

“Cry out! Don’t be stolid and silent with your pain. Lament! And let the milk of loving flow into you.”

from Rumi’s “Cry Out In Our Weakness” (Bark’s translation)

CHAPTER TWO

FEELING NO PAIN: A FEW CASE HISTORIES

To demonstrate what I mean by unhealed foot injury, dissociation from foot injuries, and dissociations that linger even after the Parkinson’s is gone, I’ve selected a few representative case studies.

FOOT INJURY CASE STUDIES

Katya

Katya, age 56, was my very first patient with PD symptoms. She came to see me for gallstone troubles. After terrifying, brutal experiences with obstetric doctors in her native Russia in the 1960s, she was determined to avoid all MDs. Therefore, she had never seen a doctor about her increasing immobility, legs that felt like wood, gnarled feet that stuck to the floor, cogwheeling wrists and ankles, slow fingers, increasingly hunched posture, loss of voice and loss of sense of taste and smell. I learned of these problems as I used Asian medicine to treat her, successfully, for gallstones. She mentioned her slow shuffling walk and the profound rigidity in her legs and torso, both of which she could overcome for a few steps by using sheer will power, when she needed to. But what worried her even more was what she called “the woodenness” of her legs.

I hadn’t started this study yet. Because she didn’t have a tremor, I assumed she did *not* have Parkinson’s. I have since learned that 15 to 35% of people with Parkinson’s do not have tremor. The numbers vary depending on whom you read.

Had I known she had Parkinson’s, I most likely would have done the modern Asian medicine treatment for Parkinson’s disease: acupuncture needles in the scalp. This very modern treatment, which only provides short-term relief from symptoms, was designed to conform to the modern *western* understanding of Parkinson’s – the idea that Parkinson’s is caused by insufficient dopamine-producing cells in the brain. At this time, my knowledge of modern Asian medicine would have pointed me in this direction only.

After inserting acupuncture needles to treat her for gallstones, I was exploring the bones of the leg and feet to see if there was a reason for the “wooden feeling” in her lower limbs. I found an area on the foot that was deathly rigid, absolutely devoid of vibration and responsiveness. Because Katya was quite afraid of having her feet touched (a not uncommon PD characteristic), I used the extremely firm, supportive, slow-moving technique of FSR, a type of Yin Tui Na, which enables the practitioner to support an injured area without intruding on the patient’s desire to not be touched or “messed with.” The technique is so relaxing that Katya, like many recipients of FSR, ended up dozing, even though I was touching her usually-off-limits feet.

I slowly worked my hands over her more rigid foot until my hand came to a complete stop at the strange deathlike feeling in the center of the foot. I held that spot on her foot. I did nothing at all. I just held her foot at the acupuncture point known as ST-42 while I contemplated this unusual deathlike sensation for about fifteen minutes. And then her foot slowly began to

shake. The bones under my hands began to jostle and vibrate. And then Katya, still deep in her dozing, began to talk softly in her sweet Russian-accented English.

“She was wading in the Volga River,” Katya murmured. “She wasn’t supposed to be there. Her grandmother told her never to go down by the river. She was wading in the river. She hurt her foot. It was very bad. She wasn’t supposed to go down to the river. She wasn’t supposed to go there. She was only five years old. She hurt her foot in the river.”

Tears rolled down her cheeks. Her foot shook and her body shook. Her breathing shook as she whimpered. I continued to hold the place on the foot for over an hour. After the treatment, we discussed the long-forgotten injury.

Katya had been so terrified of being found out by her grandmother that she was not surprised that, even in her dozing memory of the event, she spoke about the injured child in the third person. She could not admit, in the beginning, even in her subconscious, that she was in fact the child with the injury. Consciously, as we spoke, she did recall the event. The faint but distinct scar where she had sliced her foot open was visible, in a good light, on the bottom of her foot. But her mental grip on the denial of her guilty secret was so tight that, even in her sleep-talking, she had attributed the entire event to some “other” little girl. It is no wonder Katya’s body had not been able to address that injury.

Little Katya had already learned to maintain a vise-like mental grip on her thoughts and emotions: at age three, she saw her father taken at gunpoint, at night, from the family home and killed in the street outside by army soldiers. Her mother had died violently at the hands of soldiers when she was a few years older. She was raised by her epileptic grandmother whose seizures terrified her and whom she was careful not to disturb in any way for fear of bringing on an epileptic event. Katya was a brilliant and talented woman who had overcome terrific obstacles in her life. Her ability to maintain her composure and leave the past behind was crucial to her success in her very rewarding life as a professional musician and choir conductor. I guessed that her ability to blot out the negative was probably also the stumbling block that prevented her body from recognizing and healing the old injury on her foot.

Lynne

Lynne’s foot was smashed in the car door. The injury was not lurking in the subconscious; Lynne had never forgotten about the injury, although it hadn’t hurt. She had assumed that the injury had healed normally. During treatment, it became evident that the foot had not healed.

Lynne was five years old when the older sister had accidentally slammed the heavy station wagon door on Lynne’s bare foot. Her tiny foot had been completely encased, the door had closed all the way. When Lynne’s father came around to see why she wasn’t getting out and opened the car door, she was sitting there, unmoving, silent. When the father began to yell at the adored older sister for being careless, Lynne insisted that her foot didn’t hurt. She stayed as still as possible and didn’t cry. Father carried her into the house and plunged her foot in ice water.

About ten minutes later, an electrical storm came up and the power went out. Father had to go looking for flashlights in the garage and then got caught up in the usual madness of a five-children family. Lynne was forgotten, sitting on the bathroom counter in the dark: motionless; not crying; with her foot in a sink of ice water for over an hour.

She never cried, but it was a memorably strange day in her young life. So many unusual things: the electrical storm, the guilt-stricken older sister, the smashed foot. Subsequent to the

injury, the foot never swelled, Lynne never limped. Except for one toenail falling off, it was as if the injury had never happened.

Forty years later, during Lynne's recovery from Parkinson's disease, her foot ached for weeks. The entire top of the foot was tender to the touch and the sole hurt to bear weight.

Curious about the injury and her recollection of the event, Lynne asked another sister about it. The sister recalled the day, confirmed the car door accident, remembered the frightening freak electrical storm, agreed that the oldest sister had felt horrible and that young Lynne had not cried.

It is worth noting that Lynne's mother could not bear to hear the children crying; she would beat the children if they cried. The mother also reacted violently to demonstrations of emotion. Lynne learned at a very young age never to feel pain or emotion. She never cried.

Lynne told me of another incident she'd had two years later, at age seven, in which she broke her right arm during a Girl Scout outing. She never mentioned the accident to anyone. Later that evening, when her mother accused her of eating with the wrong arm, Lynne lied; she mumbled that she *wanted* to eat with her left arm. After a grilling by her mother, she confessed that could not use her right arm since falling off the play structure.

Mother was furious; it was now after-hours and they could not see the regular doctor. After the after-hours visit to the doctor and the X-ray that showed the arm was clearly broken, Mother called the Scout leader and demanded to know why they had not mentioned the injury earlier.

The leader was amazed. She said, "Lynne broke her arm? But she never cried or indicated that she was hurt from her fall. She just looked a bit thoughtful. It didn't even swell up. How could we have imagined it was broken?"

Lynne had learned to dissociate from her pain so completely that, except for a one-day preference for using the other arm, she had no somatic reaction to a broken bone. Forty years later, she had every symptom of Parkinson's disease.

Hjalmar

Hjalmar, when asked about history of injury, whispered with pride, in his muffled PD voice, "I've never been hurt. Never!" During his intake interview, he had already told me that he'd served in the Navy for many years and had seen active duty in the Pacific during WW II. His nickname from his lumberjack days was 'Give 'Em Hell' Hjalmar.

Hjalmar had twinkling eyes and a jaunty bearing despite his walker and his shuffle. I was endeared to him from the start. It seemed incredible to me that he had *never* been involved in some sort of horseplay or risky event that might have caused an injury.

He was sixty years old. He'd been diagnosed with Parkinson's disease seventeen years earlier. His head was scrunched down on his torso and his hands were useless flapping fins. His voice, when available, was a gasping whisper. His right foot was a shapeless, purple-gray mass. He usually insisted on shuffling along without his walker, with the result that he fell down several times a day. His knees were twice as wide as healthy knees, the result of thousands of falls, which he always broke by dropping to his knees. "Nope," he whuffed. "Never been hurt."

This got my curiosity up. "No broken bones? No surgeries? No black eyes? No falling off a bicycle? Sprained ankle? Whiplash? Car accident? Tripping in a gopher hole? No one ever pulled a chair out from under you?"

"Nope!" Proud defiance and unquenchable good will beamed forth from the mischievous eyes, which sat, ludicrously, in that expressionless face.

After the fourth session, as his shapeless, doughy foot began to respond to the FSR, he cleared his throat. “Now, when you asked about injury,” he whispered, “you might have been thinking about the time I got hurt when I was three years old. I forget exactly what the situation was, but my granddad was visiting. Maybe I took a pretty bad fall or something, because I remember my granddad put my arm in a sling. I don’t recall exactly what it was, I think I hurt my arm and my shoulder, and maybe my leg and my foot. It must have been pretty bad for them to put my arm up like that.” He soon recalled another severe foot injury from falling off a naval cruiser ladder with his foot caught in a rung. This injury had badly twisted his foot and ankle, but it had never hurt.

The next week, he reported that a few days after the last foot treatment a dark bruise had appeared on his right foot. But more interestingly, two bruises had appeared on his right arm as well. We suspected that when the foot injury got dislodged and released that ancient memory of injury, the body spit on its hands, hauled up its slacks and decided to take care of the other injuries to the body that were lurking: a sort of package deal. At any rate, his rigid, flipper-like hand became much more flexible shortly after that visit, even as his foot began the long road back to health.

Hjalmar’s childhood

Hjalmar was outgoing and chatty, but he stiffened perceptibly when I asked about his childhood. He told me there was nothing to talk about there. “I’ve come to terms with it,” is all he would say. Hjalmar’s wife interrupted: “What about your mother?” She turned to me and continued, “Cold as ice. She was so cruel to those kids. We don’t even like to talk about it. But there’s a story there, if you want it!”

I never did probe for details. It was telling enough that my simple question “How was your childhood?” evoked such a response. As I got to know them better, both Hjalmar and his wife alluded, many times, to the heartless “parenting techniques” that Hjalmar’s mother had enforced.

Norm

Although sometimes an injury is remembered, or partly remembered as with Hjalmar, the injury history just as frequently remains as a sealed book. Norm never did remember what he had done to his right foot that caused it to be rigid, unable to bend at the ankle or even the toes. He had never even thought that it was strange that his feet moved like robot feet, unflexing in any part.

He grew up in the Midwestern U.S. and he had run cross-country in school. He’d been very good at sports, so we concluded that his foot had probably not always been so rigid. But by the time he came to me, shortly after his diagnosis at age 48, there was no question that there was something strange about that foot. He guessed that the rigidity had come on slowly, through the years. His best guess remains that it was the high school broken ankle, sustained while running cross country, which had caused the foot to become, to coin a neat simile, stiff as a board.

He did allow, “I don’t think about my feet much. My feet hurt all the time, sure, but I try not to think about them. Feet aren’t very nice, after all.” It was the first time I had heard that feet weren’t very nice, so that stuck with me, but later I wondered which came first, the injury, which caused him to conclude, eventually, that “Feet aren’t very nice,” or the idea of feet not being nice, so that when he hurt his foot he hadn’t wanted to dwell on the injury. I never went deeply

into this with him, but it was a curious sentiment coming from a sportsman whose feet had served him faithfully for so many years.

Norm came to Santa Cruz three times a year for treatment in our program. He stayed for a week each time. He was treated for at least two hours a day while he was here. It was three years before Norm's big toe suddenly was able to move, following a rotation of his 1st metatarsal. A few days after that, another bone shifted and his second toe was able to move. A few days later, his entire foot could flex and extend.

During those three patient years, he continued to fly to Santa Cruz from across the country. I asked him if he was discouraged at how long it seemed to be taking. Those feet were the most rigid of any feet I've ever seen, before or since. In reply to my question, he said, "Waal, ah figure there's Plan A and there's Plan B. Y'all are Plan A. And there ain't no Plan B."

So Norm stuck it out. More than three years after he started coming to Santa Cruz, he could once again play tennis and go for long walks.

After his cement-like feet finally became flexible and pain-free, Norm continued to be severely disinterested in being able to feel or be aware of his body. He wanted his body to be functional, but he didn't want to have to think about its existence. He was adamant that he did not want to work on anything having to do with emotions.

Even though he regained his ability to walk and play tennis, his right arm tremor never did go away. When I asked him, many times, if he wanted to keep working with me to see if he could get rid of the tremor, he always said, "No, I don't need that arm. I use my left arm now." He refused to discuss the matter.

After he was once again playing golf and tennis, I asked him, on his way out of my office, to use his trembling right hand to carry the small airline pillow that he always brought with him. He was somewhat puzzled by the request. As soon as I put the pillow in his right hand, he transferred it to the left hand. I asked him to put it back in his right hand. He did so, but within moments it was back in his left. I asked him to concentrate hard on holding the little pillow in his right hand. He found it amusing that he didn't seem to be able to leave it in his right hand. He tried very hard to keep the pillow in his right hand, but it was hard for him to simultaneously walk and hold the pillow in his right hand. He got out the doorway of my office with difficulty and approached the stairs leading to the parking area. He was baffled by the stairs. He turned to me, pillow in right hand, and asked me in all seriousness, "What am I supposed to do?"

I told him that he was supposed to go down the stairs. He asked, "How?"

I told him to just go down the stairs one at a time. This problem with stairs was utterly unexpected. He stood at the top of the landing. Slowly, with his wife's help, he negotiated a few steps. After several steps, he was breathing hard and sweating, and looking desperate. He switched the pillow to his left hand and finished going down the steps.

When he got to the bottom of the steps, I asked him to please put the pillow back in his right hand until he got in the car. He did so, and approached the car. He got to the door of the car and again became baffled. He had no idea what to do next.

I told him to open the car door. He looked painfully confused. He started to reach for the car door with his left hand – the hand that he'd been using for several years now – but with the pillow in his right hand, he couldn't figure out how to simultaneously push the door handle release and also pull the door open. He struggled with the door for several seconds, then gave up: he put the pillow in his left hand and, with his left hand, opened the car door.

I asked him to put the pillow back in his right hand after he got the car door open. With the pillow in his right hand, he could not figure out how to get into the car. After that, I never

met with him again. His wife emailed me several times: his tremor continued to get worse, to the point that it seemed as if his right hand was shaking his whole body. He sent his love, but he did not want to do anything that might involve working on emotions having to do with his right arm. The last I heard, he decided to try antiparkinson's medications to help with the tremor. He tried all of the various drugs, and none of them worked. Some of them actually made the tremor worse. After experimenting with various agonists and L-dopa, his tremor had become a monster. He got no relief from the drugs; instead, they made him dyskinetic within a matter of days (which, we have seen, is typical, once a PDer's foot injuries are gone).

In all the years that I knew Norm, with his gentle, loving smile and his gentle, polite drawl, his response to my medical inquiry, "How are you feeling today?" was always the same: "I don't know. I never really think about how I'm feeling." Probing with more specific questions could never elicit any answer other than "I'm fine" or "I don't know." Norm's wife used to laugh, "Don't ask him how he's feeling. He never knows what to say!"

Norm was never interested in being able to feel or be aware of his right arm. More accurately, he feared such feeling and awareness. Although his structural symptoms of Parkinson's rapidly evaporated, Norm's fear, tremoring, and dissociation from his right arm continued to worsen.

As an aside, I had to wonder if a person who has actually *lost* a limb but who still, now and then, imagines using the limb or who feels phantom pain in the missing limb is a mentally healthier person than a person who, terrified of acknowledging a body part, lives in ever-increasing fear of that body part or fear the pains that caused him to dissociate. The former still has a complete body image; his consciousness is healthy even though the physical body is lacking. The latter has an unhealthy consciousness: his conscious mind can only perceive himself as if is standing outside himself, or as if he is terrifyingly incomplete – even though his subconscious mind knows that he has a body, and knows that the body is wracked with pain.

TJ

I had been holding TJ's foot once a week for an hour, for about three months. Her previously numb foot had already gone from pale purple gray to a nice pink. She'd had horrible pains in her feet when feeling first returned to them. She said it felt as if "every time I've ever walked barefoot over sharp rocks, showing off that I didn't feel anything, well, now I'm feeling every one of those rocks. I was holding her foot when she started having excruciating pain half-way down her tibia (the bone on the front part of the lower leg). Within a day after the tibia pain began, it was crippling. She was unable to walk. Pain pills didn't touch it. After two weeks of her calling me every day, screaming into the phone that she was in agony, it suddenly occurred to me that she must have broken her leg. I asked her to go to the hospital and have it X-rayed.

Sure enough, the tibia was broken clear through and displaced. The radiologist told her, "You should have come in two weeks ago, when you broke it." He told her that two weeks worth of healing had already occurred at the broken ends.

TJ told him that if it was broken, she had broken it seven years ago. At the time, she had been carrying her baby while hurrying across a busy thoroughfare, dodging traffic. She suddenly saw that she was about to be hit by a bus. She had made a flying leap to the sidewalk and just missed: her leg, right at the point of the broken bone, had crashed into the curb. The baby had flown from her grip and landed in the shrubbery. Standers-by had asked if she was OK. Of course she was OK. She certainly wasn't hurt.

The radiologist told her, “You’re crazy. There is no way you could have been walking around on a broken leg for seven years.” That radiologist was wrong. I’ve since known several PDers with still-broken bones who’ve been unaware of the break until they started being able to feel.

It might be significant that, when TJ was four years old, her parents decided to get a divorce. Rather than subject TJ to the emotional strain of the divorce, they sent her away with no explanation. She had cried about something just before her parents had told her that she needed to go away. She’s assumed that the crying was the reason that her parents put her on the first airplane ride of her life, at age four. The flight took her, unaccompanied, to California, to live for many years with her grandmother, whom she had never met. TJ told me that, on the plane ride, she had made a solemn vow to herself that she would never cry again.

About a month after arriving in California, four year-old TJ was playing in grandmother’s back yard. A heavy cement table fell down on her foot. She kept her secret promise. She never cried. Almost thirty years later, I was working with TJ’s foot injury: an injury consistent with a foot being smashed by a cement table. Soon after the foot began to experience terrible pain, eliciting screams of fear and agony from TJ, she also began to experience her more recent tibial fracture.

As an aside, TJ was a horse trainer. Three of my first fifty PDers were horse trainers. I do not live in a particularly horsey area, so these numbers are somewhat curious. These three each said that they got along better with horses than with people. Also, they told me they were not afraid to punch an ornery horse in the ribs if it lashed out with teeth or hooves. “If a horse kicks me, I punch him back. It’s just playful. It doesn’t hurt. We get along.”

Chuck

After working with a few dozen PDers, I thought I had seen feet in every stage of deformity, discoloration, and distortion. But Chuck’s right foot was ghastly. When he was six years old, his right foot had been chopped off by a hay mower and then sewn back on. Fortunately the doctors had sewn it back on quickly enough so that the tissues and toes had all survived. The foot had been clumsily reattached in a pair of surgeries that would be considered primitive by today’s standards.

After it seemed like the re-attached foot would survive, the doctors did a second surgery. In hopes of giving the foot some flexibility, surgeons harvested tendons from the *good* foot and taken whopping skin and muscle grafts from his good leg. When I met Chuck, both of his legs and feet were rigid. Scars seemed to be everywhere on both feet and both legs.

When I met him, Chuck’s right leg was an inch and a half shorter than the left; he used an elevated shoe. With the limping and poor surgical alignment, his foot had become increasingly distorted through the years. When I saw him first he was fifty-nine, ten years after his diagnosis with Parkinson's disease. His foot stuck out to the side at a sharp angle; he was using what should have been the proximal (closer to the heel) part of the arch of his foot for bearing the weight that should have been borne by the ball of the foot, to the extent that it was hugely callused; and the outer ankle bone was rotated so that it was at the front of the ankle instead of on the side. The bones had grown into their new positions. His foot had the flexibility of granite.

He hadn’t let the injured foot slow him down; one of his favorite pastimes, before the PD, had been hiking. Why not? He had no feeling in his feet so hiking wasn’t a problem.

The palpable-to-my-hand Qi flow through the right foot was nonexistent. The toes were purplish grey. Some weight-bearing parts of the foot were bright red, as if mildly inflamed. He had no feeling in his feet. The Qi in his legs was running backwards. The Qi flow in the left was, if anything, even worse than the right. The right foot had been usable only as “flipper” for nearly 53 years.

I had never before been confronted with anything on this scale of physical and energetic distortion.

After many months of treatment, the foot no longer jutted to the side. The ball of the foot was weight bearing, and sensation was returning to the toes. After nearly two years, his right foot was nearly correctly shaped and could bear weight in the normal fashion, including on the newly formed callus at the ball of the foot. The callus in the arch was melting away. The bones were reshaping themselves, as evidenced by their obvious changes under the skin. He had recovered sensation in all five toes of the hay mower foot, the skin had good color and even the grafted areas had changed from blue-gray to pink.

Qi started moving through the feet after less than a year, but sensory nerves in the foot were slower to recover. It was nearly two years before he could feel the sensation of Qi moving through his big toe in response to a needle on the jaw at acupoint ST-6.

Chuck regained smoothness of movement and finesse in his left hand. He also regained the ability to smile, a matter of great importance to his six-year old granddaughter.

The above merely suggests a relationship between foot injury and subsequent foot numbness. Of greater interest to me was that his *left* side was the side that first developed symptoms of Parkinson’s. His *right* foot was the one that had been cut off and sewn back on.

Chuck’s Parkinson’s disease developed on his left side. His severed foot was on his right side. He was able to cognize his right leg and foot. The grafted skin and tendons used in the two repair surgeries had been removed from his left side. Chuck had no proprioceptive awareness of his *left* foot and leg.

Chuck had received an enormous amount of love and support after his foot accident. He had been told to be brave and not cry when he had the two subsequent surgeries that mutilated his left leg and foot while harvesting skin, muscle, tendons and ligaments. It was his left side that he could not cognize or visualize.

Rebecca

Most injuries are less shocking and traumatic than Chuck’s. For some reason I am always drawn to Rebecca’s story; Rebecca is just so sweet. She initially had no recall of any foot injury, but during our first session, as I was holding her foot, she drifted off into a sort of reverie and began telling me about her childhood, and, it turns out, her injury.

“My mother had seizures,” she told me, “and, you know, I think I was born knowing that I couldn’t make loud noises or do anything that might startle Mother. They tell me I was a perfectly behaved little girl, and that it’s a good thing, too; any sort of noise might trigger one of Mother’s seizures. I was always able to behave, and I never made noise.”

At this point, her voice grew softer, and she continued her story. “I remember it so well now. I remember exactly what I was wearing. It was a green and white striped skirt. I was wearing a white blouse with buttons down the front and a Peter Pan collar. My hair was cut in bangs, straight across the front. I can picture that green and white skirt like it was right here.

“I can just see myself, that day, playing at jumping back and forth over the railroad tracks that ran by, not too far from our house. I wasn’t ever supposed to go play by the railroad tracks. So of course, I did.

“I was five years old. I was jumping back and forth, back and forth. And one time, when I was jumping, I missed, somehow, and instead of landing on the bottom of my foot, I came down on the top of my foot. The front of my toes stubbed under and my foot bent right double under me, and my full weight came down on my bent foot so that I was standing on the top side of my toes and top part of the foot instead of the bottom of the foot.

“That foot was bent right double. You wouldn’t think a foot could bend like that, or that a little girl could hurt her foot so badly and not cry, but I always knew not to cry or make noise. Especially if I was doin’ somethin’ I shouldn’t...”

Lila

Sometimes, only rarely, in my experience, the injury is almost imperceptible except to a fairly skilled touch. The cause may remain unknown, as might the emotional reason for the failure to heal.

Lila was a forty-eight year old yoga teacher. She was devoted to healthful habits and yoga exercise, so it seemed strange to her that she was having trouble holding her arms in certain postures, and even lately having trouble getting up off the floor. All her adult life she had worked at keeping every part of her body flexible.

She did not yet have a diagnosis of PD, nor did I give her one. When, after learning about her other symptoms, I asked if she had tremor in her hand. She was a little surprised, but admitted that lately, when she held her arm up in certain postures, her right index finger tremored.

She must have thought I was asking random questions when I asked her my usual PD intake inquiries. Yes, her voice had been getting fainter and raspier, even though she sang weekly in a choir: she was starting to cut back on the solo work due to unpredictable vocal hoarseness. She assumed that, at forty-eight, her voice change was due to aging. I let her keep thinking that. (Four years later, I attended a service at which she did all the solo singing. Her voice had returned.)

Depression? Yes, despite her daily meditations and her wonderful life she was fighting to keep at bay a deepening depression.

I could see that her cheek muscles hung down limply on the right side of her face, making the characteristic PD line along the side of the nose and lips that appears when the ball-of-the-cheek muscles stop functioning.

As for her stiffness in her yoga postures and difficulty getting up from the floor, she said that it was almost as if she couldn’t think of what muscles to use when the time came to get up off the floor.

A quick exam showed me that Qi was running backwards in her right leg.

Unlike most of my patients, her feet appeared to have no flex or extension limitations whatsoever. I could not imagine that there was an injury lurking inside her graceful right foot even though she had early, but classic, signs of Parkinson’s on the right side of her body. However, despite the apparent health of the foot, I held it at ST-42 for an hour each week for several weeks. I told her only that I was treating the backwards-flowing Qi in her leg.

Despite no obvious sign of injury or a palpable sense of chaotic Qi in the vicinity of ST-42, after several sessions she had the characteristic static electricity release, followed by almost imperceptible shaking and vibrating in the foot. At that point, I had a palpable sense that something small, round, shadowy and viscous, about the size of a large pea, was inside the foot at ST-42. Whatever it was, it felt as if it was dissipating as I kept holding the foot.

Next, the bones felt as if they were moving in little circles, as if they were unwinding. If I had to guess, I might say that it was fascia tissue responding to a relaxation of micro-muscle in the area. Nothing was overtly displaced, but some tissue or energy was moving in that foot in response to the firm, nearly motionless holding technique of FSR.¹

During the next few weeks, her right foot became quite painful. She saw an orthopedic doctor who told her that she probably had sesamoid bones in her foot. He assured her that she would be in pain for the rest of her life. He suggested orthotic support devices for her shoes and told her to avoid walking uphill for the rest of her life.

When I saw her again, the next week, she asked me with some heat, “What, I can walk downhill but never uphill? What sort of nonsense is that?” Growing more expressive, she continued, “How am I supposed to walk downhill if I can’t walk back by going uphill? Should I find trails and paths that go down but not up? I should restrict myself to flatlands for the rest of my life? That’s ridiculous!”

Since she was one of the patients that did not have a diagnosis, I couldn’t tell her exactly what was going on: that she was experiencing the foot pain and other neural symptoms that were to be expected during recovery from Parkinson’s disease. I merely told her that I’d noticed some tension in her foot that had released, and that possibly there had been an old injury at that site. The place where I had been holding was the place that now hurt, after all. I suggested that the pain would go away as soon as the injury healed completely. I asked her to stay in touch and come again in a few weeks.

The pain did subside after three weeks. Her symptoms that had matched the symptoms of early Parkinson's disease began to ease up quickly and then disappeared.

She never had any idea how she had hurt her foot. Her foot had never appeared to be physically impeded in any way. But backward Qi flow originating at ST-42 had been flowing up her leg, and there had been an unmistakable release of energy and static, characteristics of injury release, from the center of her foot during her treatment.

¹ I am often asked if I have heard about the newest or latest light-touch therapies. Yes, I am familiar with many of the types of light-touch therapies, including “unwinding” – which might be used to describe what happened in Lila’s foot. However, I was not using any special “unwinding technique.” I merely used the word “unwind” in trying to explain Lila’s response to the treatments. I am intentionally not referring to any particular “named” therapies in this book.

Nearly all of the light-touch therapies are based on the exact same principles, even though their “discoverers” create special vocabulary and sometimes even insist that they have “invented” some aspect of gentle support. Also, these “discoverers” sometimes teach the student to be focused narrowly on a particular location or type of tissue that the discoverer has found to be “the key to nearly all problems,” thus preventing their techniques from having an adaptive universality. I prefer to keep the theory more generalized and adapt various supportive holding methods to the needs of the patient. Besides, all of the light-touch techniques use the exact same principles. I have to wonder, what sickness have we incorporated into our society that we need to take classes to learn how to gently hold and support a person who has been injured? All of the light-touch techniques are just stylized forms of hugs, and of the grooming, holding, and licking that “dumb” animals do for themselves and each other. By giving a technique a name, we make it “medical,” and therefore socially acceptable, I suppose. But this process also makes these techniques the domain of those who have the Special Training. The truth is, we all have an inherent knowledge of how to do these “newly invented techniques.”

Lila's case is an important one, for it demonstrates that the bones may be in what appears to be their correct positioning even though some element of retained injury remains in fascia, micro-muscle, or tendons. It is also important because Lila recalled a contented childhood and parents who were supportive and attentive even though they both struggled with severe depression. Lila never remembered any fearful event associated with her foot injury or any reason for inhibiting her pain, although she clearly had had a foot injury at some point and it had failed to heal. She recovered easily, with no emotional outbreaks or any behaviors to suggest that she'd been harboring any dissociation from her foot.

Gus

Two years after he was diagnosed, Gus came to the free PD clinic (1998 to 2002) at the local acupuncture college. Gus was treated by Doreen, an acupuncture student.

Gus was 78 years old. He had no idea of when or how he might have hurt his foot. During his first treatment session, he wondered out loud what he might have done.

During his second session, while Doreen was holding his foot, he suddenly said, "Ouch! I dropped an ammunition box on my foot right at that spot. It was during the war." He didn't say any more about it.

During the next session, he mentioned the war injury again. Then he started shaking: not in a Parkinson's disease tremoring way, but like someone who is severely chilled. Then his head started to hurt and his stomach was in terrible pain. He asked her to stop working on his foot. He felt nauseous. He began to panic. He got right up off the treatment table, shaking violently and holding his stomach. There was a look of horror in his eyes. He lurched to the front office and telephoned his wife to come pick him up immediately. After she arrived, he sat for a while in the outer office, clutching his stomach and shaking violently, trying to steady himself enough to walk to the car. He was terrified.

He called Doreen the next day and said that the dizziness, nausea and shaking was getting worse. He didn't think he could come back. Doreen was concerned and called him each day to follow up.

Finally, after several days had passed, he told her over the phone about his foot injury. That day in Japan, when he'd dropped the ammunition box on his foot, was the day every single person in his platoon had died except for him. He was the only survivor. He had never talked about it, not even with his wife. He never thought about it. He had not remembered it since the day it happened. He didn't want to remember. He couldn't bear to remember. As the sensations in his foot, triggered by Doreen's work, came to the surface, they were accompanied by the memories of that fateful day. He thought he would die from the pain and fear.

Over the next two weeks, he discussed his future options with Doreen. He never shared details of the war events. He wanted to know what he could do to stop the memories that were still overwhelming him. He was not afraid of worsening Parkinson's disease. He was afraid that he would keep remembering more and more details. He came to a decision: he would rather have Parkinson's than risk bringing up any more memories. "I'm old," he told Doreen. "I was only diagnosed two years ago. I may not live too long, and my Parkinson's is pretty mild. I would rather have the tremor and the stiffness and go out that way. I'd rather live with Parkinson's than live the last years of my life not being able to escape from the war. My only fear is that, now that you've opened that door, I won't be able to shut it."

He and Doreen agreed that he had a better chance at re-closing the door to his war-time memories if he did not seek further treatment for his Parkinson's disease.

We heard from him a few years later. His Parkinson's was worsening *very* slowly. He didn't say anything about his war memories.

Summary of the above case studies

The people in all the above cases had unhealed foot injuries. More curiously, most of them also volunteered some mental decision or emotional reason for having “not felt” their foot pains at the time of injury.

RECOVERY SYMPTOMS

In all the above cases, when the injury started to heal, each of the patients experienced some number of symptoms that we have come to call “Recovery Symptoms.” These symptoms included: tingling or stinging sensations in the toes and foot, similar to the stinging that occurs while recovering from frostbite; visible improvements in circulatory function in the injured foot; improved temperature regulation in the foot. All of the preceding symptoms that might occur in the foot might also occur in the face. Muscles that had been somewhat numb sometimes went through a short period of spontaneous spastic or dyskinetic muscle function until brain-to-muscle coordination had been restored. They experienced an improvement in sleep patterns and the relaxation and even temporary limpness of previously rigid muscles. They experienced effortless, lasting improvement in posture, increased sensitivity to bladder signals, resumption of normal-speed movement initiation, and cessation of tremor.

The cessation of tremor was sometimes preceded by the fleeting sensation as if the left and right brain hemispheres were vibrating and rotating position relative to each other. At the time, these sensations led people to presume that they must be dying. The utter stillness that they felt inside after the vibrating ended seemed to confirm that they were indeed dead. They soon realized that they were still alive, usually by noticing that they were still breathing – and also noticed that their *ability* to tremor was permanently gone.

These changes were often painful and not at all what the patients were expecting – or hoping for. They had assumed that, if the Parkinson's went away, they would just feel great, the way they used to. Instead, they often found that they were far more susceptible to physical aches and pains. They felt everything, including their overall body awareness, far more deeply. As they regained more awareness and sensitivity in their fingers, arms, neck, torso, and skin, it became evident that, in many cases, the PDer had been numb to more than just the foot injury.

Also, many recovering PDers experienced dramatic changes in personality: crying more easily; feeling “touched” more easily by charming or beautiful sights, sounds, or experiences; being far less worried about committing social solecisms such as tardiness. They often became less self-conscious and more forgiving of their own imperfections. Sometimes, as they became more aware of their bodies, they also became more aware of a physical sense of positive responsiveness to the presence and behaviors of others. Their understanding of how they were perceived by others also became deeper.

Not everyone went through these personality changes. A few patients, such as Katya and Lila, were unlike most of the other PDers, inasmuch as they had never lost their ability to feel a sense of expansion in the chest in response to beauty or grace, or their ability to cry. Their personalities were the same before and after recovery.

However, in some cases, although the PDer's body seemed to experience unmistakable, visible recovery symptoms, the personality did not. In these cases, the PDer retained characteristics of the Parkinson's personality: harm avoidance, inability to cry, excessively analytical behavior and/or inability to *imagine* himself moving. These cases suggested that the dissociations that had allowed the foot injuries to stay in place were still alive and well, even though the foot had been allowed to heal. These lingering dissociations or tendency for dissociation seemed to evoke symptoms of parkinsonism during times of stress or fear. The cases in the next chapter will demonstrate.



