

THE FUTURE OF ENERGETIC MEDICINE

by Jake Paul Fratkin, OMD, L.Ac.

Oriental medicine has meant many things over the ages. While building on common foundations of the ancient classics such as the *Huang Di Nei Jing* and the *Shang Han Lun*, it has developed differently in isolated pockets of the numerous countries of its origin, often in family traditions. Only in this century have the various traditions formally organize themselves in the educational institutions of China, Japan, Taiwan, Korea and Vietnam. This institutional setting, with its various publications and educational opportunities, has benefitted practitioners in the West, who have enjoyed a rich exposure of the various medical models from Asia. In addition, newer approaches to Oriental medicine have emerged from England, France, and Germany. Educated and dedicated practitioners in the West are now forging an eclectic clinical practice incorporating the best that the various traditions have to offer.

This synergistic spirit that is alive in the West is also addressing the accomplishments of other healing arts, including naturopathy, medical herbalism, homeopathy, cranial-sacral therapy, chiropractic medicine, and movement therapies. I predict the emergence of an eclectic natural medicine into the next century, one which will express itself in two distinct schools. One will follow the biochemical model of western medicine, where Chinese herbs, acupuncture, homeopathy, nutritional medicines, western herbs, etc. will be understood by their biochemical effects, and integrated into a western model of health and disease.

The other model that will emerge will distinctly identify itself as *energetic medicine*. This type of medicine will have as its theoretical foundation an understanding based on the observation that disease and therapy are questions of energy manipulation, which in turn affects the biochemical structure. The use of medicines and therapies will work within this energetic model, and include Chinese herbs, acupuncture, *qi gong*, homeopathy, hand healing, structural manipulation and integration, nutritional medicines, and western herbs.

The theoretical foundation for energetic medicine should be that of Oriental medicine, which has adequately described the movements, pathways, pathological manifestations, and therapeutic effects of *qi* energy on health and disease for many thousands of years. Other energetic therapies can then be integrated into the Oriental model.

To successfully make this integration, three distinct questions arise requiring discussion. The purpose of this paper is to initiate and elucidate this discussion with my own thoughts.

The first question is the need to integrate the TCM *zang-fu* therapy with Japanese meridian balancing, so that a strong energetic and therapeutic foundation can be clarified for clinical use. Both systems have advanced independently, one developing an energetic model suitable to herbal therapy, and the other developing an energetic model suitable to acupuncture therapy. The integration of the two approaches is only slowly beginning to happen in this country, as there are still misconceptions as to the nature of each.

The second question is of the necessity of adding western natural therapeutics with Oriental medicine. Many practitioners of our art have a strong faith in the completeness of the various modalities within Oriental medicine, but I would like to offer that in our environmentally toxic period of history, a wider choice of therapeutics becomes necessary. Inherent in this discussion is, how do we integrate diverse therapies, such as homeopathy, to the Oriental medical model? Can we expand our understanding of energetics by looking at the homeopathic model?

The third question is that of making a practical clinical integration of the various energetic therapies, so as to best benefit the patient. I believe that this requires new feedback systems allowing an accurate assessment of the intended therapeutics before administration. Doing so asks the traditional Oriental practitioner to broaden his/her diagnostic and therapeutic approach, so as to enhance one's effectiveness.

INTEGRATING TCM ZANG-FU THERAPY WITH JAPANESE MERIDIAN BALANCING

Traditional Chinese Medicine and *Zang-Fu* Energetics

Traditional Chinese Medicine (TCM) refers to the history and expression of energetic medicine as practiced in China from its earliest dates up unto the present time. Although it has breathed life into many diverse expressions, including esoteric acupuncture schools, the power of the healing mind and hand, and so on, it has steadily coalesced and unified into its present manifestation. This manifestation is in essence an herbal art, based on the theoretical framework of *zang-fu* syndromes. Diseases are seen as dysfunction of basic *zang-fu* energetic processes, which are clearly mapped out and described. Diagnosis is a combination of information from the pulse, tongue and symptom presentation. It is important to note here that pulses are concerned with energetic organs, not channels. Multiple presenting syndromes are prioritized, and herbal prescriptions, with modifications, are administered to normalize organ function. This is

done for both acute and chronic disorders, and acupuncture prescriptions are asked to follow this system of organization. (Older systems of channel diagnosis and pathology have died out in mainland China, with the exception of musculoskeletal complaints, but continue in Japan, Korea, and Vietnam, and to a lesser extent in Taiwan and Hong Kong.)

The beauty of the *zang-fu* or Eight Category system, in my opinion, is humanity's most eloquently expressed explanation of disease. I say eloquent, because it facilitates a simple and focused application of an effective therapeutic, through Chinese herbal medicine. Its clinical success is verified not only by its long history, but by its institutionalized status in mainland China today, where it serves approximately 40% of China's one billion people.

The *zang-fu* and Eight Category system has developed primarily with herbal therapy in mind. Acupuncture has been forced to conform to an herbal model, for which it is somewhat limited. When acupuncture is used as an adjunctive therapy to herbal medicine, it enhances the overall therapeutic effect. But when used alone, acupuncture prescriptions for *zang-fu* differentiations are not always successful. As practiced in China, treatments need to be given daily, or every other day, an approach that is impractical in the United States, for economic reasons. The success of *zang-fu* acupuncture, if practiced only once per week as many acupuncturists do, seems not to be very effective, except in the treatment of channel pathologies such as pain and musculoskeletal disorders.

A strength, and a limitation, of the *zang-fu* approach is that it is clearly disease and symptom oriented. As long as there is a clear, main complaint, such as epigastric pain, or headache, or diabetes, a *zang-fu* differentiation can be made, and appropriate therapy given. This approach works well in an out-patient or hospital setting, but often in our own clinical practices, the patient cannot identify a main complaint, and is besieged by unclear feelings of disharmony or fatigue. A good practitioner of TCM will no doubt identify *zang-fu* disorders, and treat accordingly, but even the best practitioners find that this approach is not enough to give the patient high levels of health and well-being. Other approaches should be considered, and integrated.

Japanese Meridian Balancing and Classical Five Element Systems

In contradistinction to the TCM *zang-fu* approach, we have available to us various systems of Oriental meridian balancing. This system was preserved, and embellished, by the Japanese, who facilitated its dissemination to Korea and Taiwan. We can assume that in historic times, meridian balancing was widely practiced in China, insofar as the *Huang Di Nei Jing* went into some detail discussing it over 2000 years ago. It is

certainly in practice in Vietnam, and was brought to France by Nguyen Van Nghi. The basis for five phase or five element systems (*wu xing*), it was brought to England by Professor Worsley, with some refinement, after his brief study in Taiwan. In our country, traditional Japanese meridian approaches have been promoted by Miki Shima, Kiiiko Matsumoto, Stephen Birch, and Stephen Brown, among others.

In this approach, meridian imbalances are perceived as either excess or deficiency, unlike the more complex parameters of excess-deficiency, hot-cold, or dry-damp of the *zang-fu* system. Traditionally, diagnosis was made on the radial pulse, and confirmed on the *jingei* pulse of the carotid artery.

In meridian pulse diagnosis, channel positions are arranged according to the *wu xing*, or five elements, the right hand moving (proximately) from Fire (PC-SJ) to Earth (St-Sp) to Metal (LI-Lu), and continuing on the left hand, proximately, from Water (UB-Ki) to Wood (GB-Liv) to Fire (SI-Ht). Superficial positions are the *yang* channels, and deep pulses are the *yin* channels. In the Worsley approach, conveniently called Traditional Acupuncture, attention is given to elemental colors, odors, sounds and temperaments, in addition to the pulse.

Modern meridian diagnosis has included Ryodoarku, Akabane, and electronic diagnosis. In these approaches, values are assigned to each meridian after taking readings at the *jing*-well or *yuan*-source points. The treatment principle in meridian balancing is to balance excess and deficient channels, using a minimum number of points. Classical Five Element will use a four point therapy, with two points on the affected channel, and two points on related channels, following father-son relationships. This is also the basis for Korean constitutional acupuncture, which assumes that every person has a deep-seated constitutional imbalance involving one excess channel and one deficient channel.

The beauty of the Japanese meridian balancing or Five Element approach, is that, regardless of the complaint or disease, the treatment principle is to address the presenting meridian imbalances only. All diseases are treated as the channels are regularly and consistently brought into balance with each other. This approach is very useful for the chronic patient where one can not specify a focused or isolated complaint. Also, where the patient is experiencing health, meridian balancing acts as the best preventative, keeping patients healthy.

The difficulty of accurate meridian diagnosis has resulted in few practitioners able to successfully put it into practice. With the introduction of various technological instruments, however, I predict that meridian balancing will become more popular. Its inclusion will certainly benefit the patient.

Integrative Oriental Medicine

As developed in China, traditional Chinese medicine had five branches, with herbal medicine and acupuncture being the best known and most widely taught. The other three branches are equally important for promoting health and treating illness. They are, diet, *tui na* massage, and *qi gong* (literally, "energy work" or "energy cultivation", which includes both meditation and physical exercise). A classically trained doctor was expected to be expert at all five branches, and to use them equally in treating patients. In this country, Dr. Flaws has a deserved reputation for promoting and practicing all five arts, but his counterparts are rare. In classical times, this integrated approach served the patient well. These were times when diseases, however devastating, could at least be considered natural. The *zang-fu* organization described the width and breadth of disease etiologies and manifestations. Predating the microscope, vaccine, or antibiotic, Chinese medicine was equipped to treat all manner of illness, sometimes successfully, sometimes unsuccessfully, but always with a certainty of approach when practiced by good doctors.

Modern times have promoted the exchange of information and teaching so that, at least in the West, various techniques and developments have surfaced and been integrated into Oriental medicine. We have been exposed to Manaka's ion pumping cords, Requena's constitutional hand diagnosis and psychological terrains, Worsley's smell, look and listen, Van Nghi's meridian manipulations and point combinations, mainland Chinese injection and suturing treatments, Korean hand acupuncture, Matsumoto's scar detoxification, Nogier's auriculotherapy, Voll's physiological correspondences to acupuncture points, Legge's osteopathic acupuncture and manipulation, and so on.

Integrating the best of the various schools and techniques of Oriental medicine should begin with the integration of *zang-fu* organ energetics with the channel energetics promoted by the Japanese tradition. This is a question of therapeutics. If one is using herbal medicine, including the commonly used Chinese herbal products, *zang-fu* diagnosis is essential to correct prescribing. If one is using acupuncture, I recommend an approach using meridian balance as the base, and adding in TCM acupuncture prescriptions for acute symptoms or clearly defined diseases.

Combining these two strong traditions, and adding the best of the recent contributions, a practitioner of Oriental medicine extends his/her scope of practice and is able to provide the patient with a strong armory of techniques.

ADDING WESTERN NATURAL THERAPEUTICS TO ORIENTAL MEDICINE

The Limitations of Oriental Medicine

As we approach the end of the twentieth century, we must evaluate the efficacy of Oriental medicine, combining the best of both Asian and European systems. We need to ask this question honestly: Is our tradition of Oriental medicine capable of treating all the various illness that walk into our clinics? Is the patient getting better or not?

For many illnesses, especially those that are acute or recent onset, the answer is usually yes. Oriental medicine, by directing and healing the life-energy that circulates through the body, restores health. In chronic disorders, however, one's results can be very mixed - sometimes a complete cure, and sometimes little effect. Why is this? Some will argue that it is dependent on the skill of the practitioner, but there are many patients who have been to many skilled practitioners without satisfactory results. I had the opportunity of studying with the best herbalists in the Beijing hospitals, and I saw numerous cases where therapy was of little help. Are the doctors to blame, is our art inadequate, or are there other factors we are not addressing?

Certainly, advanced conditions of deterioration and exhaustion of *qi* and blood in the patient restricts a favorable outcome. This has been true throughout the ages, that many patients are beyond help. There are other considerations, however, that have to do with our time in history. The population, especially in our developed countries, are nutritionally depleted and without adequate exercise. We live in environments seriously disturbed by electromagnetic stresses, and we consume large amounts of deadly poisons in our food, water and air, despite our best efforts not to. Many people are emotionally stressed in both work and relationships. Chronic administration of drugs, particularly steroids, hormones, and vaccines, have confused our immune and regulatory systems, throwing them into chaos. Our ozone is being depleted, and our planet is heating up. This is a particularly sorry time in history, and one that will take Herculean efforts to address, not only in our external environment, but inside our bodies as well. Is Oriental medicine up to the task? Will regulation of the *zang-fu* organs and acupuncture channels be enough therapy against these unnatural stresses?

My experience is that for these times, we need more ammunition than what has been at the disposal of Oriental medicine. We need to look at other therapies that are having a beneficial effect; we need to have further diagnostic tools, and a method of prioritizing therapeutic techniques.

Integrating Homeopathy

The Oriental energetic model, first proposed in the *Huang Di Nei Jing* over two thousand years ago, includes *zang-fu* differentiations, the nature of *qi*, blood, *yin* and *yang*, and the distribution of energy through the primary and secondary channels. It is as

sophisticated and exquisite a model as is required for explaining the effects of energy on health and disease. The success of its therapeutics stand as a testament to the validity of the energetic model. If we hold this Oriental model as the foundation of energetic medicine, we can then endeavor to incorporate, and utilize, other healing modalities.

A working scope of energetic medicine would include any technique or substance that affects the body's energetic network. Additional explanations of the effects of energy on healing the body need to be adapted to the Oriental understanding.

Homeopathy is a European energetic system that does not easily fall into the Oriental theoretical framework, yet its clinical efficacy is well known and its integration with Oriental medicine is clinically effective. By broadening our concept of energetic medicine, it is easy to incorporate homeopathy within our approach. We know that homeopathy affects the quality of the *qi*, allowing it to cool or to warm, to contract or to expand, to push out or to coalesce inwards. These properties are similar to the energetic properties of Chinese herbs, but more refined.

In the homeopathic model, disease is seen as a disharmonic, pathological, negative frequency manifesting in the body's energy field. An appropriate homeopathic medicine will resonate with the mirror-opposite frequency, and act to neutralize and cancel out the negative harmonic. It is believed that this vibrational message is carried by water molecules throughout the body, allowing first an energetic change, then a functional change, and finally, an organic change. Classical homeopathy contains no discussion of meridians, nor an elaborate discussion of what is healthy organ function, as the Chinese articulated, yet they have catalogued vibrational harmonic effects of homeopathically prepared substances. Although lacking a strong theoretical basis, its clinical effect is admirable.

Homeopathy is perhaps the most subtle of energetic medical substances. It has no discernable biochemical matrix (to the exasperation of traditional western doctors), and its mechanisms are believed to be purely energetic or electromagnetic, although it certainly affects the biochemistry of the body. The idea here is that disease and dysfunction are negative harmonic presentations within the energetic network; effective homeopathic medicines work because they neutralize pathogenic harmonics with a healthy vibrational signature that is the exact opposite the signature of the pathogenic harmonic. The biochemical actions that we have hitherto identified as the cause of the beneficial transformation, are in fact an affect of the correcting frequency.

Classical homeopathic substances, those usually made from plant sources, can be beneficial in an acupuncture practice, especially for acute conditions. A more significant contribution is available, however, in the ability to take specific poisons and potentize

them into homeopathic *nosodes*. This allows toxins such as viruses, bacteria, protozoans, pesticides, solvents, dyes, and other noxious agents to be neutralized by their harmonic mirror entities. It opens up the possibility of treating environmentally induced diseases with substances more effective than traditional herbal medicines. It allows doctors of energetic medicine to attack modern diseases, for which traditional Oriental medicine had no precedent. These modern diseases would include chronic viral processes and auto-immune diseases, which may initiate from heavy metals, chemical pesticides, or latent viruses, all causing a toxic and disruptive overload. Use of specific nosodes, combined with appropriate drainage homeopathics, are effective in treating these disorders.

By observing the mechanisms and effects of homeopathic substances, we, in Oriental medicine, are introduced to a newer and broader understanding of energetic medicine. As we broaden our scope of practice to become practitioners of energetic medicine, inclusion of homeopathic medicines is a logical step.

Other Forms of Energetic Medicine

When we accept the idea that a homeopathic substance's initial affect on the body is energetic, or vibrational, we can start looking at more gross substances and ask ourselves if this idea is equally applicable. The ancient Chinese assigned energetic qualities to herbal medicines, and applied them within that context. Modern research has examined and detailed many of the biochemical mechanisms of these herbs, but their efficacy certainly may have more to do with its vibrational effect on disturbed energy of channels and organs.

By extension, we can look at a variety of natural substances that are effectively used by naturopaths, chiropractors, and other holistic healers, and see that, in spite of their documented biochemical actions, these medicines have energetic effects on the body, and therefore can also qualify as energetic medicines. I include here vitamins, minerals, essential fatty acids, amino acids, lipotropic factors, antioxidants, cofactors, enzymes, western herbs, etc. A nutritional doctor will explain the mechanisms of these medicines purely in terms of biochemical action, and of course, this explanation is valid and necessary in deepening one's understanding of the effect of a substance on disease and health.

The substances also have an electrical or energetic nature. That is why they can be evaluated in terms of an energetic effect on the body, through such feedback systems as muscle testing, or electronic evaluation through VEGA and Dermatron machines. If we as practitioners develop our skills in evaluating energetic response, it becomes a

natural step to also start including these nutritional and naturopathic medicines into our field of practice.

This paper is not the place to detail the therapeutic uses of these naturopathic substances. My own experience has been that once I started integrating them in my practice, their value became evident. Practitioners will need to acquire the education to learn about these medicines so as to put them into use.

Let us define energetic medicine as that clinical practice which incorporates therapeutic techniques that primarily affect the energy network of the body. Many therapeutic modalities fall into this definition. I would include systems of healing that use touch, Chinese *qi gong*, diet, cranial sacral therapy, visualization, and chiropractic manipulation, among others.

There are therapeutic modalities that do not directly affect energy, but are important for maintaining health and balance. These include systems of detoxification, such as low temperature saunas, colonics and herbal colon cleansing; exercise, emotional therapy, and mechanisms for creative and spiritual expression.

When we begin to outline and define the parameters of energetic medicine, we see that it includes the therapeutics of acupuncturists, herbalists, chiropractors, naturopaths, and psychologists.

MAKING A PRACTICAL CLINICAL INTEGRATION

The key to effective clinical practice of energetic medicine is having a reliable feedback system that senses the energetic nature of medicinal substances. The demands of the energetic body are quite subtle, and I do not think one can second guess whether a patient needs a Chinese herbal prescription versus a homeopathic versus a specific mineral, or whether these substances would be energetically compatible with each other. There are several methods currently available that provide reliable energetic feedback. The basis of a feedback system is that a diagnostic filter or technique, as well as effective therapeutic agents, would register when entering these into the patient's energetic field. These filters and medicines register because they have an energetic nature - one that is electromagnetic in nature. When one becomes familiar with energetic feedback systems, one is impressed that all substances have an electromagnetic nature, some being beneficial to the patient, and others not. Using such feedback systems, the practitioner is provided precise information as to what is wrong with the body, and accurate evaluation of which medical substances can effectively correct the pathological presentation. There are three such systems that are currently being used.

Pulse. Nogier and his colleagues have chosen ear points for therapy based on observation of subtle changes on the pulse after a particular point was stimulated. Other doctors have reported that when diagnostic filters, or medicines, are placed in the field, such as being held in the patient's hand, changes can be felt on the pulse. In both instances, we see that the pulse itself can act as a diagnostic feedback system. This requires sensitivity and concentration, but is an available technique for those practitioners with pulse expertise.

Applied and Clinical Kinesiology. Based on systems forwarded by Goodhart and Beardall, muscles are tested for strength and weakness. In applied kinesiology, specific points offer diagnostic parameters. This is called therapy localizing, and is usually done by the patient. In clinical kinesiology, an advanced development, the practitioner or the patient uses various hand mudras to create a harmonic resonance that acts as a diagnostic indicator. In both systems, therapeutic medicines, usually naturopathic and nutritional substances, are entered into the field to see if a weakened response becomes strong. Kinesiology is used not only to test medicines, but to evaluate structure so that mechanical manipulations can be applied to correct disorders.

Bioenergetic Regulation refers to the system using the various machines from Germany, including VEGA, MORA, Dermatron, RM 10, and their American computerized counterparts. This system uses electronic technology to evaluate the body's energy. In the original Voll system, dating back to 1954, different acupuncture points were related to organic tissues and organs within the body. In the more modern VEGA approach, diagnostic homeopathic filters of different organs and conditions are used, allowing any point to be tested. In both systems, once dysfunction is found, corrective medicines are added into the field, with observations of a meter to determine efficacy. The German system was designed around eclectic homeopathic medicines, but the machine easily is applicable for other types of medicines as well.

Clinical use of both kinesiology and electronic evaluation in this country over the last fifteen years have supported the energetic nature of disease and therapy. Medicines entered into the field are seen to energetically pacify and neutralize the presenting pathological harmonic. This is understood more deeply when we look at the MORA machine from Germany. Starting with the observation that the totality of medicines in the field are basically neutralizing the totality of perverse energetic presentations in the body, Dr. Morell designed a machine that reads the totality of perverse energy in the patient, and through a series of seven or so filters, reverses the electronic configuration, and returns it to the body. Its therapeutic efficacy is well appreciated and utilized in Germany.

Use of electronic and physical feedback systems have allowed the practitioner to demystify disease, prioritize multiple disease processes, and efficiently tailor a therapy for the patient. Having a reliable feedback system takes the practitioner away from illusion and darkness, and keeps the patient from being a guinea pig for various medicines.

Many doctors of Oriental medicine resent moving into more technological areas, or areas resembling chiropractic. They wish to preserve the integrity of traditional Chinese or Japanese medicine. There will always be an importance in maintaining the integrity of foundation therapies, not only Oriental, but naturopathic, alleopathic, and chiropractic models as well. To preserve is one thing, but to argue against an eclectic approach that truly benefits the patient is impractical.

Other doctors may feel that technological feedback systems are too mechanical, and belittle the healing power of the hand and mind. Having a feedback system cannot inhibit the doctor from applying healing modalities through the hand or needle. These are therapeutic techniques, which require a compassionate and talented practitioner, and cannot be replaced by a machine. Integrating this with medicines confirmed by a feedback system can only benefit the patient.

CONCLUSION

Energetic medicine involves an eclectic integration of various natural therapies, with the theoretical understanding of Oriental medicine as its foundation. At this time in its evolution, we need to incorporate available energetic feedback systems for the successful integration of the various energetic modalities available to use now. The future will see an emergence of a more complete synergistic system which we hope will be as brilliant as its origin in the ancient systems of China and Japan.

The creation in the future of an integrative energetic medicine depends on the work and passion of practitioners willing to collaborate to make it happen. Each practitioner and researcher brings to the field unique contributions, based on their sensitivity, clinical experience, and special areas of knowledge and expertise. This in fact follows the ancient development of Oriental medicine, and allows classical Oriental medicine to flower into a fuller expression. As we nurture its development, energetic medicine will compete with biochemical medicine, offering a dynamic and effective system of health care for the 21st century.

I would like to thank Dr. Bob Flaws for organizing and initiating this collection of essays from the West, and the participants in this collection for their valuable and

insightful reflections. It provides a valuable step in the development and continuation of Oriental medicine, today, and in the future.

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Following undergraduate degrees in Chinese language and philosophy at the University of Wisconsin, Dr. Fratkin trained in Korean and Japanese acupuncture starting in 1975, in Chicago, and began clinical practice in 1978, in Madison, Wisconsin. In 1980 he studied German electroacupuncture systems and Applied Kinesiology, and began his education in traditional Chinese herbal medicine, which included six months hospital training in China. Dr. Fratkin has been teaching at various acupuncture and naturopathic colleges since 1982 and was Department Chairman of Herbal Medicine, Southwest Acupuncture College, Santa Fe, for four years. He is a practitioner and teacher of *Tai Ji Quan* and *Qi Gong*, which he has followed since 1974. Dr. Fratkin is currently in private practice in Boulder, Colorado, where he combines TCM, meridian balancing, homeopathy, and nutritional medicines.