The sage healers of ancient times were able to heal the heart of humanity, and thus prevent disease from arising. Today’s doctors only know how to treat disease when it has already manifested in physical form, and don’t know anymore how to work with the heart. This situation can be compared to the process of pruning tree branches while neglecting the tap root, or to working downstream without awareness of the properties of the wellspring. Is this not an ignorant way to go about the business of medicine? If you wish to bring about real healing, you must first and foremost treat a person’s heart. You must bring the heart on the right path, so that it can be filled and sustained by a universal sense of truth. You must get it to a place where it can safely abandon all doubting and worrying and obsessing in senselessly looping patterns, where it can let go of any anxiety provoking imbalances, and where it is willing to surrender all “me, me, me” and all “this is his/her fault!” Try and awaken the heart to acknowledge and regret all the wrong that one has done, to lay down all selfish attachments, and to transform one’s small and self-centered world for the glorious universe wherein we are all one, and wherein there is nothing to do but praise its existence. This is the master method of the enlightened physician—healing through the heart. Or, in different words from the ancient record: the enlightened doctor intervenes before physical disease manifests, while the average physician springs into action only after disease has become apparent. To treat before this stage, this is the terrain of healing the core—the heart; to treat afterwards, this is the realm of dietary therapy, herbal therapy, acupuncture, and moxibustion. Although there are these two types of therapeutic paths, there is really only one core law of healing: All disease comes from the heart.

Thus the 16th century Korean master physician Hur Jun synthesizes a lifetime of clinical insight on the importance of treating the heart in Dongyi baojian.
(Precious Reflections by an Eastern Physician). I can think of no better quotation to introduce this modest yet vitally essential volume by Leon Hammer.

Today as during the time of Hur Jun, the profession of Chinese medicine has become a technique-oriented métier. Dr. Hammer’s book on the client–practitioner relationship in acupuncture, therefore, may strike us as the personal musings of an accomplished psychiatrist turned Chinese medicine practitioner that are not directly related to the mainstream of our field. Nothing could be further from the truth. As with his classic publications on Chinese medicine psychology and pulse diagnosis, *The Patient–Practitioner Relationship in Acupuncture* is the work of a seasoned clinician who transmits with great urgency and trademark humility the virtues, skills and attitudes that are indispensable for any genuine engagement with the timeless art of Chinese medicine.

While Dr. Hammer has repeatedly demonstrated his generosity to younger generations of Chinese medicine practitioners by relating his clinical knowledge and experience in prolific detail, this volume exhibits more of a zen-like quality. The reader finds a booklet by a wise and compassionate physician who describes with great clarity and simplicity the essentials of his craft, in this case the sacred space of the client–practitioner interaction. Wu Tang, the 18th century compiler of Fever School therapeutics, once wrote of this essence in the preface of his landmark *Wenbing tiaobian* (Systematic Differentiation of Warm Diseases): “Medicine is the way of compassion—led by wisdom and humility, assisted by courage, and completed by compassion.” By transmitting and palpably modeling to us the unassuming quality of a traditional Chinese medicine saint, Leon Hammer reminds all of us of the deep commitment that brought us to this profession in the first place—the desire to care for others, in the most whole and complete way possible. For me, this book represents an authentic echo of Sun Simiao’s 7th century description of the great physician (*Dayi jingcheng*):

*The great physician serves to live in harmony with nature, and teaches his patients to do the same. He will stay calm and completely committed when treating disease. He will not give way to personal wishes and desires, but above all else hold and nurture a deep feeling of compassion. He will be devoted to the task of saving the sacred spark of life in every creature that still carries it. He will strive to maintain a clear mind and be willing to hold himself to the highest standards. He*
will consider it to be his sacred mandate to diagnose sufferings and treat disease. He will not be boastful about his skills and not driven by the greed for material things. Above all, he will keep an open heart. As he moves on the right path, he will receive great happiness as a reward without asking for anything in return.

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Preface

This book for acupuncturists on the therapeutic relationship is not focused on pathology; only on the issues we encounter with other human beings, none of whom is without some part of themselves that is a problem to them as well as to others.

Acupuncturists may question the need to read a work on the therapeutic relationship. After all, by law they are only required to make a Chinese Medicine diagnosis, prescribe herbs, and place the needles in appropriate acupuncture points. This is their legal “scope of practice.” The “Traditional” Chinese Medicine model arising from mainland China discourages encountering people on any platform other than one that involves inserting needles, dispensing herbs, and allied techniques such as massage, exercise, and nutrition. Emotional issues, with rare exceptions, are referred out.

However, acupuncturists work with people, not charts or manikins. And people who work with “energy” have a special obligation to consider all of the implications that enter into the transfers of energy between the specific role of the therapist and the role of the patient.

While the implementation of some of the principles in this book may require at times a referral to a more professionally trained psychologist, the principles themselves are necessary ingredients in the successful encounter between any two human beings. This is especially true if one is “helping” and the other is being “helped.” My goal is not to teach psychotherapy, but to enhance the practitioner’s propensity and innate talent to heal.

When practitioners make any form of contact with someone seeking help, they have entered into a therapeutic relationship that inevitably involves all of the contents of this book. Those who think otherwise do so at their own risk, and do so even more at the patient’s risk. There is no escape from this reality in the successful practice of this profession.

Leon I. Hammer, MD
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