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A Compendium of Clinical Methods

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The Forgotten Art of Face Color Diagnosis – II

Part II of a continuing Series, see main article May Issue of the Bulletin archived at: <http://www.acu-free.com/newsletter.htm>

In the May Issue you were invited to try out your Face Color Diagnostic¹ skills on the image below. As promised here is the **answer key**. Questions were: 1. Which elements seem to be most in disharmony? 2. Of these, which one seems the Destroyer element? 3. What provisional diagnosis would seem to be suggested?

Figure 1

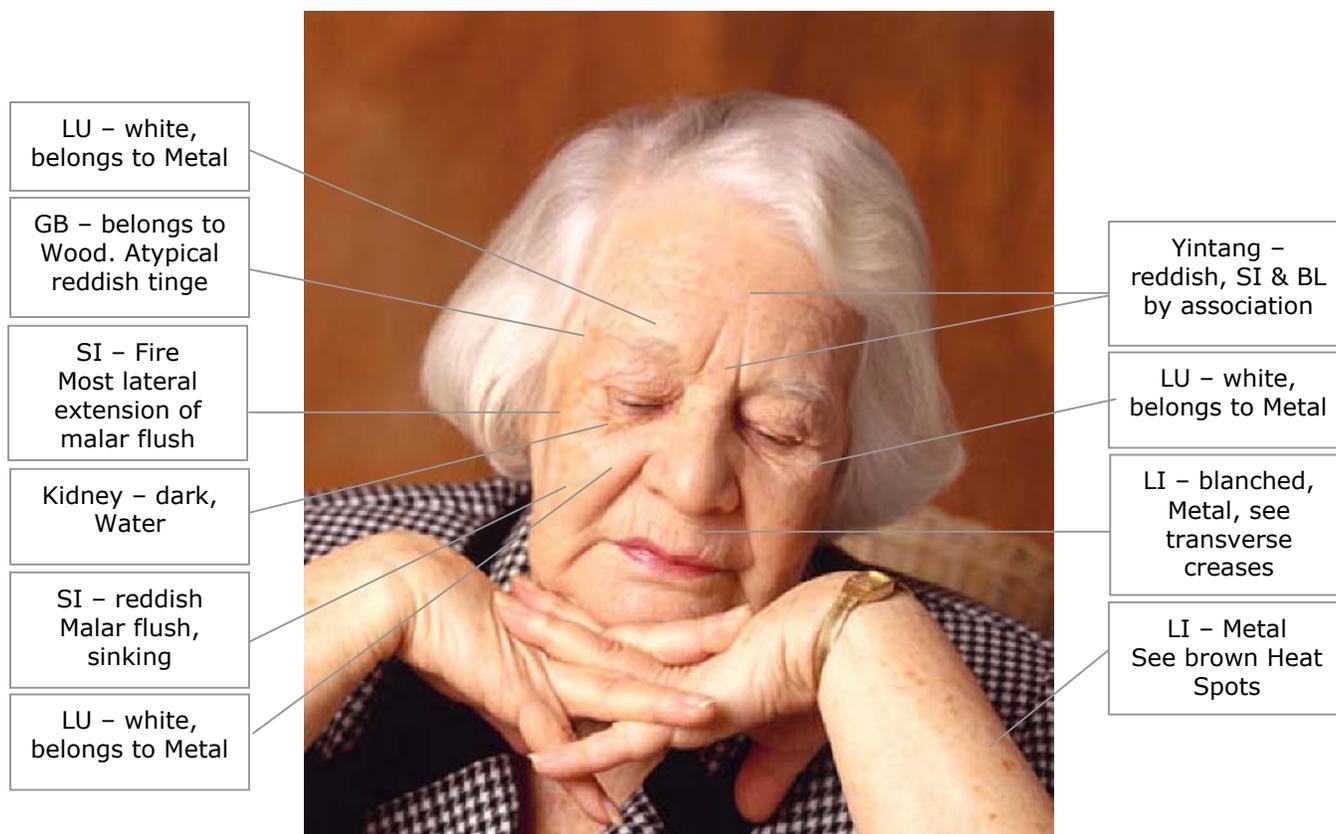


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Answer key:

Q. Which elements seem to be most in disharmony?

A. Metal, which is listed 5 times, as LU or LI.

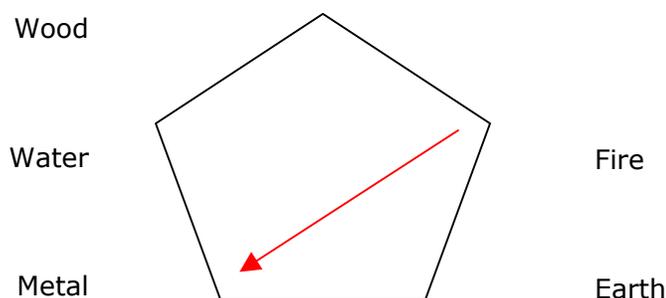
Q. Of elements seen, which one seems the Destroyer element?

A. Fire seems to be the Destroyer here, listed twice as SI and one more time in the Yintang extension, and by consequence making LU Metal the Afflicted element.

Q. What provisional diagnosis would seem to be suggested?

A. Provisionally, this is a Fire Afflicting Metal pattern.

Figure 2



Discussion:

It seemed a little unfair to readers not steeped in Face Color Diagnosis parlance to go about arriving at what might seem to be arbitrary conclusions, hence this small discussion.

The situation is obviously chronic and the hues have changed over the years, and in consequence, have faded and congealed into place, and the picture is not dramatic. Therefore we have half tones, largely the browns of congealed SI Heat, and blanched Metal hues almost denuded of pigment. Metal seemed to come up more than any other element, particularly in places where it should not be.

Though Metal is the most obvious hue, it is found in Fire and Water areas. Fire naturally controls Metal, but here the picture is reversed. The only pattern, which could be permitted is when Fire aggression on Metal over the years, has at last been 'countered', and Metal returns the favor; a very advanced condition indeed.

Here is a fine point you might like to note. Any hue however small appearing in an atypical area is worth much compared to a large swath of the inherent hue in it's own place.

Metal LU white in the cheek where a Fire malar flush should be, and under the eye, where Water part of the Fire-Water Axis lives, more or less clinches the deduction.

One more face please

As part of the series, each month we will work with a different face. This face in figure 3 has some obvious color changes, marked for your benefit. Following parameters need to be addressed:

Q. Which elements seem to be most in disharmony?

- Q. Of these, which one seems the Destroyer element?
 Q. What provisional diagnosis would seem to be suggested?

Work these out and label, we will discuss in the next July Issue.

Figure 3



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Needling LU7 – an easier approach

This immensely versatile point on LU channel has diverse locations cited in literature and usage. Here is one, which offers dependable access with the least bit of fanfare:

Step 1. Locate LI 5 in the snuffbox when thumb stands well extended.

Step 2. Making sure forearm is lateral side uppermost; as in figure 4 below, slide your point-finding thumb from snuffbox, superiorly, on lateral edge of radius.

Step 3. About 1.5 cun, this may vary to the smallest degree, along the way your thumb will naturally fall into the depression in the bone, between twin tendons of the abductor pollicis longus and brachioradialis on either side of the point.

Procedure:

The Manual of Acupuncture², Deadman et al, gives a unique way to needle it. Once point is accurately located, pinch skin over it with 'finding' hand, and needle transversely 0.5 to 1.0 cun, proximally or distally.

If you want to look up more details in the Manual, see the discussion on p. 83. The commentary on p. 84 and 85 is worth perusal if you really want to get acquainted with this quaint point with prolific actions.

Direction:

Proximal? Distal? Perpendicular? Because of space constraints we can't include that in this Issue. We will let you think about this, and deliver the remarkably simple answer in the next one.

In the same issue we will mention an entirely exotic procedure involving this point's usage as mentioned in a work with Japanese roots. Again, this will open up fascinating frontiers for you in your practice. So stand by till then.

Figure 4

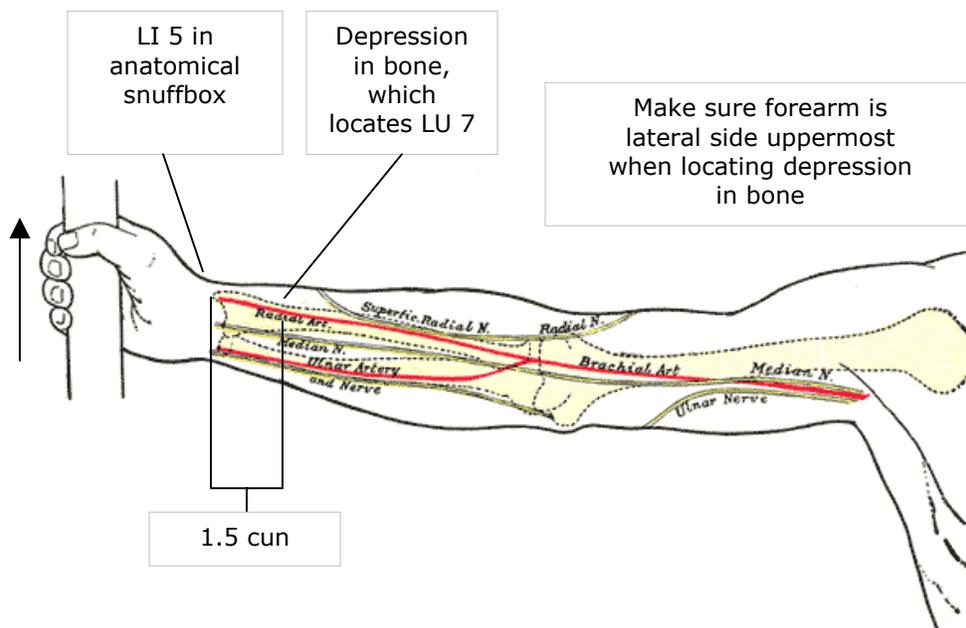


Image Courtesy of Grays Anatomy 1918 Edition. Superimposed labeling by Author.

Ethics – Sexual Boundaries for Professionals

A Case Study

This study discusses problems a hypothetical professional M faces when boundaries are violated due to a romantic attraction with a patient. It is entirely hypothetical but could as easily happen in real life. You are invited to see how this develops and give your opinion.

M is a professional with established offices in the city. A new patient, P, walks in. M feels an instant connection, and finds it reciprocated. By the time the session is done, each realizes this and seems conducive towards it.

A week passes and M can't wait to see P at the return visit. When P walks in, instead of staid greetings there is visible effusion, and digressions of a personal nature follow. P declares M the 'best healer' ever, and the relief, 'phenomenal'. More sessions follow in this amiable frame, and in each there is less treatment and more intimacy. Social liaisons follow, and these end up in the inevitable final step from which there is no return. Profession has given way to passion and whatever remained of boundaries, is irrevocably gone.

Question. Can this be condoned on the basis of, 'Hey, they are human, and these things will happen'? Or, that 'what they felt is genuine, why should true love be stifled'? Or even, 'this kind of thing has happened before in the world, you know'.

Patients are in a natural state of dependence. They are inherently fragile and by the very dynamics, vulnerable. It is even possible that they may not be in a position, if chronically unwell or debilitated or in pain, to maintain structure.

Let's turn morbid and look at an unpleasant outcome. M continues dating P while the professional role continues. The inevitable lover's tiff happens, and happens again. Things sour, P decides to cut treatment, M does not follow through to make up, and they fall apart. P feels personally forlorn and professionally abandoned, and ends up with a dramatic relapse. Alternate help is not sought, P announcing to common friends and whoever will listen, that there shall be 'no more acupuncturists, ever', which does not work wonders for the profession. From this point on, P may fade away, or precipitate a lawsuit, or cause M to lose license, or move to another state.

What is your opinion? Is there a place for 'true feelings', which might involve patient and practitioner? Or a 'no, never, absolutely not' situation should prevail? Or is there a third way to understand this?

Or more to the point, with the patient inherently vulnerable, is it even possible that a romantic relationship may evolve on a soundly bilateral basis?

Finally, would you consider M on a higher pedestal because of professional responsibilities? Would you to any extent put some blame with P, to whichever extent, for having drawn M into this situation by effusive hero worship? Particularly if this is not the first time a situation like this has involved P, or for that matter, M?

Carol de Andrade, Ph D in Psychology, MS in Applied Behavioral Science The Johns Hopkins University, L Ac, is the Director of Acupuncture, Psychology & Behavior at the American Healing Institutes. She is the founder of 'The Body Loves the Truth'® & 'The Advanced Mind/Body Training Program AMBIT'®.

She discusses 'Boundaries' at length in a course titled 'Ethics for Acupuncturists'. For more details visit <http://www.acu-free.com>

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Format: A live presentation in clinical setting with actual cases which runs like a feature film

You learn: How to diagnose chronic illness by elemental Designs

Run time: about 15 hours

Credits earned: 15

Accepting agencies: NCCAOM, CA, MD, MA, FL, NM, MT, ME, RI, ID, AZ & most States

Preview and details: <http://www.acu-free.com>

River of Heart on DVD

Format: A live presentation in clinical setting with actual cases which runs like a feature film

Teaches: Teaches Horary Acupuncture. Works in great detail with 5-Shu 'open' points.

Presents a case with intense emotional problems, treated with horary high-energy points.

Run time: about 15 hours

Credits earned: 15

Accepting agencies: NCCAOM, CA, MD, NM, MT, ME, RI, ID, AZ & most States

Preview and details: <http://www.acu-free.com>

Ethics for Acupuncturists & Health Professionals

Format: A live stand-alone audio. Does not require additional reading material

Teaches: Discusses all aspects of Ethics as they affect you

Run time: 4 hours [A CA version runs 5 hours]

Credits earned: 4 [CA version earns 5 credits]

Accepting agencies: NCCAOM, CA, MD, NM, MT, ME, RI, ID, AZ & most States

Preview and details: <http://www.acu-free.com>

Malar Flush – diagnosing Heart Fire from Liver Fire

Format: A live audio with intense clinical imagery

Teaches: Teaches four-fold differential diagnosis of malar flush

Presents 2 case studies accompanied by a grand rounds type discussion

Run time: about 5 hours

Credits earned: 5

Accepting agencies: NCCAOM, CA, MD, NM, MT, ME, RI, ID, AZ & most States

Preview and details: <http://www.acu-free.com>

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State specific Web Pages

California Acupuncturists

Check State Board of Acupuncture Approved courses. Some courses are newly posted.

<http://acu-free.com/CaliforniaCECourses.htm>

Florida Acupuncturists

Floridians have this thing about CE Broker and as a consequence all courses listed on this Page have CE course numbers and State Approved of Acupuncture approval.

<http://acu-free.com/FLCEPage.htm>

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NCCAOM Diplomates

This link lists reviewed distance learning seminars with Provider Numbers.

<http://www.acu-free.com>

Can you guess?

We are winding down this Issue with a riddle. This is a Chinese hieroglyph that means something fairly obvious. Can you guess? Answer in the next July 2006 Issue.



References

1. Paul U. Unschuld, ed. Nan-Ching. Regents of the University of California; University of California Press: 1986. The Classic of Difficult Issues, Part IV, Chapter Four, On Illness, The Sixty First Difficult issue, p. 539.

2. Peter Deadman & Mazin Al-Khafaji with Kevin Baker. Journal of Chinese Medicine Publications. A Manual of Acupuncture. First published 1998. Lung Channel; p. 83.

Further reading

A. Parry, Richard, "Ancient Ethical Theory", *The Stanford Encyclopedia of Philosophy (Fall 2004 Edition)*, Edward N. Zalta (ed.), URL = <http://plato.stanford.edu/archives/fall2004/entries/ethics-ancient/>.

B. Nicomachean Ethics, Wikipedia, the free encyclopedia, Courtesy the Wikimedia Foundation, Inc. See link below for location:
http://en.wikipedia.org/wiki/Nicomachean_Ethics

