

## Treating Patients with Chronic Disease

Many people seek relief from the suffering of progressive degenerative disease. Yet, that impulse leaves an important question: What does one mean by "relief" from such chronic conditions? Focus on the physical manifestations of disease leads many modern practitioners to search for the perfect protocol – the “magic bullet.” Most patients and many practitioners identify the supposed “magic bullet” with a *cure* for disease. They accept temporary control of disease expression, and fail to realize that focus obstructs the search for a true cure, which entails a *reversal* of the physiological process creating the disease process.

While modern pharmaceuticals can sometimes temporarily block symptomatic expression, they do not alter the basic discrepancies of being that lead to most chronic diseases. A surgeon might cut out a localized lesion, but the imbalanced functions that created and sustained it will seek and find other expression. While modern western medicine can sometimes help patients *manage* chronic disease through controlling its expression, the therapies it offers do not contribute to fundamental cure. Relative to chronic disease, the “magic bullets” of modern medicine offer temporary control (at best), rather than cure.

Desire for proof leads to the standard of seeking results that can be replicated. That focus narrows therapeutic goals to controlling the expression of disease, rather than individually sorting out the pathogenic factors from the being’s intrinsic response. Many modern TCM practitioners look for treatment strategies or protocols that work for every patient in a certain diagnostic category, which is a Chinese medical “magic bullet.” Therapies aimed at cure through *disease reversion* focus on the distorted process that creates physical changes, rather than symptomatic expression. While symptoms are an important guide to understanding the individual’s struggle, their elimination is not the purpose of curative therapy.

Classical Chinese medicine doesn’t even search for "magic bullets." Healing isn’t found in treatments and modalities, it belongs to and is the responsibility of the “patient.” Each person is unique, and must be met individually, based on discriminating his or her specific blocks to healing. Those blocks to wellness must be individually discerned, probed, disentangled, and eventually released to stimulate and *allow* healing. No successful treatment strategy can be generalized to any definable (sub)population of people with the same named diagnosis. There are no magic bullets; the “magic” potential of healing results from individually unblocking the power and vitality of the embodied spirit.

Healing isn’t always a pleasant and comfortable process. Chronic degenerative conditions result from accumulations of unresolved (physiological and personal) struggles. Thus, healing them generally involves stimulating the being to release the attachment and expel the stagnation. Many believe that profound healing requires some visceral release of embodied stagnation. Various humors are typically expelled, including tears, sweat, phlegm, dark or loose stools (from old blood, or dampness, responding to

intractable heat, foamy urine (wind), etc. This allows the individual's vitality to flow freely, and the fundamental changes that ensue from liberating intrinsic responsiveness.

These changes pervade the entire being, and are not solely physical. In fact, profound healing often begins with emotional or spiritual transformation(s). This point was aptly made in *Lingshu* (chap. 8), which conveys the classical wisdom that physical lesions are the somatic result of suspending unresolved spiritual or emotional conflicts. [See, for instance, *Rooted in Spirit* by Claude Larre & Elizabeth Rochat de la Valle.] Typically, emotional and spiritual conflicts that individuals can't (or aren't willing to) resolve are suspended in physical humors for final disposition later. This is an internal cause of disease being held in dormancy, and frequently accumulating to eventually overwhelm the individual's resources and capacity to suspend.

Twenty-one hundred years ago (around the time *Lingshu* was recorded), a devoted student of medicine named Chun-yu I delineated four stages in the transmission of Chinese medical texts, and the teachings based on them. The first two (receiving and reading) can be attained through good luck in finding a competent teacher, and hard work in study. Receiving is both a ritual transmission of the text from teacher to student, and basic instruction in the principles. Many centuries before mechanical printing, the student was permitted to copy the text. At that time, reading was far more than a cursory perusal of a text. Texts were read aloud, and often chanted. Reading them was often tantamount to memorization

The third requires the student's creative inspiration. One must learn to discern the workings of *Dao* within the microcosm of an individual patient's life process. This involves "sorting out" the individual's intrinsic responsiveness from the challenges of factors disrupting it. Clearly discriminating the pathogenic factor(s) from the individual's response allows one to devise treatment strategies aimed at facilitating that response, rather than toward controlling the expression of distress through uncomfortable symptoms. This process allows practitioners to engage the *Dao* as it expresses within the microcosm each individual patient, and thus probe profound healing.

[Note: While I follow Nathan Sivin's translation of "sorting out" for the Chinese character *jie* (in the Wade-Giles phonetic system, *chieh*), I believe one must understand some of the connotations of that character. See Sivin's wonderful essay: "Text and Experience in Classical Chinese Medicine." This "sorting out" is not like sorting a group of coins into their separate denominations. The same character is the therapeutic method for resolving fire toxins (*du*), which is a pictogram of an awl-like tool made from an ox horn. This "sorting out" involves patiently and persistently separating factors that appear inexorably bound to each other.]

The fourth stage of learning refines and verifies the student's relationship with *Dao* through regular application of the "sorting out" process. After sufficient practice and experience under a teacher's supervision, the student who has mastered stage three is ready to go out and establish a separate practice. He or she has the chance to eventually become the teacher's equal in probing healing through stimulating the intrinsic responsiveness of life. People can live as individuals, overcome challenges, and when necessary heal through the grace of individual embodiment.

There are at least two different levels of sorting out. A practitioner aspiring to “sort out” the individual’s intrinsic responsiveness from the external factors challenging vital function must slow down to see them. Learning the classical standard of Chinese medicine articulated by Chun-yu I presented dual intellectual and spiritual challenges. It recognizes that symptoms and signs are not the direct result of pathology. Rather, they arise from the struggle between the intrinsic responsiveness of the individual, and the extrinsic factors that are disrupting natural flow.

If one simply classifies symptoms and signs into syndromes, and formulates treatment strategies based on them, one merely manages the expression of distress. In trying to control the unpleasant aspects of an individual’s physiological (and personal) distress, one fails to recognize the potential for healing found in facilitating the being’s intrinsic process. While profound healing generally improves people’s experience of symptoms, many key ones remain indicators of short-term distress. They become important teachers, when patients learn to use them that way.

That clinically oriented “sorting out” relies upon a deeper, and more profound “sorting out,” which lay at the heart of *Daoist* cultivation. This is the process of *watching* one’s compulsive and unconscious projection of individual point of view. The growing awareness one attains in this process of watching allows one to gradually “sort out” the phenomena that occur from the interpretations individuals have of them.

Relative to one’s person, many individuals simply view all symptoms as unwelcome, and want them eliminated or controlled. Can the clinician simply be present with the patient who is suffering, and not buy into that projection? This is the profound degree of “sorting out” required in learning to clinically “sort out” pathological factors from intrinsic responses. Of course, this process is complicated by the passing of time:

- People often forget the historical process of their developing an ailment.
- Habituation of intrinsic responses and volitional reactions renders pathological conditions more deeply entrenched
- The nature and foundation of many symptoms transforms as the individual exhausts certain resources, and adapts by responding to changing internal circumstances. There are myriad possible response pattern that individuals create.

Treatment strategies based on clearly “sorting out” and facilitating the intrinsic response to pathogenic factors can stimulate profound transformation. Many patients struggling with a wide variety of diagnoses attain substantial degrees of disease reversion. However, such profound transformation frequently requires a high degree of commitment from patients. People often experience certain emotional and/or spiritual realizations and transformations, and find the need to make some lifestyle changes. Eating and drinking, physical exercise, breathing, and sleeping are instrumental in how individuals embody, and changes in those lifestyle factors are often part of the healing process.

Sometimes, individuals are not willing to make the dramatic changes that *reversion* requires. Many prefer the somewhat lesser standard of *halting* the progression of chronic degenerative (progressive) conditions. While it is theoretically less satisfying, the lesser

degree of reversion that halts progression prevents that disease from causing the individual's demise. Disease reversion is real! We need only open ourselves to the possibility of profound healing.