

 BULLETIN OF CLINICAL
CUPUNCTURE
& Natural Healing[©]
A Compendium of Clinical Methods

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**Treating Post Holiday
Depression**

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With best wishes

Dr. Holmes Keikobad
Editor in Chief

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*"Whatever you seek, you may one day find, and therein is the rub"
Faramoush the Forgotten*

Depression

While everyone is subject to post holiday blues, people with Heart and Kidney Qi can be the most vulnerable. Taking simple preventive steps could readily prevent or mitigate this.

Fire Water Axis

This is most remarkable in people whose Kidney Qi, over time, became depressed, and in due course upsets the Heart Qi.

The signs and symptoms [S & S] which developed for K Qi over a period of time in transform into those for HT Qi.

S & S for K Qi deficiency would be hidden, deep, cold and intangible unless you were looking for these.

S & S for HT Qi deficiency would be overt, heated and very visible even when one were not looking for these.

Put the two together and you have the makings of the Fire Water Axis.

If you can discern signs for this Axis you can narrow down a person who may be more prone than others for a depressive experience.

In a picturesque sense 'depression' here could mean figuratively the depressed state of HT Qi. Of course while this is important as a readily recognized sign, the more critical is the information that this has at its basis a depressed K Qi.

In order to treat HT Qi deficiency, treat mainly K Qi and secondarily, HT Qi. Simply treating HT Qi will give incomplete results.

In that sense clinical depression is a K based disorder which shows up in HT.

What is the most overt sign of HT Qi deficiency? If you have seen this sign the answer can be only one.

This is such a visible and prominent sign that you can almost make it out without a word being spoken to the patient.

More interestingly you often see this sign in someone part of a crowd, or in a close set social setting, in friends, relatives, co workers, even chance passengers in the subway.

In almost anyone you see this in, you see a potential for depression.



Examine the photo below.
What is the main sign you see?

The vivid discoloration at the cheek is a **malar flush** provided the patient reports a feeling of heat in it at afternoon.

This flush appears **only in illness**, and **only in the afternoon**.

In the evening it may become intangible.

The heat component begins about 1 PM and disappears by 3 PM or so.

When the patient has been treated correctly both the hue and heat will disappear, leaving only the slight redness in cheek seen in adult life.

**A positively identified malar flush of afternoon >
sure sign of HT Qi diminished >
almost certainly a sign of a K Qi in disharmony >
a Fire Water Axis >
a person prone to depression**

The identification of the flush is simple enough for narrowing down a possible propensity to depression.

This approach is encouched in the 60th Difficult Issue Nan Ching. If you have not read it you are invited to do as it offers exquisite insight into face color diagnosis.

For instance the flush which is so clearly seen in the image of the boy can be so complicated in presentation if left untreated, or mistreated, over the years.

Some variations:

1. If there is a shift to the temple Gall Bladder may be involved.
2. If there is a shift towards the lower lateral region of the cheek, and the flush is now more brown than reddish, this is an old condition
3. If there is a shift towards the lower lid with that area showing a grayish hue, and there may be puffiness or a sinking, a condition of Kidney diminished indicated

Complete list part of course on HT Fire VS LV Fire, how to differentiate see link below



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Image excerpted from course on Malar Flush www.acu-free.com
Scroll down to DIAGNOSING HEART FIRE FROM LIVER FIRE 5 credits
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K Qi Diminished

If you can find it in conjunction with the flush, this is an even better sign. This is a K sign so it is 'deep, dark, cold and recessed', these being the characteristics of the element Water.

The typical malar flush can arise due to attributes on any 5 elements including Fire but clinically it is when K is Sunken the Fire can assuredly Rise and the flush present.

This hue is seen largely on lower eyelid, the province of K in Face Color Diagnoses terms.



Here is a typical manifestation though in practice there can be a wide range:

- See lower extent of lower eyelids both eyes, that's where the dark shadows should end
- See grayish hue, typical of K Qi Diminished
- The area of lower eyelid not unduly sunken, man is young as yet

If you can find both the malar flush of afternoon and grayish hue on lower eyelid a diagnosis of a Fire Water Axis gone awry is almost certain.

This person more than any other is likely to run into clinical depression from any significant stressor.

How to prevent depression now that the holidays are

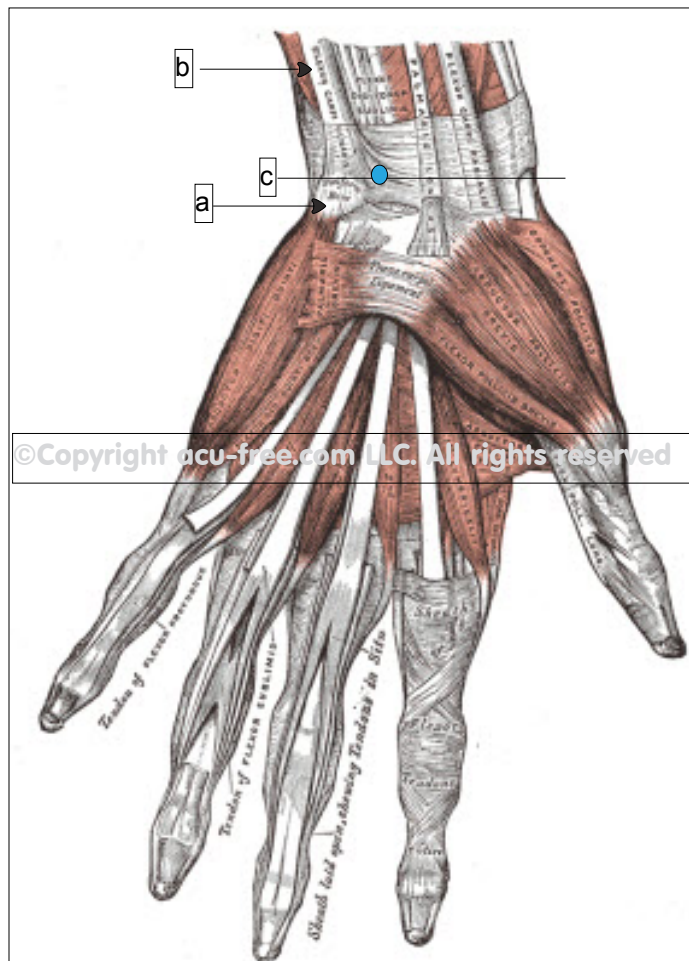
impending?

Note: Which is a grim statement to make and the Editor in Chief is at pains to say everyone is not going to be depressed after the holidays are done, some might even come away with great memories. Really.

Preventing depression

If you have patients who show Fire Water Axis signs, they will do well with this preventive protocol, which may even be taught the patient.

You are using the typical birdseed applied in auriculotherapy. These are placed on points and stimulated by simple pressure enough to cause a subjective sensation of Qi [heat, numbness, 'something moving', warmth, sensation in remote site of body].



1. Heart 7 on left wrist. Work to get the point correctly:

Feel for the pisiform bone. Once located, palpate upwards into the wrist and you will feel the tendon of the flexor carpi ulnaris, see [b].

Come back again to the pisiform bone and palpate the superior border, the one which tends towards the wrist, see [c].

When felt clearly, and holding onto this location, simply slip your thumb or finger laterally, towards the radial side.

The depression you feel holds the point HT 7, see blue dot.

Press seed into the point and hold. Presently patient will report some sensation of moving Qi. Unless you get that the placement is of little use.

People prone to periodic depression may get it at set times, usually when HT & K Qi run at Full.

HT Qi Full time - 11 AM - 1 PM - stimulate point about 10:30 AM for about 3 minutes
K Qi Full time - 5 PM - 7 PM - stimulate point about 04:30 PM for about 3 minutes

2. Kidney 3 on left ankle. Work to get the point correctly:

How to correctly locate K 3

K 3 is the source point, as well as the Earth point, for Kidney channel. Often it is located casually, compromising its usefulness. To locate it correctly:

1. Have the patient lie supine with face upwards
2. Have left knee bent so that the sole of the left foot rests on table
3. Feel the highest point on the medial malleolus, 1
4. Now feel at the same level the posterior border of the tendon of Achilles, 2
5. Draw an imaginary line between the two points
6. K 3 is at the exact center of the depression located there

Place the seed and make sure of Qi rising there.



3. Shenmen in ear on whichever side is most tender. Make sure patient is sitting or lying down when you work on the ear, some patients are prone to have a dizzy spell especially when unfamiliar with this therapy.

Use a probe and work with a pen type flashlight. Locate Shenmen in one then the other ear, decide which is more tender and place the seed there.

Type of flashlight:

A really neat flash light is one which has markings representing pupil sizes you may see in practice, on its side as ready reference.

Summary of points:

1. HT 7 on left wrist
2. K 3 on left ankle
3. Shenmen on ear on side most tender

Activate at 10:30 AM and 6:30 PM for 3 minutes making sure Qi moves.

Depression in seniors

Possibly one of the more common situations which is overlooked, because these are consistently underreported.

Most seniors have had a hard struggle, and have come to see the real face of life, and are drawn and tired for it. Most run a shortfall of Qi, Blood and Fluids.

If you have seniors in your practice and if they show the Fire Waster profile discussed, take extra care to see they are shored up.

If you don't find that profile, a generic support is indicated which would involve using simple Ibuki type moxa cones in the clinic, and as home work only under reliable supervision.

Of course you have to make sure the patient is not unduly Heated, Fiery or Dry, which is a contraindication to moxa. If you are good at Japanese type thread moxa, the contraindication is invalid as these activate a point, not heat it.

Suggestion: 3 to 5 cones on each point, once a day:

1. ST 36 on left side
2. LI 11 on right side, this influences the immune system as a bonus
3. Dan Tian REN 4, an awkward point to access but worth the trouble

Other groups at risk

1. War veterans
2. Disabled soldiers
3. People with disability
4. People with serious financial problems
5. People with chronic disability
6. People who have recently lost their jobs

If such folk are under your care you may be proactive in preventing an actual bout.

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Extra care is required in dealing with depression because the condition could have some connection with a tendency to suicide.

You as a professional would have to be vigilant and proactive and with the help and cooperation of the people you are helping, work out strategies to keep them safe and healthy. Depression is a vast topic, here an attempt has been made to bring it into focus in view of the impending holidays.

Psychodrama of Eating Disorders

Relationship Boundaries IV by Carol Andrade PhD

Eating Disorders usually involve entire families and even communities as the identified "patient" works out their issues in the Theatre of relationships.

As a practitioner you can help by understanding some of these dynamics and being able to identify and educate family members on their rights and responsibilities.

First lets go over the boundary issues inherent in these Disorders.

There is nothing more frustrating to a parent of an Eating Disordered child than to have the child lie about what they are doing, do secret behaviors that endanger themselves and then refuse to admit they have a serious problem.

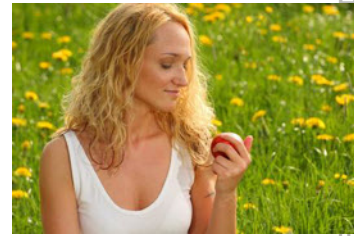
On top of all the lying and secrecy, many Eating Disordered clients when they are out of denial and beginning to really address their own issues, openly admit that they like all of the attention the Disorder gets them.

They are then able to reveal the "secondary gains" that the Disorder provides. What are secondary gains? This is the use of behavior to get oblique or even contradictory needs met, and it takes real insight and understanding to deal with this issue.

Everyone wants attention and in a very healthy way each person should grow up in an environment where they get enough attention to their needs.

Also, there comes a time in each persons life where other people are also given the same right to attention that they desire for themselves. This is where kindness, consideration for others and their feelings, and true, real relationships evolve.

Both people in a relationship are committed to providing attention to themselves and attention to others needs in a realistic and mature way. We can easily say that adulthood is learning how to balance both of those issues.



Imagine that you can act out all of your feelings about other people and the issues in your life using food or disordered behaviors as a substitute.

This is what the Eating Disordered person does on a daily basis.

As a parent or caring person in a relationship it is important to understand this inner drama in order to remain healthy yourself.

However when someone is unable to get their needs met in healthy ways they may choose unhealthy ones.

Now this may seem absurd to someone who is only thinking logically, but an Eating Disorder is a very easy way to get a lot of attention, act out unexpressed feelings and somehow adhere to a cultural norm of beauty all at the same time.



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Its like getting to be the damsel in distress and Hitler all at once. The person is ill and again it can not be emphasized how serious the illness can become, but part of the illness includes a kind of unholy power over the "victims" involved in relationship with the Disordered person.

Lets work now on how to understand, educate and protect a people in relationship with someone who has chosen this method of acting out and attention getting, by understanding this dynamic in a deeper way.

First and foremost the relating person is NOT RESPONSIBLE for the behaviors of the Eating Disordered person.

How to keep your own boundaries strong and clear when you are up against a person who is an expert at making you feel guilty, and responsible for problems which they must resolve WITHIN THEMSELVES.

First of all, let the relating person know that the Eating Disordered person is the one who decided to use this method. Unless they as a parent, spouse or friend told this person to use an eating disorder to take care of their feelings and to get the attention they need, it is hard to hold them responsible for the inner workings of someone else's decisions. The Eating Disordered person may use every weapon in their power,

temper tantrums, withdrawal of love and affection, masochistic displays of how they are being used and abused and dramas which use every inch of emotional space in a household to keep them dominant, but in reality they are just one person trying to get their needs met in an unhealthy way and YOU ARE NOT RESPONSIBLE.

Second, as much as possible help the relating persons to continue on with their life, giving and receiving attention for ordinary down to earth things. Know that each person has to share the limelight with others but for the Eating Disordered person until they are willing to deal with what is really EATING THEM, ordinary attention will never be enough.



Closing the Year

This Issue culminates our work of creating interesting and useful clinical material for your knowledge for the year. The next Issue will be out sometime in January in 2011.

In one form or another the Bulletin has been around for some 9 years. We have worked with X-Rays, Face Color Diagnosis, Cold Pathogen, Five Kinds of Pain, etc.

We also took in stride emergencies such as Katrina and the problem in Haiti, touching Tuberculosis which is possibly the most widespread illness in a dormant mode.

It is hoped that you enjoyed the images and X-Rays, illustrations, diagrams, text and charts. We went to great lengths to obtain these, and many we made in our own little mill, providing our own grist.

We have kept the Bulletin entirely free of cost or encumbrance, as a ready resource every healer should be able to access just for the clicking of a link. You know that you have to buy nothing, pay nothing, to access it, it is there to take.

So far as our little flagship is on the seas of Time, sailing merrily away to the farthest reaches of strange oceans, we will bring things to interest you, so your days become easy, and your knowledge, vast.

Keep those fire burning, there are many who wait.

Season's best

Arya Holmes
Editor in Chief

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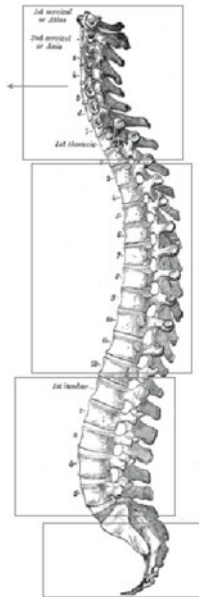
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