

## Chapter 1 Beginnings

It all began in the third year of my Western medical school training. For the class of '63 at the University of California San Francisco School of Medicine, it was a time of extremes. First was the heady realization that we had at last ascended to the elite status of being called doctor, let loose on the unsuspecting patients of San Francisco General Hospital. Could they tell that we were not really truly doctors yet? Our practicum was about to begin. One of my classmates paraded around town in his newly acquired white lab coat. He began to have second thoughts about such ostentation when someone in a public parking lot asked him to park his car. The final blow to his ego came at the supermarket when someone asked him, "Where is the aisle for canned soup?" Later came our descent into hopeless hypochondria. We imagined we had every disease described in every medical textbook we read. Going through dermatology rotation, most of us imagined every mole we had was a malignant melanoma. Medical students requesting biopsies overran the skin clinic.

One day, while rotating through the pediatrics service at San Francisco General Hospital, I felt ill. (Back then, the pediatrics ward was equivalent to today's day-care center in terms of being the most efficient propagator of infectious diseases known to man.) I experienced chills, fever, and a cough. My brother Wally, then an intern at Santa Clara County and two years ahead of me, diagnosed pneumonia over the phone. My professor of internal medicine confirmed Wally's diagnosis. He promptly put me in the hospital and prescribed antibiotics. After a week, I was much improved. Soon I was allowed to return to classes and the work of seeing patients at SF General. I felt well except for one thing—a persistent, dry, hacking cough, usually worse in the evening. The prescribed cough medicine with codeine only made me nauseated without

relieving the cough. Patients teased me that I sounded as if I needed a doctor more than they did. This went on for over a month. Thoughts of saving the ills of the world soon faded as I struggled to get myself better.

My mother ultimately came to my rescue. Mom believed in Western medicine and followed doctors' orders assiduously. She was one of those who would set her alarm clock to take her pill on time if it was prescribed every six hours. Yet when Western medicine had been tried and failed, she was not above turning to Chinese remedies. She consulted with one of her friends about my cough. Mom's friend recommended that I see a well-known Chinese herbalist, Dr. Ding Jung-Ying. Out of desperation, I agreed to do so. Dr. Ding's office was located in the heart of San Francisco Chinatown, up several flights of stairs. Unlike my family doctor's office, Dr. Ding's was sparsely furnished with only a small writing table and several chairs. Looking around, I saw none of the medical equipment usual in a doctor's office. Dr. Ding was elderly and spoke only Chinese. Correctly assuming that my Chinese would be inadequate, he directed his questions about my illness to my mother. He then felt my radial pulse in each wrist, looked at my tongue, wrote a prescription in Chinese, and gave my mother instructions about brewing the herbs he had prescribed. It was not an unpleasant experience for me. No tongue depressor to look into my throat, which always caused me to gag, no cold stethoscope on my chest, and best of all, no shots. I timidly clung to the hope that his remedy would work. We paid the doctor, and my mother and I went off to fill the prescription at an herbal store in Chinatown. Cooking the herbs filled the kitchen with a familiar pungent odor of yesteryear when Mom would coax me to drink similar awful concoctions for colds and the flu. After taking two doses of the nasty stuff, my cough disappeared. It never returned.

I was both impressed and elated. Memories returned of my brother Don's experience when he was in his teens. Mom had taken him to see an herbalist for pain in his knees, which, in retrospect, were most likely growing pains. Upon his return from the visit, Don described to us with great excitement how the Chinese doctor was able to tell from just feeling his pulses that he had had malaria as a young boy. I also thought of our family physician and friend who told us about his experience as a medical student. While doing autopsies one hot summer in Chicago, he contracted a disease that defied diagnosis by his professors. Finally, in a scenario similar to mine, his parents took him to a Chinese herbalist whose remedies eliminated his symptoms.

If ever the opportunity arose, I decided, I would study Traditional Chinese Medicine. The problem, though, was that my Chinese literacy was probably below first grade level. I grew up in San Francisco. My parents, fluent in both English and Cantonese Chinese, required that I attend Chinese school after elementary school. Chinese school was the bane of every Chinese American schoolchild's existence. While our American classmates played after regular school, we had to continue with more classes. When I turned twelve, I was released from that requirement. With disuse, I quickly forgot most of what I learned about written Chinese. My biggest regret is not being able to read a menu in Chinese restaurants. The Chinese version often offers an assortment of bargain dishes not in the English version, and the waiter treats you with a bit more deference if you know written Chinese. In the 1960s there were no schools in the United States teaching TCM in English, so my idea of learning it was more a dream than a real possibility. Nineteen years passed before my dream came to fruition. Meanwhile, I had trained in anesthesiology and intensive care. I had gone to Taiwan to do some work for a Christian clinic. Upon my return, I carved out a career in emergency medicine where my anesthesiology training proved very useful.

In 1980, my Aunt Teresa came to visit us from Macao. Whereas my father was a reserved man with a subtle wit, his younger siblings could be considered flamboyant. Dad's sister, Teresa, was a Roman Catholic nun of the Franciscan order. Small of stature, but larger than life, she did not fit the stereotype of a nun. She spoke fluent French, English, and two dialects of Chinese. She was the principal of a school in Macao, and she was very much attuned to the secular world. The Franciscan order allowed Aunt Teresa a visit with her family every seven years. On her visits, she always took center stage. Among her nieces and nephews, four were physicians, but that did not deter her from always having something to teach us. One of the last times we saw her, she taught my brothers, cousins, and me to do acupuncture. On that visit, she introduced me to ear acupuncture and gave me a book titled *Practical Ear-Needling Therapy*. She also told me that a Dr. Wen in Hong Kong had great success using this form of acupuncture to treat drug addiction. There now is at least one similar clinic in New York, and its success rate exceeds that of methadone. Aunt Teresa further explained that there was a representation of the entire body on the ear, with specific points of the ear corresponding to specific organs. With this ear-needling technique, you could use an electrical detector on the ear, a detector that would sound off when it "read" a diseased organ, indicating which ear point to treat.

This was not the first time I had been intrigued by what acupuncture could do. In Taiwan, I had seen a patient who carried two symmetrical scars on either side of the lumbar spine. It appeared as if someone had branded him with two hot barbecue skewers. He told me that ten years before, he had suffered from terrible back pain and was treated by a Japanese acupuncturist who not only needled his back but also held heat to the needles, causing the burns. Since then, his back pain had disappeared. This treatment was certainly economical compared to a lumbar

laminectomy, I thought. As for complications, the only one I could think of was a potential infection from the burns. That risk pales, however, compared to the potential complications of a lumbar laminectomy: bleeding, infection, paralysis, and even death. In 1961, newspapers reported that the movie actor Jeff Chandler, while undergoing a lumbar laminectomy, had died from accidental injury to the aorta, the main blood vessel of the body. These thoughts had remained hibernating in my mind.

I had practiced emergency medicine for six years and seen my share of bad outcomes with drugs. There was the patient who took a muscle relaxant for a sprain and ended up with an allergic reaction, an exfoliative dermatitis that resulted in the skin peeling off her entire body. There was a colleague who had a simple tendonitis from weekend gardening; he took an NSAID (nonsteroidal anti-inflammatory drug) and ended up with kidney failure requiring months of dialysis. There were the cases of upper GI bleeding among NSAID users requiring hospitalizations, gastroscopies, and even transfusions. There was a patient who came in with an intestinal perforation, an uncommon but dangerous complication of NSAID use. I was ready to explore alternatives.

Before Aunt Teresa's 1980 visit, I had dabbled in acupuncture but was not impressed that it was particularly effective. I had not realized that results come only after multiple treatments. Aunt Teresa's enthusiasm and instruction rekindled my interest. I began using a combination of ear acupuncture diagnosis and body acupuncture treatment on my co-workers in the ER, often with gratifying results. For the treatments, I used a small electric stimulator, given to me by Aunt Teresa, to which acupuncture needles could be hooked up with wires. One of my first subjects was a rather high-strung physician with shoulder pain. I needled him with the machine on low.

He complained the current was much too strong. I reassured him, increased the current, and he calmed down. My next subject was a ward clerk who had chronic back pain. I administered the treatment in the same way as with the doctor. I had barely turned the machine on when my patient nearly leaped off the stretcher. I decided not to use electricity on him. Then I treated one of our nurses for neck pain, and she figured out the problem. "Pat, I think the dials on the machine are reversed, so high reads low and low reads high," she said. That should not have been surprising, I thought. The Chinese convention is to address people by their surname followed by their given name. Chinese words are written vertically and read from right to left.

I then began attending more acupuncture seminars. At one of these seminars, I heard that a school called the American College of Traditional Chinese Medicine would be opening in San Francisco in 1981. The school was going to teach Chinese herbal medicine as well as acupuncture. This was the opportunity I had been waiting for since 1962. I enrolled immediately. One of my physician colleagues in the ER asked if I was the only ethnic Chinese physician in the class. Indeed I was. He teasingly said, "That figures. Other ethnic Chinese physicians have better sense." With a chuckle, I replied, "Yes, I am well on my way to becoming a quack." But deep down, I believed this endeavor held a lot of promise.