

# Shifting A Paradigm With Acupuncture: 5-Phases and the Mysterious Pass

Michael T. Greenwood  
MB, BCHIR, FCFP, CAFCI, FAAMA, FRSA

## Abstract

Chronic pain and other multifactorial disorders can be challenges to the current medical paradigm. Persistent discomfort can drive patients to rely on symptom suppressants, often prescribed by a medical system that has little else to offer. If and when long-term drug dependence develops, few people realize they have entered a trap of their own making. This article presents an overview of the conundrum of chronic pain, presents one pain clinic's strategy to facilitate an attitudinal shift, and argues that acupuncture is well placed to assist in the process.

## Note

The material for this article has arisen out of the author's experience at the Victoria Pain Clinic (VPC) over the past 25 years. VPC offers a residential retreat, which provides patients a forum in which to experientially explore their symptoms. The approach is grounded in a non-dual philosophy, and utilizes acupuncture, Hellerwork (deep tissue massage and structural realignment), biofeedback, counselling, cranio-sacral therapy, Yoga, autogenic training, lectures and group interaction.

## Introduction

The journey into illness is a challenging one, from which few people seem immune. Yet, the descent is often personally initiated and collectively supported by a reductionist world-view. If recovery is to occur, it generally demands a relinquishing that world-view and an adoption of a more inclusive philosophy. Part of this change involves the difficult work of contacting and reinvigorating long suppressed energies, and learning to channel them creatively through a more balanced and integrated personality structure.

Can we expect medicine to help us in this quest? Perhaps not. Scientific medicine, characterized as it is by reductionism, linearity, and causality, shares the same cultural world-view as those seeking treatment, and consequently cannot be expected to help people recover their wholeness.<sup>1</sup> Indeed, conventional medicine can be very much part of the conundrum of chronic pain. Though it can certainly assist with symptom relief, rarely can it help with symptom integration. For that a different kind of medicine is required, one that is based in a holistic philosophy. Acupuncture certainly has the potential to be that medicine, so long as its theory and practice is philosophically rooted in the Tao. In the words of De Quincey:

Any healing of the ontological split between mind and matter will involve an effective epistemotherapy – engaging in an adequate epistemology in such a way that the consciousness, the experiential being, of the investigator is radically transformed.<sup>2</sup>

# A Critique of The Medical Reductionism

A *paradigm* is a generally accepted perspective of a particular discipline at a given time; a framework of thoughts, beliefs and assumptions which are self-consistent and self-justifying.<sup>3</sup> The current Western Hippocratic medical paradigm has been called *Cartesian*, after René Descartes whose name has become synonymous with the idea of a mind-body split;<sup>4</sup> or reductionist, in the sense that the whole body can be understood through a knowledge of the parts, and that rational treatment regimens can be achieved through such knowledge.<sup>5</sup> This perspective is so culturally entrenched that many of its tenets are assumed to be self-evident. Let's take a critical look at some of them:

## *Disease is a problem.*

The idea that disease is a problem seems particularly obvious. Yet the perspective often leads people to pathologize every little ache or pain, and to habitually reach for symptom suppressants for the smallest little thing. A more creative view might consider disease not as a problem, but rather as an experience from which something might be learned. From that vantage point it makes little sense to eradicate symptoms without doing everything possible to find and heed any message hidden in the symptoms.

## *Diseases exist as discreet entities.*

The idea that specific diseases – such as breast cancer or Hodgkin's disease – exist in and of themselves, allows medicine to devise treatment strategies which ignore the fact that all illnesses are contextual. In reality, disease only exists in the context of the person experiencing it, who in turn exists only in the larger context of a family, a society, and an environment. There really is no such thing as a disease independent of the person who has it. Treatment strategies that ignore this point are by-and-large shooting at a non-existent target.

## *Diagnosis should be made before treatment is instituted.*

The search for diagnosis is based on the principle of cause and effect, which itself is a deterministic approximation that provides a shallow understanding of that which is actually a profound mystery. In reality, there is no specific cause for anything because all phenomena are interdependent.<sup>6</sup> In general practice this difficulty gives rise to *diagnostic uncertainty*, in the face of which the continued efforts to establish a definitive diagnosis often leads to increasingly expensive testing of marginal value.<sup>7</sup> Of course, accurate diagnosis is essential in acute situations such as appendicitis, but it often becomes a hindrance to healing in complex multifactorial situations.

## *Relief of symptoms is an appropriate goal.*

Relief of symptoms is no doubt compassionate, but again, it ignores the fact that symptoms might have a message which, if heeded, might lead to a transformation of character, and alter an individual's world-view in constructive ways.<sup>8</sup> This particular assumption has lead to the marginalization of many healing arts, and in some cases made the work of healing virtually illegal.<sup>9</sup>

### *Scientific Medicine should be evidence-based and objective.*

Evidence-based medicine is the current mantra. However, it is based on a collective agreement that only objective scientific evidence is acceptable, even though such evidence is often completely inappropriate.<sup>10</sup> For example, the gold-standard double blind trial, the most objective trial structure possible, is biased towards drugs for the simple reason that only drugs fit the trial criteria. It's just not possible, practically speaking, to double blind a massage. To restrict medicine to drugs and tinctures simply because they are the only modalities which fit a currently popular investigative model is hard to justify.<sup>11</sup>

Moreover, there is something disturbing about a healing profession that relies solely on objectivity as a gold standard for anything, for the simple reason that objectivity simply does not exist. Other scientific disciplines have come to recognize that the observer inevitably influences what is observed, tilting any observed results toward a pre-existing cognitive bias of the observer.<sup>12</sup> But for some reason the implications of observer influence continue to be ignored by modern medicine.

### *Medical Science should rule out the Placebo Effect.*

The writing off of the placebo effect by scientific medicine may be all very well for drug trials, but the process deliberately dismisses the profound effect of mental belief on bodily functioning, as if that effect did not constitute real medicine. Thus, in a contradiction reminiscent of the *Cartesian Anomaly*, the reality of mind-body unity is acknowledged as the placebo effect, only so that it can be discounted in research and ignored in clinical practice.<sup>13</sup> In reality, the placebo effect demonstrates the potential for self-healing. The best medicine would attempt to make it more conscious, not rule it out.

### *Outcomes should be measurable.*

The idea that outcomes should be measurable dismisses the importance of the subjective attitudinal shift, which lies completely beyond objectivity and cannot be measured. Since healing is largely a subjective experience, insistence on outcome studies denies the value of this most profound aspect of medicine, virtually relegating it to realm of chicanery.

### *Medicine should be freely accessible to all.*

This kind of naïve idealism is one upon which most Western health-care systems are based. Unfortunately the issue of payment, while not much of an issue when someone is having an appendectomy, cannot be so blithely ignored in energy medicine, in which an energy exchange must occur for the Qi to flow. Like it or not, things that are free sooner or later become valueless and the Qi stops flowing. Moreover, without a tangible commitment to stay the course, patients often do not have the earnestness and sincerity necessary to engage the transformational process.<sup>14</sup>

### *Patients are not responsible for being ill.*

Patients may not be aware of any responsibility for getting ill, but they need accept responsibility in order to get better. Curiously, as people gradually take on that responsibility, they often realize they were not entirely blameless in the first place. For physicians and patients to carry on a pretense of patient innocence beyond the first few interactions simply feeds the ego's narcissism and promotes physician-patient co-dependency.

*The physician-patient relationship is characterized by a power differential.*

The presumption that Aesculapian authority creates a physician-patient power differential tends to infantilize patients and discourage them from accepting any accountability.<sup>15</sup> In reality, while physicians may have some technical expertise, they can never know the totality of another person's illness, although they might pretend such knowledge in order to bolster a professional persona. Meanwhile patients *do* in fact know their own totality but often pretend that they don't, in order to project a sense of victimization. Hence the presumed power differential is largely illusory.<sup>16</sup>

*Illness has no particular existential meaning beyond conventional diagnosis.*

The assumption that symptoms have no existential meaning is the one that gives mechanistic medicine its collective legitimacy. Most people would agree that acute pain has meaning, yet at the same time actively deny meaning to chronic pain by taking suppressant drugs at the first opportunity. This is akin to a motor vehicle mechanic who deals with a glowing oil warning light by cutting the wires to the light.<sup>17</sup>

## The Folly of Reductionism

That all the above tenets might be false is rarely considered. Yet from a holistic stance, *all* assumptions based on dualistic notions are false, although they may appear to be true in acute or relatively superficial situations. To resolve the inevitable inconsistencies, dualism needs be subsumed into a larger holistic context. This is an important point to remember as medicine tries to incorporate acupuncture into its therapeutic armamentarium.<sup>18</sup> Despite the efforts of many sincere investigators, in reality such appropriation is just not possible. Reductionism cannot incorporate holism, and any attempt to do so inevitably fractures the non-dual perspective and destroys its effectiveness, which in turn leads to all kinds of erroneous conclusions regarding the legitimacy of holistic approaches.<sup>19</sup>

Regardless of one's personal investment in the sanctity of medicine's philosophical foundation, it would be difficult for anyone to deny the escalating difficulties appearing in virtually all Western medical systems, if only that they are becoming progressively more expensive, excessively drug-oriented, and increasingly incapable of dealing with modern stress-related illness. From a philosophical standpoint, such anomalies are pointed reminders of the limitations of the current medical paradigm.

## The Holistic Paradigm

When a wise scholar hears the Tao,  
He practices it diligently.

When a mediocre scholar hears the Tao,  
He wavers between belief and unbelief.

When a worthless scholar hears the Tao,  
He laughs boisterously at it.  
But if such a one does not laugh at it,

The Tao would not be the Tao!<sup>20</sup>

In contrast to the foregoing, the holistic paradigm seems on first exposure to be so bizarre as to invite derision and laughter, since it appears to deny reality to anything and everything, leaving no wiggle room for any concrete action. This is perhaps why it is rarely taken seriously. To get a flavour of its weirdness, consider the following:

*At the level of the Tao there is no illness.*

Since the Tao is ‘one without a second’ the idea of illness existing as a discreet diagnostic entity must be fundamentally false. The notion of illness really arises along with the idea of separation, alienation, the emergence of problem-oriented thinking, and the ego’s conviction that something is wrong. That being the case, a key approach to illnesses which defy rational therapy is to help people creatively reframe their experience of the meaning of symptoms, rather than tinker with symptoms themselves in the hopes of making them go away.

Such an approach should not be misinterpreted as denial or fanciful thinking. Obviously, the physical body is subject to decay and death and there comes a point beyond which no intervention will alter the inevitable. Thus the conviction that illness might be false is not a naïve suggestion of immortality. Rather, it is a perspective from which symptoms are no longer habitually pathologized from an alienated perspective. Nor does holism deny the value of appropriate conventional treatment, for that too is part of the Tao. The non-dual perspective just cannot be understood as an alternative prescription for disease diagnosed in a conventional manner. It is beyond dualism altogether, and while it is true that many symptoms will dissolve when the perspective is fully embodied, there is certainly no guarantee that will be the case. After all, even the great Indian mystic Ramakrishna died of throat cancer.<sup>21</sup>

*There is no such things as a therapeutic relationship.*

The non-dual stance negates all assumed separations such as practitioner-patient, diagnosis-treatment or illness-health. Since a relationship implies two separations, in a non-dual paradigm there can be no question of relationship. Of course there remains a something which might be called a dyad, but no separate ego-to-ego relationship. Nor is there any pathological hierarchy or power differential. The dyad becomes a unit in which one aspect becomes an extension of the other, like a person’s arm or leg. During the acupuncture ritual, the practitioner tunes in to the needs of the moment and literally becomes an extension of the patients’ intention to sincerely explore their symptoms, acting as the need arises, but without getting lost in mental abstractions.

*There is no such thing as a treatment regimen*

That is not to say a practitioner should dispense with his/her training. But in non-dual acupuncture, regimens and protocols can give way to a larger principle. Ideally, insertion of needles should be guided spontaneously by the needs of the moment, or self-directed by the patient when they develop sufficient confidence to trust the body’s messages.

*There is no such thing as objectivity, separate from subjectivity*

Illness and patient are really one entity, not two. People don’t *have* a disease, but rather they *are* their disease. Of course, to accept the latter statement is to accept some measure of personal responsibility, which is perhaps why people generally prefer the former notion. Once beyond this pretence however, there is no need to separate a disease from its context in the person who

expresses it. With no separation of objectivity and subjectivity, the totality of a disease can often be seen more clearly.

## The Existential Split

A philosophical consideration of the reductionist paradigm reveals its origin to lie in a sense of alienation coming from the primary existential split.<sup>22</sup> To briefly summarize, the existential split leads to the erroneous assumption that humans are separate and alienated beings, somehow divorced from the whole. In Ayurvedic medicine, this has been called *Pragyaparadh*, or the *mistake of the intellect*.<sup>23</sup> The essential point is this: if there is no split, then there can be no problem, and so the question of how to solve a particular problem becomes meaningless.

The currently dominant world-view is self-sustaining because for the most part, the ego is firmly committed to its sense of separateness. In other words, the paradigm is simply too convenient to challenge, because it supports the ego's primary strategies of specialness and non-responsibility, and indeed, validates the whole ritual of medicine as it is currently practiced. Beyond the existential split, there can be no place for patients and physicians to hide. In the larger paradigm, patients cannot pretend they are victims of their illnesses, and clinicians cannot assume that illnesses are problems to be rectified and then habitually prescribe regimens designed to interfere with the mechanism.

## Chinese Medicine And The Existential Split

Just as in Ayurveda, Chinese medicine is clear that the existential split is both illusory and the root cause of illness.<sup>24</sup> That being the case, modern medicine's peculiar reductionist bias may well be historically unique. The Taoist view maintains that man should regard himself as very much a part of reality, and that his function is to mediate the smooth flow of Qi between Yin and Yang.<sup>25</sup> This feat can be accomplished by making personal desires subservient to the Tao. However, the ego is rarely willing to surrender its place on the pedestal without a struggle. With ego in charge, obstruction to the smooth flow of Qi through habitual mental judgments and emotional holding results in *stagnant Qi*, which secondarily gives rise to symptoms which we label as disease. Thus the paradigm we now hold to be self-evident is in fact the prime factor behind chronic multifactorial illness.

## Transforming the World-View

A firmly entrenched world-view can sometimes be shifted if an unusual or transpersonal experience is promptly framed in terms of a larger perspective before the ego has sufficient time to deny or rationalize the experience away.

With acupuncture, this can be done by helping patients to experience an unobstructed flow of Qi, and then assisting them in making a full cognitive-experiential connection between the obstruction of that flow and their symptoms. The power of Chinese Medicine to facilitate such a shift lies in the combination of its Taoistic philosophical foundation, the fact that its practice and rituals are so foreign to conventional therapeutics, and its ability to help move, rather than suppress, the movement of the Qi.<sup>26</sup>

## Dynamic Interactive Acupuncture

The traditional acupuncture ritual is generally performed in a quiet manner with the patient lying down, while the physician inserts needles based on a Chinese Medical assessment. However, such an approach simply mirrors the conventional dualistic medical model of diagnosis/treatment and physician/patient. Furthermore, since healing is a phenomenon which arises spontaneously from within, it is difficult to see how the healing response can be engendered if the patient remains a passive recipient of a procedure or protocol.

For those reasons, at VPC we have altered the acupuncture ritual toward more dynamism and interaction. Patients are encouraged to move, make sound, and/or express emotions, should the desire be there to do so. That's not to say they have to do those things if they don't feel like it, but if an impulse is there then they are encouraged to give it full physical, mental and emotional expression. In our experience, when the Qi is really free to move, its movements are often anything but subtle. However, unless intention and context are congruent, the more primal energies usually remain dormant regardless of the brilliance of the energetic diagnosis or needling protocol.

When patients realize their symptoms are pointers to places of Qi stagnation, they may begin to self-direct the acupuncture by informing the practitioner exactly where to put the needles, based on the location of feelings and physical symptoms. In that way practitioner and patient become a unit, and tender triggers become beacons alerting the practitioner-patient dyad to the points which require attention.

## The Transformational Gap – The Golden Gate

Patients with chronic pain are actually ideally suited to such an approach. Since many of them realize conventional medicine cannot help, they can be curiously open to trying something completely different. In terms of the 5-phases, they present in the Yin phase – in the region of the Metal element. From there, although the path forward into the void of the Water element should be an effortless *letting go*, it usually requires a great deal of coaxing and encouragement.

The move forward into the void takes patients through their own resistance, a psychic narrowing which has been likened to a constriction in an hourglass. In CM philosophy, this constriction has been called variously as the *Golden or Metal Gate (Jin Men)*, the *Mysterious Pass*, the *Door of Death*, and the *Gate of Birth*.<sup>27</sup> The pass can be understood as a doorway between the ego and the transpersonal, between mind and Heart, between the little-self and the big-Self, and as such represents the core of the acupuncture ritual. (*Fig.1*).

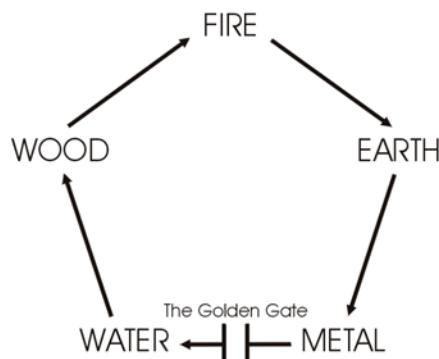


Fig. 1 The Phases and the Golden Gate

Traversing the Mysterious Pass in order to give birth to a new round of existence requires clear intention and a safe context for the descent into psychic chaos.<sup>28</sup> Failure to negotiate the passage turns what might potentially be the gate of birth into the door of death, since the aspirant remains unknowingly trapped in an illness inducing world-view. Thus the practitioner faces the daunting task of trying to guide patients through a potentially ego annihilating experience without inadvertently activating their ego's habitual defences along the way. Herein lies the art of medicine. To be successful the practitioner needs to appreciate the basic principles of: 1) Moving toward, 2) Silence, 3) Dynamism, and 4) Manifestation. (Fig 2)

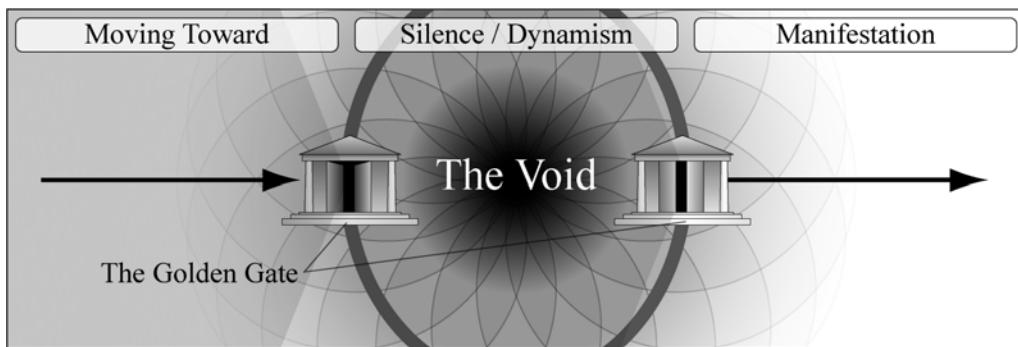


Fig 2. The Mechanics of Transformation

## The Void

The void, or transformational space, might be likened to the Schrödinger's famous black box, an imaginal cat-container he devised to demonstrate the weirdness of quantum wave functions.<sup>29</sup> The similarity of box and void lies in the fact that the dynamics of the void can never be fully known. At best one can enter the void with clear intent, but the specifics of transformation can never be influenced without changing outcome. If we take a look at the black box idea from the perspective of 5-phases it's possible to get a sense of how all the elements might be involved in the transformational process.

All things being equal, the intention of *moving toward* should flow quite naturally into *manifestation*. That it does not do so speaks to the presence of unconscious blocks to the natural flow of energy, which have diverted intention in a different direction. The two most common distortions involve a diversion of *intent* away from healing toward relief of symptoms, and a *shift of context* away from total safety toward fear and mistrust, predicated on the habitual control needs of practitioner and patient.<sup>30</sup> To safely negotiate the void, all the 5-phase energies need be integrated in the following way:

**Intention (Wood):** The directional vector should always be toward symptoms rather than away from them. For best results intent should be mutual, congruent, clear, unbending, and sustained.

**Context (Earth):** A safe environment is necessary to permit the descent into chaos. Oftentimes, office settings don't have appropriate context, and other arrangements may be necessary.

**Silence/Trust (Water):** As the void is accessed, the practitioner moves from Yang to Yin (i.e. becomes less active), while the patient moves from Yin to Yang (i.e. becomes more active). As this reversal develops the practitioner moves increasingly into witnessing and silence – the Yin aspect of the void. Beyond that, all parties need to trust the symptoms, the process and the outcome.

**Dynamism (Fire):** In the void the patient becomes more active – the Yang aspect of the void (transformational dynamics). Thus there is a reversal of conventional therapeutic roles, in which a patient is often the passive recipient of a procedure performed by the physician.

**Letting Go (Metal):** Letting go does not mean sitting quietly vaguely hoping something will happen. Rather it means letting go with full physical, mental, and emotional expression. Here the physician can help with appropriate verbal encouragement.

**Phenomenology:** The movement of Qi in the void can take physical, mental, and/or emotional forms. Physical movements generally appear as *myoclonic shaking*, a coarse or fine vibration of the limbs, trunk, or neck, and can be understood as an energetic de-stressing of the physiology. Emotional expression and mental imagery can also occur, and if intense enough can evolve into full-blown regressions reflecting prior traumatic events relevant to presenting symptoms. Seen as a whole, the full uninhibited and dynamic experience of Qi movement is often the key that returns a profound sense of meaning to patients who sometimes have spent many years looking for answers without success.<sup>31</sup>

**Manifestation (Heart Centredness):** Outcome follows from intention, but its specific form is always unknown. The subtle workings of the Tao decide what will emerge from the void, and it often takes a completely surprising course. Despite the inherent uncertainty of void experiences, manifestation is generally congruent with a more integrated, Heart centred state.

## Case Studies

### *Cervical disc herniation*

The patient was a 44-year-old woman with neck pain following 2 cervical surgeries, including a fusion for disc herniations between C4-7. Acupuncture involved, amongst other things, opening the Tai Yang – Shao Yin circuits,<sup>32</sup> and treating local tender spots in the neck and lower back based on patient directives. During acupuncture the patient began spontaneous side-to-side spinal movements resembling the undulations of a snake. Over several sessions, as the snake-like movements traversed her neck, she had the experience of her head being severed from the body, which she interpreted as a memory from another life. Regardless of the veracity of the explanation, her neck pain resolved and she remained pain free one year later.

### *Head Injury and Insomnia*

The patient was a thirty-six-year-old man with right hand RSD stemming from an industrial accident and several surgeries to repair his thumb, including two tendon transfers, and a fusion of the metacarpo-phalangeal joint. He had a remote head injury and chronic insomnia. During the first acupuncture treatment which included only three of the four gates (LV3 bilaterally, and left LI4), plus local needles in trigger points in the head and neck area, he rather abruptly went to sleep. We removed the needles, made sure his vital signs were okay, laid him on his side, and

allowed him to snooze without interference. For the next ten days he spent much of his time sleeping, waking only briefly to smoke or eat. After ten days he looked much more rested, and remarked that he hadn't really slept properly in ten years.

This patient returned for a second program, at which time he permitted needles in the injured arm. He was treated with N – N+1 needling to the Yang Ming – Tai Yin circuits and local needles.<sup>33</sup> At each treatment session he would exhibit myoclonic shaking in the right arm, then disappear off into the void for several minutes. He later described re-experiencing different aspects of his various traumas during these periods. At the end of the program he was pain free, and two years later, was running a successful business.

## Conclusion

Traversing the Mysterious Pass with acupuncture involves consciously embracing a holistic paradigm that, were it to be taken seriously, might shake the foundation of medicine as we know it. It demolishes the primacy of evidence based medicine, exposes the pretense of a power differential in the therapeutic relationship, encourages patients to embrace responsibility, integrates subjectivity with objectivity, supports physicians and patients to express their wholeness, and restores freedom to a profession drowning in a sea of red tape and absurd controls.

In my view, medical acupuncturists could be in the forefront of facilitating such a shift of medical philosophy. It does not have to involve any confrontation or animosity, but rather could be understood as an opportunity to empower patients and physicians alike. For patients that might mean better health and reduced medical dependency; while for physicians, it might mean an awakening of intuition and a recovery of professional freedom. Moreover, a non-dual transpersonal acupuncture practice can be incredibly rewarding. No longer hide-bound by rules and regimens, physicians can practice in an integrated way, while their patients become empowered to actively engage the process. Such patients quickly relinquish those narcissistic strategies which plague initial encounters in the therapeutic relationship, such as naïve outcome expectations, manipulative posturing, and/or a sense of therapeutic entitlement, and instead become genuinely grateful for the acupuncture experience. From there on, interaction often transforms into a patient-directed journey of exploration, while the practitioner's role becomes that of a witness who holds the space and grounds the experience in the silence of the void.

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## Author Information

Dr Michael Greenwood is the Medical Director of the Victoria Pain Clinic, a residential facility in Victoria, British Columbia, Canada. Dr Greenwood specializes in working with chronic pain and illness patients, and in developing techniques integrating the body, mind, and spirit. He has authored three books, *Paradox and Healing*, *Braving the Void*, and *The Unbroken Field*.

Graphics were designed by Dr. Greenwood's son, Richard.

Michael T. Greenwood, MB, BCHIR, FCFP, CAFCI, FAAMA, FRSA

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Victoria Pain Clinic  
103 – 284 Helmcken Rd.  
Victoria, B.C., V9B 1T2, Canada

Phone: 250-727-6250, Fax: 250-727-7358 • Email: michaelgreenwood@shaw.ca