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A journal of traditional Chinese medicine

An interview with Mark Seem



By Ray Ford

Dr Mark Seem (PhD in Philosophy) is a master practitioner/educator in acupuncture, with more than 20 years experience, in New York. He is the founder and executive director of the Tri-State College of Acupuncture, one of the oldest schools in North America, and the author of the books Body Mind Energetics, Acupuncture Imaging, and A New American Acupuncture: Acupuncture Osteopathy and Acupuncture Physical Medicine. Mark generously invited me to discuss his ideas about the practice of acupuncture and his teaching methods. We also talked about the profession and where it might be headed in the United States. I hope that Mark's work can be exposed to a wider audience as I have found his methods extremely effective in my clinic. Mark is a very energetic, articulate, warm person, with a willingness to share, combined with an extraordinary clarity when imparting his knowledge, a combination that is not common. What follows is a summary of our meeting.

RAY: Can you tell me about the way you teach at your school?

MARK: We teach three main styles at our school, TCM style, Kiiko Matsumoto Japanese style, and a style I have developed which I call Acupuncture Physical Medicine. The way we teach is that we make it very clear to students that in fact all the TCM methods of diagnosis for acupuncture can be scrapped and they can still do very good acupuncture. There is very little of TCM that is necessary for acupuncturists.

RAY: So you teach TCM at your school even though you believe it's not important for the practice of acupuncture?

MARK: I'll be brutally frank here; the TCM we are teaching at our college is really to make sure our students can pass the National Board

examinations here, which are all based on TCM. In order to make sure our students can gain their licence, I decided that we had to make sure that all the TCM pattern differentiation was taught by Chinese trained practitioners who really knew their stuff. This was to avoid confusion if they were taught a filtered version by me, or other Western style practitioners who teach at our school. If our students want to go on to study herbs they are then really well prepared. We teach herbs at our school but that's optional, maybe 20 per cent of the students go on to do that.

RAY: After more than 20 years in practice, teaching and writing about acupuncture, what do you think it is good at treating?

MARK: Acupuncture can treat many things. It is particularly able to treat pain and associated dysfunction syndromes effectively, where there are no lesions or infection; chronic fatigue and chronic stress disorders; chronic allergies and respiratory dysfunction; digestive dysfunction; gastro-intestinal dysfunction; reproductive dysfunction — the things that Western medicine finds very hard to treat. Medications are not an easy solution here — biomedical or Chinese herbal. To me, a style of acupuncture that palpates and navigates the channels to find and clear blocks effectively holds out the biggest hope of bringing hands-on medicine back to Western medicine.

RAY: What about a TCM approach?

MARK: TCM in this country does not treat these conditions very well, in my opinion, in fact practitioners here who use TCM style exclusively rarely palpate the body at all, they mainly use the tongue and pulse, which is fine for an internal diagnosis, it is also fine for herbs, but it does not locate holding patterns that are actually in the tissues of the body. TCM often gives a group of points for a given condition, similar to a prescription; this may or may not be suitable. In my experience palpation or navigating the channels

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to find blockages and using effective points that release these blockages is very important for clinical success. This is mentioned in the many of the classics. My books go into greater detail of the methods and techniques that I have developed.

RAY: So do you think a TCM style of diagnosis such as “damp heat in the lower jiao” is not needed in acupuncture?

MARK: The only diagnosis in acupuncture as far as I am concerned is “obstruction of qi and blood”. That’s not really even a diagnosis because that is acupuncture — what does acupuncture treat? It treats obstructions of qi and blood. The only question that really has to be asked is a real estate question, which is all about location, location, location ... where? Where is the blockage?

RAY: Do you think herbs can help to do this?

MARK: If there is a point within treatment where the person can’t sustain those changes, that’s where I see herbology coming in. When people are so very weak constitutionally that they can’t handle freeing up the blockages myofascially, they can’t handle getting the lymph flowing better, they can’t handle the fluids flowing better, then they will need some kind of internal support. When I first meet a patient or someone at one of my seminars, I will fairly quickly get an idea of what I think is going on, I will then start verifying my initial observations on the table with my hands by navigating their soft tissue, not the pulse or tongue, and if I then find part of the blockage, what usually happens is that the patient will start saying something like, “that’s it!”

RAY: Isn’t that what Janet Travell has said patients will say?

MARK: That’s right, Janet Travell talks about this in her work where she has a new definition of trigger points, which is that when you find a trigger point the patient says, “that’s my pain”. She used to say that the patient would say “that’s it” but she changed the definition just before she died to, “that’s my pain”.

RAY: Is locating and showing the patient where they are blocked or restricted what you call reframing?

MARK: Yes, I call this acupuncture reframing or acupuncture imaging where you are reframing their problem in acupuncture terms, so that the patient understands what the purpose of acupuncture is. The meridians are the maps for navigating this territory, not the context for making yet another diagnosis for the patient’s condition. We are aligning the patient’s intention with their qi, so their intention is now with what you are doing to unblock the obstructions, using the meridian maps to direct the release, so that

their bodymind can do the rest.

RAY: In fact you are moving what is called in China “stagnant qi” or “constrained qi”.

MARK: That’s right. The awareness of being blocked in the body, to me, is critical to acupuncture. Acupuncture has to help people learn that this is what is happening, and it has to make them want to work through the blockages, to feel freer in their bodies.

RAY: So, reframing in terms of acupuncture is very important in your opinion?

MARK: What I have realised with Western patients is we have to help them understand that they are undergoing an experience based on a way of seeing the body that they have never experienced before. We have to use the foreign nature of this medicine, the fact that it is a totally different view of the body, to needle patients, to prod them out of the view of the body they were caught in; this is what I call reframing.

RAY: What about explaining things to the patient in TCM terminology?

MARK: If you try to explain to patients Yin and Yang, the Five Phases or this is a Fire problem or it’s anger or any emotion, you are forcing them to buy into your philosophy. I found New Yorkers pretty resistant to easy diagnostic labels. While practitioners need to do an assessment or diagnosis for their own purposes, it is not the patient’s problem that we need such a crutch, such a tool, to do our work. Master practitioners no longer diagnose, they see, they feel, they release and let it all flow better.

RAY: They don’t use these terms so much here in New York?

MARK: New York is a fierce intellectual environment, very challenging, people here will say “prove it”, they won’t buy into anything. They will say “if you want me to buy into it then give me a seminar; if I need to have a seminar as a patient then give me a seminar!” They will tell practitioners here “don’t try to do this quick, telling me your balancing my Yin and Yang, that is not going to work for me”. What I have learned in this tough environment is to do the opposite, not talk at all, or very little.

RAY: What about the approach called “Acupuncture Physical Medicine” that you teach at your school?

MARK: Acupuncture Physical Medicine is based on classical acupuncture through Van Nghi, which is the French-Vietnamese tradition, with Travell’s trigger point system built in, through Japanese filters, because the Japanese know all about trigger points, too. What I did was go back to

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classical acupuncture and break it down to simple components and what I came up with was such a small amount of theory that I could teach it in a day. In fact, I can usually teach this filter in three hours.

RAY: What questions have arisen from this approach to teaching?

MARK: A huge question has arisen at our college, which is “how do experienced practitioners know that what they are doing is effective?” The whole question of “what’s happening” is what has come up in our school so Warner (Mark’s wife) and I had the idea for a symposium. We have been able to gather some master practitioners who all agreed to demonstrate how they work on members of our faculty. Researchers from several universities interested in the brain’s response to acupuncture, connective tissue response to needling, the relationship between acupuncture points and trigger points, and various other key topics being researched today, are also coming. What I am hoping is that the experts we have invited who all practise different styles will see each other’s methods and say, “That is not how I approach this condition or how I determine if treatment is effective or not,” and go on to say how they observe changes through the pulse or tongue or because the qi moved or because the hara changed, or with whatever method they use. Then they will be able to show their own methods and discuss what they are doing.

RAY: Apart from knowledge, treatment of someone does require a lot of concentration, disciplined focus and attention.

MARK: It is so important. I did judo for years and we did everything — we followed the master. He would do it, then we would do it, and we would do it 50 times in a row and he would come over and correct it, then we’d do it yet again. That’s what has been lost in this culture, I think, acupuncture as a *discipline*. From time to time I hear about practitioners leaving needles in a long time; they just put in a couple of needles and leave the patients to relax. The point is that patients will feel relaxed when they leave the clinic but that is not all that acupuncture does. That is the endorphins, of course, but Valium does that, too, very nicely. I call this the “endorphinisation” of acupuncture, as if that is all that happens. I also started to look back into the classics again about this issue. The classics make it very clear that something is supposed to happen, and pretty quickly, when you are needling and maybe dramatically. The classics also say seize it fiercely if it’s a yang evil — seize it fiercely and work the needle. Once you have done that the deficiency will be tonified. In other words, *Remove the obstruction* in order to support the root.

RAY: So what you are saying is that by clearing

the excess and moving the qi, this will rebalance the body?

MARK: Exactly. There are all these comments in the classics about dispersing the excess, the holding pattern. When this is done the body will correct itself, if it is strong enough. Obviously some people are not strong enough and will need to be supported. One image from my reading is that you should hold the needle and have your entire being, your heart and spirit, concentrating as if you are holding a tiger over an abyss. I thought about that for a while and realised what they are saying is that as you are ready to needle, a lot could happen; it’s like a wild animal when you are tapping into a holding pattern, with perhaps past trauma or abuse.

RAY: I think you are talking about techniques discussed in the *Ling Shu*?

MARK: Right, the discussion in the *Ling Shu*, in the *Jia Yi Jing*, is all about needling, how you should needle, how you make the treatment happen. So I find it amazing that here we are doing what we consider to be a sophisticated symposium at our school, and these researchers are jumping on board so excited by it, but it’s only about what everybody should know how to do: what to do with your needles — simple — but we need to get deeper into it because fundamental aspects of the art of acupuncture are being lost.

RAY: Maybe the Asian practitioners here have more to show than it seems.

MARK: Asian practitioners had been silenced in a way by coming into our culture where they don’t speak the language or really understand the differences in people here, the way patients relate during treatment. Maybe they don’t know how to do those techniques any more, either. Those who have lived here or Australia for a long time may change their methods for Western clients and maybe they do totally different things for their Asian clients, so let’s find out why that is.

RAY: A deeper and profound point about intention and focus, which you do mention in your books, is something that a master practitioner of 50 years experience I met in China, showed me. He became a great teacher for me. At one time he was showing me how he could move qi with his intention. He took a large gauge needle without a tube and placed it smoothly into PC-6. Just holding the needle he made a warm pleasant qi move to my elbow and then towards my shoulder; he then adjusted slightly and the feeling became cold. I was so surprised at the pleasantness and clarity I felt, as I usually dislike PC-6 being needled, even by myself. There was no suggestion at all, as this was done in silence, and he doesn’t speak any English and my Mandarin is very very basic, but

at that moment I did realise what is possible with acupuncture in the right hands.

MARK: The master you studied with must have been so clear if he wasn't doing any manipulation, was he?

RAY: Hardly any manipulation.

MARK: He was so intent on warmth, he got a warm response; he didn't even have to say to you, tell me when it gets warm.

RAY: No, he didn't ask me if it was warm or cold, the sensation was just warm then cold afterwards. I told him later through an interpreter what I felt. He then just nodded knowingly.

MARK: Dr Wei Liu, a family and TCM-trained Chinese practitioner who has taught and practised in Minnesota for several years, says he can do that but he also says that it is very rare in China and is likely to vanish completely. It makes sense to study the practitioners who put in a needle and say "warm yet?" to learn what they are actually doing. This kind of thing is like the information in a study that was done in China on propagated qi sensation. They studied people who are meridian sensitive, and researchers tracked this for 40 years.¹ They defined how wide the sensations are that people feel, and what speed the sensation travels. It has been found to be travelling three to four inches (10cm) a second, which they know is not peripheral nerves.

RAY: What is happening in the acupuncture profession in general in the USA and where do you see it headed?

MARK: We are at a critical juncture where at present the schools are at masters degree level. Some people in our profession want to change that to a doctorate degree level. There are three states, Rhode Island, Arizona and Florida, where "physician" is in the title, so in those states you can be called an acupuncture physician or a doctor of acupuncture. Certain forces in our profession are saying, why don't we try to get laws changed so that if you have studied herbs and acupuncture you become licensed as a "doctor" of oriental medicine, so that's one push in the profession. If the doctoral standard is implemented it will mean huge changes to the profession and change the length of our courses to six years. In my opinion this will discourage those people who are good with their hands, who are the very ones that we need to attract. Most people are now agreeing that even if it does change to the doctorate it will probably take 20 years, so it won't be immediate, but it is a very important debate for the future of our profession. Chiropractors and physicians can take much shorter courses, but everyone who practises here has to be a licensed acupuncturist.

RAY: How long is the training?

MARK: It is three years of training (minimum) to be an acupuncturist, four years if you also do herbs, 1900 hours for acupuncture and 2600 hours for acupuncture and herbs. Some schools are now allowed to start developing doctoral programs. This is in the very early stages and being monitored by the accreditation board

RAY: What do you think about medical doctors practising acupuncture?

MARK: In terms of TCM herbs, physicians can learn way quicker than most other people; they know how to analyse signs and symptoms, side effects etc. because their brain already works that way, but it's not so obvious that they would know how to learn hands-on acupuncture. We used to teach acupuncture to physicians. It was very difficult as they didn't have the hands-on skills, especially for the soft tissue. One internist once told me that I had to understand that when he palpated the abdomen he deliberately ignored the connective tissue and the muscle so that he could read the "important" stuff, such as was there a swollen liver? So he had spent 20 years ignoring the stuff that we are good at. Chiropractors might be in a better position to learn acupuncture, physiotherapists or massage therapists in a much better position; people with those skills learn acupuncture quicker.

RAY: Are you a middle class profession here in New York?

MARK: We are a middle class and upper middle class profession. I don't know about Australia. It's something that disturbs me. I spent some time in one of my rotations in the South Bronx treating the poorest of the poor black and Puerto Rican patients. They resonated immediately with the treatment; they were so in touch with their bodies and feelings. They would let me know what they were feeling, they would say they would knock my head off if they felt too much pain, they had no problem telling me they totally connected, and they were *there* with acupuncture. In my practice in the Central Park region now, many of my highly educated intellectual patients wonder why they have to feel anything at all, so treatment becomes a process of helping them to understanding with guidance.

RAY: Thank you for your time, Mark.

MARK: You are most welcome. When running a school I constantly have to think of the repercussions of any changes that are occurring in the profession, and ask the fundamental question: are we going to lose those skills that are the most important part of what we do?

■ Next issue: Ray Ford interviews Giovanni Maciocia

Endnote

1. Eachou Chen: Subjective evidences and propagated sensation transmission (proof of the power and arousal or Qi) *Clinical Acupuncture & Oriental Medicine* (2002), pp 138–165.