

Water Penetrating Rock : Spiraling Treatment to Gently Address Acute Conditions

By : Mark Petruzzi

“I’ll tell you where the real road lies. Between your ears, behind your eyes. That is the path to paradise; likewise, the road to ruin” – Hermes speaking to Orpheus – Hadestown

It is a common practice in medicine that the aggressiveness of the intervention should be commensurate to the severity of the condition. This idea has penetrated certain approaches of acupuncture, where it is taught that you need to give a strong stimulus for the body to respond in acute/severe situations. While this can yield positive results in particular settings, there is no *one size fits all* to treating these types of conditions. Multiple variables can influence your path, and as the saying goes, “there are many ways up the mountain”. We can all get stuck in certain learned patterns which can limit our vision in seeing all sides. Treating very gently to bring someone out of an acute/severe condition may seem counterintuitive initially, but at times, can produce the most effective outcomes.

For the children suffering with severe (sometimes even life-threatening) situations at Stony Brook Children’s Hospital, it was clear to me that the aggressive approach to treatment was not appropriate. Often when someone is yelling, the best way to be heard is to speak softly. Their little bodies are screaming; metaphorically, or literally, so we need to convey our information in a manner that allows their system to hear us. This is easier said than done, as our desire to help quickly draws us into overtreatment.

Acute pain leads to a higher level of resting tone in all the tissues (skin, superficial/deep fascia, muscles, vessels, etc). Adding to this, is the fact that many of the necessary and incredibly lifesaving interventions performed in hospital settings, are in and of themselves, traumatic to the system. Inserting needles with strong manipulation in such cases can lead to further tissue guarding, increased inflammation, contraction and pain.

Alternatively, we need to gently convey a sense of nurturing support, coaxing their body to a safe space, which will allow malleable change. From a physiological standpoint, our aim is to calm the heightened sympathetic tone, easing myofascial and neurovascular tensions, while deescalating the fear and anxiety responses from the amygdala.

Jane was a 20 year old female with recurrent refractory osteosarcoma, left leg amputation above the knee and metastasis to the left side of the diaphragm. She was on home hospice, but presented to the pediatric oncology clinic with uncontrolled pain; primarily in her left shoulder/upper thoracic/cervical area and left thigh; along with shortness of breath. Morphine was administered in the clinic, but it was not able to bring her pain under control.

Upon entering the room, Jane was hunched over leaning to the left side in the reclining chair, holding a hot pack on her left thigh. Pain was visible on her face and her breathing was labored. She was developmentally delayed and very apprehensive about receiving acupuncture treatment. I spoke to her for a bit to ease her concerns and assured her that everything would be comfortable. My palpatory assessment revealed a KI Sho with some meaningful channel findings being tension through the PC ch, significant bogginess in Rt UB40 with slight swelling in the right lower leg and subcutaneously on the left thigh. Lt Ling Gu was also tense and tight in the left GB21/SJ15 area.

With the severity of Jane's* condition, "kicking the door down" was not the best way to get into the house, but instead, I needed to "knock and ask permission to come in". (A special thank you to Peter Yates for this pearl of wisdom!). I did not have a set "plan" at the onset of the treatment, instead, opting to listen and follow where the body was leading.

For Jane*, I began with a double teishin technique (TST-twin dragon/soryu) Lt PC6 and Rt KI8; simultaneously interacting with the Kidney channel and Yin Qiao, the Pericardium channel and Yin Wei, supporting the Kidney and fluid metabolism along with calming the mind, softening the diaphragm, moving qi through the 3 jiao and easing perifascial tension in the neurovascular system of Shao Yin. After a softening in the PC channel and an opening at KI8 was felt, I transitioned to double teishin at Rt GB34 with Rt SP9 at once continuing to help mobilize fluids, relax the sinews and ease tension thru the subcostal area. Next the treatment flowed up the Rt leg with double teishin to ST34-SP10, followed by Rt PC6. Once a positive shift was felt here, I began to see relaxation of her shoulders and face, accompanied by a slowing of her breath. I continued with double teishin on Rt SJ13 and Rt SI8.5, leveraging the polarity relationship to decrease pain in her left thigh. DU20, with Rt ear shenmen, Lt-ear thigh, and Lt Ling Gu followed.

The first round of point stimulation, which took about 5 minutes, revealed visible and palpatory signs that the treatment was moving her body in the right direction. Her Mom was sitting across the room and asked, "Is it helping?" Jane* turned to her, gave a small smile, and nodded yes. Instinctually, it felt right to continue with a second round of point stimulation in that same progression. During this time, I was keenly aware of the simultaneous interplay between the expanding resonance on the second sequence of points, and the deepening level of calm settling into her system. After round 2, she adjusted her position to recline straight back, resting her head on a pillow and closed her eyes peacefully. I concluded with a third round of point stimulation in the same order; once again being mindful of how this 3rd rotation permitted an even deeper reverberation. Finishing the treatment, I performed Lymph Drainage Therapy (LDT) along the neck, head and scalp; left thigh, right thigh and lower leg. At the completion of the session, she looked over to her mom, and quietly said she felt "very good". The strain on her face was gone, no longer hunched over to the left in pain, but relaxing comfortably on the recliner.

Working in this manner is something that I began to call Spiraling Treatment.

Utilizing “the soft to dissolve the hard”, spiraling treatment can be like water penetrating rock. With the body acting as the central axis, we fluidly move around this fixed point, continuously progressing deeper. Gentle teishin (or contact needling) ripples qi inward, dissolving layer by layer with every round of point stimulation.

Nuance and refinement will always individualize and optimize effectiveness for each patient. However, there are some generalities that I have found impactful when treating in this way:

- The order of your point stimulation will be just as important as your point selection. You are attempting to initiate a sequence of events and/or responses to guide the movement of qi, blood and fluids in a particular manor.
- Whether starting on the torso and working out to the limbs, or working from the limbs to the torso; work flows fluidly from arm---leg---leg---arm; and can be performed with the patient in any position (ie: supine, prone, sidelying, etc). Progressing in a circular or infinity pattern will depend on varying factors.
- Even if you plan to retain needles during your treatment, always start with teishin or contact needling. In many of these acute situations, there can be hypersensitivity and/or hyperreactivity. Beginning in this fashion, will not only give the body permission to let go, but will serve as an assessment tool, informing you by their responses, on what techniques will be most effective to proceed with.

Susan, a 4 year old girl with leukemia, a history of Trisomy 21 (Down syndrome), resolved atrial septal defect and hydronephrosis. ended up with tumor lysis syndrome (when a large number of cancer cells die within a short period, releasing their contents into the blood) after induction chemotherapy. This set off a cascade of symptoms including acute kidney injury/failure (AKI), associated hypocalcemia with involuntary muscle spasms, early phase mucositis and significant acute bleeding from her post surgical port site. Her situation was tenuous overnight, but the PICU team did an amazing job getting her system stabilized. Susan* was still in critical condition the following morning and needed to have a PICC line (Peripherally Inserted Central Catheter) placed to be used in lieu of her port to give medicines.*

Susan* tends to get very anxious and upset when the doctors are around, which was only increased from the trauma that had ensued. Even with Ativan, her blood pressure was elevated (145/88) and her oxygen kept dropping into the higher 80s. There was concern about her needing more sedation during the procedure, which could affect her airway.

Her past medical history and the events leading up to the treatment painted a clear picture of a Shao Yin Axis imbalance, which was confirmed by the palpitory exam. Spiraling treatment with the teishin flowed from the left arm---right leg---left leg---right arm---head/upper chest in the following order: Lt HT7, Rt KI9, Lt KI6, Rt ST36, Lt SP9, Rt HT8, Rt HT3; DU23, DU20, Lt KI27. I used a single teishin tonification (TST-Ripple technique), working one point at a time, to avoid overwhelming her frail system. Once the arrival of Qi (Kiitaru) or a positive shift in the

texture/tone/fluid fluctuation was felt, I would progress to the next point in the cycle. A deeper sense of connection was appreciated with each revolution around the body, producing more significant change with each sequence. 3 rounds of point stimulation were performed; finishing with tst-wave technique down the leg yang ming chs and concluding with acupressure at KI1.

At the end of the teishin treatment (which was about 15 minutes), her blood pressure went from 145/88 at the start, to holding at 127/65 – which was the lowest her blood pressure had been since she was admitted to the hospital. Her oxygen saturation rose from 88 to 94. Susan's* parents were very impressed, watching the numbers steadily improve on the monitors throughout the treatment. The head PICU nurse was happy to report that the PICC line placement performed shortly after, went very smoothly, without the need for further sedation. She said, "whatever this was" pointing back and forth to me and her team, "we need to do more of it".

A previously healthy 10 year old boy was admitted to the acute care floor for dehydration in the setting of multiple episodes of watery diarrhea with blood; shown to be due to salmonella. IV fluids and antibiotics resolved his infection and normalized his bowel movements, but his intractable abdominal pain was not improving. If anything, it was increasing and not responding to their allopathic efforts.

Palpation revealed a Spleen kyo Liver jitsu presentation; the LIV jitsu expressing as spasming through the Stomach and Intestines. I opened the treatment with gentle teishin to ST19, RN12, Lt ST21, Rt ST23 to soften the subcostal area and to unwind some major junction points through the GI system. Then I spiraled treatment working from Lt PC6, dual teishin to bilateral SP8, duel teishin Lt ST39/RtGB34, Rt LI 10, DU24 for 3 rounds. At one point in the middle of the treatment, he said "it's weird...I can feel things happening in my belly". At the end, I finished with TST-wave technique down the yang ming channels on the arms and legs. When the treatment was complete, I asked if his abdominal pain was a good amount better? He gave a smile and a nod of yes; and with a look of relief on his face, the boy said, "I think I really needed that." The residents checked on him later in the day and told me "It was like he was a totally different kid...talking and playing".

It is said that we learn in spirals...circling back to the beginning to hear things again, for the first time; gaining a deeper understanding with each turn of the wheel. As such, when we treat in spirals, we circle back to listen again with our hands for the first time, expanding our resonance to the body as a whole, and to each point we revisit.

Frequently, this can lead to a dramatic shift in the acute condition your patient is presenting with. In other times, there is a definitive "change" that the patient can feel, and while their pain level may not have significantly changed directly following the treatment; they are aware of feeling different; more calm...their body somehow lighter. When this is accompanied by progressive positive palpitory changes, you can expect to see a steady and speedy improvement from this

point on. It is as if the gentle spiraling treatment opens the barrier enough, to allow the waves to cycle in.

“Nothing in the world is as soft and yielding as water. Yet for dissolving the hard and inflexible, nothing can surpass it. The soft overcomes the hard; the gentle overcomes the rigid. Everyone knows this to be true, but few can put it into practice.” – Tao Te Ching
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