

## "What Do I Do Now?"

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Some years ago after considerable hounding by a publisher of a national magazine, I finally got around to sitting at the kitchen table one gloomy Sunday afternoon to write out a long-promised article on acupuncture.

To my surprise, the article was finished in less than 15 minutes. I pulled out a couple of graphics, a cover letter, and the article was mailed without fanfare on Monday morning.

Approximately three months after the article appeared, I received a letter from a medical physician in Connecticut asking, "What do I do now?" His letter stated he had as a patient a 42-year-old male who had wet the bed every night of his life, without exception. The patient has received every known treatment, remedy, counseling, etc., for years and years. Other than the fact this adult male suffered from nocturnal enuresis, there was absolutely nothing wrong viscerally or psychologically, as far as anyone could determine. The reason for the physician's question was, following the first attempt at a simplified acupuncture procedure I had explained in the article, and utilizing, of all things, pressure from a ball-point pen to what may be considered a highly questionable acu-point, the patient, from the first day of stimulation, never experienced another bed-wetting incident in the one year I followed up on the case.

The doctor's question of "What do I do now?" was certainly a legitimate one, for what he was asking was: What do I do now; do I continue to treat him or leave the condition alone? The answer to this question depends, of course, on who is answering. To me, the answer is obvious. To quote an old quote, "If it's not broken, don't fix it."

Far too often we, as practitioners, have a tendency to hasten our clinical results by "over treating." Ask yourself how many times in the last year have I seen a patient who was asymptomatic after a short term of treatment and, because "the treatment plan wasn't finished," the patient had the "anything you say, Doc" attitude, or any number of other reasons -- to include unfortunately "greed" -- we went ahead and treated the patient only to see their symptoms return to full blown status??

If you're a student or a very young practitioner, and you haven't experienced this yet, be patient; it happens to all of us. However, the objective is to learn by our mistakes and the mistakes of others, and minimize this occurrence.

In my opinion, one of the cardinal rules of healing is to understand when the patient is to be released from active care. Had the medical doctor from Connecticut continued to treat the same acu-point which relieved the symptoms of the patient, the possibility and probability of the original symptoms returning is significant.

Use common sense in scheduling your patients' continuing care. Unlike chiropractic procedure, acu-point stimulation can have an immediate response which will alter the selection of points or rationale. Proper evaluation of the patient is essential in determining on-going treatment. If you are not at that point in your clinical development to determine by examination what to do next, you are

best advised to discontinue the use of any specific acu-point as soon as clinical response has been achieved.

I routinely schedule five new patients a day and have for a number of years. All of my patients come from either patient referral or colleague referral. Even though I've heard my philosophy criticized as being "wrong" I nevertheless stand by it, and that is to release the patient from active care as quickly as possible. I find if I schedule patients to return for management treatment three or four times a year as opposed to trying to cram once a month down their throat, my referrals and follow-up treatments rise significantly. I also don't cut off my referral limb by dragging the patients on at a particular time when they really don't understand why they are still coming to the office.

I fully realize the response to that last comment is simply "education," and I agree. However, I have not found my philosophy to be anything but successful.

We've all heard the adage, "Find it, fix it, and leave it alone." Sage advice from the old-timers. The significance of that statement may well be the best advice you'll hear all year.

Incidentally, the point for bed-wetting the doctor used on his 42-year-old patient is in the exact center of the bilateral pip and dip joint of the small finger on the palmar side.

Use the points and theories found within these monthly articles. I fully realize every time I sit down to write a column, the potential for another dramatic success case looms somewhere on this planet. Even though the average article I write only takes me in the neighborhood of 15 to 20 minutes to compose, it's not the length of time involved or the number of words, it is clearly the message. Same in practice. Think about it!

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