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## **When the Student Is Ready -- The Teacher Shall Appear**

By John Amaro, LAc, Dipl. Ac. (NCCAOM), FIAMA, DC

Recently a gentleman sought assistance in my office for severe facial pain which traumatically occurred when the snow-blade he was operating suddenly struck an immovable object, hurling him nose first into the steering wheel. The discomfort in his cervical region was of secondary importance to the intractable pain this gentleman suffered in his nasal area and entire face and head.

He described the pain as "excruciating" and "unrelenting." The pain in his face and nose was so intense he would be forced to sit still for hours at a time ignoring his business. Nothing he attempted or had been prescribed offered even minimal relief. He contemplated suicide.

He had been to two naso/maxilla specialists, a general practitioner, and his regular chiropractor, all to no avail. He visited my office, desperate and seeking the possibility of acupuncture, but "no" chiropractic.

His subluxation-based, straight chiropractor explained the situation as a second and third cervical "out of place" and adjusted him into oblivion. After 18 visits, every day for the first two weeks (except of course on Saturday and Sunday when his chiropractor went skiing), and three times a week after that, the only relief he experienced was to be "relieved of \$640. I can't say this patient left his chiropractor on a positive note.

I pulled my "teishin" (noninvasive pressure device) from my pocket (could just have easily pulled out my pen), stimulated one point on the back of his left hand and the pain was relieved by 50 percent, immediately. On the second visit, the following day, he reported to everyone in the reception room that he had no further pain and wasn't even really sure why he had returned. He felt great.

My job at that time was to try and undo all of the harm the previous chiropractor had done to this man's intellect and to convince him that it would be in his best interest to at least have a routine adjustment four times a year. He thought that sounded reasonable, made his appointment, and left happy as a lark. Since that time this one man has referred 14 patients to the office within eight days.

His "innate" chiropractor not only lost a patient and countless referrals, he almost made a vehement enemy of this man, as well as his countless referrals to our profession. I wonder how much more of this our profession can stand and still survive. We talk about survival due to politics and health reform, that's nothing compared to what our profession does to itself every day.

I often wonder, if "innate" is so great, why is it that the "bone out of place" chiropractor finds it necessary to adjust the same vertebrae on Monday, Wednesday, and Friday, week after week, after week? Why is it that "innate" can do everything except keep the vertebrae in place?

So what about the simple point on the back of the left hand and what does that have to do with the title of this article?

Many years ago I attended to a young lady who suffered a similar accident, except she was in the bathtub, slipped, and went face first into the side of the tub. To this day, I have never seen another patient who had consulted with more doctors. She had seen 23 doctors of all disciplines, including seven DCs.

Her nose and facial pain was agonizing 24 hours-a-day, seven days-a-week, and had been for four years. She complained of multiple paresthesias, and of her teeth feeling like "mush" when felt by her tongue. Virtually every medical doctor she saw sent her to a psychiatrist, out of total frustration of the unexplained phenomena. The DCs she saw were some of the best ranging from a variety of technique experts to include skull molding, endonasal technique, kinesiology, and a variety of various adjustive procedures from the atlas to the coccyx.

When she visited my office on the referral of a friend, my attitude was the typical chiropractic one: "Yeah, but she hasn't seen me."

Even though I was young in my practice, I had this incredible confidence, backed by little knowledge and clinical experience. After 24 visits of acupuncture, chiropractic adjustments to the spine, and manipulations of the hard and soft palates, at least 13 teeth, and pulling her uvula, I came to the hard fact that I had failed her too. I suggested a psychiatrist. Why is it whenever a patient fails to respond, the first thing we think of is a mental problem?

One evening I felt compelled to find a newspaper article concerning a restaurant which I had saved in a large box in the back of my closet. Upon dragging out the box, I sat down and started to extract stacks of papers, old photos, a slide rule, a thousand paper clips, etc. As I was slinging items over my shoulder onto

the floor around me, a small, steno-notebook appeared. I threw it over my shoulder, but instead it struck me right between the eyes, scratching my forehead with a sharp edge of the projecting spiral binding.

The notebook landed in my lap, with a page staring up at me which said "for nasal pain -- point #17." There was also a small, barely legible picture of a hand I had drawn with the point illustrated. This was the notebook I used on my first visit to China in 1973 when I visited the Tai Chung Medical School in Taipei. It was here I was first presented with Chinese hand acupuncture.

Talk about something hitting you between the eyes!

On her next visit I stimulated that point on her hand. I remembered she was irritated because that was the only thing I did. As she walked through the reception room on her way out the door, she slumped into a dead faint in the middle of the floor. Upon reviving, she stated that she was overwhelmed because as she moved across the room her pain and paresthesia were suddenly relieved.

No, I cannot explain it, nor does it make any sense to my physiologic or just plain logical mind, but it happened. I shall never forget that point. Thank God for the gentleman's sake several weeks ago, almost 16 years after the young lady fainted.

Where's the point? Two fingerbreadths distal to the dorsal wrist crease in line with an imaginary line drawn down the middle of the index finger.

We are often presented with the answer to our patients or our own problems in unusual ways. You may be just driving down the street, see a billboard which may trigger a thought -- act upon it. Don't be afraid to let intuition enter your thoughts. Intellect is mandatory, intuition is compulsory.

The moral of the story: When the student is ready, the teacher shall appear.

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Click [here](#) for more information about John Amaro, LAc, Dipl. Ac. (NCCAOM), FIAMA, DC.



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