

## Cancer and the Hidden Tradition: Is There a Role for Acupuncture Beyond Adjunctive?

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### ABSTRACT

Conventional cancer treatment generally focuses on surgery, chemotherapy, and radiotherapy, while holistic therapies such as acupuncture are considered adjunctive or even nonessential. Yet, a consideration of the energetic ramifications of cancer might suggest a more central role for such alternatives. This article explores some of the issues surrounding the use of acupuncture in cancer and discusses some possible protocols.

**Key Words:** Cancer, Transformation, Hidden Tradition, 5-Phases, Single Needling, Husband–Wife Imbalance, Aggressive Energy

### INTRODUCTION

WITH THE PUBLICATION of controlled acupuncture trials for conditions, such as nausea,<sup>1</sup> back pain,<sup>2</sup> and knee pain,<sup>3</sup> conventional medicine is beginning to accept acupuncture as an effective modality. But when it comes to cancer, the role of energy-based approaches remains very much restricted to adjunctive status, such as for pain,<sup>4</sup> or nausea and vomiting associated with chemotherapy.<sup>5,6</sup>

The notion that acupuncture might take a more central role in cancer therapy is not usually given any serious consideration. This is in spite of the fact that a diagnosis of cancer has huge energetic ramifications for which acupuncture might well be applicable and that addressing those issues might well have an impact on tumor growth.

Such an attitude might be more acceptable if surgery, chemotherapy, and radiotherapy (SCR) were universal panaceas. But they are not. Besides being frequently unpleasant, they are often of marginal value and sometimes even destructive.<sup>7</sup>

Moreover, treatment outcomes for many cancers have not improved much in 40 years, despite the enormous funds directed toward biomedical research. Statistics that tout

improvements in 5-year survival rates for common cancers, though superficially impressive, have, in many cases, been achieved through earlier diagnosis rather than better treatment. This reflects statistical slight-of-hand as much as anything else.<sup>8</sup> In reality, earlier diagnosis does not translate to improved survival.<sup>9</sup> Earlier diagnosis merely informs patients sooner—a phenomenon known as lead-time bias—which is not the same thing. Indeed, some have questioned the ethics of such statistical manipulations.<sup>10</sup> Perhaps in situations in which standard treatments promise little, so called “nonrational” approaches should not be so quickly dismissed.

It is time modern medicine examined critically the underlying philosophy of the war on cancer. Our collective consciousness seems fixed on the notion that cancer is an enemy, and treatment strategies remain rooted in an adversarial perspective. Unfortunately, such a perspective disregards the fact that cancer cells are not separate from the self, and that the declared war is really an attack on the self rather than on invaders such as bacteria.

Ending the war might open both practitioners and patients to a more integrated approach. This would be an approach that does not depend on an adversarial philosophy, but a

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*Caveat:* The opinions expressed in this article are largely philosophical. The author strongly encourages patients diagnosed with cancer to pursue standard medical care.

harmonious one instead; one that, while fully acknowledging the current medical knowledge base, puts an equal emphasis on exploring energetic considerations such as grief, anxiety, and depression; one that does not regard cancer as an enemy at all.

### THE THREE LEVELS OF MEDICINE

In a previous article I touched on a hierarchy of medical approaches, with specific reference to the principle of intent.<sup>11</sup> To summarize, Chinese medicine (CM) describes 3 levels of medicine (Table 1). In the first (level 1), treatment is focused on relieving symptoms. In the second (level 2), treatment is aimed at strengthening the constitution through diet, herbs, or supplements and altering daily routines. In the third (level 3, or hidden tradition), the goal is a reorientation of the body's energy field, a transformation to a more authentic sense of self.

Although conventional medicine certainly pays lip service to level 2 issues through various prevention programs, conventional medicine remains philosophically a symptom-oriented system (level 1). At this level, patients generally assume a passive role, and the medical system takes charge of treatment options. The deferral of personal responsibility implicit in such an arrangement, though clearly pathological from an energetic standpoint, is justified by an assumption that physicians hold the knowledge of healing. This arrangement is, in turn, rooted in a collective presumption of dualism, a perspective which assumes fundamental separations, such as patient and disease, doctor and patient, or illness and health. The difficulty is that, from the perspective of the *Tao*, all such dualisms and splits must ultimately be false.<sup>12</sup>

In contrast, CM is somewhat less dualistic. While CM is certainly used to address symptoms (level 1), its philosophy is located more specifically at the constitutional level (level 2). Here illness is understood as an imbalance, and the goal of treatment is to restore that balance, generally by strengthening the genuine energy (Zhen Qi), using a variety of nontoxic strategies designed to coax the body back to health.<sup>13</sup> Level 2 therefore contains an implicit admission that illness is not separate from the person who has it.

Beyond these two perspectives lies a transcendent non-dual medicine, a form of medicine that has been called the hidden tradition.<sup>14</sup> It is a medicine with a therapeutic goal of

a complete transformation of mind, body, and spirit such that the illness is fundamentally recognized as part and parcel of the self. A practitioner who consciously operates from this level relays the intuition of wholeness through his or her presence, regardless of whether or not needles are used. When a patient in the grip of dualistic consciousness receives that intuition, the transformation of perspective can give rise to an almost miraculous dissolution of organic pathology.

Contrasting the directional vectors of conventional therapy, constitutional approaches, and the hidden tradition can lead to a pictorial understanding of the 3 levels of medicine (Fig. 1). Level 1 medicine involves suppression or eradication of symptoms; level 2 focuses on strengthening the ego's existing energetic configuration (without demanding fundamental change); and level 3 facilitates a transformation of consciousness to a state that transcends all separations.

### SPONTANEOUS REMISSION

Modern medicine has coined the term *spontaneous remission* to explain the phenomenon in which cancer disappears for no obvious reason. However, such labeling amounts to little more than a shoddy dismissal of an experience that may, from a level 3 standpoint, be something much more profound. Cancer remissions are not necessarily spontaneous. On the contrary, oftentimes an energetic shift activates the immune system at the time of the dissolution of the cancer, an event that may be marked by fever and signs of inflammation. The event might be called a healing crisis, or as Hamer puts it, an eliptoid crisis.<sup>15</sup> To understand this phenomenon better, visualize two side-by-side cylinders containing water at different levels, separated by an artificial barrier (Fig. 2). If the barrier were suddenly removed, erasing the artificial dualism, the ensuing mixing of water previously contained in the two separate cylinders may well be accompanied by some temporary turbulence.

Thus, a healing crisis involving fever, chills, and rigors, so commonly regarded as pathological, may, from another perspective, be an example of the highest tradition of medicine, albeit one engendered by the patient and not by the practitioner. The crisis often reflects a profound transformation of body, mind, and spirit, which dissolves the existential split and returns the individual to wholeness. Such signs of healing have not gone unnoticed by physicians. Coley, for example, noticed fever and chills in a patient who contracted erysipelas just prior to going into spontaneous remission from sarcoma. His observation led to the development of Coley's toxins, and more recently tumor necrosis factor (TNF).<sup>16</sup> Although Coley's toxins have virtually disappeared as a treatment option, heat as a therapeutic option is still used.<sup>17</sup>

TABLE 1. THE THREE LEVELS OF MEDICINE

Level	Category	Traditions
1	Symptomatic (lowest)	Conventional Medicine, TCM
2	Constitutional (middle)	Diet, supplements, herbs, TCM
3	Transformational (highest)	Hidden traditions

TCM, Traditional Chinese Medicine.

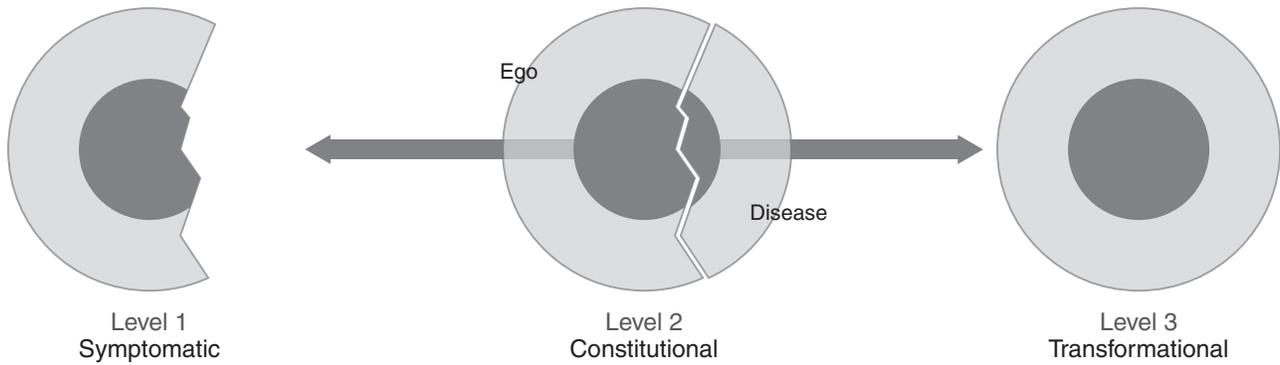


FIG. 1. The three levels of medicine.

The unquestioned labeling of cancer remissions as spontaneous reflects a peculiar blindness in modern medicine. Spontaneous remissions come from the *Tao*, and research efforts designed to capture the phenomenon as a level 1 symptomatic treatment option will probably always meet with mixed results. Cancer may never yield to a level 1 approach, because, with few exceptions, it is not caused by an external or separate agent.

**A HISTORICAL PERSPECTIVE**

Alternative approaches to cancer have been around for a long time and remain popular today. Studies have shown that unusual treatment options are used by as many as 75% of patients with cancer.<sup>18</sup> Yet, despite their popularity, many alternative cancer therapies have been regarded pejoratively. The history of cancer treatment has been littered with the carcasses of dismissed nontoxic approaches, many on the presumption that the promoters were quacks and manipulators. In some cases, this may have been true. In others,

respectable scientists and other healers were vilified, their work ridiculed, their offices and equipment trashed, and their licenses revoked, without their research ever receiving a fair hearing. Examples are legion and include Dr. Raymond Rife, who invented a frequency-generating device;<sup>19</sup> Dr. Ryke Geerd Hamer, who explored the mental-emotional dimensions of cancer;<sup>20</sup> Dr. Max Gerson,<sup>21</sup> who pioneered dietary therapies and coffee enemas; Dr. Lawrence Burton, who developed Immuno-Augmentative therapy;<sup>22</sup> Harry Hoxsey, who developed herbal pastes and tonics;<sup>23</sup> and Dr. Abram Hoffer, who pioneered using megavitamins for cancer.<sup>24</sup> Some of these people may have been natural healers who perhaps mistook their favorite formulae for the healing agents, not realizing they were tapping the hidden tradition.<sup>25</sup>

Such aggressive rejection of all things unconventional makes trying anything unusual very difficult. Despite increasingly strident patient demands for nontoxic therapies, physicians who attempt to respond in kind risk harassment, loss of their medical licenses, lawsuits, and even criminal prosecution.<sup>26,27</sup>

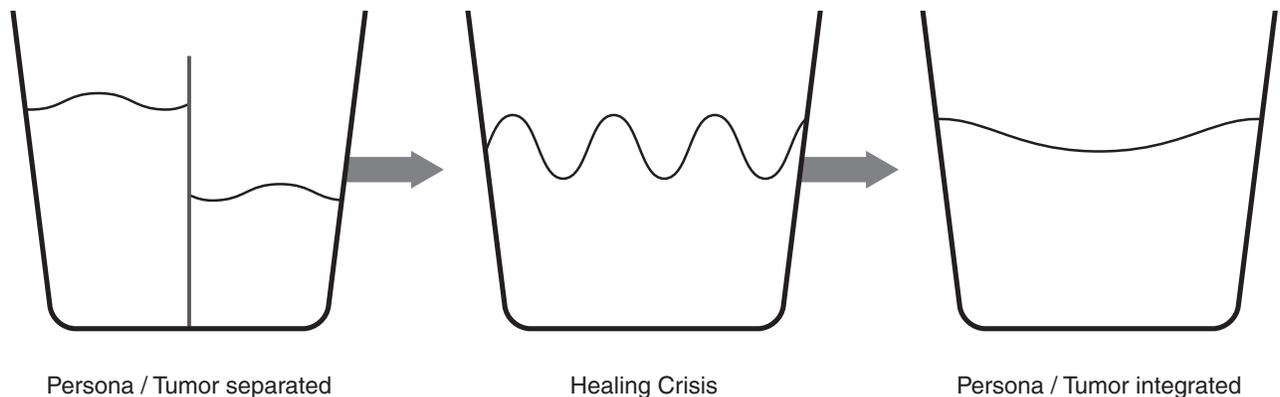


FIG. 2. The potential chaos of transformation.

The furor over unconventional treatments seems hard to justify when one considers the bigger picture. After all, some patients die of cancer, whatever treatment they undergo. To censure an unconventional approach when someone dies, while ignoring the fact that people can die under conventional care too, smacks of a double standard. Perhaps more disturbing is the fact that despite their obvious toxicity, many conventional regimens have never actually been tested against placebos. Furthermore, were they to be so tested, there is every indication that many of these conventional treatments might prove to be useless, or even detrimental.<sup>28</sup> Moreover, the commonly espoused argument that unconventional practitioners are simply trying to make money out of other people's misfortune ignores the fact that everyone in medicine is making money out of other people's misfortune.

### CANCER: AN ENERGETIC MODEL

With all due respect to the above difficulties, the point is there is a clash of levels, with conventional level 1 medicine demanding that levels 2 and 3 conform to its perspective. Acupuncture is, after all, an energy therapy and will probably never be accepted as a primary approach for cancer. Yet, acupuncture could have a profound impact if practiced at the level of the hidden tradition. I will begin by describing an energetic view of cancer, and then explore a couple of nondual acupuncture protocols.

From a philosophical perspective, cancer fits an energetic model quite well, especially when one considers the emerging paradigm which relates the physical body to immanent energy fields.<sup>29-31</sup> In this paradigm, a cancer cell looks more like an errant child than an alien invader, a disconnected fragment of the whole rather than an evil killer. In addition, though such an individual fragment might be successful in the short term, that success is generally at the expense of the larger being upon whom its long-term survival depends. In many ways the behavior of malignant cells reflects modern human behavior on the surface of the planet.

Field theories and the energetic model of cancer have some impressive proponents, such as Harold Saxon Burr, Herbert Fröhlich, and James Oschman.<sup>32-34</sup> Fröhlich put it like this:

An assembly of cells, as in a tissue or organ, will have certain collective frequencies that regulate important processes, such as cell division. Normally, these control frequencies will be very stable. If, for some reason, a cell shifts its frequency, entraining signals from neighboring cells will tend to reinstall the correct frequency. However, if a sufficient number of cells get out-of-step, the strength of the system's collective frequency can decrease to the point where stability is lost. Loss of coherence can lead to disease or disorder.<sup>35</sup>

These scientists were (and are) not woolly headed dreamers, and their ideas have a common sense that is dif-

ficult to dismiss. Nevertheless, their perceptions mark a radical departure from orthodox thinking, and the implications are profound.

### LEVEL 2: THE TCM VIEW

Traditional Chinese Medicine (TCM) attributes cancer to a combination of constitutional and environmental factors, and then differentiates it into five patterns (Deficiency of Zhen Qi, Fire Toxins, Stagnation of Qi and Blood, Accumulation and retention of Phlegm and Fluid, and emotional disharmony). The basic idea is that a constitutional deficiency of Zhen Qi combined with an emotional factor stagnates the Qi, and leads to the development of Blood Stagnation, which, in time, evolves into cancer. Herbs, acupuncture, and Qi Gong are used to address this Stagnation. Much has been written about TCM and cancer and how it might be integrated with conventional care to improve outcomes; and though such an exploration is beyond the scope of this article, interested readers will find the information readily available elsewhere.<sup>36</sup>

### LEVEL 3: THE HIDDEN TRADITION

To appreciate fully the hidden tradition and its role in cancer, it might be helpful to (1) recap intention and contextual issues, and (2) review the various splits that lie at the root of the personality.<sup>12,37</sup>

#### Context

When it comes to treatment options, a context defines what is acceptable and what is not. In particular times and places, some things are just not done. For example, it would generally be fruitless for a patient to request acupuncture or herbs as primary treatment from an oncologist. The present collective context contradicts acupuncture for cancer. However, without an optimal context, an unusual treatment approach is unlikely to get results. For a healing transmission from the *Tao* to manifest, all blocks to wholeness need be removed. In this regard, the collective context is often an insurmountable block.

#### Intention

Intention needs to be set toward reintegration and wholeness, rather than the increasing fragmentation of SCR. This requires a radical reversal of intent, discussed elsewhere.<sup>11</sup>

#### The Existential Split

The existential split arises with the sense of "I am," the sense of presence that the ego interprets as individualized

existence.<sup>12</sup> Yet, CM is clear that the existential split is both illusory and the root cause of illness.<sup>38</sup> Cancer, more so than any other disease, demands transcendence of the split if a remission is to occur. Less-catastrophic illnesses may demand a smaller obligation to engage the existential issue. However, when death is a looming possibility, the issue cannot be avoided.

### The Life–Death Split

From the hidden tradition's perspective, cancer is a material expression of the *Thanatos* impulse, or death wish, the desire to be free of the constraints and difficulties of existence. This remark should not be misinterpreted as a callous disregard of another's suffering, but rather understood as an underlying energetic reality brought forward by the disease.

### The Mind–Body Split

The mind–body split permits patients to take the view that their cancer is somehow separate from their wholeness. Endemic as it is in the collective consciousness, this split simultaneously explains how oncologists can prescribe, and patients can accept without question, what are often quite toxic treatments. Once patients truly transcend this split, they become less inclined to accept treatments of marginal value, particularly those that could compromise the immune system.

### The Heart–Mind Split

As they explore the dynamics of their situation, many patients with cancer become aware that their lives have been motivated more from security than passion. In CM, this has been called “a life of unfulfilled desires,” in which Wood energy is diverted away from Fire into the Earth sector, where it tends to stagnate. Yet it is precisely this Qi Stagnation, prolonged in time and then complicated by secondary Blood Stagnation, that TCM posits to be the energetic background for tumor formation.

### Persona–Shadow

Although everyone struggles with shadow issues (such as repressed anger, fear, and sexuality), cancer poses a peculiar energetic superimposition that makes the current persona extremely unpalatable. This additional factor, which Hamer calls the conflict-shock-experience, plunges the sufferer into a profound existential despair.<sup>39</sup> Maciocia, for example, has attributed breast cancer to stagnation of Lung and Heart Qi because of sadness and grief predicated on the loss of something vitally important.<sup>40</sup> This perspective is supported by accumulating psychological evidence that relates the onset of cancer to a number of stressful precipitating events.<sup>41</sup>

Existential despair may or may not be immediately obvious, particularly as it has been deeply somaticized and

expressed vicariously through the cancer. However, there are two common imbalances which can give a sense of it, one Yang and one Yin: On the one hand, patients may exhibit denial by taking an unrealistic “we’ll beat this thing” attitude (Yang); while on the other hand, they may exhibit a sense of resignation or hopelessness (Yin).

Such energetic configurations point to the need for a reorganization of the persona–shadow relationship. Yet, this is something that can never be imposed by any outside agency. Like no other illness, cancer literally calls out for the hidden tradition, an approach that is capable of penetrating the façade constructed by a frightened ego desperate to avoid the inevitable.

### The Golden Gate

Patients facing physical death are actually great potential candidates for transformation. Given that death is a very real possibility, there can sometimes be less resistance to the idea of ego-death, which is the key issue in transformational healing. Indeed, for people who are overly rational and not in touch with their existential despair, a cancer diagnosis can be the only thing robust enough to shake their worldview. In terms of the five-phases, these patients are presenting in the Yin phase—in the region of the Metal element, not knowing where to turn or what to do next.

The move forward into the void takes patients through their own resistance, a psychic narrowing that has been likened to a constriction in an hourglass. In CM philosophy, this constriction has been referred to variously as the Golden or Metal Gate (Jin Men), the Mysterious Pass, the Door of Death, and the Gate of Birth.<sup>42</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 hidden tradition. (Fig. 3).

### The Husband–Wife Imbalance

The block between Metal and Water is known in CM as the Husband–Wife imbalance. According to traditional theory, in good health, the pulses on the left wrist should be slightly stronger than the pulses on the right wrist. This is because the left-hand pulses are more Yang and action oriented. Interestingly, this whole concept has recently been questioned, since research has demonstrated that right-hand pulses are frequently stronger than left-hand pulses.<sup>43</sup> That conundrum aside, CM posits that left-hand pulses reflect the energies of the Kidney (Zhi), Liver (Hun), and Heart (Shen), while the right-hand pulses represent the energies of the Spleen (Li) and Lung (Po). If the left-hand pulses are weak, compared to the right-hand pulses, then this may indicate a significant separation of Yin and Yang. If the Husband–Wife imbalance continues uncorrected, Yin and Yang separation becomes increasingly irreversible until physiological breakdown occurs, a condition Hamer calls the

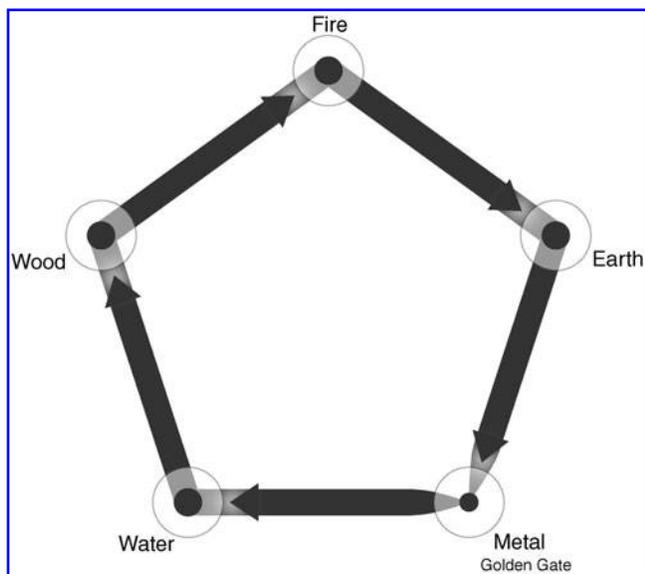


FIG. 3. The Phases and the Golden Gate.

“Qi is Wild.” Qi Wild is registered on the pulse by a significant disturbance of rate, rhythm, and intensity in all pulse positions.<sup>44</sup>

### TREATMENT STRATEGIES

Before correcting the Husband–Wife imbalance, most Five-Element practitioners recommend doing an aggressive energy tap. The rationale is that a diagnosis of cancer often reflects the presence of longstanding toxic emotions that have been diverted across the K’o cycle, and so it is a good idea to drain the energy off before doing anything else. This is accomplished by using Back Shu points for the main organs, starting with BL 13 (Feishu), BL 14 (Jueyinshu), BL 18 (Ganshu), BL 20 (Pishu), BL 23 (Shenshu), and finishing with BL 15 (Xinshu), placing the needles just under the skin and allowing the energy to disperse, first to the right then to the left. Some practitioners use two needles on each point, rather than one. Worsley suggested placing the Bladder line slightly lateral to the normal Bladder line, about 2.5 cun lateral to the midline, though I do not know how important this is. In any case, needles are left in until any red flare dissipates, which might be anywhere from 10 minutes to 2 hours. Luo and Xi-cleft points can be used to prevent recurrence. The details of the aggressive energy tap can be found in any Five-Element textbook.<sup>38</sup>

The next step for correcting the Husband–Wife imbalance is to use needles to move energy from the right-hand organs to the left. This is accomplished by facilitating Sheng and K’o cycle energy transfers in a way consistent with the rules of the four-needle technique.<sup>45</sup> In the case of the Yin organs, energy can be transferred across both the Sheng and K’o cycles, while, for the Yang organs, energy can only be

transferred across the Sheng cycle. This gives rise to a series of points as shown in Table 2 and Figure 4. The treatment is stabilized by picuring Spirit points such as K 23 (Shenfeng), K 24 (Lingxu), or K 25 (Shencang), together with the source points of the patient’s constitutional type. Success is confirmed if the left and right wrist pulses shift to a more even configuration. Puhky has said that this treatment will suffice for 75% of cases (personal communication with R. Puhky and C. Moss at the American Academy of Medical Acupuncture’s Five-Element training program).

In cases of failure, a second option is to sedate Back Shu points corresponding to the right-hand pulses, while tonifying the points corresponding to the left-hand pulses, in the order they appear (Table 3).

Perhaps more pertinent than the specifics of the above protocols is the meaning of the energetic shift in terms of the overwhelming situation. The shift must be both acquired and integrated by the patient. Ideally, the Husband–Wife treatment helps patients make a successful transit through the Golden Gate to create a more authentic sense of self. The successful journey is one that takes them through their existential despair, rather than around it. As the poet Robert Frost said, “the best way out is always through.”<sup>46</sup>

### General Treatment Options

After (or in tandem with) aggressive energy and Husband–Wife protocols, a wide variety of other needling options can be utilized, particularly for related symptoms such as pain, nausea, or fatigue. The options range from the Eight Principles to French energetics and auriculotherapy to dynamic interactive acupuncture (DIA).<sup>47</sup> Other non-acupuncture alternatives may also be useful, ranging from nutritional supplements and herbs, to vibrational therapies and homeopathy. A detailed discussion of such options is beyond the scope of this article, but practitioners can use whatever approaches are familiar.

Sebestyen has suggested an approach to advanced cancer in which the positive ionic status of the tumor is dispersed, and the Zhen Qi tonified with electrical stimulation.<sup>48</sup> First, acupuncture meridians that pass through the area of the tumor are located. Needles are placed 1–2 cm. proximal to the tumor on the involved meridians, using quick insertion

TABLE 2. PRIMARY HUSBAND–WIFE POINTS

Point	Pin Yin	Translation	5-Element	Transfer
B 67	Zhiyin	Reaching Yin	Metal point	Metal–Water
K 7	Fuliu	Recover Flow	Metal point	Metal–Water
K 3	Taixi	Great Ravine	Earth point	Earth–Water
LV-4	Zhongfeng	Mound Center	Metal point	Metal–Wood
HT 7	Shenmen	Spirit Gate	Source point	Fire tonification
SI 4	Wangu	Wrist Bone	Source point	Fire tonification
K 24	Lingxu	Spirit Ruins	Spirit point	Lifting the Spirit

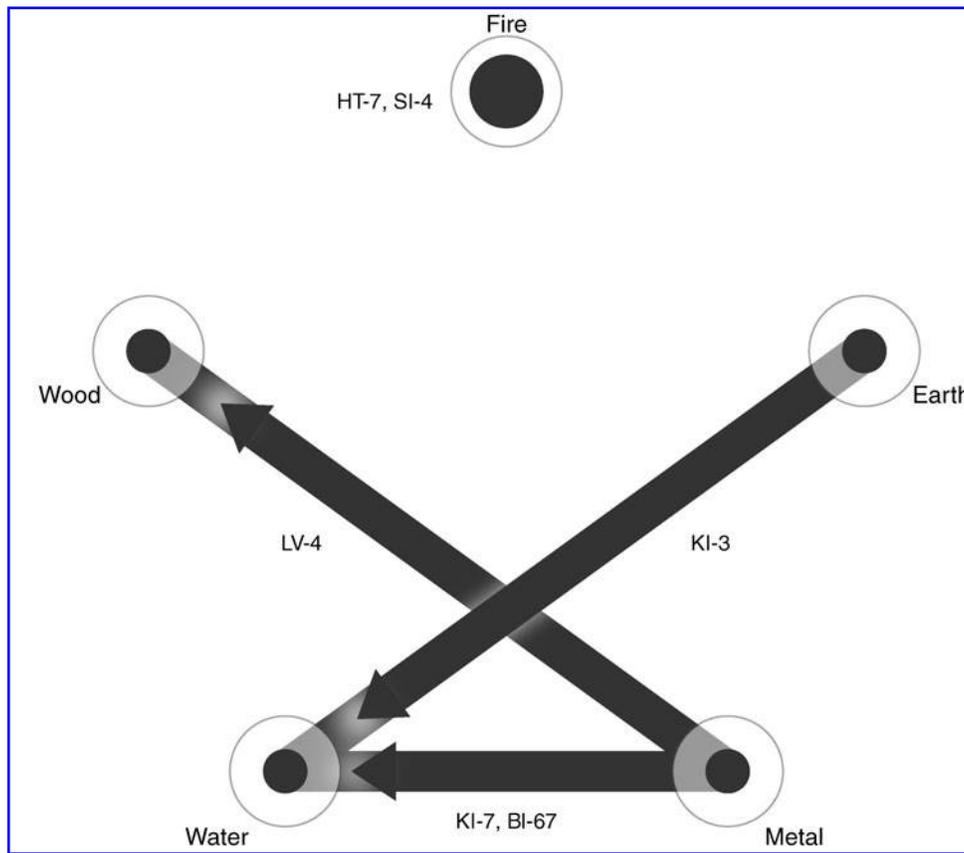


FIG. 4. Primary Husband-Wife points.

and then rotated counterclockwise for dispersion. Next, needles are placed in peripheral points on the same meridians using a tonification technique. Electrical stimulation is done for 30 minutes, with the red lead on the proximal point and the black lead on the peripheral point, using a low-frequency (0.5–2 Hz) pulsed stimulation. Additional points can be chosen to tonify the immune system according to TCM principles. In the series presented, patients significantly outlived their prognosis, some showing almost complete clearing of metastases and having remissions that had lasted a couple of years.

**One Needle Acu-Treatment**

In contrast to the foregoing, Thoresen has proposed a one-needle treatment involving a Five-Phase analysis of

tumor energetics based on location and cell type, followed by tonification of the Grandmother controlling organ with a single needle, based on the notion that cancer is an Excess condition.<sup>49,50</sup> Though a one-needle treatment may be difficult to accept, if Golden Gate passage is dependent more on mutual intent than on specific point protocols, then it really matters little whether one needle or a hundred are used, so long as the choice of points is congruent with both intent and energy dynamics; and, in this respect, Thoresen’s treatment is congruent with standard Five-Phase energetics.<sup>45</sup> Deciding the Phase relationship can be the difficult part. He suggests using a few simple cues, based on tumor location, relationship of tissue–organ correspondences, and/or pulse diagnosis. For example, breast cancer is clearly in the Earth phase because it is on the Stomach Meridian. If pulse diagnosis is used, the cancer phase will exhibit an Excess, and the Grandmother a Deficiency. Table 4 shows a few suggested correspondences (practitioners should interpret the list with a fair degree of latitude and be willing to go with their best guesses).

**Treatment**

Treatment involves tonification of Yin Grandmother controller meridian, utilizing either: (1) the standard

TABLE 3. SECONDARY HUSBAND-WIFE POINTS

Point	Pin Yin	Translation	Needle order
BL 13	Feishu	Lung Shu	Right then left
BL 14	Jueyinshu	Pericardium Shu	Right then left
BL 20	Pishu	Spleen Shu	Right then left
BL 23	Shenshu	Kidney Shu	Left then right
BL 18	Ganshu	Liver Shu	Left then right
BL 15	Xinshu	Heart Shu	Left then right

TABLE 4. SAMPLE CANCERS, SECTORS,  
AND THEIR CONTROLLING GRANDMOTHER

<i>Cancer location</i>	<i>Affected sector</i>	<i>Control phase</i>
Breast	Earth	Wood
Stomach	Earth	Wood
Colon	Metal	Fire
Prostate	Metal/Water	Earth or Fire (TH)
Ovary	Water	Earth or Fire
Cervix	Metal/Water	Earth or Fire (TH)
Uterus	Water	Earth
Kidney/bladder	Water	Earth or Fire
Testicles	Water/Wood	Metal, Earth or Fire
Bone	Water	Fire
Leukemia (WBCs)	Earth	Wood
Muscle	Wood	Earth or Metal
Anus	GV 1 (Changqiang)	GV 26 (Shuigou)

WBCs, white blood cells.

Five-Element model with the Earth sector situated in late summer, or (2) a four-directional model with the Earth sector situated in the center. In this way, for example, the controller for Metal could be either Fire or Wood (Figs. 5 and 6).

Once the Grandmother meridian is selected, the practitioner can picture a command point that best reflects secondary symptom characteristics (e.g., pain [Metal], bone [Water], movement [Wood], temperature changes [Fire], and/or digestive disturbance [Earth]).

### ECIWO Points

A further refinement suggested by Thoresen involves utilizing ECIWO points on the hand and foot metacarpals. First described by in 1973 by Yingqing Zhang, ECIWO is an acronym for *Embryo Containing the Information of the Whole Organism*, and refers to any holographic micro-acupuncture system, but particularly those on the metacarpals and metatarsals (Figs. 7–9).

Zhang theorized that cancer is itself a cellular ECIWO that has arrested at the morula stage of embryological development, in which the cells are undifferentiated and are in the process of rapid cellular division.<sup>51</sup>

After deciding on the meridian to be tonified, locating the specific ECIWO point is done by intuition; by noticing local signs, such as skin thickening or purpura; or utilizing a Vascular Autonomic Sign as described by Nogier.<sup>52</sup> The one needle is inserted, left *in situ* for 20 minutes with no

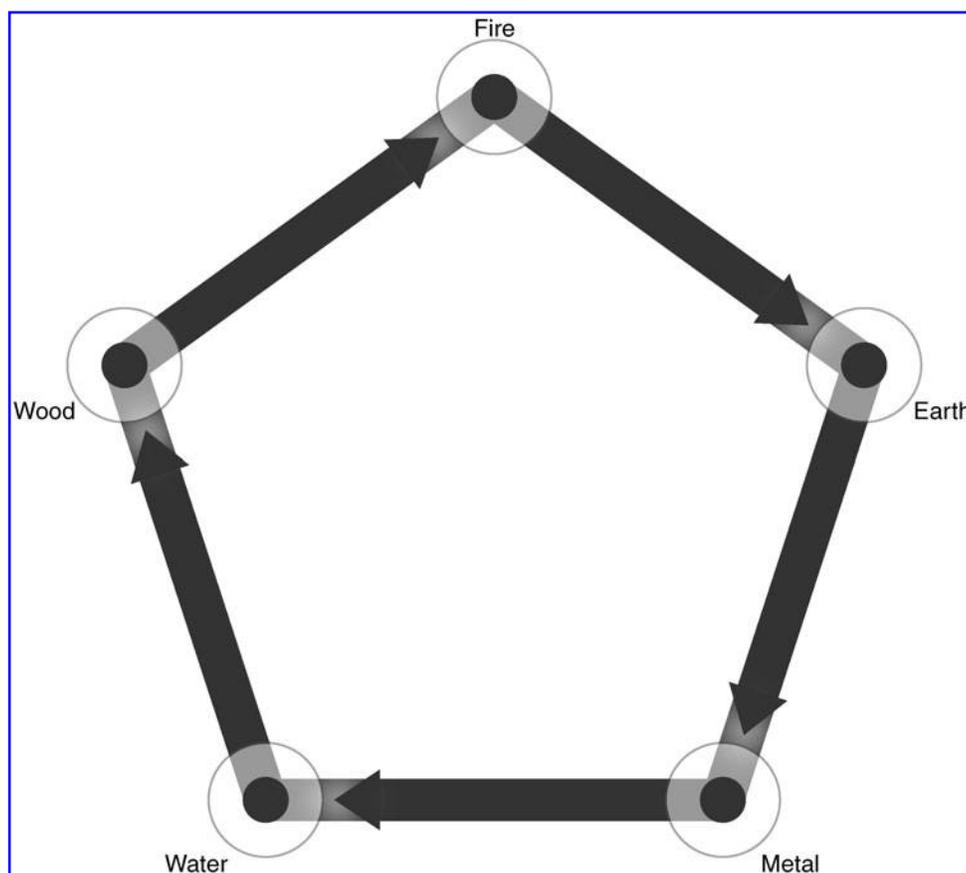


FIG. 5. Standard Five-Element chart.

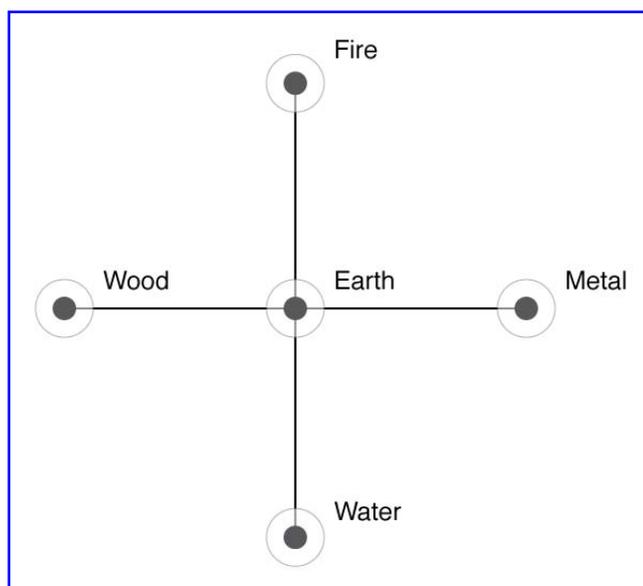


FIG. 6. Cardinal Five-Element chart.

stimulation, and 3–10 treatments are undertaken at intervals of 7–30 days.

### CASE STUDIES

A 60-year-old man had a left nephrectomy for renal-cell carcinoma and was subsequently monitored with serial computed tomography (CT) scans, which 2 years later, showed lung metastases. Though treated conventionally with 4-weekly courses of Sunitimib, his treatment was supplemented with RifeBare resonant light technology, megavitamins, and acupuncture. Acupuncture consisted of a series of Husband–Wife treatments, and an ECIWO point on the back of the hand approximately opposite HT 8 (Shaofu), where there was a visible swelling of the palmer tissues and that corresponded to the upper Jiao. Fire was chosen as the Grandmother controller, rather than Earth, because of the tissue swelling over the Heart Meridian. Three years later he was alive and well and serial CTs showed that the lung metastases were shrinking.

A 45-year-old woman who had a lumpectomy and radiotherapy for breast cancer, came to explore existential issues through acupuncture. During the initial intake, she admitted to a deep yearning to visit South America. After completing aggressive energy and Husband–Wife protocols, single-needle treatments were performed on an ECIWO point just distal to LV 3 that showed a tiny spot of Blood Stagnation, while the ramifications of her yearning were explored. The treatment was repeated weekly for 6 weeks, after which she vacationed in Peru and Machu Picchu. She returned feeling complete, and 3 years later, as of this writing, she remains alive and well.

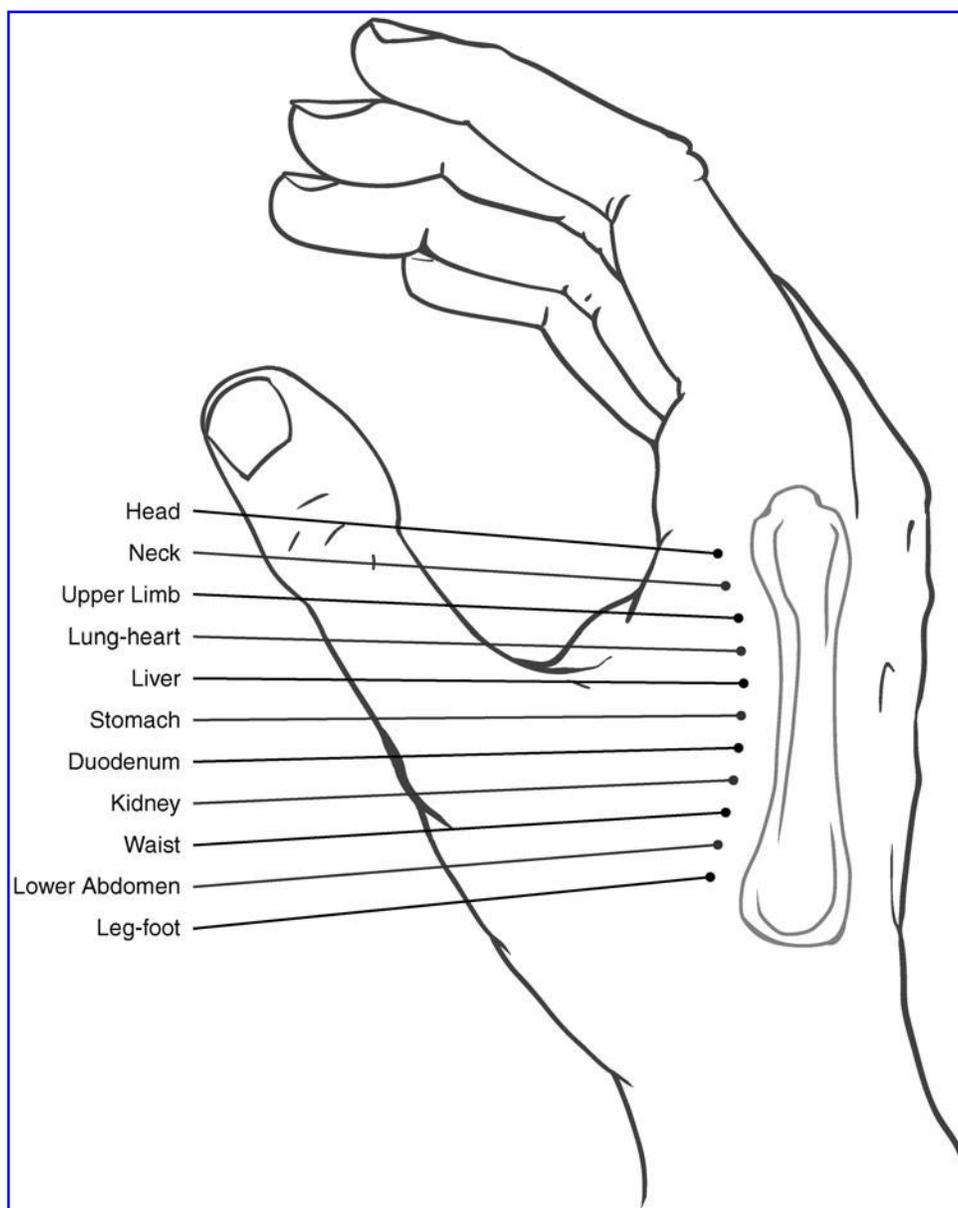
A 64-year-old woman with esophageal cancer had targeted radiotherapy both to reduce a local tumor mass and to treat brain metastases. She had refused chemotherapy, instead, opting for mistletoe extract injections with a naturopath. She was fully aware of the dismal prognosis and keen to explore acupuncture. Acupuncture treatments included Husband–Wife protocols, Sebestyen treatments, and ECIWO points on the Liver Meridian based on a presumed Yang Ming tumor location. Although she died 2 months post diagnosis, in that short time, she achieved complete transcendence and her passing was an inspiration to all who made contact with her in the final days.

A 41-year-old woman with a recurrence of breast cancer presented with back pain, presumed to be the result of bony metastases. Previous treatments had included mastectomy, adjuvant chemotherapy, and radiotherapy. She was very keen to try DIA even after being informed about its limitations. After aggressive energy and Husband–Wife protocols were completed, DIA treatment was initiated with SI 3 (Houxi), BL 62 (Shenmai) to open the Du Mo and Yang Qiao Mo, while the patient engaged the process with deeper breathing, and spontaneous sound/movement. Back Ashi points were added where appropriate. After three DIA sessions, she was pain-free. A month later, she developed ascites that was tapped for several liters of fluid containing malignant cells. Although everyone assumed this was a bad sign, she subsequently went into a remission that lasted for 3 years.

A 55-year-old man was diagnosed with prostate cancer after a routine prostate-specific antigen (PSA) test and subsequent biopsy. After exploring outcome statistics comparing treatment versus no-treatment, he opted for a wait-and-watch approach, with serial PSA tests. During our initial meeting, he expressed regret at having consented to a screening PSA without fully informing himself and thinking through the consequences beforehand. Acupuncture treatments included aggressive energy and Husband–Wife protocols, DIA to mobilize the pelvis, and Grandmother tonification with points such as HT 9 (Shaochong) and TH-3 (Zhongzhu), while the ramifications of PSA testing were explored. He eventually decided to discontinue serial PSA testing, not on the basis of denial, but rather with a full appreciation of the uncertainty principle. As of this writing he remains alive and well.

### DISCUSSION AND CONCLUSIONS

The idea of using acupuncture for patients with cancer in any way other than adjunctively might seem fanciful and risky. Moreover, the notion that a single-needle treatment for any condition, let alone cancer, would have any effect at all seems to be an assault on reason. However, acupuncture used to facilitate a Golden Gate transition using a level-3 context and optimal intent cannot be dismissed quite so



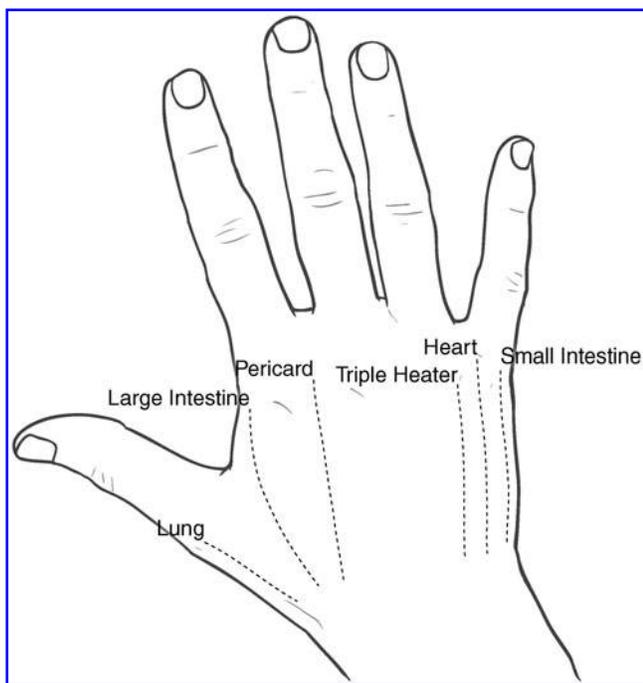
**FIG. 7.** Embryo Containing the Information of the Whole Organism points on the 2nd metacarpal bone.

easily. Moreover, if standard treatment for a particular malignancy has less-than-impressive outcome statistics, patients may have little to lose by exploring non-rational alternatives. Of course, patients should not turn their backs on effective conventional treatments, such as those available for Hodgkin's disease. But energy medicine might be a better use of patients' time and energy when the value of conventional treatment is marginal or detrimental. In that respect, it is interesting to note that physicians who become patients with cancer themselves often refuse the very treatments that they recommend for their patients.<sup>53</sup>

In more-robust patients, a wide variety of protocols can be explored, including aggressive energy taps, Husband-

Wife balancing, TCM, meridian acupuncture, or even DIA. In patients who are more depleted or terminal, single-needle treatments may be more suitable. Such treatments will not deplete patients any further, and the unusual situation can offer practitioners a unique opportunity to explore the dynamics of intention and Heart-centered presence.

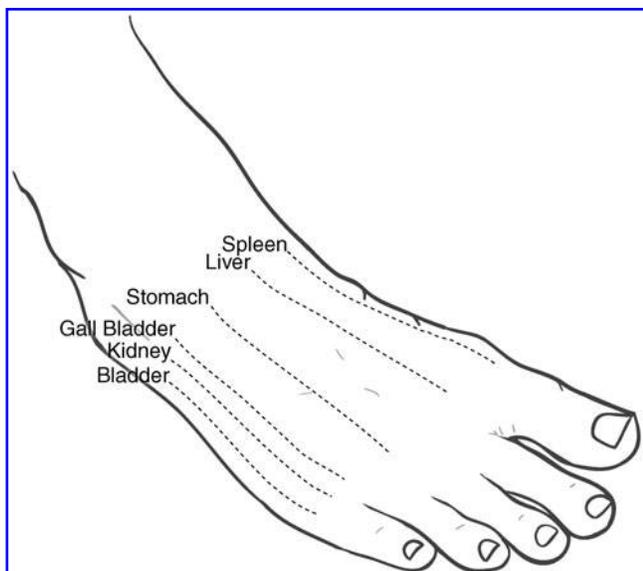
A fully integrated approach would put cancer treatment into the widest possible context. Conventional therapy would not be precluded, but rather subsumed within a rubric of transformation, in which the foremost therapeutic goal would be a conscious integration of ego and disease. In such a model, the primacy of 5-year survival rates would give



**FIG. 8.** Embryo Containing the Information of the Whole Organism points on the hand.

way to energetic approaches designed to harmonize body, mind, and spirit. An integrated oncology would exhibit a radically different hierarchy. To put it simply: Quality would trump quantity.

Clearly, there is more to transformation than acupuncture. Many modalities would be involved, including conventional SCR, but so would things such as diet, herbs, nutritional



**FIG. 9.** Embryo Containing the Information of the Whole Organism points on the foot.

supplements, exercise, sleep, stress reduction, a meaningful spiritual life, and so on. Practitioners should feel free to explore all such dimensions with their patients. Such an approach to cancer can be both captivating and inspiring. By encouraging patients to discover the *Tao* in themselves, practitioners can help patients shift their understandable despair toward something significantly more creative: a conscious exploration of the unknown in the face of life's inevitable end. After all, in the largest sense, death is not an enemy, but only the completion of a round of existence; and cancer, if understood philosophically as a material expression of new growth, may simply be the vehicle for that ultimate transformation. Making the transition consciously, while still alive, can be an extraordinary gift.

### ACKNOWLEDGMENTS

Graphics were designed by Dr. Greenwood's son, Richard Greenwood, BFA, MA (website: [www.richardgreenwood.ca](http://www.richardgreenwood.ca)).

### DISCLOSURE STATEMENT

No competing financial interests exist.

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