

PART IV

TREATMENT TECHNIQUES

“Like a bridge over troubled water, I will lay me down”

- Paul Simon

CHAPTER THIRTY-FIVE

DEMYSTIFYING TUI NA

I have already referred in passing to an extremely Yin style of Tui Na, Forceless Spontaneous Release, that we use in assessing and treating our Parkinson’s patients’ foot injuries. This chapter is a quick introduction to Tui Na in general, the difference between Yin and Yang Tui Na, and a short bit explaining how I came to learn Yin Tui Na. The following two chapters will teach the FSR technique. The three chapters after that will teach the even more Yin variation of FSR that we use for the most stubborn blockages.

Tui Na: a definition

The words Tui Na refer to any scientific method of applying hands on a patient in a therapeutic manner. Tui Na (pronounced “tway nah,” as if to rhyme with “Hey! Ma,”) is represented in Chinese writing by the two characters Tui and Na. It is nearly impossible to translate literally from Chinese into English, but an attempt at defining these words yields the following: Tui means push or shove,¹ and Na means hold or take.² Tui Na is a generic term, not a specific technique. For example, both of the following are Tui Na: the vigorous technique of shoving an athlete’s displaced upper arm bone back into its shoulder socket and the gentle technique of stimulating an infant’s nerve centers alongside his spine by gently rolling the back-skin. Both of these techniques use the hands in a prescribed manner to help stimulate healing, and, therefore, both of them are types of Tui Na.

Some people might incorrectly translate Tui Na as “massage.” Massage, to most English-speakers, involves some sort of rubbing or kneading. While some types of Tui Na include rubbing or kneading, most do not. Therefore, even though the title of the official Chinese government’s English translation of the official Tui Na textbook is *Chinese Massage*, the title’s translation actually does the text a disservice.³ Most of the techniques described therein bear little or no relation to massage, as we understand massage in the west.

Some examples of western techniques that fit under the heading of Tui Na and which are clearly *not* massage are some of the more forceful therapeutic techniques of chiropractic, certain osteopathic treatments, Rolfing, and the replacing of displaced joints by allopathic (western) doctors using an insightful, but powerful, push or shove. These are strong, manipulative techniques. They are *not* massage, but as they are scientific health treatments that use the hands, they fit under the heading of Tui Na.

Examples at the other end of the forcefulness spectrum of western techniques that fit under the umbrella term “Tui Na” are the light-touch therapies. These light-touch therapies include various types of craniosacral therapy, Unwinding therapy, Zero Balancing, Healing Touch therapy, Positive Touch therapy, Bowen therapy, and hugs, to mention just a few in an

¹The Pinyin Chinese-English Dictionary. Commercial Press. Hong Kong. 1979. p.698

²Ibid. p.486

³*Chinese Massage*. Publishing House of Shanghai College of Traditional Chinese Medicine. Shanghai.

explosively growing field of light-touch therapies. These are all types of Tui Na; they are hands-on, scientific techniques for promoting healing.

Yin and Yang styles of Tui Na

The names “Yang Tui Na” and “Yin Tui Na” do not describe specific techniques. Yang Tui Na is a general term referring to those techniques of Tui Na that feature strong, forceful, and obvious movements that are visible to the naked eye. Yin techniques are so subtle that very often an observer might think that nothing is happening. Some light-touch, Yin types of Tui Na employ almost invisible levels of force. Some use no directed force at all, but work on the principle that manual support of an injured person or body part initiates or accelerates the ability of an injured person’s body to heal itself.

The two phrases, Yang Tui Na and Yin Tui Na, are generalized descriptive terms that explain where a technique should be placed on the huge continuum of hands-on techniques that range from rough and rowdy to meek and imperceptible. On that Tui Na continuum, those techniques that are the most vigorous are referred to as being the most Yang. The most gentle techniques are referred to as being the most Yin. The hands-on therapies that are moderate in force and intent, including many therapies that we in the west call “massage,” are placed somewhere on the middle of the continuum: neither extremely Yin nor extremely Yang, they are possibly moderately Yin, moderately Yang, or even just Somewhere-in-the Middle Tui Na techniques. All medical techniques that are hands-on can be placed somewhere on the continuum that ranges from very vigorous to extremely gentle.¹

Choosing a treatment modality

When a patient comes to an Asian doctor for treatment, the doctor must decide, based on the diagnosis, which treatment is most appropriate: herbs, acupuncture, Tui Na, dietary counseling, or energetics (Tai Qi, Qi Gong). The age and constitution of the patient, as well as the nature of the problem, will help determine what type of therapy is used.

Choosing Tui Na

Certain medical situations recommend themselves for Tui Na treatment. For example, infants often receive a special type of Tui Na instead of foul-tasting herbs or acupuncture needles. At the school of Asian medicine that I attended, nearly all infants were treated with a gentle skin rolling Tui Na technique. This technique would be considered somewhat Yin when compared with the vigorous arm-twisting or neck cracking techniques of Tui Na, and yet, because the skin rolling does use some force and intent, it should probably be placed on the Yang side of the Yin-Yang continuum.

¹ Nearly all of the techniques in the recent (1980s) official Chinese medical school Tui Na texts are either pediatric Tui Na or the very Yang techniques: powerful, bone moving techniques similar in many ways to the spine-cracking techniques of original chiropractic. (Modern chiropractic is usually much gentler.) In centuries past, the official Chinese medical books described information on many Yin, or gentle, types of Tui Na. Now, the official books do not describe any techniques of Yin Tui Na. The official writing only refers to Yin Tui Na in the introductory chapter as being used in the opposite situations as Yang Tui Na. The Chinese government’s revisionist policies in the twentieth century included the altering of medical lore, removing those aspects of medicine that might provoke scorn in the west or encourage spiritual practice in the populace. Now that “Yin” techniques are becoming common in the west, it is rumored that the Chinese practitioners of Yin Tui Na, those who have been doing Yin Tui Na in secret right along despite political disapproval and public disavowal of these techniques, are starting to come back out of the closet.

In addition to being used on infants, Tui Na is very often the modality of choice any time that tissues, including muscles, bones, tendons or ligaments, are displaced. Tui Na can also be used for other types of physical problems, as well as some types of emotional problems. The following paragraphs give a few examples.

Broken bones: an example of overtly distressed tissue

As an extreme example of displaced tissues, consider broken arm bones that stick out through the skin. Which healing modality should be selected? Herbs to increase blood flow and provide calcium? Acupuncture to stimulate the electrical currents of healing? While it is true that acupuncture aids in the healing of broken bones, often reducing by 75% the length of time required for the bones to knit, it would be ridiculous to stick acupuncture needles alongside of bones that are sticking through the skin and expect, somehow, that those bones will spontaneously set themselves back into place in response to acupuncture needles.¹ In a case like this, it is most likely that some type of Tui Na should be the first modality to be applied. The health practitioner should select a type of Tui Na that will bring the broken ends of the bones together, or bring them at least close enough together that the bones can knit. (After the bones are in position, it might make sense to use acupuncture and herbs to encourage healing.)

More discretely distressed tissue

Even if nothing is obviously sticking through the skin, many physical injuries still involve displacement of various tissues. In these cases, techniques of Tui Na that allow the body parts to straighten themselves out can be appropriate treatment modalities. Again, Tui Na is often the first modality of choice for injuries in which some body part is twisted, jammed, pushed or pulled out of place, broken, or broken-and-displaced.

Distressed emotions

Tui Na may be useful in more subtle health problems. Very often, emotional tensions can be relieved by Tui Na therapy. As an obvious example, a person in the throes of an emotional trauma might be comforted out of hysteria via the healing “technique” of a comforting hug. A person who is stifling and/or holding on to an emotional trauma may be able to release some of that trauma in response to the supportive hand placement or hand movements of some (usually Yin-type) Tui Na.

Suppressed emotions

People with emotional traumas very often hold tension in their neck, lungs, diaphragm, liver or heart area, to just name a few holding spots. By applying hands-on support to these and other soft tissue areas, a therapist using Yin-type Tui Na methods can often initiate healing of physiological problems such as asthma, insomnia, indigestion, or other maladies and pains that are related to the traumas being retained in the soft tissue.

¹ As a teacher of Asian medicine, I frequently meet gung-ho students who are determined that acupuncture should be the solution for every ill; I use the above broken bone example a lot.

Choosing which type of Tui Na to use

When a health practitioner has decided that a particular problem might be best addressed via Tui Na, as opposed to or in addition to other types of medical modalities, he then needs to decide what style of Tui Na should be used.

Generally, the following rule applies: Yang techniques are used when an injury is recent, painful, and obvious. Yin techniques are used when an injury is still unhealed, but old, painless, and hidden or forgotten. These Yin injuries can cause pains or problems near the point of injury or distant from the point of injury, but these problems usually appear to be unrelated to the actual injury. The underlying, unhealed injury itself may be forgotten or concealed even while setting in motion other problems.

If a health practitioner has decided that an ailment should be treated with Tui Na, he must decide where, upon the long continuum of human-ailment causes that range from painful to forgotten, a person's malady originated. Having decided on the nature of the underlying cause of the problem, he can then pick the appropriate type of Tui Na.

People with Parkinson's have Yin injuries

The few case studies described in chapter nine featured people with old, painless, hidden injuries. These injuries may be contributing to painful, obvious problems with muscles and movement, but the causative injury itself is laying low. Consistently, the foot injuries that we have seen in hundreds of people with Parkinson's have also been old, painless, hidden or forgotten injuries. PDers may, of course, also have a collection of more obvious injuries, but they do, in our experience, have some hidden, forgotten injury in the foot that is instigating problems hither and yon in the body. The obvious problems seem unrelated to the old, forgotten injury. These foot injuries are Yin: hidden or forgotten, painless and old.

The types of Tui Na that we have found most effective in treating PDers' injuries are Yin. One type of Yin Tui Na that we use is referred to in this book as Forceless, Spontaneous Release (FSR) Tui Na. The other type is a derivative of FSR.

The main types of Yin Tui Na

In the vast panoply of light-touch therapies, it is nearly impossible to say where one named technique leaves off and another begins. In the last thirty years, it seems as if dozens, maybe hundreds, of therapists have been busy developing some new "unique" version of light-touch therapy and slapping their own names or a copyrighted trademark on some variation of touch. As an interesting legal point, techniques cannot be copyrighted. Names for techniques and the text used to describe them can be copyrighted, but, actually, the act of touching a person in a therapeutic manner cannot be copyrighted or patented.

For example, holding a person's hand can be considered a form of hands-on healing. There are many ways to hold someone's hand. An inventive person could, if he wanted, make up a specific name for a variation of hand holding that involves, say, interlocking the fingers. He could name this position after himself and copyright that name. This would *not* mean that this person discovered or invented the interlocked finger position. He could, however, publish books on the subject and hope that people would, from then on, refer to themselves as doing the popular "Wilson" or possibly the "MacGruder" or the "Spongworth-Hugeusson" Technique whenever they interlocked their fingers.

I suspect that most of the exciting and new techniques that are flooding the field of light-touch therapy are, in truth, nothing more than the normal, intuitive touching and responding that

emotionally healthy humans can do automatically. I am certain that if we modern humans, yes, even doctors, spent more time practicing touching in an intuitional, healing manner, the way that most of us rub, pat, and hold our pets, we would realize there is nothing new about the “miraculous” new healing techniques that recently are being expounded. Not only that, I suspect that we all would intuitively know when and how to do them.

However, since we tend to touch very little and feel even less, our generation of health practitioners finds itself in the ironic position of having to take extra classes to learn how to touch, how to feel, and how to support with our hands. Most of us have never learned how to touch and hold our patients’ injured or insulted body parts. Most of us do not even know how to recognize those maladies of our patients that might best be treated by some type of hands-on therapy.

Happily, many of the researchers who are experimenting in this field are doing a brilliant job of writing about those techniques that work for them and publishing case studies. Writing about this realm of light-touch therapy can be challenging: it can be as difficult to describe in words just what a touch technique should feel like as it is to describe in words the flavor of an orange.

Also, many of the people who are promulgating these new techniques are working hard to make their writing available for free or at low cost. Some have done an excellent job of promoting light-touch work, offering frequent workshops and promotional material to “get the word out.” Others have worked hard to explain, using terms from biology, physics, metaphysics or by making up new words, just how these therapies work. I do not think I am exaggerating the numbers if I say that millions of people who have not responded to conventional (allopathic) medicine have benefited from some of the new light-touch therapies. This is an exciting time to be practicing “new” medicine.¹

Forceless, Spontaneous Release, a type of Yin Tui Na

Despite my general resistance to using proprietary, trademarked names for modern, light-touch techniques that are, essentially, nothing more than directed holding, the techniques we use for treating PDers now have a name attached. I actually have grown to like the name used for this technique, mainly because it is literally descriptive of what to do and what happens when you do it.

This technique, as the name implies, uses no *detectable* (by the patient) force in the hands of the practitioner. The practitioner may actually be using a fair amount of energy, but the patient should not be aware that there are forces at play other than secure support. The practitioner uses as much force as is necessary to support the part of the patient’s body that he is working on. The patient, however, should not feel as if any part of his body is being subjected to a directional force. Also, there should be *no* healing thoughts being directed at or imposed on the patient by the practitioner.

As for the “spontaneous release,” there is not an agenda or specific protocol for setting a release in motion: the responses of the patient determine entirely where the practitioner will put his hands, what he will do with them, and for how long. If and when the patient’s body decides

¹ A study undertaken in the mid 1990s revealed, much to the astonishment of the allopathic medical world, that one third of the people in the US had used “non-traditional” medicine. The alarming thing was that a majority of these people had never told their doctors for fear that their doctors would respond with anger. Of all the “alternative” modalities, acupuncture is the one most requested from people seeking alternative medicine coverage from their health insurance companies.

that, in response to being held or having been held a few days or weeks ago, it now feels safe enough to let go of some micro or macro muscle tensions, start processing the associated trauma, and/or restore displaced tissues back to their correct position, it will do so on its own. The practitioner cannot determine when these healing changes will occur, nor does he try to accelerate them beyond their own natural pace.

Releases will occur when the patient is darned good and ready, and not sooner. Although releases often occur during the FSR treatment, it is not uncommon for releases to occur later on, hours or days after the therapy session has long since ended. Therefore, the releases that occur give the impression that they have occurred spontaneously. Because the practitioner's job is to give intention-free support that feels forceless to the patient, and the patient's body will spontaneously respond in its own good time by surrendering up or releasing the retained mental and physical energy of the insult/injury, this technique is well suited to the name Forceless, Spontaneous Release, or FSR.

The next chapter explains how to perform this technique.

A CHAPTER APPENDAGE: THE HISTORY OF FSR

I am asked so often about the origins of FSR that I am going to tell that story here. If you are in a hurry to get to the more practical aspects of the Yin Tui Na technique that we use in treating Parkinson's disease, you can skip this section. But if you don't understand what I mean by "support, support, support," you may wish to read this bit. I will keep it short.

Shinzo Fujimaki

When I was getting my master's degree in Traditional Chinese medicine, classes in Tui Na/massage were required. I was fortunate to have classes with one of the most brilliant "massage" therapists in, I think, the world. I put the word massage in quotes because the class that Shinzo Fujimaki Sensei was teaching was officially titled "Shiatsu Massage." However, what he taught us was nothing like the usual acupuncture prodding that is normally associated with Shiatsu.

Master Fujimaki was so famous for his massage therapy that his appointment calendar was always booked at least three months in advance. His clients testified that his treatments had removed chronic pain, tumors, cancers, asthma, and a long list of other ailments.

As a teacher, he worked very hard to convey to us the essence of what he was doing. A majority of my fellow students did not like his class. Their complaint usually ran something like: "He is wasting our time telling us about his ideas. I don't get it. I just want to learn where to push to cure which problems. Fujimaki never tells us anything we can use." A few students, myself included, considered our classes with Master Fujimaki to be some of the most important foundation-stone hours of our entire school career.

Shinzo Fujimaki was a man with a radiant smile. He was also an aikido master. His energetic style of walk evoked images of tigers and horses. To best honor what he taught, I will simply quote to you, as closely as I remember, the words he told us, over and over. It will be up to you, as it was left up to us, to see if you can find anything helpful in his words.

Support, support, support

"Support, support, support.

"If a patient is lying on the table, and you push down hard on them giving acupuncture or massage, or push hard when you are feeling for the right place to put the hand or the needle, his

body will automatically push back against you. There will be a fight going on. How can a person relax, how can he begin to heal, when he is fighting? If the patient is lying on his stomach, do not push his back down into the table. Instead, put one of your hands under his chest and your other hand on top of his back. Position the upper hand directly over your hand that is underneath. Now when you push on his back with your upper hand, resist that push with the hand that is underneath. That way, you are doing all the work; you are doing the pushing and the resisting. Your bottom hand is supporting the patient, holding him strong against your push. Support, support, support. You give the support; then the patient doesn't have to work at resisting you or work at supporting the weight of your hand. The patient can be peaceful, he doesn't need to resist you; you are resisting yourself with your opposite hand.

“The patient cannot relax if you are pushing or poking him. If your goal is to allow the patient to relax so that he can let go of his problem, do not hurt him. Give him support. Support, support, support.

“If you are going to have one hand on [on some body part of the patient], your other hand should be on the other side [of the body part], catching the power of your first hand, protecting the patient from your active hand. If you are not doing any pushing, if you are just resting your hand on a patient, still, his body will have to worry what to do about your hand. His body will be pushing back on your hand, especially if you are touching a part of his body that is scared.

“But if you support the patient by putting your other hand on the opposite side of his body [part] to support the patient, and use that other hand to catch the energy from the first hand, then the patient can relax. Sometimes both hands are active and both hands are supporting. It doesn't matter. The only thing is this: the patient should not have to do extra work because you are there. The patient should be allowed to relax. Support, support, support.”

Have fun

The master continues: “My attitude when I am giving treatment is that I am having fun. I learned that I gave best treatments after I had already worked about eight hours. After working eight hours without a break, I start to feel hungry, tired. I cannot stay focused on my work even if I try. I begin to think that I cannot survive if I don't stop working. My mind becomes distracted from my work. I want so much to stop working that I cannot think about what I am doing. To keep myself going, I imagine that I am looking up at the blue sky. I imagine that I am at the beach.

“I love to go to the beach. When I go to the beach, I imagine that I am a red horse, a red pony, and I run in and out of the waves. When I am finished running in and out of the waves, I lay on the sand and look up into the blue sky.

“When I am starting to get so tired from treating clients, after about eight hours, but I can't stop because there are still more clients with appointments for several more hours, here is what I do: I think that I am lying on the beach, looking at the sky. I have learned that during this time, when I am exhausted and looking at the sky, when the sky exists and the patient is no longer the center of my focus, this is when I begin to give good treatments. After a few more hours of still working hard giving treatments, when I am *in* the sky, when I *am* the sky, when the patient doesn't even exist anymore, then I am starting to do the best treatments. I learned this.

“So now, whenever I am working, I put my mind on the idea that I have been working eight hours already. I think that I can no longer keep going. I must start to imagine that I am looking into the blue sky. I must work very hard at it because my idea is that I am so completely

drained, I am so tired, I cannot think anymore about the patient. I can only survive if I am, in my mind, looking up at the sky with all my love and energy.”

Shinzo-san often worked twelve and thirteen hour days without taking a break. His point, however, was *not* that he gave his best treatments at the end of a long day. His point was that he had learned that, no matter whether he was just starting his day or was starting on his twelfth client, his mind must always be as desperately seeking transcendent joy as a drowning man seeks for air. When he could hold his mind in this state, the treatments – no matter when they were scheduled – more or less took care of themselves. Meanwhile, what were his hands actually doing? Support, support, support.

Where was he placing his hands? Very often he would start with the hands on the part of the patient’s body that was having pain. But just as often, as he gently pushed, vigorously pushed, or let his hands rest on the patient’s skin, his hands would move, with almost no thought or motive, to some other part of the patient’s body that seemed to want to be held, pushed, or prodded. The patient never felt pushed or prodded, however. The patient usually didn’t feel much of anything, except safety and relaxation, because the actual work of Shinzo-san’s hands was somewhat undetectable to the patient’s reflexive tendency to push back. Why? The support, support, support that his hands were giving each other.

Control your thoughts

Another point that Master Fujimaki made was also very important, although I think most of my fellow students only thought that he was relating a funny story.

“In Japan, we have a massage tradition that the patient leaves his clothes on. When I first came to this country, I was surprised that people remove their clothes for massage therapy. I was not used to working on bare skin.

“After I had been working in this country for about a month, I felt very bad about the way that my American patients behaved towards me. After every treatment that I gave, *every* treatment, the patient told me that he wanted to have sex with me. I thought that this was very bad. Young men, young women, old men, old women, they were all the same. After the massage, they all wanted to talk about having sex with me.

“One day I decided to learn why this was happening to me. I realized that I had a cultural difference about bare skin. To me, because of my Japanese background, bare skin suggested having sex. I must have been conveying my cultural ideas to the patients. So I made an effort to understand that in this country, bare skin was not a statement about having sex. I never again made this wrong idea about bare skin during massage. Ever since that day, when I changed my attitude towards bare skin, not once after a treatment has finished has a patient wanted to talk about having sex with me, not once.

“When my mind was on sex, every patient thought about sex. Now I think about the red pony and the blue sky, and my patients think about whatever they want; and they recover from their pain and their sadness.”

I could write volumes about this “Shiatsu” class that taught us nothing about classic shiatsu. However, I think the above examples make the two points most important to our work with Parkinson’s patients. First, the patient must be supported. No matter how much or how little energy the health practitioner is applying to the patient’s body, the patient should not feel the need to fight back or resist any of it. The patient should not need to push back unless he, for some reason, wants to. The support, support, support that Shinzo-san insisted on created a

pressure-free, supportive environment for the patient's body, as if the therapy, no matter how vigorous or how firm, was somehow forceless.

The other important point is that the mental sojournings of the practitioner are important. The best results occur when the practitioner is not trying to give undue influence to the patient. If the practitioner's mind is focused on something, the patient can pick up on it and even misinterpret it. Even focusing on healing the patient is usually inappropriate: if the practitioner is focusing on healing the patient and the patient is holding back for some reason, an unspoken conflict ensues. In the throes of this conflict, the patient cannot let himself go, he cannot relax. The patient cannot attend to the business of healing if he is busy fighting the practitioner or defending himself, however silently and invisibly.¹

But when the practitioner forgets about trying to heal the patient and plunges himself headlong into his own joy or inner peacefulness, the patient is less threatened. The patient can let his guard down. When this happens, the patient's body may very well start doing what it was designed to do: heal itself.

My 1989 class was the last group to have Shinzo Fujimaki as a teacher. The school administration, after receiving too many complaints that: "Shinzo doesn't teach us anything real," replaced him with a teacher who told the students, right out of the texts, where to push and how hard.²

Dr. Paul Lee

Fulfilling another course assignment, I was privileged to take a class in Medical Qi Gong from a Qi Gong Master. Dr Paul Lee, recently arrived from China, taught a brilliant class in which he taught us very specific techniques that patients could perform on themselves to stimulate their own healing energy in various body parts.

By way of introduction to Dr. Paul Lee, I will describe one of his projects. His work in China on self-applied eye massage had been adopted by the national government and was being taught to Chinese school children. The government had wanted a solution to the problem of poor vision becoming rampant among children at the seventh and eighth grade level. As students were doing increasing levels of book-work, they were starting to need glasses. This is considered perfectly normal in the west, but in China, where the government is the supplier of eye exams and eyeglasses, this trend towards "student's myopia" was considered a problem.

Dr. Paul Lee had devised a quick and easy program of Qi Gong (energy control) that included gentle eye socket massage and using the energized palms of the hands to push and pull energy into and out of the eyes. Starting in sixth grade, students did these quick exercises every day at school. They subsequently did not develop myopia and did not need glasses, even as they progressed through the later school years.

¹ When I wrote this sentence just now, I realized that it sums up, very well, the problem that Parkinson's patients are dealing with. *A person cannot relax and cannot let go if he is busy defending himself, however silently and invisibly.* Keep this phrase in mind as you work on your PD patients.

² This material was redundant; as second- or third-year acupuncture students, we already knew all the point locations and their applications. The replacement Shiatsu teacher simply demonstrated that these points could be stimulated by hand as well as via needles, and spent the whole semester doing it. I suspect the reason that most students liked this format was that they didn't have to learn anything new. They could spend the class practicing acupressure on points they'd already studied.

This type of Qi Gong exercise, in which the patient learns how to focus on a body part and move energy through it in a soothing, healing manner, is the essence of Medical Qi Gong.¹

This class taught me crucial lessons in the role that the patient plays in healing himself. If I could summarize the essence of this class, it would be this: the best doctor is one who sees where or what the source of the problem actually is, and then shares helpful information, even including specific exercises, to help the patient to change himself. The good doctor may advise on diet, exercise regimen, movement patterns, or instruct the patient in how to recognize where energy is moving incorrectly and how to correct it. The point of the treatment is to help the patient learn what he was doing wrong that made him susceptible to the illness, and how to

¹ Some regrettably deluded students have embraced a recent import from Asia, a version of “medical Qi Gong” in which the doctor uses his own energetic power to force healing onto a patient. While this may sound appealing to some people, this powerful work does not improve a person’s health in the long run. A person who allows his body to be manipulated in this manner actually suffers a weakening of his own will power and sense of energetic direction.

When the treated malady returns (and it will, sooner or later), the patient will be even less able to activate his innate healing energy than he was before. His body will passively wait for the next blast of healing energy from the healer rather than doing its own work. This type of healing, in which a charismatic person refers to himself as a Healer and forces the energy in a patient’s body to move in an unnatural (not according to the patient’s will) manner, is considered very bad form by traditional Qi Gong practitioners. This type of work can be dangerous to the ego of the practitioner and does no long-term good to the patient.

Great souls from time immemorial have done miraculous healing work. However, these souls performed their healings by removing first the causal (ideational) problem that set in motion the unhealthy energetics: the unhealthy energetics that manifest as the illness. Therefore, these great souls actually do remove the entire illness. More importantly, they only perform these miraculous healings when their cosmos-attuned intuition tells them to do so. They have no vested interest in whether the person heals or not. For the most part, if they have a preference, they prefer that others seek the Truth and Love that will enable them, the patients themselves, to cast out their own demons instead of passively waiting to be healed.

Patanjali, a contemporary of Socrates and one of the greatest Hindu writers on religious philosophy, makes his point in his Yoga Sutras. He explains that a sign of spiritual advancement is the ability to remove illness, including the underlying wrong thinking and past karma that caused the illness. But he also makes the point that a truly advanced soul may have this ability and, because of his wisdom, will choose the more difficult path: not using his spiritual powers to force an alteration in a person’s chosen life direction. Except in rare cases when commanded by God, the truly great soul understands the roles that sickness and health play in this worldly drama of cause and effect.

However, some modern medical Qi Gong practitioners ignore this wisdom from the past. These well-meaning people, finding that they have the ability to temporarily alter a sick person’s energy, go ahead and do so, imagining themselves to be spiritual healers. Even worse than the inevitable return of the illness in the original patient, these would-be healers often become deeply sick themselves despite their magic mantras, dramatic hand gestures, and bowls or gimcracks for “catching the bad energy.” If this type of Medical Qi Gong healer does get sick, then when his “healed” patient’s problem inevitably resumes, there are then two people sick with the same malady. From a larger standpoint, the world is worse off than before. Even if they do not get sick, these would-be healers are perpetrating the false idea that they, and not the patient, are the driving component of the healing process.

Only a Self-realized master can truly remove from the cosmos, through exercising his will in accordance with Divine instruction, the wrong energetics in another person’s body, mind, and heart. However, each one of us has the right and the ability (usually undeveloped) to instantly or gradually heal ourselves from the results of our own wrong thinking, the wrong thinking that is our own source of our emotional, mental, and physical health problems.

In the new testament of the Bible, Jesus celebrated a teaching moment when he pointed out, insistently, that he was not responsible for the healing of the woman who clutched at his robe and was instantly healed. He emphasized that she, and not he, had worked the miracle. The miracle came about through her faith, through the change in her thinking as she willingly tapped into the Love that Jesus personified. Jesus was trying to make the point that all of us have within ourselves the capacity for “miraculous” healing.

correct it. The burden of recovering and staying recovered is on the patient. The job of the doctor is to non-judgmentally, in a kindly manner, figure out the source of the problems in the patient and suggest to the patient a direction that will reverse the problem. The goal is relieving patient suffering through patient education and empowerment, which will usually include the patient learning some energetic (Qi Gong) exercises. A further outcome is the confidence and positive attitude the patient develops as he learns how he can confront his own weaknesses and change them.

Techniques used on PDers

The many classes that I took in Asian bodywork, including some of the teaching in the Medical Qi Gong classes, all contributed to my understanding of Tui Na. Some of the techniques I learned had names, some did not. The result of taking these many classes, combined with the other college classes, including five semesters of Asian medical theory, was that, by the time I graduated with a degree in traditional Asian medicine, I had learned, at least on a beginner's level, how to use my hands in a supportive manner. When I got my license and started practicing medicine, if I did include Tui Na in the treatment session, I never bothered to mentally define which, if any, particular technique I was using on a given patient at any given moment of hands-on therapy. Everything I was doing was the sum of all the things I had learned. I imagine that this is true for all bodyworkers. Although a good hands-on therapist may study dozens of named techniques, when he actually starts working, he will do whatever combination of techniques seems to be appropriate at the time for that particular patient.

When I started working with Parkinson's patients, I used very Yin techniques of Tui Na to both assess their physiology and to treat it.

Early on in my research, a Chinese colleague gave me Chinese words to describe what I was doing, words that meant not using force, letting the patient let go of the problems by himself. These words were descriptive of the Tui Na that I was doing. If people asked what I was doing and wanted a Chinese description of the technique, I could use those words.

Putting the Parkinson's Tui Na techniques into writing

When I wrote my first article for publication in the *American Journal of Acupuncture*, the editor had a problem with my description of the techniques I was using. The article was about Parkinson's; it was not the time or the place for a lengthy discussion of theory and description of techniques. On the other hand, I couldn't just say that I was doing Tui Na, because Tui Na covers ground all the way from pummeling someone's back to holding someone's hand. She needed a quick description of the type of Tui Na that I was doing. I told her it was Yin Tui Na. How Yin? Well, so Yin that the patient doesn't feel as if anything is happening, and when the problem areas release, they just spontaneously do it on their own.

The editor paraphrased by stating that the Tui Na was a forceless, spontaneous release type of Tui Na. I concurred. So she had me refer to the Tui Na I was using as a forceless, spontaneous release technique. She and I also agreed that I could refer to it in the article as a Yin form of Tui Na, and include a few details about the techniques to make it very clear that the work was forceless and not directed at any particular response from the patient: if, how, and when the patient responded, it would be some sort of spontaneous healing event on the part of the patient, not a change in response to anything *actively directed* by the practitioner.

The intent of the editor was not to create a trademarked technique. Nor was there an intention of implying that I had ever learned a specific, rarified technique of this name, passed

secretly from master to master, through the ages. The editor and I were merely looking for a way to describe, as clearly as possible, exactly what it was I was doing. What I was doing was a Yin type of Tui Na, one that was pretty much forceless and intention-free, and which resulted in patients having some sort of release whenever they were ready to do it.

Again, I did not invent this technique. I learned everything I know from my teachers. However, they did not always have a name for everything they taught.¹ A mere two years after that first article was published, enough people were using the phrase Forceless, Spontaneous Release Tui Na that the descriptive name used in the journal article had become a free standing name. I heard people referring to FSR as if it was some sort of “official” technique.

By the time I web-published the fifth edition of *Recovery from Parkinson's* in 2000, even I was referring to the various techniques used on PDers as FSR. Now, seven years after that first article was published, when I hear other people saying the phrases “Forceless, Spontaneous Release” and “FSR,” my mind’s eye sees the capital letters where there used to just be plain old adjectives. Somehow, this technique has turned into yet another named therapy! And yet, as you read on, you will realize that this is not a mysterious therapy from the misty past or the distant shores of Asia, but a basic method of using hands to work with an injured person. FSR is not a specific, exacting technique. FSR is just a way of providing support, support, support.

For the die-hards, even more information about Tui Na

Because I am frequently asked questions about Tui Na, and because there is not much available yet in the bookstores, I am including the following interesting tidbits about Tui Na, what the words actually mean, and a bit of history of Tui Na. If your interest is only in treating Parkinson’s disease, you can certainly skip this section and not feel the loss.

Asking for a better definition

While I was still in medical school I asked the Chinese doctors and teachers at my California acupuncture college for their definitions of Tui Na. My teachers were all practicing acupuncturists. One teacher, an MD in pediatrics from Shanghai, said, “Tui Na means pediatric finger massage.” An MD and Ph.D. in Chinese medicine from Guangdong said, “It means all forms of Chinese massage.” An MD from southern China said, “It cannot be translated. Tui Na means Tui Na.” An MD from Shanghai said, “It means bone medicine.” Another MD from Shanghai said, “It means bone massage.”

Sue, who was an accountant in southern China and now runs a restaurant in California, gave this non-medical translation: “Tui Na is a doing word, it is a word that means you do something, and then there is a result. It means moving, doing, and then it brings something out that wasn’t there before. So then you have something. Because you did something, this way.” She moved her hands in a slow, open and shut, back and forth pattern to demonstrate.

¹ I sometimes think my role in this Parkinson’s project, and my role as an acupuncturist, isn’t one of discovering new things, but that of putting English names on things that already exist and might even be intuitively understood in Asia but which, because they are, in English, nameless, or not described in technical terms, are not accessible to us in the west. I honestly feel that I personally have never discovered or invented anything new, but I have certainly put a lot of English words together while working on this project.

For that matter, and let me get this off my chest, even if, when I started working on this project, there was no known treatment for Parkinson’s disease, this lack was only due to our failure to understand the disease. The cure for this illness was always floating about in the ether. The cure was always simply this: reverse the problem that causes the illness. I may have tapped into an answer or a solution, but I never invented it. My only accomplishment, that I can see, is that I have written up what I have seen. And I did it with the help of hundreds of people.