts of acupuncture treatment for drug addiction for over a decade

(Wen and Cheung, 1973; Wen, 1975). His technique involves the use of electric stimulation administered in conjunction with acupuncture via attaching terminals to the needles (A.E.S., acupuncture and electric-stimulation) for a period of 15 minutes.

In a direct comparison with methadone detoxification, Wen and Teo (1975) followed 70 male addicts, "mostly heroin addicts" they state, for a one-year period. Half of this group were administered A.E.S., the remainder treated via methedone. The results showed that 51.4% of the A.E.S. group was still abstaining compared to 28.6% of the methedone group. The authors note that this makes A.E.S. treatment 80% better and state that the effectiveness of A.E.S would be considerably higher with available outpatient followup.

The technique was further refined by the addition of the drug naloxone described as a "potent, short-acting antagonist." Naloxone is used to flush opiates from receptor sites therefore speeding the detoxification process. Wen maintains that small amounts of this chemical can supress acupuncture analgesia and thereby help addicts to tolerate the induced withdrawal. This effect is based on the premise, increasingly accepted in some circles, that the pain reducing capacity of acupuncture is due to the release of endorphines by the brain.[17]

In a study of 50 heroin addicts treated by the combined approach of A.E.S. plus naloxone Wen (1977) found that 41 subjects were successfully detoxified. This does represent an improvement over his data utilizing A.E.S. alone and is substantially better than the data for detoxification via methedone. Whether the addition of naloxone is really a necessary component of treatment has yet to be tested fully by direct comparison with acupuncture and electric-stimulation or with the direct administration of acupuncture therapy.

The acupuncture clinic at Lincoln Hospital was formed through the collaboration of two street groups "The Young Lords" and "White Lightning." Initially it offered a straight methadone detoxification program and witnessed the "demoralizing and stupefying effects of trying to solve the problem of drug abuse by administering more abusive drugs" (Smith, 1979). Smith, the program's second director has championed the use of acupuncture plus other natural healing approaches such as herbal preparations,[18] hydrotherapies, deep breathing, yogic postures and meditation. When acupuncture was first introduced into their program they followed the protocol established by Wen in Hong Kong. Gradually this was modified into a different approach which included more ear points and the elimination of electrical stimulation. (They have never included naloxone.) These changes were instituted due to improved results as reported

by the clinical staff.[19] They cite budgetary limitations and an ever-increasing patient load as preventing the application of formal statistical studies (Smith, et al, 1982, Smith et al, 1983). In this respect they emulate the Chinese who are loathe to put resources into research at the expense of treatment availability. Smith expresses himself on this subject thusly:

> We know that this approach will seem strange and controversial to many in the drug abuse field. Some will be upset that we do not base all of our statements on laboratory tests or double-blind protocols but rather use active human experiences as our primary source of information. Let us consider drug abuse counseling as a familiar example of natural healing. Most of the methods and techniques used by a good counselor develop out of unsupervised personal experience in his or her life . . . most of the characteristics cannot be reduced to experimentally verifiable propositions. We hope that some of our conclusions and theories will be evaluated using traditional scientific methods but we know that much of hour therapeutic work can only be evaluated on an experimental basis.
> (Smith, 1979, p. 99)

Smith, therefore, not only presents the same argument as many in the counseling field he draws a direct analogy between the two therapeutic approaches. The following survey results are also cited (Smith et al, 1983):

A. 90% relief of symptoms in acute withdrawal clients following acupuncture (from symptoms surveys).

B. 90% of all detoxification intakes return for further acupuncture treatment with no ancillary incentives (e.g., other medications, welfare credit, probation merits).

C. They estimate that 60% of all acupuncture clients receiving the full series of treatments remain drug and alcohol free for "at least several months."

Counseling support is viewed as an important and necessary component of this program. They maintain that while the severity of acute withdrawal symptoms is independent of psycho-social issues the pattern of longterm escapist drug abuse is usually greatly affected by the individual's psychological state. Acupuncture is viewed as building a balanced emotional foundation which enables counseling to proceed much more effectively.

C H A P T E R IV

THE PRACTICE OF ACUPUNCTURE: NOTES AND OBSERVATIONS

Utilization of Acupuncture Therapy

There are two approaches to the practice of acupuncture; we will call them the "energetic approach" and the "symptomatic approach".[20] These are not to be confused with styles of acupuncture, i.e., Chinese versus Japanese, or with schools of acupuncture, i.e., Worsley versus Van Buren. The energetic approach refers to the practice of acupuncture following the guidelines of Traditional Chinese Medicine (TCM). Treatment thus follows from the clinical application of the theory of Yin and Yang, incorporating the eight principles, leading to a homestatic harmonization of the functional organ systems. Weakness and deficiencies would be tonified, excess dispersed. Patterns of disharmony and tongue and pulse analysis would largely dictate point selection. The symptomatic approach focuses on the presenting complaint; point selection follows from the actions of the points rather than from an energetic relationship among them. The writer believes that the energetic approach is superior acupuncture, particularly for serious, chronic conditions but we also maintain that symptomatic treatment

has its place and can be incorporated into a comprehensive treatment plan. The following case report will illustrate:

Mr. L.C., a 37 year old computer programmer, complained of insomnia, low energy, anxiety and irritability towards co-workers. His history revealed a chronic anxiety disorder exacerbated by a divorce ten months previous to the initial visit. His pulses were wirery. The TCM diagnosis was "Stagnant Liver Qi" and the treatment plan called for dispersing the liver and moving the Qi of the liver and gall bladder channels. The treatment was ultimately successful with substantial relief reported after ten sessions and complete recovery reported after 17 sessions. The patient had arrived, however, with a healthy skepticism of the efficacy of acupuncture and might never have remained the necessary length had we not offered some immediate symptomatic relief via the utilization of Heart 7, Heart 5, Spleen 6 and other calming loci during the early treatments. Short-term counseling was also an integral component of this treatment program.

The course of acupuncture treatment seem to follow a predictable pattern. As a general rule acute problems respond quickly with one to four treatments usually sufficient and a symptomatic approach often beneficial. Chronic problems respond more slowly with number of treatments varying more or less proportionally with prior duration of the disorder. Most patients report an improved emotional

state immediately following treatment. Over a two year period 281 out of 357, or 79%, of our clients cited feeling "better," "calmer," relaxed," "balanced," "centered" and even "freer" after one or more particular sessions. Negative statements were rare, 29 out of 357, or 12%, cited feeling "weak," "dizzy," "spacey," "out-of-it," "hyper" or "weird". Some anxiety reduction appears to occur even for patients with strictly somatic complaints such as knee pain or back pain. The writer further maintains, based on subjective evaluation, that patients appearances frequently alter following treatment with noticeable facial relaxation common for anxious clients.

In China treatments are commonly administered daily and continued until the disorder terminates or until an optimum level of improvement has been determined. In this society, however, it is often temporally or financially difficult for an individual to seek daily treatment. It is therefore important to maintain what we call the "healing momentum" by attempting to prevent, via appropriate scheduling, a return to baseline. We have observed that the effects of acupuncture initially last a period of one to four days for chronic conditions. This was true for long-standing pain conditions treated at the Shattuck Hospital Pain and Stress Clinic and for emotional disorders treated at the New England Acupuncture Center. This same effect was noted by Esser and Associates (1976) with chronic

psychiatric patients. The optimum initial scheduling in Western settings appears to be three or four weekly treatments with twice a week as an acceptable minimum. Treatments administered once a week or less will squander the healing momentum and, we maintain, will require more total treatments for the same improvement. A rough analogy may be presented with learning a new language. It can be accomplished via classes once a week but bi-weekly classes seem more than twice as efficacious and with still higher frequencies, (as in summer sessions), much can be accomplished within a short period of time.

An exception to the discussion above involves the use of press needles for auricular loci. These can be left in for several days, in the outer ear, providing constant mild stimulation. The ear point Shenmen, "Spirit Door", for example, is a frequently utilized symptomatic point for anxiety, depression or acute emotional stress.[21]

Psychological Effects of Points

While we have referred to the places of needle insertion as "acupoints," "loci" or simply "points" the Chinese terms have rather different implications. The most common term is "xue-shu." The first part "xue" means "cave" with the connotation of a peaceful, special place for meditation. "Shue" implies the concept of transmission. An alternate

character for "xue" is "koun" which refers to a void, typically employed in the East as a goal for meditation. The Chinese terms, therefore do not suggest "point" in any way but rather describe, to quote Smith (1984) "a location for spiritual concentration rather than needle penetration." The xue-shu themselves are each given a poetic, individual name which implies its action or alludes to geophysical structures considered analogous to anatomical features.

Certain points, or xue-shu, are commonly listed as having cognitive or emotional effects. Often these points include the term for "spirit" in their name. A category of points exists which are referred to collectively as "window of the sky" points due to their relationship to mental functioning. Although these may exist all over the body they are concentrated anterior to the occiput such as Bladder 10 or GV16.

Other loci noted for their psychological effects include:

> Pericardium (Heart Governor) 6, located on the medial wrist two units or cun (see appendix A) above the midpoint of the wrist crease between the tendons of m. palmaris longus and m. flexor carpi radialis. It is known in Chinese as Neiguan or "Inner Gate." This is a powerful point with a strong stimulus that has almost immediate calming effects on most clients. It is said to "open up the chest" (Kaptchuk, 1979) to

fascilitate breathing and induce relaxation. The Shanghai Comprehensive Acupuncture Text (O'Connor and Bensky, 1981) refers to it as calming the heart and spirit and regulating Qi.

Heart 7 is a minute point located in a crevice on the ulnar aspect of the transverse wrist crease. It is called Shenmen or "spirit door" the same name as the ear point previously mentioned. (This is a rare occurrence in acupuncture but then the effects of these two separate points are considered quite similar.) Heart 7 is widely included in the treatment of anxiety, insomnia and mental illness. The Shanghai Text lists its functions as calming the spirit, pacifying the heart and clearing the channels. It is indicated for mental illness, hysteria, excessive dreaming, irritability, poor memory and insomnia.

Liver 3, Taichong or "Great Pouring" is a strong point located at the juncture of the first and second metatarsal bones on the foot. It is listed in the Shanghai Text as pacifying the liver and opening the channels. Its clinical usage is largely for conditions of stagnation which come to be expressed through emotional instability. This would include epilepsy, infantile convulsion, extreme irritability and anger,

vertigo and restless insomnia. We also consider it an important point for certain forms of depressions.

Liver 2 is similar to Liver 3 but manifests more subtlety. Located in the web between the first and second toes it is called Xingjian or "Walk Between." The Shanghai Text gives its functions as draining fire from the liver and spreading the stagnant Qi. Its clinical uses thus can be distinguished from those of Liver 3 according to the emotional energy and characterlogical makeup of the patient.

Governing Vessel 26 in the center of the philtrum slightly closer to the nose than the upper lip is called "Philtrum" or Renzhong. This point can be utilized to instantly revive a person from shock and bring one to one's senses. The Shanghai Text gives its functions as clearing the senses, cooling heat and calming the spirit. It can also serve to treat emotional disorders of a chronic nature. Some of its indications include seizures, hysteria, psychosis, coma and epilepsy. The Essentials cites it for regaining mental clarity, dispelling heat and surpressing madness.[22]

The Extraordinary Channels are frequently employed in the treatment of emotional disorders. These consist of just two points, one on each side of the

body. They are cited in every major text we have seen for their unique and efficacious effects. For example the Yinweimo Extraordinary Channel consists of Pericardium 6, called the Master Point, and Spleen 4 called the Coupled Point. For women the Master Point is needled on the right side and the Coupled Point on the left; this is reversed for men. (This is important as to reverse this order would be to utilize a different Extraordinary Channel called the Chongmo which has different indications.) The Yinweimo is utilized for emotional problems which effect the heart and for emotional problems of women which are related to menstrual functions. It is said to connect all yin meridians and nourish the blood of the heart.

Acupressure, sometimes referred to as "finger acupuncture" can in some instances be utilized as a valuable adjunct to acupuncture therapy. This consists of pressing the point with enough pressure to evoke a stimulus without the use of a needle. The point is then held for several seconds. Chan (1974) suggests heavy pressure for chronic conditions and light pressure for acute pain or swelling. He further advises selecting just a few key points and palpating bilaterally when possible. This approach may be differentiated from the Japanese practice of Shiatsu which is a form of massage therapy, based on acupuncture, in which many points are firmly but lightly palpated (Zutrau, 1983,

Namikoshi, 1974). We are also not referring to traditional Chinese massage therapy called tui na, "push pull," or an mo "press rub." This is mentioned in the ancient Huang Ti Nei Jing and by the Sui Dynasty (598-617) constituted a well-established area of specialization (Robbins, 1983).

Certain points lend themselves well to acupressure. For example both Pericardium 6 and Liver 3 are easy to locate with the finger and produce, in most individuals, an unmistakable stimulus when properly activated. Pericardium 6, the "Inner Gate" may be pressed to open up the chest during stressful periods to promote deep breathing and tension relief. It may also be utilized to relieve the effects of any form of motion sickness. Liver 3 may be pressed for headaches, irritability or insomnia providing that they stem from a condition of stagnant Liver Qi to be discussed subsequently.

Governing Vessel 26 is too small to be activated by finger pressure on most individuals. It does, however, respond to fingernail pressure or to any thin, non-penetrating object (e.g., a comb, a ruler, the covered tip of a ball point pen). As mentioned, this is a special point for shock and can be utilized whenever there is vertigo or one is "feeling faint." It too can be helpful in relieving motion sickness and can be used in combination with Pericardium 6.

Unfortunately not all points are suitable for acupressure. Heart 7 and Liver 2 are generally too minute to respond to finger palpation and even fingernail pressure does not often produce a stimulus. Acupressure does, however, have two salient advantages:

1. It allows an acupuncturist to treat those individuals who are strongly fearful of needles and would otherwise refuse treatment. Children, in particular, fall into this category as do many anxious adults who may gradually become secure enough to allow treatment with filiform needles.
2. It enables an acupuncturist to teach patients to help themselves during everyday situations. They may, in addition, aid others as in activating Governing Vessel 26 during an emergency.

Comparison of Chinese and Western Impressions of Depression (TCM versus DSM)

Traditional Chinese diagnosis can lead us to clinical impressions with markedly different treatment principles despite an identical diagnosis from a Western perspective.

Depressive states, from a current Western perspective, are viewed as either a Major Depression, a Dysthymic Disorder or an Atypical Depression (DSM III, 1980). These

diagnostic entities are primarily differentiated in terms of severity and duration of symptoms.

In TCM depressive states are analyzed in terms of organ system imbalance as revealed via the clients history and pulse. (See Appendix A, pp. 7, 8 for a discussion of organs and the emotions.) The organ systems usually involved in depression are the liver, the lungs and the heart.

The liver imbalance associated with depression is referred to as "Stagnant Liver Qi." Diagnostic criteria include: witheld feelings of anger or irritability, tension headaches, a bitter taste in the mouth and a wirery pulse, particularly in the liver position. (See Appendix A, p. 24) A psychotherapeutic approach would consist of attempting to unlock the repressed anger by encouraging the client to acknowledge his or her feelings. The acupuncture approach consists of freeing up the stuck energies of the liver system, the visceral manifestation of anger, via facilitating the flow of Qi through this system. This often results in an outpouring of emotional expression which a skillful practitioner may assist through appropriate verbal encouragement. Liver 3, as previously alluded, is an important component in this treatment; its' utilization, we have noted, is frequently followed by weeping or some other form of emotional expression.

The lungs constitute the organ system associated with melancholia and grief. Diagnostic criteria for lung disharmonies include any of the standard Western pulmonary disorders, a deficient pulse in the lung position or a feeling of "heaviness" in the chest. The form of depression involving the lungs might follow a major loss in an individual's life. The sadness experienced from this event could weaken the lungs resulting in a deficient condition. A psychotherapeutic approach would usually encourage a discussion of the loss and its relevance and meaning to the client's life. In acupuncture, the primary focus would be on tonification of the Qi of the lungs. The ability to breathe deeply would be viewed as a positive diagnostic sign in both approaches. The point Pericardium 6, as mentioned, can fascilitate open breathing and might be utilized along with such other points as Lung 1 or Kidney 27 on the chest, Lung 7 or Lung 9 on the wrist and Bladder 13 the lung back-shu (associated) point on the back.

Joy is the emotion associated with the heart organ system. This emotion, we maintain, is necessary for healthy human functioning and its absence can weaken the spirit, or shen, leading to a form of chronic depression which is very difficult to treat. These clients typically have weak pulses, pale tongues and pale faces and may experience vertigo, perspiring palms and heart palpitations. Most experienced psychotherapists have encountered this form of

depression. These clients present a low motivation for life and often complain of their lot during their session while refusing most suggestions offered as a means for change. Acupuncture treatment, in this instance, would focus on tonification of the heart Qi thus bringing fire to the spirit. It is often necessary, we believe, to add something to this client's equation otherwise the resources may not be present to adequately fascilitate the conditions for improvement. The previously mentioned loci Heart 7, Pericardium 6 and ear Shenmen are all useful for treating deficient heart depressions and tonifying the spirit.

All of these conditions discussed above may be treated by a combination of psychotherapy and acupuncture. This may be offered either by the same person, as the writer has done, or by a team approach. Progress may then be monitored by both sets of criteria serving as independent sources of confirmation.

Acupuncture and Spiritual Practice

Because Chinese culture tends to incorporate diverse elements into a unified whole many of the terms and concepts associated with acupuncture are also found in Chinese spiritual approaches. When we speak of spirituality and in the context of China we are referring to the "three teachings," Confuscianism, Buddhism and Taoism.

Confuscianism consists largely of a moral code governing rules of conduct for both the individual and the state. It is of little relevance to the practice of acupuncture.

Taoism stresses harmony, balance and acclimating to the ineffable natural order of all phenomena. Many of the principles of acupuncture diagnosis and practice appear to be influenced by Taoist metaphysics; indeed the central concept of Yin and Yang is a Taoist axiom. The style and orientation of the two key books of Taoism, the Tao Ti Ching (1972) and the Chang Tzu (1974) strongly resemble those of the ancient primer of acupuncture, the Huang Ti Nei Jing (Lu, 1978). (See Appendix B, pp. 1-3) The ultimate goal of this spiritual philosophy is a fusion of enlightenment and immortality known as Return to the Source (Blofeld, 1980). Various Taoist yogic practices, until recently secretly transmitted, are practiced as a means for attaining the ultimate or for acquiring middle-level benefits including stronger Qi and vigorous health. An example of one such practice is the "Microcosmic Orbit" which incorporates mediation, breath control and visualization to develop and stimulate the circulation of Qi through the meridian system (Chia, 1983). Until the second half of this century most acupuncturists, to fascilitate their own well-being and healing abilities, practiced such yogic disciplines. Hext

considers Taoist meditation as the basis, as well as the essence, of acupuncture theory. He writes:

> The knowledge of the anatomy of the meridians and points of Chi energy can only have been discovered when the Chinese culture was experiencing the Unity of the Tao as a living realization. (1984)

Buddhism, the third teaching, has been fused with Taoism in China but while the latter's concepts are veiled in secrecy and poetic metaphor, the tenets of Buddhism have been clearly articulated through a voluminous literature. Enlightenment, the goal, is considered by Blofeld (1980)[23] to be equivalent to Return to the Source, however, unlike Taoist Yoga, Buddhist spiritual practices stress the development of insight, equanimity and other psychological benefits not physical health and vitality. The influence of Buddhism is strongly perceived in the practice of Tibetan Medicine which utilizes acupuncture, herbs and meditative practices (Clifford, 1984; Epstein and Topgay, 1982) but appears less relevant to Traditional Chinese Medicine. Japanese approaches to psychotherapy, including Morita Therapy, Naikan Introspection Therapy, Shadan Therapy and, of course, Zen Meditation Therapy (Reynolds, 1980) are all influenced by Buddhist ideas as are such Western approaches as Gestalt Therapy (Perls, et al., 1951) and Jungian Analysis (Jung, 1971).

C H A P T E R V

CLINICAL CASE STUDIES

Introduction

The following seven case studies were all seen at the New England Acupuncture Center, in Cambridge, Massachusetts, during the period from June 1980 to May 1985. They were selected for inclusion based on their relevance to our topic and on their heuristic value as clinical cases. For some of these clients our major focus was on psychotherapy. Others sought us out primarily for acupuncture therapy including some who were already seeing a psychotherapist. We have noted our emphasis for each clinical case. Our format is:

1. The initial intake.
2. The clients history.
3. Comparative diagnoses from the perspectives of acupuncture theory/TCM and DSM III.
4. Review of treatment (as explained in Chapter I this section may be more detailed than some readers may require).
5. Results and impressions.

Clients names have been altered to protect anonymity.

Tom: A Case of "Controlled Anger"

Tom is a 37 year old unmarried Boston area native from a large Irish, Catholic family. He is a handsome man with a pleasant smile who wears his hair "60s style" down to his shoulders usually kept in place by a headband. He is employed as a part-time sociology instructor and is involved in organizing and supporting socially relevant community organizations.

He lists his main problem as "general tightness throughout body" and adds he "can't remember when it wasn't there." Other problems, initially stated, include: constipation, nausea, frequent urination, gas and belching, grinding teeth, difficulty in breathing plus pain with a deep breath, anxiety and depression. He further notes "a general controlled anger at the world and in my close relationship." On our follow-up evaluation, answered six months after the initial evaluation, he further describes what brought him to acupuncture as "tremendous pressure and discomfort in back, stomach, legs, chest and especially head. Always feel racing inside though calm on outside . . . feel very jammed up, also quite constipated. I lock emotional trauma involving loss, pain and anger inside."

Tom's pulses are both wirey and tight with the middle positions strongest bilaterally and the third positions

slightly deep. His tongue color is normal with little fur and his complexion is pale with ruddy cheeks.

The primary TCM diagnosis is Constrained Liver Qi. We base this on this client's emotional profile and on his pulse. Our secondary TCM diagnoses include Liver Invading the Spleen and Stagnant Qi in the Meridians. The former would account for Tom's nausea and digestive problems and the latter for his general bodily tension and pain. The treatment principle, for this case, is to disperse the liver, tonify the spleen and move the Qi in the meridians.

In Western terms Tom's condition, we believe, is viewed in purely psychological terms. The diagnosis is Depressive Neurosis or, as rephrased in DSM III, Dysthymic Disorder. His gastro-intestinal symptoms and bodily stiffness and pain suggests a secondary diagnosis of Chronic, Generalized Anxiety.

Prior to coming to us Tom had worked with a number of therapists utilizing among others, bioenergetics and deep-tissue massage. He reported no long-term progress with any of these approaches. We agreed to try bi-weekly sessions for five weeks and then evaluate progress. At the conclusion of the period Tom elected to continue in the same manner. After four more months we reduced the frequency of sessions to once weekly.

Typically we would spend 20-25 minutes reviewing Tom's current condition. This would include his bodily tension,

breathing, gastrointestinal functioning, bruxism, sleeping patterns and recent emotional expression. Particular focus would be placed on anger and depression, their prevalence and their subtle manifestations. Filiform needles would then be inserted for an additional 25-35 minutes. This length of time was viewed as necessary to induce the deep relaxation this client required.

Frequently utilized loci included: Liver 2, 3, 13 (the Mu point of the Spleen) and 14 (the Mu point of the Liver); Gall Bladder 34, 39 and 41 and Bladder 18 (the Back Shu point of the Liver). These served to disperse the Constrained Liver Qi. Generally two or three of these points were included in a particular treatment. In addition we would choose one point from among Spleen 3, 4, 5 or 6 to tonify the Spleen. To fascilitate breathing and aid gastrointestinal functioning we usually included Heart Governor 6 plus local points Lung 1 or 2 or Kidney 27 for respiration and Stomach 36 and/or 25 to aid digestion. Secondary points which fit this client's emotional profile included Heart 7, Kidney 4, Ear Shenmen and, for general stiffness, Moxa on Governing Vessel 14. These secondary points were utilized intermittently.

After each session Tom appeared somewhat less anxious; there was noticeable facial relaxation particularly around the eyes. While most anxious clients would talk less following treatment this client's tendency was to become

more loquacious often wanting to discuss some topical or cultural event with us. Short-term improvement, however, was not as significant for Tom as the overall pattern of change as a long-term process. In his own words:

> In long term there is slightly less pressure in head and I can feel more relaxed though still uncomfortable. I can sense less tension in body in general (it comes and goes) and I'm definitely less constipated--perhaps not at all.

We consider Tom to be a modest success. He has remained with us far longer than with any previous psychotherapeutic intervention and we have observed a stablization of his emotional profile and a reduction of his anger at the world.

William: The Alcoholic Nurse

William is a 38 year old white male with an anxious but pleasant demeanor. His problem is alcoholism which he states has plagued him for the previous five years. His level of alcoholic consumption has been 40-50 bottles of beer per week. William is a registered nurse and is a full-time employee of a Boston Area hospital. Just prior to coming to us he attended a voluntary inpatient alcoholic unit at a different hospital. This experience was helpful although William was critical of some of the methods he encountered and not that secure concerning their efficacy. He also attended Alcoholics Anonymous (AA) regularly for two months but stopped nine weeks before we spoke with him.

During our initial evaluation we proposed a comprehensive plan which we felt was necessary as a total program. This included acupuncture three times weekly for the first month, individual psychotherapy, and attendance at two or more AA meetings weekly. William agreed and signed a contract concerning his AA attendance.

Presenting symptoms included poor appetite, tremors, fatigue, poor sleeping, recent weight loss, profuse perspiration, nausea, a pale face, diarrhea, mild angina and anxiety. All of the above are attributable to his alcoholism which is viewed in TCM as a deficient yang condition. His pulses, as expected were wirey and fast (>100)

indicating the over-activation of the liver system and the presence of internal heat. His tongue was reddish with a thick yellow coating; this is another sign of heat. Since our agreement entailed a psychotherapeutic relationship with another therapist we do not have an extensive developmental history nor psychodynamic insights to report for this client. Dietary recommendations included cessation of coffee, he drank 25-30 cups weekly, gradually replacing it with herb teas, and the inclusion of a breakfast meal daily, an event he had usually omitted.

The treatment principle for alcoholism involves the initial utilization of powerful body points to move the Qi and stimulate detoxification. These include Liver 3 and 14, Large Intestine 4, Stomach 36, Pericardium 6 and Spleen 6. These are augmented by ear loci, Liver, Spleen, Kidney, Stomach and Shenmen. Needles were left in place 20-40 minutes to induce relaxation and anxiety reduction.

After two weeks of treatment, and sobriety, William reported that the process was progressing better than anticipated and that all of the standard withdrawal symptoms had been less severe than in previous detoxification attempts. His anxiety level, which was rated a baseline "10" upon initial evaluation, was rated as "7" at this juncture. His pulses were less wirey and had slowed to 80 RPM; his tongue was still reddish but with less of the yellow coating.

After one month William expressed great satisfaction with the course of his progress and, indeed, looked healthier in most respects. His face was noticeably more relaxed and had more color; his eyes were softer and more focused and his conversation flowed more easily. He was sleeping well, his energy was improved and his angina and gastrointestinal problems had ceased. He rated his anxiety level as "4" and stated: "I think that's about right. A little anxiety is necessary to keep you going." At this time treatments dropped to twice a week, as planned, and two weeks later, due to his continued improvement and emotional stability we lowered the treatment rate to once weekly.

As of this writing William continues on weekly treatments. He states that he is better able to cope with employment and emotional issues. Other life changes include a markedly decreased intake of coffee and red meat and an increased use of systematic relaxation. Most importantly, he has been sober for ten months.

Tony: A Success Story

We were referred to this client by another acupuncturist who had been treating Tony for emotional stress as well as treating his mother for asthma and pulmonary distress. Our colleague advised that he felt somewhat overwhelmed by the depths of Tony's condition and further confided some fear for his own personal safety due to the explosive nature of certain incidents in this client's history.

Tony is a 28 year old, single, black male with a youthful and ingratiating presence. He was raised in an affluent and exclusive suburb of Boston where he and his family were the first blacks in town. His parents, both professionals, divorced when this client was 16 leaving him with deep emotional scars. His brothers, one senior by four years and one two years Tony's junior have both moved forward to academic and professional success. Tony, however, although bright and articulate, has had difficulty throughout his life completing what he starts. This includes a history of three and one-half years of college and several employment opportunities which never worked out. The pattern involves panic and acting-out whenever goal attainment, be it promotion, task completion or formal recognition, is within his grasp. The form of his reaction has sometimes led to violent confrontations with the police as well as to brief periods of psychiatric hospitalization.

His inability to achieve his desires has led to a near-obsession with the idea of success. Tony is determined to "make it" and pursues this concept with a grim, although not altogether humorless, determination. His functioning is hampered by two other factors, intermittent paranoid ideation and occasional alcoholic binges. The former usually involves certain neighbors whom he believes monitor his actions and also, at times, the police. Ideas of reference also occur during these periods in which television messages become personalized and threatening. His alcoholic binges appear to be a reaction to stress and could actually represent a form of masking his psychotic episodes. A further feature of these periods is insomnia, usually a two to four day period during which he sleeps less than three hours nightly.

Tony is in excellent physical health with strong Qi, an ideal weight and good flexibility and muscle tone. He rarely contacts illness or suffers headaches or common digestive upsets. His tongue is bright red with yellow fur and his pulses are simultaneously wirey and slippery.

Our work with this client has focused on the psychotherapeutic relationship although acupuncture has always been included as a component of our sessions.

Our primary TCM diagnosis for Tony is Mucous Fire Agitating the Heart. This is seen as a disturbance of Shen, or spirit, and is predicated on his impulsivity, agitated

mannerisms, cognitive distortions, tongue and pulse. His explosive anger plus his obsessive and intermittently confused thinking suggests a secondary diagnosis of Liver Fire invades Spleen.

The primary Western diagnosis we would put as Paranoid Personality Disorder with associated features of Anxiety Disorder and Obsessive Disorder.

Our psychotherapeutic rationale with this client has been to probe and explore the psychodynamic roots of his condition while helping him to stabilize his emotions and his lifestyle so as to stick with his goals and initiate a productive life. Oedipal themes evolved, complicated by the fact that Tony is identified by the family with the father, whom he greatly resembles. Consequently his rage and resentment towards his father can turn self-directed and this feature appeared most salient whenever success was imminent. Success also carried with it an element of filial betrayal since his father, also deeply loved, continued on a self-destructive course after separating from the family. The financial necessity of living with his mother, an attractive, competent nurturent woman, further exacerbated these issues for Tony.

Each one hour meeting concluded with needles inserted for the final 15 minutes. We chose this timing as the acupuncture appeared to have a "cooling down" effect on the client helping him re-enter his environment following the

intensity of the session. Our verbal interaction during this final period usually changed to "lighter" more general topics including local events, politics and sports. We deemed acupuncture less suitable at the beginning of a session since his anger and anxiety were aspects of his functioning we intended to evaluate and work with.

The major points utilized have been Heart 7, Pericardium 6, Spleen 4 and Liver 2. The modal treatment consisted of just two of these points. Secondary points occasionally added or substituted included Heart 5, Pericardium 4, 5 and 7, Spleen 5, Governing Vessel 20 and Stomach 40. The treatment principle consisted of dispersing heat, particularly in the heart and liver, reducing mucous and tonifying the Qi of the spleen. All of these points, save for Governing Vessel 20 on the crown of the head, are located either below the elbow or below the knee. We could, therefore, quickly insert the needles while Tony remained seated thus minimally interrupting the flow of each session.

Two other components of the treatment program should be mentioned. Firstly, our consulting psychiatrist prescribed a low dosage of the anti-psychotic medication halperiodol. It was decided that Tony himself would monitor his intake on a PRN basis. Secondly, the writer conducted several family meetings, one including the father. The function of these meetings, in addition to airing of emotional baggage, was to identify Tony not as the "sick" member of the family but

rather as a product of its' dynamic. Tony's issues, to varying degrees, were present in all family members. Both brothers also stated that they admired him for his forthrightness and for his ability to clearly and easily express his feelings.

After three and one-half years of treatment our work with this client appears to be successful. During the first year Tony experienced four violent and/or personally destructive incidents and was psychiatrically hospitalized twice. During the second year there was one incident and no hospitalizations. For the past 18 months there have been no incidents or hospitalization. Reports of paranoid imagery, or ideas of reference, have dropped from 14 during our first year to five for year two and one in the past 18 months. Reports of restless insomnia have steadily decreased and have been handled by the clients judicious use of his prescribed medication. There have been no alcoholic binges over the past 24 months despite the clients continued involvement with social drinking. Most importantly, we believe, after two unsuccessful, coveted, employment opportunities Tony appears to have found a niche with a prestigious company in his chosen field. Beginning as an unpaid intern he has worked his way up through three promotions during the past 18 months and is currently holding down a position of responsibility. He is still a very goal-

directed young man but less obsessive and more realistic in his outlook.

Helen: The Activist Grandmother

Helen is a 54 year old divorced, mother of six from an Irish, Catholic background. She was referred to us from the Shattuck Hospital Pain and Stress Clinic where she had already received, and responded favorably to, acupuncture. Her presenting complaint to the clinic and initially to the writer was "backpain" but she soon discussed a lengthy psychiatric history and this, it appears, is her primary agenda. She describes herself as "almost manic-depressive" and details five hospitalizations over the past 12 years. During much of this period she has been maintained on lithium which she states she now wishes to avoid.

Helen is an attractive, white-haired woman with a shiney, pale complexion and a quiet, steady gaze. Her other presenting symptoms include anemia, constipation, cold limbs and excess gas. She is menopausal. Her pulse is slow (64 RPM), deficient, slippery and deep; her tongue is pale, moist and swollen.

From a TCM perspective the entire pattern of symptoms must be considered, not merely her affective disorder. Her diagnosis is Deficient Kidney Yang plus Deficient Spleen Qi. This is an interesting syndrome since it involves two Yin organs simultaneously. The distinguishing diagnostic criteria include her lower back pain plus her depression and quiet demeanor, as primary Kidney signs while her cold

limbs, bright pale face and chronic digestive problems implicate the spleen. Her pulse and tongue are common to both patterns and therefore tie together the complete diagnostic picture. In addition her manic episodes are a further reflection of a spleen imbalance as the emotion associated with the function of this organ system is rumination (see appendix A, p. 5).

Her Western diagnosis is Bipolar Affective Disorder. This is rather clearcut from her history but does not reflect the complexity of her issues or her life.

Helen was married for 30 years to a man who verbally, and sometimes physically, abused her. Her first psychotic break was precipitated by the possibility of her sons being drafted to serve in Southeast Asia and her violent disagreement with her husband who supported that option. She separated from her spouse four years later as her concern for her sons led to a general concern for political justice and to her emergence as a committed social activist. She has since participated in many pacifist demonstrations and was awaiting her trial for an anti-war sit-in at the time of our intake. She remains close to her children, five sons and a daughter, ages 26 to 35, and her grandchildren, but chooses to live separately from them in a collective house with younger people who share her political ideals. For employment, she works part-time as a homemaker for elderly clients; she feels her heart is drawn out by this work. She

also spends most of her available weekends visiting her aging parents.

Our initial agreement with this client is for bi-weekly sessions involving both acupuncture and supportive psychotherapy. After six months sessions dropped to once weekly. The pattern has been frequently interrupted by demonstrations, court appearances and brief incarcerations.

We would insert the filiform needles shortly after beginning and leave them in place for 30 to 45 minutes. Helen would lie on our treatment table and discuss with us her issues. This format created somewhat of the feeling of a classical psychoanalytic session as there was little or no eye contact or opportunity for expressive intervention. Usually Helen was verbose but occasionally she would state "I don't feel like talking today" and would offer little.

The treatment principle was quite involved and included tonifying the kidneys, tonifying the Yang, riding dampness, transforming mucous and tonifying the spleen. Primary points included Bladder 23, 54 and 60, Kidney 3 and 7, Spleen 4 and 6 and Stomach 36 and 40. Four to six of these points were usually utilized augmented by secondary points such as Kidney 4, Spleen 3, Pericardium 5 and Governing Vessel 4. Moxibustion, which is very appropriate for this case, was administered often although for brief durations so as to not interfere with the verbal interaction.

A further component of our treatment plan was to encourage Helen to attend an ongoing group therapy for people who take, or have taken, lithium. It was felt that despite her extensive support network of family and friends she needed this kind of setting for this particular issue.

Helen was able to avoid lithium for nine months but chose to take it again following a relapse precipitated by a confluence of family and political issues. Through our work with her she did not accept this as a defeat but rather as a necessary temporary intervention. There was no hospitalization and no cessation of her employment or other activities. In regard to acupuncture Helen views it as important to her overall progress she states:

> I find immediate relief and a feeling of less tension while on the table receiving acupuncture. I believe the relief contributes to long-term relief also. I look forward to acupuncture.

Harold: The Volatile Businessman

Harold is a 27 year old, married man from a wealthy, Jewish, New England family. Referred to us by a private psychiatrist, he cites numerous presenting complaints with a primary focus on low energy, insomnia and a "terrible temper." The first two problems are viewed by him as causal. Other symptoms noted include indigestion, headaches, nervousness, irritability, tinitis, occasional vertigo and recent weight gain of 15 pounds.

Harold, indeed has the appearance of a bomb about to explode. His face looks tired yet his skin is tightly drawn, not haggard-looking, and his red and swollen eyes appear more angry than fatigued. He speaks in brief, energetic bursts often avoiding direct answers to our queries. Despite his anger he has a pleasant, almost boyish quality about him and once the details of his current life situation are revealed his case does not appear that complicated. Harold, along with his older brother, co-manages a store and puts in a 60 hour work week. His fatigue and stress are largely a product of his employment schedule and his anger focused almost exclusively towards his brother.

Previous attempts at psychotherapeutic intervention had been unsuccessful with this client and our own efforts along this line were met with a defensive posture which included avoidance, facetiousness and denial. Harold's view of

acupuncture, moreover, was imbued with magical thinking in which this therapy would instantly "speed up metabolism" or "burn off fat." Despite these difficulties we were able to enter into a reasonably effective alliance on Harold's behalf--gradually increasing both our verbal contact and the amount of acupuncture performed.

The initial pulses for this client were wirey and rapid (96) and his tongue was red with thin yellow fur. Our TCM diagnosis was Arrogant Liver Yang Ascending. This is a form of excess fire and deficient Yin appearing simultaneously sometimes referred to as Empty Fire. Criteria for this diagnosis included his angry tantrums, headaches, swollen, red eyes, vertigo, flushed face plus his tongue and pulse.

From a Western perspective we viewed Harold as having a Borderline Personality Disorder. Diagnostic Criteria included his impulsiveness, uncontrollably anger, shifts of mood, unstable interpersonal relationships and, as we learned, considerable identity confusion.

Harold saw us often at first two or three times weekly often cancelling or requesting additional sessions on short notice. We were, perhaps, too accommodating of his scheduling needs but we made this decision in light of his previous history of abruptly terminating psychotherapy. This pattern lasted for five months ending in a four week hiatus of which two weeks constituted Harold's out-of-town vacation and the remainder unexplained. When he did return Harold's

frequency of treatment dropped to once a week with occasional added sessions. This new pattern emerged following the departure of his brother leaving our client with less emotional pressure but greater employment responsibility.

Frequently utilized loci included Liver 2, Gall Bladder 34, Spleen 6, Stomach 36, C.V. 6 and C.V. 4. Three of these six were always included. Secondary points treated intermittently included Heart 3, 5 or 7, Pericardium 4, 6 or 7, Spleen 4, 5 or 10, Liver 13 or 14 and G.V. 20. The treatment principle involved dispersing liver fire while building yin.

Harold appears to obtain a deep relaxation from acupuncture treatment. His features soften markedly and his jitteriness and verbosity greatly curtail. Nevertheless we cannot report any important, long-term changes after two years of working with this client. All of the presenting symptoms continue to manifest intermittently and although he appears somewhat happier since his sibling's departure, his volatile nature has only slightly subdued. Our sessions appear to have functioned as a form of temporary stress-reduction which have helped Harold to cope without influencing the core of his disorder.

George: Master of the Blues

George is a 41 year old, single male from a Jewish background. He is tall, about 6'2", and slender with dark hair and features which highlight a pale complexion and brooding affect. He is a talented professional musician. His presenting complaints are heart palpitations, prostate pain and difficult urination. He also includes a desire for "emotional rebalancing" as a reason for seeking our help. The intake reveals a long-standing depression as well as a history of alcoholism and substance abuse. George expresses feeling victimized by the lifestyle demands of his profession but states a determination to get himself "clean" for the future.

He cites a distubed sleep pattern often awakening at night covered by perspiration. During the day he speaks of a pervasive "subtle anxiety" which plagues him. He further mentions a recent hearing loss as an additional concern. His pulses have a tight quality with deep and weak third positions bilaterally; his tongue is reddish with thin, white moss.

The primary TCM diagnosis for this client is Deficient Heart Yin. This is deduced from his heart palipitations, a major sign, plus his anxiety, disturbed sleep, night sweats and tongue coloration. In addition we add a secondary

diagnosis of Deficient Kidney Yin based upon his prostate and urinary problems, his hearing disorder and his pulses.

In Western terms our diagnosis is dysthymic disorder abetted by alcoholism. The latter, it should be mentioned, does not dominate his life, as in some cases, but rather manifests as occasional binges which serve to disrupt any regular order in his life. His pattern of drug abuse, primarily centered on cocaine, also serves to disrupt his life but falls short of a full-fledged addiction as we define it in Chapter III.

George's issues tend to revolve around the axis of commitment. This is reflected in his pattern of relationships as well as to his efforts in his own behalf. His relationships largely involve serial monogomy interspersed with periods of promiscuity. His commitment to himself, to his development as an artist and to his personal success is hampered by a persistent negative self-image often outwardly projected in the form of cynicism.

These issues can be largely traced to the loss of his mother when he was 22. Significantly, this is when he discovered his musical metier . . . the blues. George interprets this as rebellion against his mother's aspirations of a classical career for him. We view it more as a direct expression of the feeling tone which has since permeated his life. His family has remained rather loosely intact. His father remarried and George sees him as well as

his two sisters occasionally. George is closest to his younger sister, two and one-half years his junior, whom he believes to be the one family member who appreciates him and can see him for what he is.

George is a spiritual seeker and a follower of an Eastern teacher. This does represent a major commitment in his life and appears to have contributed more to his stability and self-understanding than his previous tentative encounters with psychotherapy or Alcoholics Anonymous. Yet even this path has not delivered the contentment for which he longs.

We have worked with this client for close to four years. During most of this period we have seen him bi-weekly with occasional lapses of one to six weeks for travel and spiritual retreats. The initial focus of our work was acupuncture. Gradually, as our alliance deepened, more emphasis was placed on verbal interaction and psychodynamic exploration.

Acupuncture treatment has stressed two foci. Firstly, tonification of heart and kidney systems via major meridian points such as Heart 7 plus Heart 5, Pericardium 6 or 7, Kidney 3 and 7 plus the respective Back Shu points Bladder 15 and 23. Stomach 36, Spleen 6 and Conception Vessel 6 and 4 were also frequently utilized for general tonification of Qi and yin. Secondary points included Heart 3, Pericardium 4 and 5, Kidney 4 and 27 and Stomach 25, 29 and 30.

The second focus concerned detoxification and was employed following periods of heavy alcohol and drug consumption. For these treatments Liver points were chosen including Liver 2, 3, 5, 13 and 14 plus Stomach 36, Spleen 6, and Large Intestine 4. Heart and Kidney points received proportionately less emphasis.

For each approach six to ten loci were utilized. Filiform needles were left in place 15-20 minutes for tonification treatments and 35-45 minutes for the more dispersing detoxification sessions.

In George's words: "There's no question of the efficacy of acupuncture treatments. I always feel immediately rebalanced and or rejuvenated after a session." While these short-term gains have kept him coming back for treatment we are more encouraged by the subtle long-term improvements we have observed. The client appears to have developed stronger ego functioning and greater self-respect. He has actively participated in developing a healthier lifestyle and seems far less cynical or self-depreciating. His binges and drug episodes have not stopped but have become markedly less prevalent and much more under control. His depression appears less severe to us although the client does not report a change. He does cite a renewed commitment to his own health and well being. Finally his presenting complaints, heart palpitations, prostate pain and difficult

urination, have all lessened considerably and are rarely reported.

In conclusion we maintain that acupuncture has been a valuable component in the treatment of this client. The relief following a session has given him the hope and the motivation to continue in a long-term therapeutic relationship that might not have otherwise been feasible. This work, along with the tonification of his heart and kidney systems, appears to have given him the strength to turn his life toward a healthier, more optimistic direction.

Cynthia: A Case of Major Depression

We had made the acquaintance of this attractive, 37 year old, single female several years before she came to us for evaluation and knew her to be an energetic, articulate, confident and highly motivated woman with several impressive accomplishments to her credit. We were surprised, therefore, to see her pale, listless, soft-spoken and contrite in our office. Cynthia's presenting complaint is severe ongoing sinus headaches which she added were either causing, or resulting from, depression. She is now a doctoral student but admitted to great difficulty in handling her studies. She attributed this to insomnia, pervasive feelings of unease, frequent vertigo, a substantial lack of energy and, most importantly, the presence of considerable cognitive disorientation including forgetfulness, reduced reading comprehension and inability to concentrate. In addition she noted several other clinical features including swelling of hands, difficult breathing, poor appetite, gas, diarrhea and a craving for sweets. Her tongue is pale with a thin, white coating and her pulses are thin, deep and slow with a choppy quality in both middle positions.

Cynthia's problems began about four years ago following the death of her mother which occurred two months after the termination of her last primary relationship. She was aided greatly through this period by her academic advisor and

close friend. His untimely death one and a half years later, at age 42, left Cynthia truly devastated and unable to function. Not willing to be passive while her life disintegrates, she sought aid from several sources including batteries of western medical examinations and three different psychotherapists. Most tests were inconclusive; they noted low blood pressure and a tendency towards hypoglycemia. She has found multigenerational family systems therapy to be helpful and has also benefited from consultations with a leading psychiatric authority on grieving.

This clients' symptoms are so copius that she presents a substantial challenge in the formulation of a specific TCM diagnosis. Our conclusion is that two patterns of deficiencies simultaneously exist an unusual, although not unheard of, situation. The first pattern implicates Deficient Heart Blood. This includes her insomnia, vertigo, pervasive anxiety, pale tongue and cognitive disorientation. This last feature is referred to as a "muddled shen", confused spirit, in TCM. Other general signs of a heart deficiency include her profuse sweating, breathing difficulties, low Qi, swelling hands and the western diagnostic entity low blood pressure. The second pattern is knows as Deficient Spleen Qi and consists of her poor appetite, diarrhea, craving for sweets, gas, tongue color plus coating and her pulses. In particular the thin quality and choppy second positions indicate Deficient Spleen Qi; the slowness of her

pulse (48-56 RPM) we view as a reflection of her long-time commitment to daily workouts which has diminished but not disappeared over this period.

From a Western perspective we view her as going through a Major Depressive Episode. Relevant clinical features include her insomnia, loss of appetite, loss of energy, decreased concentration and decreased comprehension, all previously mentioned, as well as her social withdrawal and lack of interest and loss of pleasure in most of the components of her life. The duration and severity of her dysphoric mood we view as the final confirmation of this diagnosis.

Her various somatic complaints might be viewed as an excessive preoccupation with health, or as a form of "denial" from the perspective of Western mental health. In TCM, as can be seen, they are all an important part of the clinical picture.

We have been seeing this client bi-weekly for nine months. Our emphasis has been on acupuncture along with supportive verbal feedback. Since she is engaged in psychotherapy with others we have not explored her psychodynamic, and developmental roots, however, we are quite familiar with this client's history.

The primary points utilized consisted of Heart 7, Pericardium 6 and 7, Spleen 4, 6 and 10 and Stomach 36. Four from this group were routinely included. Secondary

points, employed intermittently consisted of Heart 3 and 5, Pericardium 4 and 5, Spleen 3, 8 and 9, Kidney 3, Bladder 15, (Heart Back Shu point) 20, (Spleen Back Shu point) and 38, Governing Vessel 20, Gall Bladder 2 and 14 (for acute sinus headaches) and Large Intestine 4 and 10. The treatment principle has been to tonify the heart and spleen while building blood and moving the Qi.

Cynthia states that she feels "a sense of strength" after treatment and that it has generally made her stronger. She also cites a feeling of ease. "The air wasn't pressing in on me; it was easier to breathe. I felt more open." She views acupuncture as forging a valuable connecting link between her physical, psychological and emotional problems. To the writer she appears calmer and more focused following treatment.

Over the months we have been working with her Cynthia has slowly been able to recover her ability to perform intellectual activities and is beginning to catch up on her work. Her affect has appeared gradually less depressed and some of her old, more engaging, personality traits are re-emerging. She rarely experiences gastrointestinal discomfort and her sinus headaches have improved markedly, however, her sleep, appetite and energy level have improved only marginally.

Cynthia herself credits acupuncture with helping her extract herself from a period of immobilization. We must

add, however, that there were other factors present which could have contributed to this effect.

Conclusion

We maintain that each of these clients, in varying degrees, showed improvement over their presenting baseline conditions. Interestingly, the two most successful cases appear to be William, whose treatments were primarily acupuncture, and Tony, whose sessions strongly emphasized the psychotherapeutic component of treatment. Probably the deepest changes were experienced by Tony; he was seen, however, for a considerably longer period. The cases of Tom, Helen, George and Cynthia were all, in our view, modest successes and even Harold received value from treatments although his behavior altered little. We must note that all of these clients had previous experience with psychotherapy which they judged of little or no value. The input, therefore, from acupuncture did appear to alter the equation.

We had intended to include at least one clinical case in which acupuncture was not successful. While such cases did exist, however, the clients never attended more than a few sessions. They did not, therefore, seem a fair comparison to the longer clinical cases presented. We cannot know if these clients, unlike our selected cases, knew that acupuncture was inappropriate for them, or if they gave up prematurely and might have received comparable benefits had they remained.

C H A P T E R VI

CONCLUSION

We have been presenting the case for the continued utilization and investigation of acupuncture therapy for mental and emotional disorders. At this point, however, it seems that we have raised almost as many questions as we have answered.

In our introduction we spoke of the dangers of the use of ECT, psychosurgery and phenothiozines and other "anti-psychotic" medications. It would be satisfying to report that acupuncture can simply replace these procedures in the treatment of chronic mental disorders but three issues remain unanswered:

1. Will patients accept a foreign and aversive-sounding intervention?
2. Will western doctors, psychologists and administrators permit such an intervention?
3. Will the effects of acupuncture be sufficiently powerful for difficult cases?

At this point in time none of these questions can be adequately answered despite the pioneering work of Kau at McCleans Hospital, Smith in Lincoln Hospital and others. It is encouraging to note that Levinson (1974), a consultant to the United States Senate, reported over a decade ago that these issues were resolved affirmatively in the Democratic

Republic of North Vietnam. He states that "Acupuncture . . . has replaced chlorpromazine in the therapy of mental illness." The key word here is "replaced." Here is a society founded, like China, on the principles of scientific Marxism, determining that a traditional approach is more pragmatic and effective than the more modern solution offered by the industrialized West.

A major rationale for replacing, or substantially augmenting, medications with acupuncture concerns the side effects of the former. Indeed, Illich (1976) has warned of the increasing dangers of side effects from all allopathic medications. The value of acupuncture in treating side effects and other iatrogenic problems is still largely unexplored in the West.

One approach which is designed specifically to treat medical side effects is Scalp Needle Therapy, a new form of acupuncture developed in China during the 1960s independently of classical theory. This entails tangential insertions into specific zones in the scalp, followed by rapid twisting for one to two minutes. Liu and Sadove (1974) claim clinical success in the treatment of parkinsonism and other extrapyramidal side effects. We suggest that the potential utility of this approach is too valuable to be left unexplored.

We believe that our review of the utilization of acupuncture for schizophrenia and for drug addiction

(Chapter III), small as it is, goes beyond the suggestion of "potential" in these areas. In the case of drug addiction we agree with Smith that "Acupuncture has been found to be the most dramatic and effective natural technique for the detoxification of drug addicts" (1979). It is superior to methadone treatment in that it does not substitute one drug addiction for another. It is also potentially cheaper and more readily accessible. The report of the New York State Commission on Acupuncture, during the 70s, suggested the replacement of methadone by acupuncture for anti-addiction treatment centers (Riddle, 1974). The reasons for the slow development of acupuncture treatment centers, we suggest, have more to do with the politics of health care than with clinical appropriateness.

The effectiveness of acupuncture for schizophrenia is somewhat less established at this point in time than for drug addiction. Acupuncture does not appear to be a substitute for established procedures but rather a valuable adjunct treatment. We would expect that many hospitalized mental patients would refuse such a procedure although we consider the clinical case of Tony (Chapter V) to illustrate the utility of acupuncture with paranoid imagery.

For severe mental and emotional disorders an accurate TCM differential diagnosis is crucial as this is necessary for an appropriate energetic treatment plan. A symptomatic approach (Chapter IV) might help with anxiety reduction and

some other immediate relief but does not offer the promise of long-range adjustment. Unfortunately the current legal status of acupuncture varies from state to state and often allows for minimally trained practitioners, including many Western doctors, to perform minimal acupuncture. In some instances technological hardware is substituted for theoretical and clinical knowledge. Flaws has this comment:

> . . . if one simply adopts Chinese techniques and procedures but cannot or will not embrace the philosophy and world view embodied within these techniques, their use will only be superficial mummery. Fascination and facility with technique is both the forte and the flaw of Western culture. (1983)

Part of the problem in the acceptance of the utilization of acupuncture in the West concerns what we consider the arrogance of Western science. Whereas the ideas and systems of other cultures are viewed with a supercilious eye and often described as "superstition," the products of our own "science" are treated with a hallowed respect. There is virtually no consciousness of cultural relativity in regards to competing systems of knowledge. Let us consider a recent article by Eisenbruch (1983) entitled "Wind Illness or Somatic Depression? A Case Study in Psychiatric Anthropology."

Eisenbruch describes in detail the case of Mrs. Xuyen, a 46 year old Vietnamese immigrant (to Britain), whose presenting complaint was severe, chronic headaches. She was initially examined by an allopathic general practitioner

although Eisenbruch notes "she had no faith in Western medicine" and consented to appease her children. This physician diagnosed tension headaches and prescribed a course of self-relaxation. Finding no improvement she was referred to Eisenbruch, a psychiatrist, who noted other symptoms including a poor appetite and "lack of interest in housework" which suggested to him a diagnosis of depressive illness. Exploring Mrs. Xuyen's perception of her symptoms Eisenbruch discovered she attributed it to a "wind" condition. An acupuncturist was brought in to treat her and after five visits her headaches were substantially diminished and she had once again become involved in family life. The article then attempts to discuss the concept of "wind illness" which, although it is a concept of TCM is, examined within the context of Buddhist, Taoist and Confuscian "cosmologies" (quotes ours). The analysis suggests that Mrs. Xuyens belief system, which is treated with minimal respect, was a causitive factor in her eventual cure. Eisenbruch states "Vietnamese refugees . . . employ a broad range of concepts of health and illness: understanding these may increase the efficacy of the health care that we provide for them." He, therefore, overlooks the effects of acupuncture and attributes its' success to his patient's belief system and her lack of faith in Western medicine. In other words, the key factor is the placebo effect.

Eisenbruch is to be commended for reaching out into his patient's cultural background. Unfortunately his own cultural fixedness appears to limit his ability to evaluate his clinical case study. From our perspective we would suggest that acupuncture relieved Mrs. Xuyen because her history and symptoms did indeed follow a pattern of wind illness and acupuncture was the appropriate treatment of choice. This would apply equally to an English person with the identical presenting complaints. The cases of George and Cynthia (Chapter V) are further examples of the utility of acupuncture with depressive states.

Perhaps even more typical of the allopathic establishment's perspective is this condescending view expressed by Dimond.

> The United States has more than it's share of semi-neurotic, complaining, worrying, underused and overstressed, healthy people . . . . Acupuncture has provided a safe, simple, non bottled solace for these people. (1975)

Because the patterns of signs and symptoms utilized for acupuncture diagnosis have no Western equivalent they may be viewed by Western physicians and psychologists as not existing. Stagnant Liver Qi, (Chapter IV), in addition to being strange sounding, makes little sense in Western diagnostic terms as a valid illness or condition. A knowledge of acupuncture and TCM might bring help to many people who are currently viewed by the health care establishment as complainers, worriers, malingerers and "gomers."[24]

In order for this to occur there is a need throughout the industrialized West to stretch our concepts of the nature of reality and accept these approaches to health care not as anthropological curiousities but as valid interpretations of human perception. This is the challenge of TCM.

Ideas such as Yin and Yang may sound peculiar initially but, as we reviewed in chapter II, they can add a whole new understanding to phenomena. They can also enhance our understanding of more familiar concepts such as perceiving the Yin and Yang within Gestalt theory or Qi in the work of Freud, Reich and Lowen.

A further value of the knowledge of acupuncture theory is that it is a truly "holistic" approach. Although this term has been overused in recent years it represents quite accurately the ability of TCM to piece together very disparate signs and symptoms, whether from soma or psyche, into a comprehensive total picture. This may ultimately prove very helpful to practitioners whose specialty is mental health. Mann, a British physician who has authored seven book on acupuncture, is sanguine concerning its psychotherapeutic value. He states:

> In acupuncture psychologists would have a powerful weapon with which to treat their patients in a rational manner . . . (1972)

Acupuncture fits with psychotherapy in that both, appropriately performed, constitute active, rather than passive, treatment modalities. To benefit fully from

acupuncture requires tuning in to subtle bodily changes, flows of energy and gradual emotional shifts. One prominent psychotherapist who agrees with this is May.

> Acupuncture requires that the person being treated not simply be a "patient," but that his body and his consciousness--meaning his whole self--be an integrated part of the treatment. It is simply not done to a patient but requires the patients awareness of his freedom and responsibility at every point. (1981)

As in the case of psychotherapy, individual personality equations are a factor in the effectiveness of acupuncture. Despite the need for exactness in diagnosis and point location, a certain amount of intuitive insight marks the skillful acupuncturist. For this reason, just as with psychotherapy, the clinical evidence may prove more useful, and more impressive, than the experimental evidence. The insistence, in current Western scientific circles, of a particular paradigm of research, the double-blind design, also deflects the ability of experimental procedures to evaluate acupuncture. The use of pseudo-acupuncture, such as by Kane and DiScipio, (Chapter III) is also a most inexact approach which we do not expect to lead to fruitful research. Perhaps the Chinese preference for basic pre and post evaluation of large subject samples will eventually find more favor in the West or perhaps new experimental designs appropriate for the evaluation of acupuncture will be forthcoming.

In addition to the effects of acupuncture on drug addiction and on schizophrenia, reviewed earlier, we offer the following hypotheses, based on our clinical experience, on the psychotherapeutic utilization of acupuncture:

1. Acupuncture is very effective with anxiety states. It almost always fascilitates an immediate, short-term anxiety reduction and can, in many instances, substantially reduce the baseline anxiety over time.
2. Acupuncture often is of value in the treatment of depressive states. In these cases an accurate TCM diagnosis is necessary in order to assure that the appropriate organ-system is being treated (see Chapter IV). Acupuncture may also help the client be more responsive in psychotherapy. For severe or very chronic cases the effects of acupuncture may be negligible.
3. Acupuncture has positive value in the treatment of paranoid states and related personality disorders but an effective therapeutic alliance must precede treatment.
4. Acupuncture has promise for the treatment of major affective and cognitive disorders.
5. Acupuncture may help control the aversive side-effects of antipsychotic medications.

Our own attempt to integrate the application of acupuncture into our practice of psychotherapy has encouraged us to procede further with this synthesis. We believe that the inclusion of acupuncture has added a valuable diagnostic framework for the understanding of our clients as well as a concrete intervention, the results of which are often identifiable within the context of a session. It is our hope that this dissertation will contribute, in some measure, to the continued growth and development of the psychotherapeutic utilization of acupuncture and the collaboration of ancient Chinese wisdom with contemporary Western insights.

FOOTNOTES

1. The I Ching, attributed to Fu Shi, is widely regarded as merely a book of oracles, an interesting and playful tool for decision making. Felt and Birch (1983), however, view it as the backdrop for the entire system of Chinese philosophy and psychology.

2. Stiskin's book, The Looking-Glass God, pertains to Shintoism, and indigenous Japanese religion. Yin-Yang theory is generally associated with Taoism, an indigenous Chinese philosophy. Perhaps Buddhism, common to both cultures, is the vital joining link.

   A contemporary Japanese theory of Yin and Yang, is the Macrobiotics of George Ohsawa (1965), more recently interpreted by Michio Kushi (1977). This is a health oriented theory based upon maintaining a diet which proports to properly balance Yin and Yang. Many of the traditional Chinese qualitites are reversed by this approach i.e., Yin to Yang. Garvey (1979) explains this juxtaposition as an attempt to place Yin and Yang within a structural context more familiar to Western minds than the original Chinese functional analysis.

3. Psychology has always looked to the classical sciences, particularly physics, for its paradigms of investigation. Working largely within Academe has led, we maintain, to a professional inferiority complex. In our zeal to establish scientific credentials, on a par with our classical science peers, western psychologists have produced reams of minutely detailed, data-based experiments concerning phenomena of questionable or spurious importance. Richard Alpert, the American spiritual teacher a/k/a Ram Dass, a former psychology faculty member of Harvard and Stanford universities, refers to this body of knowledge as "stuff". (1968) Questions concerning the essences of being have largely been avoided within our field.

4. The eight principles have also been translated as the eight entities, the eight essentials, the eight principle patterns and the eight parameters.

5. "Jian is sometimes written as "Tien".

6. The American psychologist George Leanard (1979) believes Akido to be an invaluable technique for self-insight via the understanding and control of Qi.

7. Reich's development of an orgone accumulator to help produce more vital energy was considered so threatening

by the establishment (specifically the Food and Drug Administration) that he was put in prison largely on the basis of that transgression. As a result, after having successfully escaped Nazi persecution in Germany in 1933, Wilhelm Reich died in the U.S. Federal Penetentiary, in Lewisberg, Pennsylvania, in 1957.

8. The criterion of success, in Reichien therapy, is attainment of a "full-body orgasm" during which all constrained energies are released and a psychospiritual-sexual state of oneness with the universe is experienced.

9. Lowen was joined in his early work by another student of Reichs's, John Pierrakos, who is considered a co-founder of Bioenergetics.

10. While we applaud these therapists for their pioneering attempt at synthesis we must add that their efforts are quite rudimentary and based on an uncritical acceptance of the interpretations of J.R. Worsley. If their more recent work, as implied by John Lilly in the forward, is more sophisticated with a deeper integration and analysis, we have, as yet, no written evidence.

11. Bensky (1982), Kaptchuk (1983), Sidel and Sidel (1973), and Valaskitis (1982) all report that each form of medicine appears to have equal respect in contemporary China. The Sidels further note, at least in the early 1970s, an equal salary scale. In Taiwan the approaches are integrated into one seven-year program of study although older traditional doctors still may practice.

12. The Chinese are hardly alone in this belief. Many American social scientists concur. We first witnessed this conflict in 1965 while working as a research assistant at New York Service for the Orthopedically Handicapped. The "hardnosed" faction of the staff were concerned with having a proper control group. An opposing faction were most interested with providing services as widely as possible.

13. Their understanding of Western criteria and evaluation may, however, be different from our own. Literature from China abounds with questionable statements regarding Western methods and diagnosis. For example, the following quote is from the Essentials of Acupuncture (1980) perhaps the closest version of an "official" textbook published in the Peoples Republic.

"Depressive and manic mental disorders correspond to the depressive and manic types of schizophrenia and psychosis in modern medicine."

14. The emphasis on clear diagnostic delineation according to severity in DSM III is presumably due to the need to differentiate the three major treatments of choice, i.e., psychotherapy, psychotropic medication or incarceration in a mental facility. While these approaches are not mutually exclusive they do represent an escalation in the attempt to manage the patient and his or her symptoms.

15. The writer has since conversed with Dr. "Hans" Esser who revealed that he himself was the treating acupuncturist. He impressed us as a knowledgable practitioner. We include our original criticism as this information would be unknown to readers of the reporting journal article.

16. In the state of California acupuncturists are legally licensed, independent professionals.

17. Endorphins are endogenous substances with morphine-like biological properties. Pomeranz and Chiu (1976), Pomeranz (1977) and Peng et al. (1978) have demonstrated an increase in endorphines with acupuncture. While we acknowledge that this is valuable information we do not agree with the premise that this is the underlying factor in all of the effects of acupuncture. We, rather, suggest that the release of endorphins is but one of many homoestatic functions which are facilitated via acupuncture.

18. Some of the herbs recommended at the clinic include the "Lincoln Sleep Mix," chamomile, yarrow, hops, scullcap, catnip and peppermint for sedation; elder, yarrow and peppermint for colds, influenza or infections; garlic, ginger and cayenne for hypertension; and alfalfa, peppermint and golden seal for intestinal pain. These formulas stem from the American naturopathic tradition and not from TCM. In a sense this constitutes a "return to the source" as Hoffman LaRoche, manufacturers of valium and librium, among other petrochemicals, were the largest producers of herbal medicines at the turn of the century.

19. The staff at the Lincoln Hospital Substance Abuse Division consists of a mixture of professionals and former drug addicts.

20. In China the symptomatic approach is practiced largely by the "barefoot doctors" who are trained in basic healing skills, as opposed to a thorough knowledge of acupuncture, and circulate in the towns and countryside to be readily available to the people.

21. Shenmen is almost always utilized for the treatment of weight loss, tabacco cessation or any presenting substance abuse. Its effects on anxiety reduction are considered a valuable component of any treatment plan for these problems.

22. These effects are listed in the Essentials of Chinese Acupuncture under the section on "Depressive and Manic Mental Disorders" (p. 352) and not in the section on Governing Vessel points.

23. John Blofeld, best known for his translation of the I Ching: The Book of Changes, is one Westerner whose life has been immersed in Chinese philosophy, scholarship and culture. In Gateway to Wisdom he describes and interprets Taoist and Buddhist yogic practices in a manner easily assimilable by Western students of philosophy and psychology.

24. The term "gomer" is widely used in hospitals and other clinical settings to refer to individuals whose presenting complaints fit no Western diagnosis and are therefore not believed to be authentic. The term's reputed origin is as an acronym: get out of my Emergency Room.

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APPENDICES

APPENDIX A

The Elements of Acupuncture

Acupuncture Energetics and Physiology

Although the Chinese discovered the circulation of blood centuries before Harvey, their views on the workings of the human body developed quite differently from those in the West. This is sometimes attributed to the Chinese cultural taboo against tampering with cadavers, but is more likely based on a philosophical difference in priorities. This discrepancy can be stated as an emphasis on function as opposed to structure. The Chinese were concerned with the development of movement and strength within the body and with the physiological interrelationships which enhance and facilitate these properties. Therefore, when we refer to the "liver" or the "kidney" within the context of traditional Chinese medicine we are not necessarily speaking of the organ as it is commonly known in the West, as a particular structure entity.

The Organs of Traditional Chinese Medicine

Chinese organs are associated with a meridian (to be described shortly) as well as with an emotion, a fluid and

various other components of the body. We prefer, then, to speak of "organ systems" which we believe more accurately conveys the intended meaning.

The major organ-systems are divided into two categories. There are six solid (zhang) or yin organ-systems and six hollow (fu) or yang organ-systems. The yin are perceived as being deeper, more central to life. Their functions are to transform, produce, regulate and store energy and vital fluids. It can be noted from checking the chart on the following page that these are generally viewed as the more important organs in the West; operations on yin organs are usually most serious. The hollow organs are seen as more superficial. They function to receive, transport, absorb and remove unusable portions of food. There are two major organs, one yin, one yang, which are not recognized in Western physiology. The yang organ is the heart governor, which is referred to in some sources as the pericardium and is not always accorded full status as independent from the heart (Kaptchuk, 1978). The yin organ is the interesting, and at times esoteric, triple warmer. Both of these will be described in greater detail later. Each solid organ has a complementary hollow organ. In addition, there are six extra (also translated as "curious" or "extraordinary") organs. These are more briefly noted in the literature and are not described as organ-systems.

Figure 3

THE CHINESE ORGANS

Solid (Yin)	Hollow (Yang)	Extra
Heart	Small Intestine	Brain
Lungs	Large Intestine	Bone Marrow
Spleen	Stomach	Uterus
Liver	Gall Bladder	Gall Bladder
Kidney	Bladder	Bone
(Heart Governor)	Triple Warmer	Blood Vessels

Solid and hollow organ-systems are listed opposite their complements. Heart governor is bracketed,due to its uncertain status. Note that the gall bladder is on two lists.

The Heart

The heart is viewed in a manner combining the Western philosophical view and the Western euphemistic perspective. It is said to "rule the blood and blood vessels" and is, therefore, recognized as the giant pump of Western physiology. But it is also said to store the spirit (shen) and it is this function which is often important to acupuncture treatment. In our culture we may speak euphemistically of "having heart," of "feeling from the heart" or "putting out heart into" something. The Chinese take these statements literally and believe that treating the heart, through its

meridians, can revive the spirit or vital force of personality.

The tongue is spoken of as the "sprout of the heart." Change in the tongue, which is routinely checked prior to each treatment, is said to reflect alterations in heart condition. Fullness of heart is said to be reflected in the face. A healthy spirit is thus reflected in the countenance of an individual. Finally, perspiration is described as the "fluid of the heart." We have uncovered no functional explanation for this relationship, although we do know that profuse sweating is viewed as unhealthy. There are probably no saunas in China.

The Lungs

The lungs are considered to have an important relationship to an individual's energy and to relate to many common ailments of nose, throat and chest. They are said to "rule Qi" and to "rule the epidermis", including skin, sweat glands and body hair. The nose is said to reflect the condition of the lungs and the throat is spoken of as the "door of the lungs".

The Spleen

This organ is probably accorded more importance by the Chinese than in the West.

It is said to rule the transportation and transformation of water and food throughout the body. The spleen "governs the blood" and "rules the muscles, flesh and limbs." The mouth is viewed as the "orifice of the spleen"; the lips, therefore, are diagnostically important as to the condition of the organ.

The poet Baudelaire referred to his chronic depression as his "spleen". In China, spleen disorders are generally associated with obsessive thinking.

The Liver

The liver is viewed as having an important relationship to an individual's emotional makeup. Irritability, anger and certain manifestations of depression are considered symptoms of liver disorder. This is due to the liver's function to "rule flowing and dispersing." Energy (Qi) and fluids can become stagnant if the liver is dysfunctional.

In addition, the liver stores blood, "rules the tendons" (which includes the nails) and "opens to the eyes". The Chinese also recognize the liver's role in the secretion of bile and its relationship to jaundiced conditions.

The Kidneys

The kidneys are viewed as extremely important to healthy functioning, including the areas of sexual drive, general energy, and menstruation in women.

The principal function of the kidneys is to store jing. Jing is considered the most fundamental substance in the body influencing birth, the process of maturation and reproduction. It comes from parents as well as from food. All other organs need jing from the kidneys to function properly. There is no exact Western equivalent for jing, although genes possess many similar qualities. A crucial difference appears to lie in the preeminency of genetic disposition; they are a fait accompli, while jing is available to modification in the present, including via acupuncture. In this respect, hormones may represent a closer equivalent.

The kidneys also "rule water", "rule the bones" (which includes the teeth), control the "two yin orifices" or urination and defecation, and "rule grasping the Qi". The ears are the orifice associated wit the kidneys. Healthy kidneys are manifest in good hearing, strong teeth, bright hair and normal uriniation.

The Hollow Organs

The hollow,yang, or fu organs are described much more superficially than their yin counterparts. In general, they are functionally described in terms similar to Western physiology. The triple heater, however, deserves special consideration.

The Triple Heater (San Jiao)

This organ is difficult to describe, particularly as a structural entity. However, it should be noted that its uses in acupuncture treatment are clear.

The triple heater controls the "smooth flowingness" of the body and the harmonization of the other organ systems. It is also used conceptually by the Chinese to describe three separate portions of the body. The upper heater corresponds to the chest and includes the general functioning of the heart and lungs. The middle jiao corresponds to the epigastrium and its used in reference to the digestive and absorptive functions of the stomach and spleen. The lower heater corresponds to the hypogastrium and is used in reference to the metabolic functions of the kidneys and the urinary bladder. The Chinese speak of the upper jiao as a mist, the middle jiao as a river and the lower jiao as a swamp.

Organs and the Emotions

Perhaps the most intriguing feature of the Chinese analysis of organ-systems is the localization of emotional states within a particular organ. Joy is manifest in the heart, anger and irritability in the liver, melancholia and grief in the lungs, daydreaming and rumination in the spleen and fear in the kidneys. The hollow organ complements are

also held to be involved in the these emotional states, but to a far lesser degree.

During a two-week meditation retreat, in which awareness of emotions constituted an integral part of the method, the writer had the opportunity to focus intensely on emotional states within the body as they arose. We had not been considering the Chinese theory of emotions but realized towards the end of the fourteen days that the correct correspondences had, for the most part, been quite salient. During period of joyfulness we were indeed cognizant of the heart and its pumping action. Anger was experienced as a burning sensation on the right side of the thorax in the area of the liver and gall bladder. The experience of sadness and remorse was accompanied by a feeling of fullness in the lungs, occasionally leading to a "choked-up" sensation extending to the throat. Daydreaming and poor concentration were most prevalent following meals, when the stomach and spleen were most actively involved in digestion and absorption. The experience of fearfulness was not acutely present for us during this particular period. However, the involvement of the kidneys and bladder during instances of fright, and their occasional consequences, are well known and need no further elaboration here.

Qi

As referred to earlier, Western medicine has a structural emphasis and evolved in large measure from the study of cadavers. The missing component in this approach is a concept of energy, that which manifests in living, moving organisms. To the Chinese this is the most important element in the study of human functioning and pathology. They refer to this life-energy as "Qi" (pronounced "chee). It is one of the three fundamental materials of the body, along with blood and fluids. Whether it is energy or matter was not a valid question to the early theorists of the great classics, as they did not recognize such a distinction. Kaptchuch (1978) defines Qi as the subtlest matter. To this writer, Qi appears to be equivalent to the "orgone energy" of Willhelm Reigch, the "bio-energy" of his disciple of Alexander Lowen, or many other postulates which shall be subsequently discussed (see chapter II).

Meridians

The body is viewed as containing a vast network of channels, which distribute Qi throughout the body. They are usually referred to as "meridians", similar to those criscrossing a globe, although the term "channels" is preferred in current Chinese texts. These meridians cannot be anatomically demonstrated and do not correspond to the nervous system. They represent a fiberless system which

Wensel (1980) compares to radio or television transmission as opposed to the nerve fibers, which may be likened to telephone wires.

There are fourteen major meridians, of which twelve are bilateral and related to a particular organ-system. We may speak, therefore, of the "lung meridian", which begins on either side of the chest and travels down the medial aspect of the arm to the tip of the thumb. Each yin meridian has a complementary yang meridian to which it is joined. The large intestine meridian complements the lung meridian, joining it on the thumb and then ascending the lateral aspect of the arm. All bilateral meridians either initiate or terminate at the hands or feet. There are three yin hand meridians, three yang foot meridians.

There are two other major meridians down the center of the body. The conception vessel meridian, also known as the du mo, travels up the front of the body and is therefore considered more yin. The governor vessel, a yang meridian, travels up the center back, over the head, ending on the roof of the palate. It is also called the ren mo.

In addition to the major meridians, there are twelve divergent meridians, twelve tendo-muscle meridians, fifteen connecting (luo) meridians and eight extraordinary meridians including the conception and governing vessels. Knowledge of all meridian pathways is necessary for a truly sophisticated understanding of traditional Chinese medical

theory, although they are not often considered for treatment purposes.

Points

Points are specific anatomical locations for needle insertion. Most of the important ones are found along the fourteen major meridians. Each point has a Chinese name. However, meridian points are generally referred to in the West via number. We speak, therefore, of Lung 7, Large Intestine 4, Conception Vessel (CV) 6 or Stomach 36. There are no points on non-major meridians. Gall Bladder 41, for example, is also on the dai mo extra meridian.

In addition to the points along the major meridians there are "extra points" found in various specific bodily locations. These points are generally referred to by their Chinese names, such as pak lo on the head, tai yang, on the face, or pee gun on the hips. New extra points appear regularly as clinical experience and research reveal additional locations.

Needles may be also inserted in painful, inflamed or constricted anatomical locations. These may vary daily on the same individual and are known as ahshi (oh, yes!) or "tender" points.

There is general agreement as to the locations of most points. However, knowing the subtleties involved in describing them exactly (pinpointing?) is one distinguishing

characteristic of a master acupuncturist. One of the writer's teachers, James Tin Yao So, is famous for the accuracy of his point location.

In addition to the above, there are esoteric systems of acupuncture which treat all problems via points on a particular anatomical feature. These include auricular acupuncture as well as hand, feet, scalp, face and nose acupuncutre. Auricular acupuncture, which features points throughout the external ear, is accepted by many acupuncturists as an important component of treatment. The book 2001 Points is considered by many as the best source for auricular points (Halfkenny, 1980). As can be seen, the number of points has increased markedly since the original 160 were described in the Haung Ti Nei Jing. (see appendix B.)

There are particular classifications of points that exist on all organ meridians which are worthy of special note, as they often play a major role in treatment.

The five "original (shu) points" are always located below the elbow and are compared to a system of waterways. Points on the tips of the extremities are called "well (jing) points" and are considered the initial source of Qi. They are often used for mental illness. The remaining order of shu points are "spring" (ying), "stream" (shu), "river" (jing) and "sea" (he) points. Along this continuum the Qi increases in quantity and strength.

Along the back, two to four inches to either side of the spinal column, lies a series of points known as the "associated" points. (In Chinese, these points are also called shu points and are sometimes referred to as "back-shu" points to differentiate them from the five shu points on the limbs. The character for original points does differ from that for associated points.) These points are "associated" with a particular organ; there is a point for each organ and its location tends towards proximity with the organ itself. The associated points are all located on the bladder (Bl) meridian, e.g. Bl 13 on the upper back corresponds to the lungs, Bl 23 on the lower back corresponds to the kidneys. These are important points in the treatment of organ-related diseases, particularly the yin organs.

On the front of the torso are the "alarm" or front-mu points, one for each organ. Like the back-shu points these are local points located in the area of the organ itself. Alarm points located for a particular organ may or may not be on that organ's meridian. To illustrate, Liver 14 is the mu point for the liver, while Liver 13 is the mu point for the spleen. Front-mu points are considered particularly effective for conditions affecting the yang organs.

Each meridian, as mentioned, has a complentary meridian to which it is internally and externally connected. The place of actual connection is known as the "connecting" or luo points. A disease of a particular organ may be treated

by using the luo point on the meridian of the complementary organ.

A similar but different set of points is the "crossing" points, which intersect two or more meridians. The crossing points of the governing vessel and the conception vessel are particularly important and are cited by the Essentials of Chinese Acupuncture (1980) for a variety of indications.

The site at which the Qi of a meridian manifests most deeply is known as the "xi cleft point". One is located on each of the twelve organ-meridians and on each of four extra meridians, yingwei, yangwei, yinjiao and yanzjiao, a total of sixteen. They are significant for the treatment of acute disorders and pain related to a particular organ.

The "eight influential points" are employed for disorders of organs or anatomical structures. There is one point respectively for the solid (zang) organs, hollow (fu) organs, blood, Qi, tendons, bone, blood vessels, and marrow. The influential point for the fu organs, GV 12, is widely used for abdominal pain (Lewith and Lewith, 1980). There are also the "eight confluent points" where the organ meridians intersect with the eight extra meridians.

Lastly, on each organ meridian there are points corresponding to each of five elements which are important for the practice of the Five Phases theory of acupuncture.

Point Location and Measurement

Point location is surely one of the most crucial aspects of acupuncture and and a necessity for every practitioner to master. Acupuncture charts, which are becoming increasingly familiar and available in our culture, are only general guidelines and cannot substitute for rigorous training in this area.

Two accepted approaches exist: measurement and palpation. The measuring approach, which is usually learned first, involves proportional measurement based upon anatomical dimensions. The unit of measure, referred to as a "cun", will vary according to the size and body build of each particular patient.

One widely used measure utilizes the distance between the interphalangeal joints of the middle finger as equivalent to one cun. The width of the four fingers can be taken as measuring three cun. Finger measures can be marked off on paper and then applied to the appropriate area. To locate Triple Heater 5, for example, defined as two cun below the wrist crease on the Triple Heater meridian line, one would mark off two finger crease measure down from the crease in the center of the superior aspect of the arm. To find spleen 6, three cun up proximal to the edge of the medial malleolus, one could lay the patient's four fingers just above the prominence and mark off the point.

Other measurements are found via dividing up distance between anatomical landmarks. The distance between the anterior and posterior hairlines is considered 12 cun. The distance between the two nipples is taken as 8 cun. Not all measurements enjoy universal agreement. The distance from the edge of the sternum to the center of the umbilicus is considered seven cun by So and reflected in many charts (So, 1977). Recent texts from China, and their accompanying charts, measure the same area as eight cun (Outline, 1975, Essentials, 1980).

Finding points by palpation requires more sensitivity and experience than the measurement approach, but the writer understands it as a more accurate method. The essence of this technique is to find, in most cases, via touch the deepest crevice in the area of the point. To find Triple Heater 5, one would slide one's finger down from the wrist crease, on the meridian line, until it described a gentle depression. The same technique could be used for Spleen 6 beginning at the top of the malleolus and proceeding upwards. We have observed in clinical practice that measurement and palpation usually yield the identical point. However, when differences do occur, insertion into the deepest depression usually results in the strongest stimulation, therefore marking the point most exactly.

Needles and Other Equipment

The term "needle" is an unfortunate nomenclature to represent the stainless steel filiform instruments which are inserted during acupuncture.[1] Most Westerners' experience with needles conjures either the hypodermic or sewing variety. The former is hollow, has a slashing tip, and is almost always painfully inserted. Moreover, childhood inoculations often leave a vivid and most aversive impression. As for sewing needles, even the thinnest are thicker and far more turgid than any standard acupuncture needle. The thought of being pricked throughout the body by sewing needles is surely a repelling image which could only appeal to masochists or persons with visions of martyrdom. Happily, the experience of acupuncture needling resembles neither of the above.

There are two basic types of acupuncture needles proper, Chinese and Japanese styles. Chinese-style needles consist of a knob, a handle, a root, a body and a tip. The knob, also called a tail, is usually circular and slightly wider than the handle on which it rests. We have observed it utilized in clinical practice to mark points (Bensky, 1980). The handle is the same material as the body, wrapped

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[1] In spite of the negative connotations of "needle", we must confess to utter failure as to supplying an appropriate synonym. "Pins", "shafts", "spikes", etc. will not do.

in an ascending spiral. Its porous nature has some utility in terms of facilitating moxa adhesion. The body, or shaft, of a Chinese-style needle ranges in diameter from .24 mm to .45 mm and in length from 1/2-inch to several inches. Commonly used needles are .28 mm to .33 mm. Chinese-style needles may come from China, Taiwan or Korea; So (1979) teaches his students to make Chinese-style needles from stainless steel wire.

Japanese-style needles consist solely of a handle, a body and a tip. The handle is solid and smooth and the shaft diameter may range from .14 mm to .33 mm. Commonly used Japanese-style needles are thinner than the Chinese variety with .15 mm, .18 mm and .22 mm diameters most often preferred. These needles may utilize an insertion tube, invented by Sugiyama (Matsumoto, 1982), for rapid and painless penetration. (The knob prevents use of the tube for most Chinese-style needles.)

Special needles also exist for particular forms of treatment. These include innerdermal, press and tack needles for auricular acupuncture, prismatic needles for blood letting and seven star and plum blossom needles for pricking and stimulating an area of the body.

Needles made of silver or gold are employed by some and are held to have particularly powerful healing qualities. We have found, however, that most experienced acupuncturists

consider them to be too soft and stick with stainless steel needles exclusively.

Moxabustion

The term "moxa" refers to the herb Artemisia vulgaris, commonly known as "mugwort", dried and finely ground. It is used to apply heat deep and directly into the acupoints. This practice is known as "moxibustion" or "moxabacion" and constitutes an integral part of the larger practice of acupuncture.

Moxa has two valuable properties; when lit it produces intense, penetrating heat and if it burns the skin and infects, this will be locally contained.

There are two general forms of moxabustion, direct and indirect. Direct moxa is applied via small cones kneaded manually and placed over the point. The cones are then lit via joss (incense) sticks. Size of the cone, or "moxapinch", ranges from "sesame seed" to "lima bean" or the "upper part of the thumb." This method may be quite painful, and may produce a scar, especially with larger size cones. Many practitioners eschew this form of treatment. However, So (1977) is a strong advocate of direct moxa for severe or chronic problems.

Indirect moxabustion may take several forms. Thin slices of ginger or garlic may be inserted between the moxa

cone and the skin, providing considerable heat but not burning or scarring the patient. Another popular form involves the use of the moxabustion roll, long cigar-shaped poles of moxa held over the acu-point until the patient's tolerance level is signaled. Rolls containing additional herbs called "tai-yi spiritual needle", or "god's needle" or "thunder fire needle" can also be employed, although the writer's patients have not detected a distinction in the level of heat produced. Moxa poles can also be held contiguously to an in-place needle, thus providing direct penetration to the point. As mentioned, Chinese-style needles can take moxa directly on he handle. This is called "warm needle" acupuncture and is our personal choice in most cases where moxa is required.

For persons too heat-sensitive for any of the above methods, the moxabustion instrument may be utilized. This is essentially a perforated metal canister which holds burning moxa and is pressed over the skin with an ironing motion. This method is also applicable for large areas, as in muscle problems or abdominal pain.

When burning, Artemesia vulgaris produces an aroma quite similar to that of Cannabis sativa, necessitating special precautions. Several months after we began employing moxabustion at the Lemuel Shattuck Hospital Pain and Stress Clinic, we were casually informed by security

personnel that a sample had been previously sent to the laboratory for testing.

Chinese Diagnosis

No discussion of the elements of acupuncture practice would be complete without mention of the classical Chinese approach to diagnosis. This method is generally stated as consisting of four parts: 1. looking, 2. listening and smelling, 3. inquiring, and 4. palpation.

Looking, or inspection, involves the astute observation of the patient's appearance, including body build, posture and gait. Of special importance is the patient's expression, particularly as manifested in the eyes (i.e., the spirit), as well as the color and quality of the skin. Also included in this category is observation of the tongue (including the tongue material and its coating), considered second in significance only to the pulses for diagnostic purposes.

Despite being lumped together as one distinct category,[2] listening and smelling are in fact separate procedures, with the former being of more utility for most practitioners. Listening pertains to the voice, respiration

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[2]Kaptchuk (1978) explains this apparent oversight by noting that listening and smelling are the same word in Chinese.

and, when appropriate, the cough. Voice is usually quite useful in classifying patients into Yin or Yang psychological types. Loud, deep voices indicate a yang personality, while soft tones or mumbled speech belong to a yin disposition.

The general rule for smelling posits most offensive body odors as indicators of heat, while innocuous odors pertain to cold syndromes. Practitioners who emphasize Five Phase theory consider each organ to manifest a particular smell, learned via clinical experience, and may delve into this area more extensively.

Asking pertains to an oral examination roughly equivalent to a Western practitioner's "history and assessment", but including questions specific to Chinese medicine. Various sources offer somewhat different lists. The Essentials (1980), presumably the latest word on practice in China, offers a seven-item list of inquiries, the shortest version we have come across. It includes: 1. Is the patient cold or hot (chills and fever)? 2. Question about perspiration; 3. questions concerning appetite and diet; 4. questions concerning stools and urination; 5. questions concerning pain; 6. questions about sleep; 7. questions concerning menses and leukorrhea ("women's questions").

Most other sources usually include further questions on specific anatomical areas, digestion, epidermis, energy level, emotional state and etiology.

Palpation refers primarily to the taking of the pulse, an extremely important consideration in Chinese diagnosis. Pressing certain acupoints, known for their diagnostic value (e.g. the back Shu points) is also included. Finally, palpation of the abdomen, a useful indicator of weak or stagnant, Qi, concludes the usual scope of this category.

Whole volumes have been written on the Chinese pulse and many different systems have been produced. It is also an area in which a substantial amount of clinical experience is a necessity for proficiency. The following exposition cannot, therefore, do justice to the richness and complexity of this subtle art.

The pulse is palpated on three contiguous locations of the radial artery with the second, third and fourth fingers. The index finger is placed just below the wrist crease, the third finger lies opposite styloid process and the fourth finger just below that. These locations are known as cun, quan and chi, respectively. Each side is felt; the left hand is employed for right wrists and the right hand takes the left pulse. The finger order is, therefore, always the same. "Six fingers must be sensitive," says So (1978).

Each of the six positions corresponds to an organ-system. These are:

Left Hand:
- cun = heart
- quan = liver
- chi = kidney (yin)

Right Hand: cun = lungs

quan = spleen

chi = kidney (yang)

The important and difficult aspect of Chinese pulse taking rests in identifying the qualities of each pulse and the distinctions between each position. Li (1981) in his Ming Dynasty Manual lists 27 classic pulse qualities, some of which are combinations of two or more basic types. Once again, the modern Essentials (1980) shortens the list considerably, distilling 12 basic pulse qualities from the larger traditional groupings. Qualities are dependent upon speed, strength, depth, evenness and various perculiar characteristics of the blood flow.

For example, a pulse that is taut and strong (often likened to the strings of a violin), is called a "wiry" pulse. It usually signals Excess Liver, Yang, and will often correspond to an angry emotional state, either expressed or suppressed. The above occurs only when the whole pulse, the quan positions or only the liver position itself are wiry. If the wiry quality is found only in the kidney positions, this may indicate a number of conditions, including menstrual difficulties if the patient is female, and the emotional state is likely to be anxiety.

A flowing and forceful pulse, like "pearls under water" (So, 1978), is called a "smooth" or a "rolling" pulse and is often found in healthy individuals. If it occurs, however,

in a woman whose pulse is not normally felt as smooth, it usually indicates pregnancy.

We wish to mention briefly that different forms of notation exist, including a six-point scale of strength from -3 to +3 (McCormick, 1981) and the use of checks, dashes, etc. (Maciocia, 1981).

When speaking before groups, the writer frequently requests the audience to take their own pulse with each hand and to palpate another person's pulses as well. People are often surprised to experience the range of distinctions between positions, bilateralcy and individuals.

Summary

This section has attempted to present the elements of acupuncture practice. We have reviewed the basic theoretical components as well as the instruments and approaches of modern acupuncture treatment. The subtleties and complexities of clinical application are, to be sure, beyond the scope of our current purview. We wish to stress, however, two perspectives regarding the study and evaluation of acupuncture.

1. The practice of acupuncture is based upon centuries of empirical observation, in China and throughout the Orient, and has been organized and represented according to classical Chinese science and culture. It, therefore, need

not be totally convertible to the terms and assumptions of modern Western science and culture.

2. Acceptance of classical Chinese analyses should not mystify the study of acupuncture, nor preclude further study and analysis from the perspectives of modern Western science.

From the above we conclude that acupuncture need not be confined to the limitations of a medical specialty, nor be restricted to traditional Oriental practitioners. In our view, it is an important and relevant subject for psychologists and other mental health professionals to examine and utilize.

A P P E N D I X B

A SHORT HISTORY OF ACUPUNCTURE

The birth of acupuncture appears to have occurred in China somewhere between -3,000 and -1,000. We must make this statement with qualification since other Asian cultures have laid claim to origination, and as history often precludes proof, respect should be given to the contributions of all traditions. Korean practitioners, for example, can cite the development of acupuncture directly from their lineage.

> The stone needles and bone needles in possession of the National Museum of Korea, a relec of the Stone Age . . . testify the fact that the ancient Korea was the cradle land of acupuncture. In those days, Korean acupuncture had been introduced to the mainland of China where it was systematized academically. (Lee & Bae, 1978, p. 1)

History can, however, demonstrate that China was the most technically and militarily dominant nation in Asia, throughout antiquity, and the influence of Chinese thought on neighboring cultures has been well documented. (Hsu and Preacher, 1977; Porkett, 1974, Needham, 1978, Yu-Len, 1948). We will accept, therefore, the notion of Chinese origination and also admit to a bias in this direction since the writer's training has been in Chinese acupuncture and it is this perspective we primarily intend to explore.

There is widespread agreement that the earliest book concerning acupuncture is the Huang Ti Nei Jing, (Lu, 1978)

"The Yellow Emperors Classic of Internal Medicine". Huang Ti, the Yellow Emperor, his real name was Kung-Sun Hsien Yuan, is spoken of as the ancestoral patriarch of the Chinese (Han) race. Chinese refer to themselves as the "children of Huang Ti" much as Jews cite Abraham and the Romans cited Romulus. The provisional government of the Republic of China, in 1912, declared his birth to have been 4,609 years ago (Hsu and Preacher). Other estimates differ by about 1/4 of a century. Quite possibly he is a legendary figure.

The Huang Ti Nei Jing is a veritable bible of Chinese medicine. It is cited as the highest authority on issues of theory and practice. In general, the older the source the greater its impact and veneration. This can be viewed as the virtual antithesis of Western science where the most valid information is usually considered contained in the latest journal article.

There are two parts to the Huang Ti Nei Jing. The first, the Su Wen, has been translated, "The Simple Question of Huang Ti" (Beau, 1965) and "Questions and Answers About Living Matter," (Givei-Djen and Needham, 1980). It consists of many long and short dialogues between Huang Ti and various authoritative figures. Some of it borders on the esoteric, however, 70-80% of the book is concerned with acupuncture and moxibustion. Part two is a treatise on acupuncture called the Ling Shu. Gwei-Djen and Needham,

whose translations are not merely literal but seem to us to emphasize the spirit of Chinese medicine refer to it as "The Vital Axis." Consensual opinion places the writing of the Su Wen as minus second century and the Ling shu as minus first century.

The Huang Ti Nei Jing introduced the 14 major meridians, mentions 160 acupoints by name and discusses Chinese physiology including the functions of the organ systems. It includes information on pathology, therapeutics, classification of disease and philosophy. The emphasis is always on prevention of illness. (People were to be treated at the change of season and were then entitled to free treatment if they came down with illness.) Many elements of Chinese medicine are mentioned only in passing, awaiting the insights of later scholars to interpret and elaborate.

Let us cite a representative passage:

> Huang Ti said "I should like to know the Tao of acupuncture." Ch'i Po replied: "The first thing in this art and mystery is that you must concentrate the mind (on the patient as a whole) then, once you have decided on the state of his or her five organs, as indicated by the pulses, you can take the needle in hand. If you felt no death-like pulse, nor heard any inauspicious sound, then the inner and outer manifestations are in harmony. You must not rely on symptoms only and you must fully understand the coming and going (of Qi in the meridians); then can you perform acupuncture on the patient. (Veith, tr. pp. 215-6)

The first identifiable practitioner of acupuncture was Pien Chueh, AKA Chin Yueh Jen. His span is estimated in Chens History of Chinese Medical Science as -407 to -310.

(Hus and Preacher) This places him during the Period of the Warring States, a time when China was fragmented into small feudal kingdoms. In a widely known story he was traveling through the important state of Kua where he noticed the people mourning their prince who had suddenly lapsed into a coma. Inquiring as to the etiology and symptoms he then asked to be allowed to treat the ailing dignitary. Pien Chueh used needles to cure him (Gwei-Djen and Neeham deduct that only a single point, GV20 at the top of the head, proved sufficient) thus insuring his own reputation and focusing public attention on acupuncture. There were, of course, other acupuncturists during that time. So notes that "Pien Chueh was lucky to have revived a prince." (1977, p. 1) He was also the first physician known to have employed the classical diagnostic approach of "looking, listening, questioning, and touching." His fame spread as a gynecologist and gerentologist reflecting the "reverence" for woman and the elderly of his culture. Reputedly he was slain by an assassin hired by the envious Royal Medical Chief of the neighboring state of Chin.

An important later book, the Nan Jing or "Manual of Medical Perplexities," which appeared during the Han Dynasty (-221 to +220) is attributed to Pien Chueh. His name apparently lent status to a book which in its own right made a valuable contribution to Chinese medicine. While it contained no radically new information it brought out many

subtleties of theory and practical advances in needle technique particularly in regard to tonification and sedation.

One of the most concrete figures in ancient Chinese medicine was Shunyu-I who lived from -216 to -145. His life and accomplishments were recorded in the Shih Chi of Ssuma Ch'ien, a valuable biographical sourcebook. Included in this work are 25 case histories of Shunyu-I plus his replies to eight specific questions concerning medical practice from the Imperial Court. The cases solidly illustrate the premier position of acupuncture and moxibustion during the period when the Nei Jing was being recorded.

About 300 years later Jan Jung Jin, who lived from +142 to 210, wrote his influential Shang Han Lun or "Treatise on Febrile Diseases." His treatments included acupuncture but mainly recommended the use of herbs. This might not have reflected a decrease in the status of acupuncture but rather a refinement in the knowledge of its appropriate utilization. The writer has observed that acupuncture seems of limited value for most infectious diseases with herbs or Western medicine more efficacious in treatment.

The next important book was the Chia Y Ching by Won Po Mi which appeared during the early Chin Dynasty (265 to 317). It named all the known points of the time, refined the art of point location, prescribed the recommended depths of insertion, specified the recommended amounts of moxa and

contained methods for measuring the points. So cites this as "the best book on classical acupuncture" (1977).

The Chin Dynasty marked the first unification of the Chinese people and was a period of enlightened social attitudes accompanied by great achievement in science and the arts. It also could boast of one of the earliest recorded woman doctors, Pao Ku, 288 to 343, wife of the eminent alchemist, Ko Hung and daughter of the radical social theorist Pao Ching-Yen. She developed significant advances in the practice of moxibustion, for which she was renowned, as well as new treatments for dermatological conditions. Her contributions were fortunately recorded by her students.

The first person to standardize the module system which prescribes the exact way to measure the body for point location was Sun Ssu-Mo, 581 to 673. His system, as described in his Chien Chin Fong, differs only slightly from that taught by So and other contemporary teachers of acupuncture. He also introduced the concept of the ahshi (Oh yes!) point or tender point not included on any chart.

The Sung Dynasty (+960 to 1279) was another golden age in the development of acupuncture. Again the cause was greatly aided by the successful treatment of royal personages, in this case the Emperor. The greatful monarch commissioned many works on acupuncture including the famous bronze statue of Wang Wei-I which illustrates the 14 major

meridians and their acu-points. This great monument to Chinese civilization can still be viewed today--at the National Museum of Japan in Tokyo. Wang Wei-I also prepared a book containing the most detailed illustrations of point location up until his time.

Several other significant works appears before the invading Mongols brought an abrupt end to the Sung. Tou Han Ch'ing published his Chen Ching Chih Nan, "Compass Bearings," in +1241. Included in this book was the "Piao Yu Fu," a mnemonic ode describing the elements of acupuncture theory. Kaptchuk (1978) reports that this or similar odes are chanted by children throughout China whose families have a background in Chinese medicine. Two other books that appeared about that time were Emergency Methods by Si Nien which describes the use of moxibustion for emergencies and the Tzi San Ching of Wang Su Chuen which reviewed and refined point location and acupuncture treatment.

During the Ming Dynasty (1368-1644) China's traditional social class stratification was rigidly reintroduced creating a division between two types of physicians. The poorer classes, particularly in the countryside, were treated by itinerent "practitioners" who traveled from village to village. The upper strata preferred the care proffered by "scholar-physicians" who had large, successful practices in the cities. Although the practitioners are sometimes cited as the forerunners of the modern day "barefoot doctors" it

should be noted that they were often highly skilled individuals from long lineages of Chinese doctors. Moreover as their knowledge was familial and experiential they were possibly superior clinicians to the scholar-physicians who depended more on ancient classics for their treatment prescriptions.

The most important figure in Chinese medicine during this period was Li Shi Zhen (aka Ping-Hu; Tung-Pi), 1518-1593, China's greatest naturalist. His Materia Medica, the Pen Ts'ao culminated 26 years of scholarship and contains 1,892 descriptions of herbs and other animal, vegetable, or mineral preparations and includes 8,160 prescriptions. (Li, 1973) He also produced three other important works: Ping Hu's Pulse Diagnosis (1981), the Ch'ai Chings Pa Mo K'ao, a description of extra meridians and eight unique pulses, and Ping Hu's Clinical Cases. He is a revered figure in China, a favorite of the late chairman, Mao Tse Tung, and his book, translated as "Chinese Medicinal Herbs" was one of the first publications on Chinese medicine available to the West. (His picture hangs in the Cambridge Bookstore, a small shop owned by a Chinese family with close connections to mainland China.)

Several other texts of acupuncture were published during the Ming but none made new or significant contributions to Chinese medicine and their value is chiefly historical.

Under Manchurian rule during the Ching Dynasty the scholar-physicians were forced to downplay acupuncture and moxibustion. In the rural sectors, however, the practitioners continued to employ the "art and mystery" of acupuncture keeping the transmission of knowledge alive.

By the time of the founding of the Republic, in 1911, there were many famous acupuncturists, particularly in Kiang Su province. The best known of these was sometimes referred to as "the father of modern acupuncture". He reformulated and demystified the traditional methods and founded a school to teach acupuncture, a departure from the usual, quite exclusive, apprenticeship approach to teaching. Both of the writers' primary teachers, So and Kaptchuk, were students of students of Ching Tan An.

In 1929 the Kuomintang government outlawed the use and study of Chinese medicine. Mao Tse Tung, however, was a champion of indigenous medicine and credits it with greatly aiding the accomplishment of the "long march." In an oft-quoted pronoucement in 1949, shortly after assuming the reigns of power, Mao stated: "Traditional Chinese medicine and pharmacology are a great treasure-house. Efforts should be made, explore them and raise them to a high level" (Outline, 1957).

In China today, (or at least during the previous few years of this nation in flux), Chinese and Western medicine are practiced side by side in the hospitals and have

relatively equal status with the population. There are separate medical institutions to teach each approach although a good part of the curricula overlap. Following Chairman Mao's dictum, much research has been conducted over the past 35 years leading to advances in electrical stimulation, ear acupuncture, acupuncture anesthesia and other new and promising techniques.

Acupuncture was introduced to the West via the seventeenth century Catholic missionaries. In particular the Jesuits of the Scientific Mission, sent to Peking by Louis XIV of France, played a prominent role including coining the term "acupuncture" from the Latin Acus or "needle" and punctura, "pricking".

The first published European treatice on acupuncture was probably Les Secrets de la Méicine Chinois consistant de la parfait connaissance des poules, envoyés de la Chine par un Francais homme de grande mérite., ("Secrets of Chinese Medicine, including the perfect understanding o fthe pulse, brought from China by a Frenchman of great merit."), in 1671 by the Rev. Father Harvien, another Jesuit, the Rev. Father Clayer published an entire book on acupuncture a few years later in Latin.

George Soulie de Morant was undoubtedly the most influential Western figure in the history of acupuncture. Sent to China in 1898 at age 20, as the representative of a French bank, he landed in the midst of a cholera epidemic

and observed that in hospitals "treatment of patients by means of needles had better results than the available medicines" (Beau, 1965). Fascinated with this unheard of approach to illness, he began studying Chinese medicine and in 1908 was officially conferred the title of "Master Physician." His diploma is of some interest; made entirely of silk it measured ten by sixteen feet and bore the signatures of 100 prominent persons attesting that he had "cured them of an illness that does not cure itself" (Beau). He must have had a large office to display his degrees.

After 20 years of study in China, de Morant returned to France and gave a public demonstration employing acupuncture to cure a woman with a paralyzed limb. He published several volumes on acupuncture including Précis de la vraie Acupuncture Chinoise ("On the truth of Chinese Acupuncture") in 1934 and L'acupuncture Chinoise in 1939 which became the sourcebook for most modern Western works on Acupuncture up to the last decade. Needham and Gwei-Djin maintain that despite the recent influx of publications in European languages de Morants work remain pre-eminent.

During his final years de Morant was attacked by French medical orthodoxy and charged with illegal practice of medicine by the French Order of Physicians. Although the courts ruled that no grounds existed for prosecution this bitter experience moved him to come to the U.S. where he was hired to teach. In 1950 his name was submitted for the

Nobel Prize in Physiology. He died in 1955, an expatriate, at 77.

In Great Britain two contemporary figures, Felix Mann and J.R. Worsley have done much to bring acupuncture to public attention. Mann, a Western physician has published several books for both professionals and the lay public all of which have been circulated widely. Worsley, an appra-ently charismatic man, who studied acupuncture in Taiwan, has founded a school which has produced many skilled acupuncturists.

Many people in this country first heard of acupuncture during Richard Nixon's celebrated first visit to China. In particular the report of James Retson of the New York Times, who received acupuncture anesthesia during an emergency operation, brought considerable attention to this ancient art which seemed so new and exotic to Americans. Since then acupuncture has slowly but steadily developed as a health care profession. The first full time program of study was offered in 1976 by the New England School of Acupuncture from which the writer has graduated. The faculty included James Tin Yau So, founder of the Hong Kong Acupuncture College and a master acupuncturist for over forty years, and Ted Jack Kaptchuk, a graduate of the Macau Institute of Chinese Medicine, one of the few Americans to receive a degree from a traditional Chinese acupuncture college.