

*“Perseverance is more prevailing than violence; and many things which cannot be overcome when they are together, yield themselves up when taken little by little.”<sup>1</sup>*

## *Chapter twenty*

### Needling Scar Tissue

Scar tissue is non-conductive. Scar tissue can block the flow of channel Qi, causing channel Qi to diverge away from its Primary path.

In some schools of Chinese medicine, the subject of scar tissue is simply ignored.

The acupuncture academic community is divided on the subject of whether or not scar tissue should be needled. Some practitioners of Chinese medicine say that scar tissue *must* be needled. Others say that scars should *never* be needled. Some say that scar tissue poses no energetic problem, and doesn't *need* to be needled, but, if the scarring is at an acupoint location, that acupoint can be needled just like normal skin, as if there were no scar tissue.

The academic differences on the scar tissue question are inherently related to the ongoing academic debate regarding the existence of channels. After all, if channel Qi really doesn't exist, then scar tissue can't be blocking its flow.

I enjoyed hearing, twice in one year, revealing statements by respected Chinese acupuncturists who were guest lecturers for my acupuncture doctoral program. Both doctors said, at some point in their lectures (I paraphrase), “For this health condition, you should consider needling either of these two adjacent points, both of which are on the same channel. It doesn't really matter which of the two points you use, or if you locate the point exactly according to the book. The most important thing is that you get the needle somewhere on the *channel*.”

At each of the two lectures, in immediate response to the professor's clear statement about needle contact with the *channel* being more crucial than the exact location of the acupoint, I raised my hand and asked, “Do channels exist?”

The response, in both instances, was a quick and adamant. “No! There is no such thing as a channel!”

I had to wonder if, even from their safe podium in the US, these doctors were nevertheless worried about damage to their careers should the Chinese authorities somehow discover that they were referring to the officially condemned concept of channels.

And of course, if there are no channels, scar tissue can't block them.

#### *My introduction to needling scar tissue*

The first time I needled into a patient's scar tissue, I had a hard time inserting the points of the needles into the dense, rubbery scar on her abdomen. I bent and ruined

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<sup>1</sup> *Plutarch's Lives*; Sertorius

several slender needles trying to get them into the keloid tissue, the residue from a childhood surgery. Finally, using my thickest and shortest needle with a lot of wristy follow-through, I got a needle through the wall of scar tissue. My patient felt a terrifying, *slicing* sensation, as if someone was *slashing* through her skin: a pain *not* consistent with the pricking insertion of my needle.

She broke into a cold sweat and her eyes rolled up into her head.

I assumed that she was experiencing needle shock, a phenomenon that occurs on rare occasions, usually from needling into an area where channel Qi is running backwards.

I repositioned the heat lamp closer to her feet, laid a towel over her to keep her warm, and did not insert any more needles.

She quickly came back to full alertness, but was slightly shaky for the rest of the one-hour session. The next day, restored to calm, she dropped in to my office with a story to share.

A few hours after her acupuncture treatment, she had uncontrollably re-experienced her childhood surgery. The memory was so realistic that she felt she was in two places at once: she was simultaneously an adult sitting in her apartment and she was a child on a gurney in the hospital.

She was not *remembering* being on the gurney: she was *on* the gurney. She could feel the cold hard pressure of the gurney on her back, she could feel the thin sheet over her bare skin. Her nostrils filled with the smells of the surgery room, and then with the smell of the anesthesia. Her eyes were simultaneously seeing the walls of her living room and the corridors of the hospital as she was wheeled on the gurney. Her ears were hearing both her living room radio *and* the conversations of the hospital staff. Her heart was pounding with terror.

She momentarily feared that she was going crazy. Happily, the two-places-at-once experience ended after about ten minutes. She was so shaken by her hospital hallucinations that she called her mother even though it was mid-afternoon on a weekday. She asked her mom to confirm details about the surgery, the appearance of the doctor, and all of the surgery-related events that she had just experienced in what had seemed like “real time.” Some of the events of her recall were not in her *conscious* memory – including sensations and conversations that had occurred while she was presumably unconscious from anesthesia.

Her mother was able to verify all the events.

This had been my first experience with needling *into* scar tissue. I had been hoping to stimulate the Qi flow through an acupuncture point, a point that just happened to be located on her old surgery scar.

I had been as supremely confident in my ability to first, do no harm, as only a newly licensed acupuncturist can be. So when, following her acupuncture treatment, she momentarily thought she was going crazy and experienced fear of the upcoming surgery, the pain of the incision, and other unexpected hospital sensory effects, I wondered what I had done wrong. I did not, at that time, suspect that my needling of her *scar tissue* had anything to do with her hospital memories. I reviewed her case notes:

## *Case study #17*

### *Kidney troubles following childhood ureter surgery*

The patient was a twenty-seven year old female with frequent kidney and bladder infections. She had been born with a bifurcated ureter: the tube coming off her right kidney broke into *two* branches, both of which connected to the bladder. One of the bifurcating branches was extremely narrow. When she was a child, the narrower ureter was a frequent site of infection: it was surgically removed when she was seven years old.

When she came to see me for help with her recurring kidney infections, her surgical scar was still visible: a nasty, reddish, tough gash of scar tissue several inches across and about half an inch wide running across her lower abdomen. The scar started at a point several inches below the belly button and extended laterally for several inches, heading over towards the right hip.

I wanted to needle Ren-3, the acupoint on the lower abdomen that helps regulate the urinary bladder. Ren-3 was traversed by her surgical scar. I decided to insert a needle straight down into the acupoint despite the scar tissue.

Being only recently graduated from a Master's program in basic Chinese medicine, I was only mildly aware of the controversy around whether or not scar tissue should ever be needled.

Carefree and confident, I attempted to pop the needle into her Alarm point for the Bladder, located on her lower torso. I planned to slide the needle right through the scar tissue and into the tissue beneath. I assumed that she would have the usual fleeting and minimal sensation of needle penetration, and then she would relax and take a nap with the needle in place.

She had not had the usual sensations, nor had she experienced the normal, relaxing sequelae of needling. And two hours later, she had re-lived her childhood surgery.

Then again, after the treatment, her kidney pain had ceased. The presumed infection cleared up overnight. So that was good...

### *Hypothesis*

Since this first event, I've seen many similar instances where needling scar tissue caused the patient to experience a pain consistent with the sensation of the original injury.

As for my patients who've been numb in and around a scar, they have all regained feeling after the scar was sufficiently treated with acupuncture.

Some doctors assume that the numbness in the vicinity of a scar is caused by nerve damage. They assume the nerve was cut at the time of injury or surgery. According to traditional western medical theory, cut nerves can *never* heal.

Nerves can heal.

Besides, if the numbness was due to a cut nerve, a person should have numbness in not just the area of the scar but also in all areas inferior or distal to the scar. People with numbness around scar tissue usually just have it in a small area in the vicinity of the scar.

Instead, based on what I've seen, I propose that scar tissue occurs when a person has an injury that must be healed quickly. The body throws down a mat of crisscrossed, strong fibers, because it can't take the time to do the job right. *At the same time*, the trauma that caused the scar tissue might *also* cause a matching black-out (psychological dissociation) in that portion of the mind that registers sensation for that exact area.

In other words, when channel Qi ceases to be able to flow in a specific, injured spot, the parallel channel Qi system in the brain that ordinarily pays attention to that spot might also be denied normal flow of energy.

If, subsequent to superficial healing, a person revisits the scar and the scar-producing event via massage, acupuncture, cupping (in some cases), meditation, and so on, channel Qi might be restored to both the injured tissues *and* the memory area in the brain. The scar can then heal. It's as if the resumption of awareness of the area allows for the replacement of keloid tissue with healthy, normal skin.

Again, scar tissue is non-conductive. Channel Qi cannot flow through scar tissue. It makes sense that the associated *mental* bit of energy also becomes blocked when the channel Qi in the injury area becomes blocked. In fact, we have to wonder which blockage comes first. Then again, whichever comes first probably doesn't matter. The mental and sub-dermal (channel Qi) blockages are most likely simultaneous and reciprocal. We can easily get rid of the sub-dermal blockage. It appears, based on patient experiences, that the mental blockage then clears up so long as there is no self-induced contribution to the dissociation.

If the pain of an event causes the mind to temporarily block out its awareness of a given body part, it may be that the subsequent lack of channel Qi guidance in the area causes the body to form random tissue (scarring) instead of growing healthy tissue.

It seems as if, based on what I've seen in my patients, by restoring channel Qi flow through the scar tissue, patients are also able to process the related *dissociated* pain still lurking in the brain and the associated numbness.

Many scar tissue patients do *not* experience flashbacks or memories of trauma. But even in patients who do *not* experience a flashback or the original pain of the injury, the needling might instigate the breakdown of scar tissue and the growth of healthy skin.

### *The reason for ancient warnings?*

I have to wonder if the ancient injunctions against needling scar tissue are related to the "crazy" mental recall of injury such as that experienced by the above patient. During her recall phase, she had thought she was going crazy.

The Chinese were and are *very* wary of anything that looks like Shen disturbance (craziness). Possibly, some ancient Chinese doctor decided that scar tissue should *not* be needled because of some patient's "crazy" recall of trauma.

Also, the sensations experienced when scar tissue is needled don't always feel like that of regular acupuncture. If a person, while having scar tissue needled, feels the slice of a surgeon's knife, or feels the sensation of burning skin, when he *should* be feeling only a mild needle prick sensation, this too suggests a dangerous mental state and might have contributed to the ancient injunction that scars should not be needled.

### *Case study #18*

#### *"Incurable Crohn's disease" and a history of appendectomy*

In my second year of practice, I saw a thirty-one year old woman who had recently been diagnosed with Crohn's disease (inflammation in the large bowel): an officially incurable condition.

She was changing jobs and feared that her new work-based insurance company would consider her Crohn's to be a pre-existing condition, and therefore not a covered condition.

She asked me if acupuncture might be helpful in easing the symptoms of Crohn's even though the condition was incurable. I didn't know for certain that I could help, but offered to give it a try. This was several years before I'd learned to feel channel Qi.

As part of the diagnostic process, I palpated her abdomen through her shirt and noticed a deep indentation on the right side. I asked if I might look at her belly. She warned me that it wasn't pretty, but I was welcome to look.

She had a huge scar on the right side of her abdomen. I asked her if I was looking at an appendectomy scar. She replied that, at age six, she'd been diagnosed with appendicitis. The doctors had opened up the abdomen and found nothing wrong.

However, a few days after the surgery, she had another bout of severe abdominal pain. The doctor reopened the abdomen near the original incision site and found a raging infection. The infection was cleaned out and the incision site sewn up.

Several weeks later, she was hospitalized with very high fever. The abdomen was opened again at yet another location. The appendix was inflamed and the infection had spread to the sides of her uterus and one ovary. The appendix and ovary were removed, the uterus was scraped clean and scrubbed with antibiotics, the abdominal cavity was cleansed, and she was sewn back up again.

The infection never returned, but the incision sites had not healed neatly. Instead, the taut and abruptly indented scar tissue on her abdomen suggested that adhesions had formed between the skin layer and some reproductive and/or abdominal organs.

I inquired about her other health conditions. She told me that her menstrual periods had been excruciatingly painful all her life. She was very healthy, in general: she was a brilliant skier, had competed at a semi-professional level in tennis, and had a college degree in Physical Education. Even so, she often fainted during her periods and had regularly missed school or work because of *severe* menstrual pain.

Because of the menstrual pain, she had been put on birth control pills during her early-teen years. She stopped taking birth control pills in her mid-twenties because of her concern about constant hormone usage.

When she was a teen she had been told that, due to her menstrual and uterine problems, she could never have children. So although she had stopped taking birth control pills, she and her husband did not use any system of birth control. They had no children.

She also said she had a "delicate stomach." She ate tiny meals, and only ate very mild food. She could be incapacitated from intestinal pain if she ate a bit too quickly or a bit too much. Recently, her delicate stomach had expanded to delicate intestines. Just before coming to see me, she'd seen an MD about her increasingly poorly controlled, painful, bloody stools. He had diagnosed her with Incurable Crohn's.

Crohn's is sometimes attributed to emotional stress or fragility. I had known this patient for years before she came to me with her intestinal trouble. She was *not* emotionally fragile. She admitted that, aside from the abdominal issues, her life had been very stress-free. Her robust energy was combined with a glorious sense of humor.

I had treated several problematic scars since my first scar-tissue patient, so I assumed I was ready for anything. But when I first beheld her ghastly abdominal scars, I tried to hide my shock and concern.

I had not yet seen any scar tissue with this degree of adhesions. I have since seen far worse scars in terms of diameter and general hideousness, but none in which the skin of the abdomen was pulled so tightly down to the internal organs, making one side of the abdomen look caved in.

Whether or not the scarring was the cause of the Crohn's or even a contributing factor, I could not begin to guess. I had not yet learned how to detect the flow or non-flow of channel Qi with my hands, so I did not determine if the channel Qi of the abdomen was impeded. But I was pretty sure that scar wasn't helping matters. Due to her extremely delicate stomach, she did not think she could handle the Damp-Heat (infection-stopping) herbs that are sometimes used to treat intestinal problems such as Crohn's.

I decided to needle the scar.

Her scar was not a neat, straight line. The center of the scarred area was over an inch in diameter, and rays of scar tissue stretched out from the center in several directions. There was no one "line" to bisect.

I decided to start by traversing the diameter of the scar at its widest part. A half-inch needle could not traverse the diameter of the scar, so I used a threading technique in which a series of needles is inserted in a linear pattern.

### *Threading technique*

In threading technique, a series of needles is inserted in such a way as to behave like a much longer needle with a small-angle insertion. For example, several half-cun needles ("cun," pronounced "soon" or "tsoon," means "inch") or several one-cun needles can be threaded in such a way as to traverse three or four inches of skin – giving the same effect as if one had used a four-cun needle. A four-cun needle is unwieldy. A half-cun needle allows for excellent control. The first needle is inserted almost to the hilt using a small angle insertion: the needle shaft is as close as possible to parallel to the surface of the skin.

The shaft of the needle does *not* go straight down, deep into the underlying tissue, but stays just below the skin. The second needle is inserted directly over the place where the tip of the first needle has come to rest under the skin, again using a small angle. The second needle is also inserted almost to the hilt, bringing the effective "tip" of the combined needles farther along than might have been reached with only one needle.

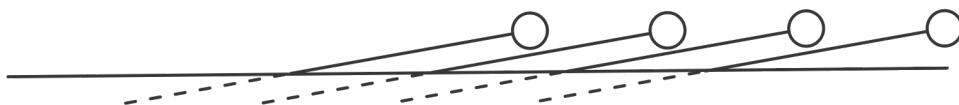


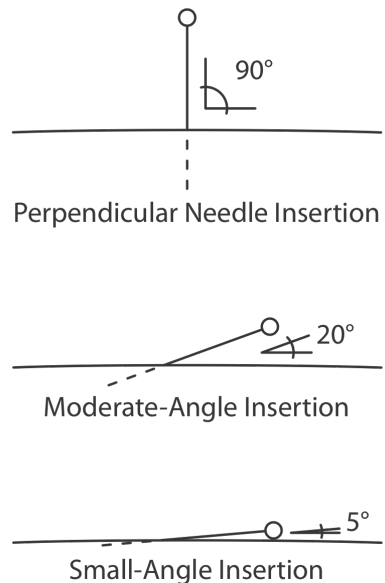
Fig. 20.1 "Threaded" needles

The third needle is inserted over the resting point of the tip of the second needle, and so on. By "threading" the needles, a line of needles can traverse an area several inches across even while using short, half-inch or one-inch needles. The shorter needles allow for better control, and are less likely to kink.

### *Insertion angles*

The most common type of needle insertion might be the perpendicular, the straight angle, insertion.

However, in certain locations, such as immediately over the lungs or when needling scar tissue, one usually uses a small-angle insertion.



*Fig. 20.2 Small-angle insertion and comparisons with other insertion angles.*

### *Getting back to the case study*

In treating this case study's patient, eight half-inch needles were needed to traverse the widest part of the scar. I also traversed the scar at many other, narrower locations. I used the needles to recreate what should have been the paths of the channels that flow over the abdomen.

I treated her once a week for four weeks. I repeated the original needling each time. The deep indentation of the abdomen became steadily less severe. When I saw her the fourth time, the taut, stretched scar tissue had definitely begun to soften. It had lost some of its red, shiny and fibrous appearance. Her digestive problems had begun to ease after the first week. Her next menstrual period was much less painful. A few weeks after the fourth treatment, I saw her again, socially, but did not treat her again. She assured me that her health was steadily improving.

A month after our first session, she asked me if she should get regular colonoscopies so that she could follow any changes occurring in her large intestine. Concerned about the insurance implications that might occur if her scans showed even a receding level of inflammation, I suggested that she not have any scans for at least six months, so that the gut had time to finish the healing that apparently was now under way.

I also suggested that she find a new gastroenterologist to work with. Her previous GI (gastrointestinal) specialist might have a hard time admitting that he'd made a mistake when he'd diagnosed her with an incurable illness.

He had *not* made a diagnostic mistake. His mistake was in going along with his profession's decision that Crohn's is incurable. However, I have seen repeatedly the

following cultural phenomenon: if an “incurable” disease is successfully treated by Chinese medicine, if the disease “miraculously” goes away, the MD could potentially be blamed for having misdiagnosed the illness – even if the actual diagnosis *had* been correct. And some MDs, possibly because of our lawsuit-happy population, are hesitant to admit to diagnostic error. And so I suggested that she go to a *new* doctor for her follow-up colonoscopy.

Six months after her first treatment, six months after her diagnosis with “incurable Crohn’s disease,” she had her first intestinal scan under the auspices of a new GI doc. There was no sign of any inflammation or disease process. She informed the doctor prior to the scan that, although a previous doctor had suggested a diagnosis of Crohn’s disease to explain a bout of intestinal trouble, her intestinal pain and bleeding had long since stopped. Her bowel movements were once again regular and healthy.

The doctor wrote on her chart that any previous diagnosis of Crohn’s was obviously incorrect: clearly, she had obviously had only a passing intestinal infection; she had never had Crohn’s disease.

Her insurance worries were over.

I want to emphasize that Crohn’s disease is *not* always caused by childhood surgery, nor am I suggesting that needling scar tissue is the way to treat all cases of Crohn’s. In *this* case, the channel Qi blockage from scar tissue may have contributed to her body’s steadily decreasing ability to maintain healthy physiology in her abdomen. But, as always in Chinese medicine, the doctor needs to figure out what is causing the decline in health in the individual, the *root* cause of the disease in that particular patient.

The original underlying *causes* of even very common disease patterns such as irritable bowel or Crohn’s disease might be somewhat unique to each individual.

Getting back to the above patient’s case study, it *may* be that the severe blockages of channel Qi flow in her abdominal region played a part in her increasingly weak digestion, her painful periods, and her intestinal degeneration. The scar, or to be more specific, the channel Qi disruptions resulting from her mass of nonconductive scar tissue on her abdomen, may have contributed to that blockage.

Several years after I first treated this patient, she found herself pregnant. She gave birth to a beautiful baby boy.

### *The value of treating scar tissue*

These two case studies demonstrate how helpful the treatment of scar tissue can be. Then again, I have met acupuncturists who insist that channel Qi – if there is such a thing – is *not* impeded by scar tissue.

So don’t take my word for it. Please *feel* the way that your patient’s channel Qi is flowing around, under, or rebounding backwards from a significant scar. Prove to yourself whether or not scars can block the flow of channel Qi.

I have seen lasting improvements in the flow of channel Qi and the diminishing of troublesome symptoms in response to direct treatment of scar tissue. Even more compelling, it’s easy to *feel* the channel Qi blockages that are created by scars. It’s also easy to *feel* that the blockages cease following direct treatment of scar tissue.