

INTRODUCTION

今夫五藏之有疾也。譬猶刺也。猶污也。猶結也。猶閉也。
刺雖久。猶可拔也。污雖久。猶可雪也。結雖久。猶可解也。
閉雖久。猶可決也。或言久疾之不可取者。非其說也。
夫善用鍼者。取其疾也。猶拔刺也。猶雪污也。猶解結也。
猶決閉也。疾雖久。猶可畢也。言不可治者。未得其術也。

WHEN THE FIVE yin and six yang organs are diseased, it is like there is a thorn, a piece of dirt, a knot, or a blockage. Although the thorn may be longstanding, it can be removed. Although the dirt may be longstanding, it can be wiped away. Although the knot may be longstanding, it can be untied. Although the blockage may be longstanding, it can be opened up. [Those who] say that old diseases cannot be taken up speak wrongly. Those [who] use needles should look for [the cause of] disease. Then the thorn can be removed, the dirt wiped clean, the knot untied, and the blockage opened up. Even though a disease is longstanding, it can be stopped. Those who say [these conditions] cannot be treated have not yet realized their skill.

—*Inner Classic, Divine Pivot, Chapter 1*

Channel Theory and Chinese Medicine

At its roots, Chinese medicine is about channel theory. The earliest comprehensive text on the subject, the *Yellow Emperor's Inner Classic* (黃帝內經 *Huáng Dì nèi jīng*),¹ is an important milestone in the history of medical thought. In that text, which was likely compiled, revised, and commented upon by numerous scholars over a five-hundred-year period between approximately 100 B.C. and 400 A.D., a true physiological system was described. Before the emergence of the *Inner Classic* as a primary medical source, much of the medicine practiced in China, like that of many other ancient cultures, linked disease to demonic entities that invaded the body. Disease was like a thorn in the skin and treatment focused primarily on removal. But in the first millennium, Chinese medicine began to take a new course. In the *Inner Classic*, a revolutionary assertion was made that disease, the body, and the practitioner formed a triumvirate, all of which were to be considered in the process of healing. No longer content to simply remove the pathological thorn, this new medicine strove to understand how disease affects the organs, and, in the process of recovery, how to re-establish healthy function.

A key element of this new approach involved a conception of the body as a system unified by a network of channels. In this conception, the channels have discrete pathways which connect the organs, and distinct processes by which the body interacts with the environment at large. Without the unifying role played by the channels, the principle of 'holism' in Chinese medicine makes little sense. The channels create a fabric that unifies organs, environment, disease, and treatment within an integrated network. A conception of the body that fails to account for the channel system may be likened to an agricultural theory that denies the importance of natural water systems.

Thus, very early on, the theorists of Chinese medicine, like theorists in other classical Chinese sciences, strove to appreciate the relationship between the microcosm and the macrocosm, between the human body and its environment. As the clinical tradition developed, the relationship of the channels to the external world continued to be an important consideration in guiding therapeutic strategy.

Unfortunately, many modern schools of Chinese medicine emphasize the organs and treatment modalities without describing the physiological system as a whole. Disease is discussed before the underlying physiological principles are explored. We might learn of 'heart-kidney not interacting' or of the 'five-phase relationships,' but there is a feeling that the ideas are not part of a cohesive, functional whole (Fig. 1).

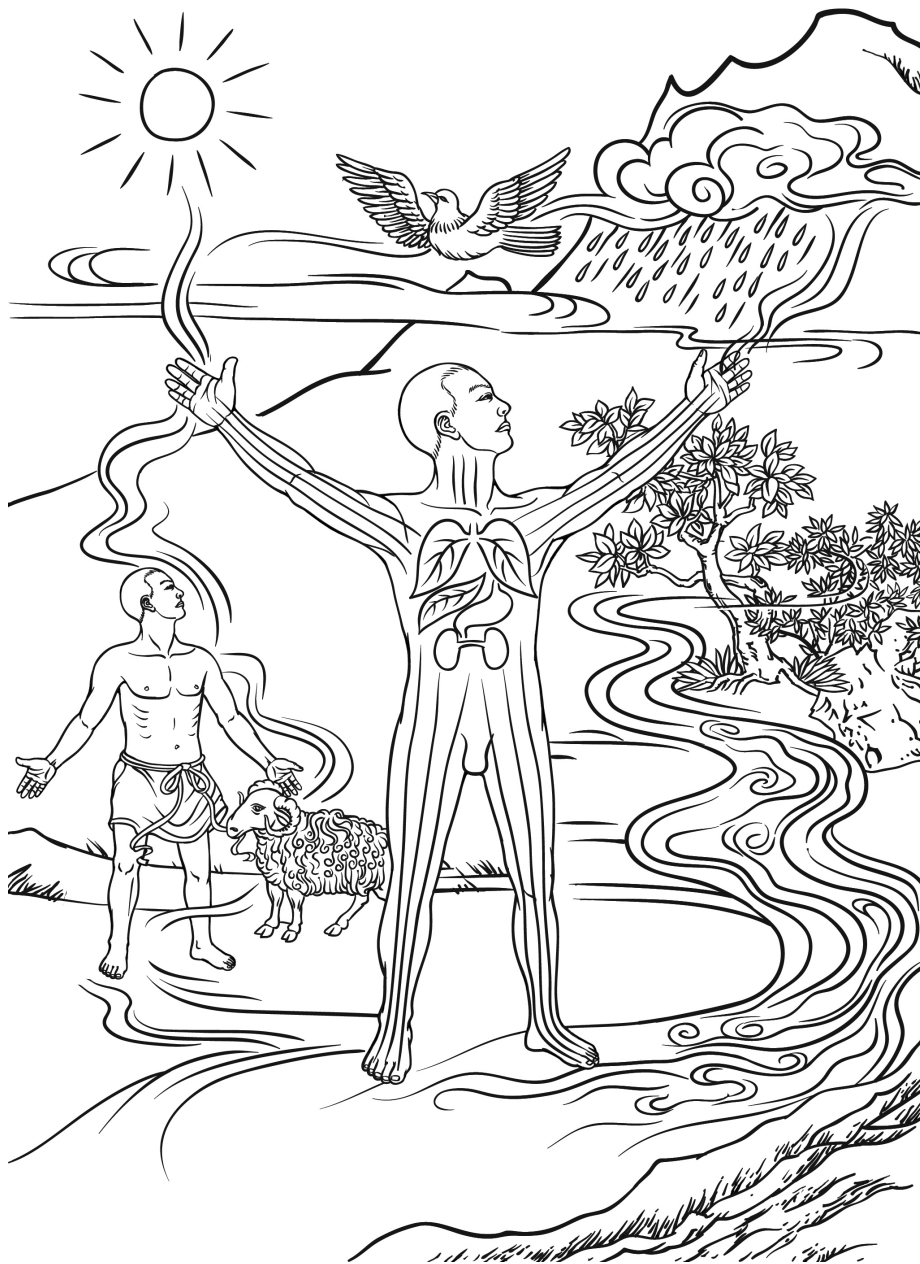


Fig. 1
The channels create a fabric that unifies organs,
environment, disease, and treatment.

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In this book, the term ‘channel system’ refers to a larger idea than the familiar lines seen in acupuncture charts and textbooks. The channels are about physiology. Understanding the channels helps bring the modern mind closer to the classical understanding of how the body works. By appreciating the details of function, a more subtle understanding can be brought to bear on diagnosis. Diagnosis, in turn, involves more than the common techniques of asking, looking, palpating the pulse, and observing the tongue. It also means developing skills for placing the hands on the body to feel the channels themselves. Because the channels pass along the body surface, they can be felt. This isn’t about feeling something that is mysteriously subtle, as the ‘movement of qi’ is often portrayed. Rather, the techniques that will be described in the following pages are easy to understand and can be applied immediately by anyone. Once one begins to feel the nodules, tightness, softness, and other irregularities described here, the next critical step is to categorize those findings, and then use them to refine treatment. The general outline of the book will reflect these goals.

Wang Ju-Yi

This book is both by and about Dr. Wang Ju-Yi. The layout of the text is designed to present not only Dr. Wang’s ideas but also to explore his life. It is a life that has included some of the classic signs of success as judged by the standards of modern China. He has been a professor of Chinese medicine at the China Academy of Traditional Chinese Medicine in Beijing and a guest lecturer at other schools in China and around the world. He has served as president of one of Beijing’s largest hospitals and as the editor of an international journal of Chinese medicine. And yet, despite all the trappings of achievement in his field, Dr. Wang describes himself today as a clinician. This is due both to his natural humility, and to a very real sense that clinical work is his greatest strength. In discussions, he always points out that he is happiest when bathed in the exciting chaos of a busy clinic.

Dr. Wang truly enjoys being with patients, and that alone may account for the careful thoroughness that characterizes his initial patient intakes. Like a host on a talk show, Dr. Wang literally ‘interviews’ his patients. He hears their stories and asks about their lives. Of course, while this is going on, he is also carefully palpating the course of the patient’s channels with his hands. For those who have studied with Dr. Wang, the most familiar image is of him speaking amiably with a patient while his eyes follow his fingers from one channel to the next.

Dr. Wang represents a rare intersection of diligence, open-minded intelligence, and luck. Since elementary school he had been interested in

Chinese philosophy and history and pursued these subjects with tenacity. His intelligence is immediately evident to students who hear him speak or observe the careful precision of his clinical diagnoses. Dr. Wang's luck can be found in the fact that he happened to receive his training in Chinese medicine from a remarkable group of teachers. During the late 1950s, the Beijing University of Chinese Medicine was staffed with very experienced doctors. Having just been established in the nation's capital as one of the five official universities of Chinese medicine, the school served as a magnet for some of the best clinicians of the older generation. Dr. Wang, a member of the first graduating class from the newly-established school, studied fundamental theory with internationally famous teachers such as Qin Bo-Wei and Wang Le-Ting. He of course also studied with many others who are less well known outside of China. Now, after forty years of clinical experience, he has incorporated the training of a generation now passed and developed a unique understanding of his own.

Dr. Wang is an appropriate teacher for the current generation because of his ability to render his understanding of Chinese medicine in plain language, with the goal of using these ideas in the modern clinic. Although he draws much of his understanding from classical sources, he is able to present those concepts in a modern light by tapping into his clinical experience and skill as a storyteller. Also, unlike some clinicians of his generation in China, Dr. Wang is excited about sharing his accumulated experience with anyone willing to devote the time.

The Role of the Apprentice

Throughout the history of Chinese medicine there have always been physicians and their apprentices. The apprentice was usually a member of the physician's family or a chosen student. By contrast, modern Chinese medicine, like medicine in the West, proceeds from a different premise. Instead of an individual physician passing his or her knowledge directly to a student, modern medical traditions strive for open, standard practices accessible to all. Each method has its strengths. The structure of this text represents an attempt to re-create some of the experience of the former method while acknowledging the importance of the latter. To that end, dialogues between physician and apprentice are interwoven with theory and application to create a different type of modern textbook. The result is not only a picture of the ideas of a living master practitioner, but also insight into the thought process and experience that brought those ideas about. An attempt is made to reproduce not only a *way of thinking*, but also a particular *way of seeing*. The way that one sees is obviously influenced by the place

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where one lives and the rhythm of one's daily activities.

To prepare for writing this text, fourteen months were spent with Dr. Wang in Beijing, where I experienced the rhythm of his life and of his city. Raw material for the dialogues and narratives was gleaned from clinic shifts, time spent in tea houses or driving around the chaotic streets of Beijing, moments between patients or in translating for visiting practitioners, and meals eaten in crowded restaurants. Following the initial fourteen months, three years were spent writing and revising the text through an active dialogue that involved many return trips to Beijing. This is the process through which the system of Chinese medicine is passed from one generation to the next through the important venue of personal transmission. In the end, what is being passed on is the living thread of one of humanity's oldest medical traditions. It is alive in the minds of those who practice and not in books. The material must come alive in the mind of the student in order to be truly transmitted.

What is presented here is not just another tome to be added to the library of Chinese medicine. Although we do explore fundamental concepts from classical Chinese texts, this book does not focus excessively on presenting the views of the past. Instead, in accordance with a long tradition in China, this book represents a re-evaluation of ideas from the past in a contemporary light. Specifically, the information presented is the result of over forty years of sifting through the staggering wealth of Chinese medical literature along with rigorous clinical application. Dr. Wang often emphasizes that "theory cannot be used to create reality; it can only attempt to explain it." By this he means that even the most revered theories of classical Chinese medicine must be judged by their performance. If the theories cannot improve the physician's understanding of a patient, they should be left to the important work of historians.

A unique issue that has affected the role of the apprentice described in these pages involves the thorny question of translation. Whenever possible, this book translates ideas originally expressed by Dr. Wang in contemporary colloquial Chinese into contemporary English. The importance of conveying his ideas in clear, modern English influenced Dr. Wang's choice of a native English speaker to oversee this project. Because the overriding goal was to create readable English, occasional liberties were taken by the translator with respect to rendering turns of phrase or organizational style. Where relevant, the original Chinese characters and pinyin are provided for technical terms. Sometimes, historical or theoretical context has been added, and the Chinese language is itself discussed. Nevertheless, an important aspect of this book has been to avoid presenting ideas that never passed between

teacher and student. Difficulties regarding the direct translation of Chinese into English were addressed by repeated discussion of concepts over many cups of tea.

The Chapter Format

In addition to describing the system that guides a modern master of Chinese medicine in the clinic, a secondary goal of this book is to provide context for the information. While many appreciate the role of context in Chinese medical diagnosis (e.g., asking about a patient's living environment), the role of context in learning is less often discussed. In traditional approaches to the transmission of medical knowledge, it is important to consider where information comes from and how it is passed along.

For nearly two-thousand years, the practice of Chinese medicine has been both a vocation and a way of life. In modern China this continues to be true, although it is quite different from the mythical lives of the 'scholar physicians' of the past. One thing that certainly hasn't changed is that even a modern physician of Chinese medicine never removes his or her medical hat. The diagnostic approach, and the organic nature of the medical system, means that a practitioner of Chinese medicine sees medical theories reflected in the interactions of people, in the rhythms of nature, and even the construction of cities. To better convey the context of a practicing physician in modern China, three vehicles have been used in this book: the dialogue, the narrative, and the case study.

Dialogues

Unlike most contemporary translations of Chinese source material, this book represents an *oral transmission*. Although much of the raw material is preserved in digital recordings, its essence is to be found in our oral conversations. The nature of conversation, of course, is that it is usually less formal than a written narrative. Whenever possible, we have therefore tried to go beyond the standard textbook approach in order to preserve, within a general structure, the more informal nature of the oral dialogue.

Most chapters take their shape from the structure of Dr. Wang's lectures to visiting students, Chinese practitioners, or to the co-author. During these lectures, or during discussions in the clinic, questions would inevitably arise. Often, the questions would stimulate Dr. Wang to explain his point from a different angle, or to use metaphor to clarify a theoretical concept. In order to preserve some of the spontaneity of these discussions, the main text in many chapters is followed (or sometimes interrupted) by questions asked either by the co-author or by visiting students during the course of a lecture

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or clinical discussion. It is hoped that these questions will be representative of those that the typical advanced student of Chinese medicine might raise in response to some of Dr. Wang's ideas. While Dr. Wang comes from the same intellectual tradition that has given rise to standard 'TCM', he is by no means a strict adherent of every assertion made in modern Chinese medical textbooks. Sometimes he disagrees with the conventional view, and other times he simply understands and explains concepts at a level of greater complexity. Consequently, questions often arose. These differences are reflected throughout the book.

The use of dialogue in this text follows a long and ancient tradition in Chinese medicine. Beginning with questions posed and answered in the *Inner Classic*, the role of the questioning student has always been a crucial part of academic transmission. The use of dialogue in the earliest classics also reflects a didactic approach to clinical training. Long before there were written texts on the subject of healing, there were healers and their apprentices. Hopefully, by bringing the reader into the dialogue of a modern apprenticeship, some of the spirit and flavor of that approach can be revived.

Narratives

As noted earlier, not only his ideas, but also elements of Dr. Wang's life are described throughout the book. A series of short topical narratives are presented that bring the more 'textbook' style of information to life. Many chapters are followed by a story that relates or expands upon the information presented in that chapter. This is also a reflection of Dr. Wang's teaching style. When lecturing to students, he would often pause after a particularly complex theoretical presentation to tell a story. What would seem at first to be a digression would often end up clarifying a point just made. Not only did this approach serve to keep students awake and interested in the subject matter, it also deepened and broadened our understanding by showing how the concepts work in flesh and blood.

The narratives help illuminate the important role that Chinese culture plays in the practice of Chinese medicine. Additionally, for the non-Chinese reader, the narratives provide a glimpse of how Chinese medicine is practiced in modern China. Because Dr. Wang has been practicing for well over forty years, there is also historical relevance to his musings about how medicine (and daily life) has evolved in China.

Case studies

Like many textbooks of both Chinese and Western medicine, this book makes use of clinical case studies to illustrate practical applications of the

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information presented. Some of the case studies are relatively brief, while others provide greater detail about the thought processes that guide treatment. The shorter case studies provide concise demonstrations of how theory looks in the clinic, while the longer ones delve into the mental process that an experienced practitioner engages in when refining a diagnosis or treating a case that evolves over time.

Within the flow of a typical chapter there are three speakers. The first (and most loquacious) speaker is the ‘textbook’ itself. This is comprised of selected translations and re-workings of more formal lectures and case studies from Dr. Wang. The second speaker is the translator/co-author (Jason Robertson). As might be expected, this is the voice of a student asking questions. The third speaker is Dr. Wang himself with his more off-the-cuff commentary and stories.

Dr. Wang’s wish

Students studying with Dr. Wang are often asked to take the information he provides and make it grow in their own work. On the final day of a series of lectures, he would always close with a familiar series of statements. He would remind students that his work is not finished and that there is still a great deal that is not understood. In many cases, he would also encourage the students to keep up their interest in the medicine by re-visiting the core concepts. These so-called basics, in his mind, continue to evolve and grow in the mind with passing decades and clinical experience. He would then remind students of the importance of being focused in the clinic, and of treating patients with respect. An oft-quoted analogy is that of the channel system as a “finely-tuned instrument on which the acupuncturist plays like a musician.” He would then close with the hope that those who studied with him would start palpating channels right away and report back with the new insights they experienced. The main point was that the information he presented should improve diagnosis and patient results in a way that can be communicated to others. He also asked that readers of this book keep the same admonitions in mind—wherever you may be.



CHANNEL THEORY AND THE PILLARS OF CHINESE MEDICINE

BEFORE EXPLORING THE theoretical pillars of Chinese medicine, a few historical considerations should be addressed. The early history of what we now call Chinese medicine continues to be somewhat imprecise. In general, the picture painted by scholars is one of great intellectual ferment followed by gradual synthesis during the late Warring States to early Han dynasty periods (200 B.C.–220 A.D.). An important aspect of this new synthesis was a heightened appreciation of the role that the channels played in integrating the body with the larger environment. This appreciation grew largely from efforts by natural philosophers, physicians, and politicians to develop a world view that placed human beings and their social structures within the context of nature and the wider universe.

Context, in this case, involved building bridges between what might be called political and natural philosophy. At least in theory, the goal was to create a government that was in harmony with the movements of heaven and earth. A major driving force in this effort was the desire of the nascent Han dynasty to legitimize itself. The early emperors believed that supporting efforts to categorize and standardize the inherited culture could reinforce their legitimacy. For students of Chinese medicine, the most important outcome of this effort to collect the wisdom of the past is the *Inner Classic*.

In the centuries during which the *Inner Classic* was likely compiled, standardization also seems to have led to innovation. In this text, a network is described in which qi and blood circulates within a channel system that integrates the organs with the external environment. The idea of a channel system, so important to the physiology as conceived by the *Inner Classic*, was described in a language quite different from any spoken in the modern

era, including that of modern China. Notably, the language and culture of early China placed particular emphasis on relationships—placing the individual within the context of the whole. In fact, intellectual thought at this time might be said to have been more contextual than linear. Consequently, for those of us trying to understand channel theory, it is particularly important to consider how this theory fits into the larger picture of classical Chinese medicine.

The Three Concepts¹

In the *Inner Classic*, three fundamental concepts are described which form the foundational pillars of the medicine. These concepts, which were probably brought together into one system during the Han dynasty (they had likely existed in China for quite some time), form the basic organizing principles of Chinese medicine. They are:

- yin-yang and the five phases (elements) theory
(陰陽五行理論 *yīn yáng wǔ xíng lǐ lùn*)
- internal organ theory (臟腑理論 *zàng fǔ lǐ lùn*)
- channel theory (經絡理論 *jīng luò lǐ lùn*)

These three concepts should be regarded as broad categories. The theory of yin-yang and the five phases represents the basic language of traditional Chinese medicine. With this language, the parts of the body, disease, and basic treatment principles can be categorized. Next, organ theory categorizes physiology and pathology. It is especially important for conceptualizing treatment. Finally, channel theory in Chinese medicine describes the network that brings the other theories to life. It integrates the organs and links the body to the world at large (Table 1.1).

Many contemporary students of Chinese medicine find that their training emphasizes organ theory and devotes less time to yin-yang and the five phases. On the other hand, students trained in modern five-phase style acupuncture might learn less about organ theory and its pivotal role in Chinese herbal medicine in particular. And for both of these dominant styles of modern ‘oriental’ medicine, channel theory is often a second-tier subject. A notable exception is the modern field of ‘meridian style acupuncture’ that has developed from living traditions in 20th century Japan.²

In a typically Chinese fashion, these three foundational concepts are interdependent; each supports and influences the others. This is especially true of the theories of yin-yang and the five phases, which shaped the scientific language of the Han dynasty and beyond.

<p>I. Yin-yang and the five phases: the language</p>	<p>II. Organ (臟腑 <i>zàng fǔ</i>) theory: the categories of physiology and pathology</p>	<p>III. Channel theory: the living process</p>
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Table 1.1
The three pillars of Chinese medicine

THE FIRST PILLAR: YIN-YANG AND THE FIVE PHASES

Largely due to the influence of the *Inner Classic*, the concept of yin-yang and the five phases has become the fundamental language of medical dialogue in China. In order to understand the meaning of the *Inner Classic* and other texts that explain reality in terms of this concept, a helpful starting place would be the different roles they played in classical scientific thought. Both yin-yang and the five phases describe ways of categorizing qi. In this text, qi is defined as the smallest functional unit in any environment, in living creatures and in the organs. It is the prime mover, the spark, not only of life, but also of movement in the universe. However, qi is also a substance, or more precisely, it is the potential for change within a physical substance. The theory of yin-yang and the five phases is a tool for conceptualizing the otherwise unwieldy subject of qi. Specifically, yin-yang theory is generally concerned with analysis of the various aspects of a substance or condition while five-phase theory focuses on both categorization and unification within a whole³ (Table 1.2).

Yin-yang theory looks analytically at the general nature of a particular subject. For example, something that is expanding, opening, moving, growing, or warm would be characterized as yang, while if it is contracting, closing, nourishing, shrinking, or cool it would be characterized as yin. Yin-yang analysis also takes into account the tendency of things to change. The nature of change can be summarized by the concepts of counterbalance, interdependence, mutual convertibility, and waxing-waning.⁴ In any given moment, the tendency of any phenomenon—be it a thing, event, or illness—to change can be understood by considering these guiding principles.

When looking at something through the lens of yin-yang, one is not trying to categorize so much as to quantify in a relative sense. All things have some degree of both yin and yang within their nature; the key is to analyze where along the continuum a particular subject falls and what factors

<p>Qi (氣) The smallest functional unit in any environment, in living creatures and in the organs</p>	
<p>Yin-yang and the five phases conceptualize qi</p>	<p>YIN-YANG: analyzes FIVE-PHASES: categorize and unify</p>

Table 1.2
 Classical concepts of qi

might influence it to change. Because of the tendency of Chinese thought to consider parts as aspects of a whole (holism), the relative ‘yin nature’ or ‘yang nature’ of a subject depends on what it is being compared with. For example, when compared with the feet, the top of the head is considered to be more yang, but when compared with the heavens, the entire body is decidedly yin-natured. On the other hand, the human body is yang in relation to the ultimate yin of the earth itself (Fig. 1.1).

Five-phase theory is about categorization and unification. Categorization using the five phases is different from the classification often pursued by Western sciences. Chinese categorization strives to maintain an understanding of the relationship of each piece to the others within a whole at every step along the way. It thus unifies while categorizing. This can be contrasted with categorization in Western science, with its careful separation of a subject into its constituent parts. For example, when talking about the five phases within the human body, an appreciation of the way that each phase interacts with the others is paramount to a complete understanding. The ‘wood’ phase and the liver, for example, cannot be considered on their own. Each of the five phases is always understood in relation to the other four, and is difficult to define without reference to the others. The same is true of the five colors, the five sounds, the five tastes, or any of the myriad aspects of existence that Chinese scholars have categorized using this system.

The unifying aspect of five-phase theory means that each phase enables/expands one phase while, at the same time, limiting/contracting another. Enabling/expanding means that each phase depends on another for support. Limiting/contracting can be likened to the actions of a policeman directing traffic—limiting full freedom but not exactly holding back. The

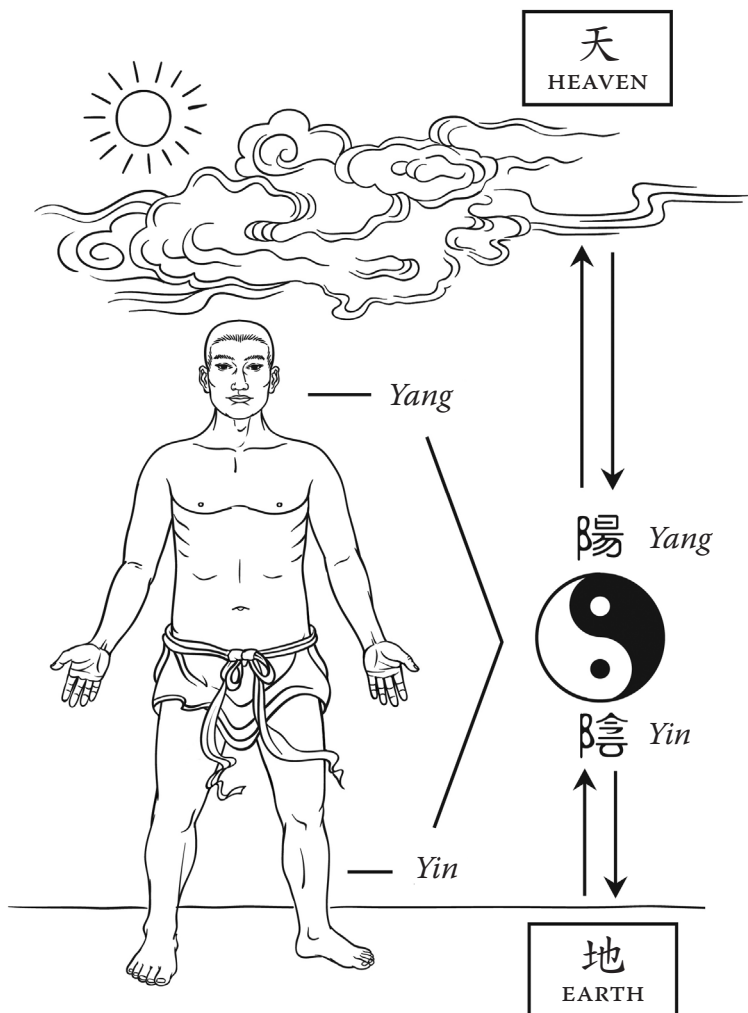


Fig. 1.1

Yin-yang theory looks analytically at the general nature of a given subject while taking into account the constant tendency to change.

entire system is always in a state of dynamic balance. One can also look to ecosystems for an understanding. If a particular species is withdrawn from a complex biosphere, both the species that depend on it in some way for food (called the 'generating cycle' in Chinese medicine) and those whose population was controlled by its appetites (termed the 'controlling cycle' in Chinese medicine) will be affected. In fact, the organs of the body are perceived to be working within a complex biosphere of their own. While one

organ might enable the functions of another, it is at the same time being held in check by complementary functions of a third organ (Fig. 1.2).

Consider the spleen in classical physiology. The function of the spleen often revolves around the creation of nutrition and the transformation of fluids. It ‘generates’ lung-metal. Functionally, this means that the upward movement of the spleen qi dynamic balances and activates the downward movement of the lung in respiration. At the same time, the spleen is ‘controlled’ by the liver. In this case, the dredging and draining (qi-moving) function of the liver regulates the rate and efficiency of spleen metabolism—slowing and accelerating as necessary (Fig. 1.3).

An important thing to keep in mind about five-phase theory is that it represents an attempt to explain an otherwise unknowable whole. That unknowable whole is the more general concept of qi. A mistake that has been made historically in many fields of Chinese science is a tendency to force things into the mold of five-phase categorization. There are instances, for example, of entire armies rushing to change the colors of their shields before battle so as to carry the ‘conquering’ phase against a competing army of

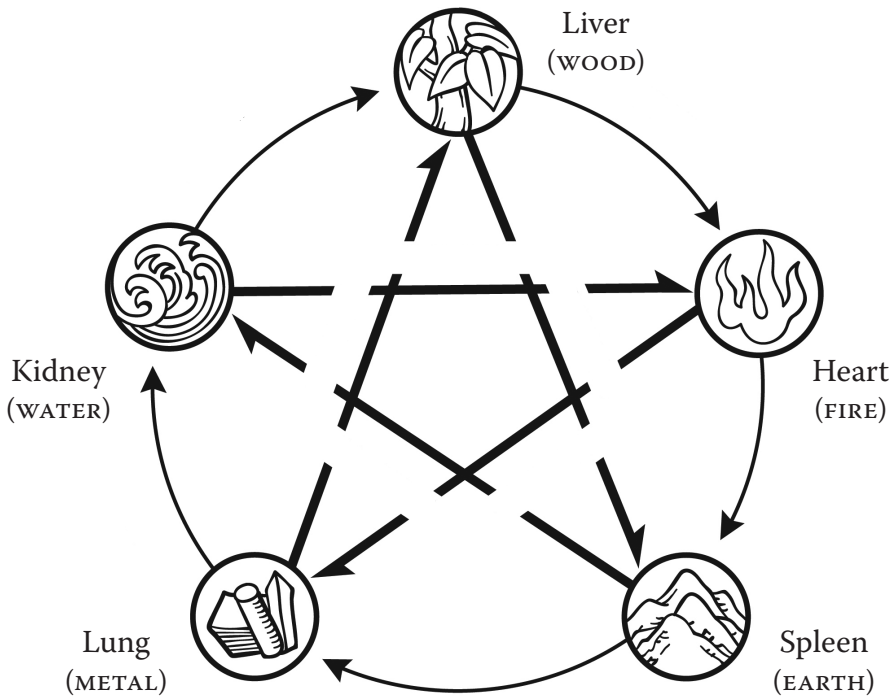


Fig. 1.2

Five phase theory divides into categories while also maintaining a unified and interrelated whole.

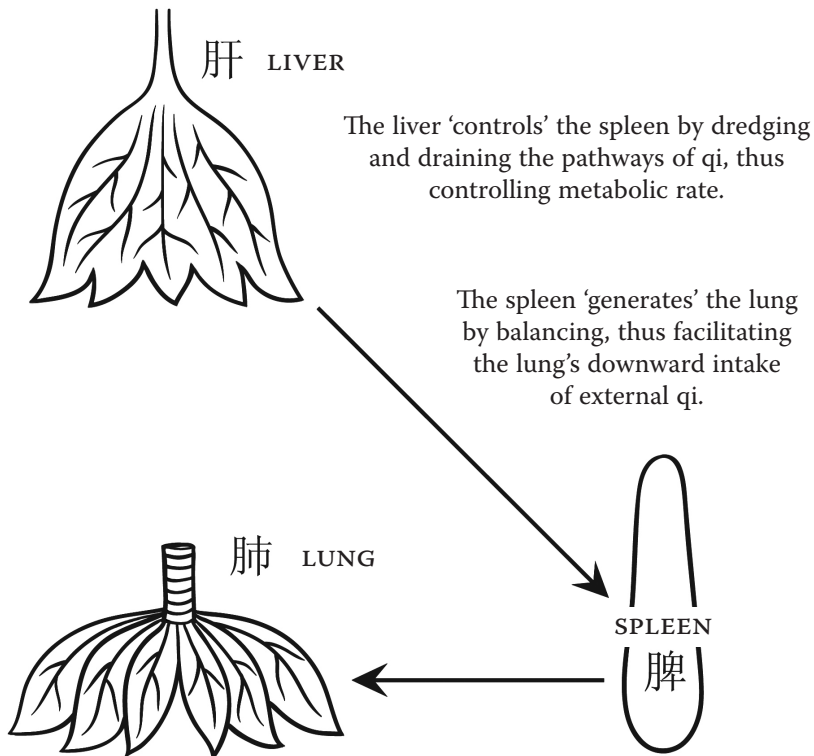


Fig. 1.3

The generating and controlling relationships of the spleen help categorize metabolic functions within the larger, unified system.

a different color. For purposes of Chinese medicine, the important thing to remember about five-phase categorization is that aspects of the body (and the natural world) can be placed in categories to facilitate understanding, and that these categories are always interrelated.

To summarize, the theory of yin-yang and the five phases was very important not only to medical dialogue, but also to the political and philosophical discussions of the Han dynasty. In general, yin-yang theory is used to analyze the nature of a substance or situation, while five-phase theory characterizes concepts within a unified whole. Unlike the precise definitions of modern science, these theoretical structures are malleable and can thus be applied to different fields. Also, the terminology may take on a different meaning in a different context, depending on which 'unified whole' one is looking at. For example, in the animal kingdom, fish in general may have a water nature when compared with the fire nature of birds, but among fish

themselves, some types may be relatively fire-natured when compared with other types. The debates about five-phase categorization are many and are not the subject of this book. For our purposes as modern clinicians, the important thing to remember is that these theories provide a framework for beginning to understand the subtle movement of qi.

Yin-yang and the five phases also help to shape channel theory. As students of Chinese medicine should know, each of the twelve channels has a nature (yin-yang) and a category (five phase) that guides understanding and treatment. Much more will be said later about how these characterizations reflect the classical understanding of physiology.

THE SECOND PILLAR: ORGAN THEORY

While yin-yang and the five phases provide the language of classical medical discourse, the organs are the main subject of discussion. Throughout most of Chinese medical history, health and disease are described within the framework of the major organs, which are the recipients of both stimulus and substance from the external world. It is also from the organs that substances within the body are created. When discussing physiology, the organs are the primary players. Contemporary students of Chinese medicine are likely to be familiar with the theory of the organs and the role that they play in shaping treatment with modern Chinese herbal medicine and acupuncture. The organs also play a major role in the physiological system described in this book. To the more common understanding of organ theory will be added their network of interaction, which involves the channel system.

THE THIRD PILLAR: CHANNEL THEORY

The third pillar constitutes the major subject of this text. A careful reading of early classical works indicates that channel theory is in fact the living web from which the concepts of the other two pillars is woven. As mentioned earlier, channel theory provides structure to the concept of 'holism' in Chinese medicine. Yin-yang and the five phases assume a physical form in the body as channels and organs with unique natures. The channels link organs to organs and the body to qi in the external environment. In fact, in classical Chinese medicine, the channels are an integral part of the organs themselves. In that respect, organ theory and channel theory are inseparable. The channels are not hollow pathways carrying substances among the various organs, but instead are active participants in the actual process of physiology. This is a complex concept that will be explained in chapters to come (Fig. 1.4).

While the idea that the body contains a system of channels is one of the most ancient in Chinese medicine, in the modern era the physiological role of the channel system has been underemphasized. The reasons for this are complex but seem to stem from an increased emphasis on organ theory by court physicians in the later imperial dynasties. Nevertheless, until the 20th century, a lively tradition of channel-based physiology and treatment likely continued to exist throughout China. Only during the second half of the 20th century did the understanding of channel theory truly begin to decline. This was largely a function of the practice of placing acupuncture theory strictly within the organ (臟腑 *zàng fǔ*) framework that characterizes modern Chinese herbal medicine.

Consider, for example, the acupuncture point functions listed in many modern textbooks. The functions of the points in these texts sound strikingly similar to the functions of herbs. This is no accident. During the

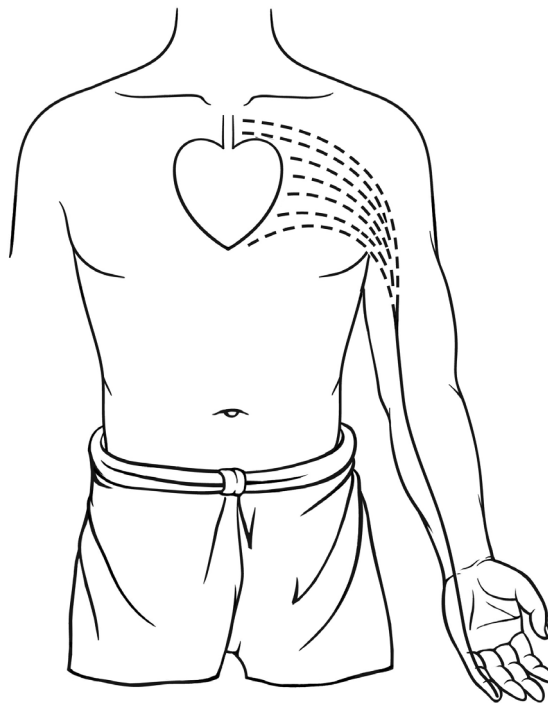


Fig. 1.4

The channels are not hollow passageways carrying mysterious substances but are active participants in the actual *process* of physiology. The heart organ and its channel, for example, are part of a functional whole.

process of standardization that took place in China from the 1940s to the 1970s, there was a movement to streamline terminology and theory among the various branches of traditional Chinese healing. For acupuncture, this meant abandoning, in many ways, the theoretical framework within which it had practiced for millennia. Consequently, in recent decades, acupuncture in China has actually lost some of its effectiveness because of the diminished understanding of its classical mechanisms. In short, in some modern Chinese hospitals, acupuncture is used for treating far fewer conditions than it is capable of treating. Already, practitioners outside of China are quite aware of the fact that acupuncture can actually be used for a wide range of conditions. In China, too, there are still many practitioners who understand this, based on their clinical experience, and the tide seems to be moving once again toward a renewed interest in the classical roots of acupuncture therapy.⁵

In addition, it is a mistake to believe that channel theory is only about acupuncture, or that organ theory only describes herbal medicine. The two are actually interwoven and both acupuncture and herbal therapies have much to gain from the more complete physiology that their union describes. The goal of reviving classical channel theory is not meant to advocate an absolute return to a pre-modern medical system. Rather, the modern clinician has much to gain by developing a deeper understanding of classical concepts. Lessons learned from nearly two-thousand years of experience with the human organism should not be set aside lightly—especially not before the core of that experience is more fully understood.

For those interested in further exploration of the historical and theoretical roots of channel theory, the corpus of Chinese medicine remains relatively intact. This is because the Chinese have kept meticulous records. The cumulative clinical experience of generations has repeatedly been analyzed, critiqued, and modified. This process continues today. In the modern era, as in times past, innovative modification depends on first establishing deep roots in the theoretical underpinnings of the medicine. Otherwise, modern practitioners are doomed to constantly re-invent concepts that were always right under their noses. In addition, there is still quite a bit of truly innovative thinking that could come about by carefully reading the opinions of practitioners in ages past and reflecting on them in the light of what we know in the 21st century. The three pillars described above, enlivened and unified by a better understanding of the channel system, may represent one way that not only Chinese medicine, but medicine in general, can get back to the roots of these interrelationships.

Q:

I can understand your assertion that channel theory is one of the core concepts of Chinese medicine. There is still a lot to learn about exactly how the channels work in the body. For now, though, I'm curious to hear your personal understanding of the roots of channel theory. Where do you think these ideas came from?

DR. WANG: As you can imagine, I've thought about this question quite a bit. To me, there are five basic sources from which classical channel theory likely draws:

- historical autopsy
- historical surgery and imperial punishments
- esoteric *qi gong* techniques
- classical clinical experience
- classical Chinese philosophy

Historical autopsy Classical Chinese medicine, like many traditional medical systems, has a tradition of observing the human body after life has ended. Throughout Chinese history, physicians and students of medicine made examinations of the internal organs of former patients. Obviously, these were less detailed than the microscopic examinations made by modern physiologists. Nevertheless, through a long history of careful observation, Chinese medicine accumulated a foundation in basic anatomy. For example, the *Classic of Difficulties* (難經 *Nàn jīng*) and the *Systematic Classic of Acupuncture and Moxibustion* (針灸甲乙經 *Zhēn jiǔ jiǎ yǐ jīng*) of Huang-Fu Mi (皇甫謐 215–282 A.D.) both contain many references to the location, physical connections, size, and average weight of the major organs.⁶ I have read many of these texts and am often impressed with their detail. Although much has been learned since, it indicates that they were thinking in the right direction.

Historical surgery and imperial punishments Despite an unclear understanding of sepsis, classical Chinese physicians conducted rudimentary surgical procedures in cases where no other option was available. For example, the famous Han-dynasty physician Hua Tuo (華佗) is reported to have conducted simple surgery within the abdominal cavity. Although such techniques were arguably rare and often led to infection, they provided valuable insight. A more grisly example of how China's physicians were able to observe living human tissue was by observing imperial punishments. One such punishment

involved the slow dismemberment of the condemned. Court physicians were sometimes allowed to be present at these executions. They could therefore observe first-hand the physical changes that took place along the path from life to death. Later generations have these unfortunate prisoners to thank for information that likely saved the lives of many.

Esoteric *qi gōng* techniques The study of *qi gōng* (氣功 lit. ‘working with qi’) has a very long history in China. Rooted in the soil of prehistoric shamanistic techniques, *qi gōng* has developed over the millennia into a kind of scientific field of its own. Practitioners follow rigorous programs designed to improve the body’s ability to heal itself. The history of *qi gōng* also abounds with stories of practitioners who, having practiced for many years or having been born with special talents, are able to sense the movement of qi. Some were reportedly able to sense movement with their hands, while others claimed to be able to actually “see” qi as a physical phenomenon. In any case, some of the earliest diagrams of channel pathways through which qi is said to move involve reference to *qi gōng* in the form of breathing techniques. Because all physicians are also scientists, it is helpful to avoid dogmatic dismissal of that which is not understood. In the case of *qi gōng*, it has been helpful throughout Chinese history to take its presence seriously because of direct benefits to patients. As to whether or not adepts throughout history (and even today) are able to “see qi,” it is difficult to say.

Classical clinical experience Observation of actual effects has always held a very prominent place in Chinese medicine. No matter how esoteric the theory or unusual the procedure, if results were not obtained, it eventually fell out of use. To me, this is probably the most important source for channel theory. As the use of needles as a treatment modality grew through the centuries, physicians were able to observe patient response. The understanding of channel pathways was surely improved by the reports of patients who felt sensations far away from the point of insertion. Needles placed in the foot or leg, for example, caused changes in sensation on the face. Furthermore, meticulous historical records identifying those points which were able to treat particular internal or external conditions provided a treasure of information from which channel theory has drawn.

Classical Chinese philosophy Encompassing not only philosophy in the traditional sense of the word but also the larger topic of culture

itself, channel theory is drawn from the Chinese way of life. Most students of Chinese medicine are familiar with the theory of yin-yang and the five-phases. As I mentioned earlier, the philosophical language of yin-yang and the five phases was used to describe the human body. In this way, the philosophical undercurrents of Taoism, Confucianism, Buddhism, and even Mohism all contributed to the way that we describe and understand the channels.

Q:

Could you provide a basic definition of the term 'channel' (經絡 jīng luò)? To which physical structure do you understand this term to refer in the body?

DR. WANG: There are two answers to this question. Narrowly speaking, one might say that the channels are 'spaces' (間隙 jiàn xì) in the body. In other words, in this definition the channels are pathways and might be thought of as the spaces within the fibrous connective tissues of the body.

In a larger sense, the concept of channel refers not only to the spaces but also to everything wrapped within them. In this definition, the concept broadens to include not only the spaces within the connective tissues, but also the structures (and fluids) held and brought together by these connective tissues. A channel is then like a river in that it includes the riverbanks and also the complexity of life within the water itself held by those banks. In the body, the channels are then groupings of connective tissue that bring together the blood vessels, bones, lymphatic vessels, nerves, tissues, and interstitial fluids within their purview.

This is a starting place for understanding. The difficulty is to unify these physical concepts with the classical understanding of qi transformation (氣化 qì huà). In other words, what does Chinese medicine have to say about what is actually happening in these spaces? The answer to that question will take some explaining...⁷



太陰

THE *Tài Yīn* (GREATER YIN) SYSTEM

The General Nature and Function of *Tài Yīn*

BECAUSE THE YIN organs are the foundation of classical Chinese physiology, they will be discussed first. The journey through the six channels begins with the most external of the three yin channels: *tài yīn* (greater yin). Although the *tài yáng* (greater yang) level is considered to be the most external, it is in the yin levels that function begins to take physical form. The six yin organs are the generators of the fluids, flesh, and blood that comprise the physical body. By contrast, the organs associated with the yang channels are pathways, hollow conduits for substances needed and produced by the physiology of the yin organs. The yin organs are thus described by the *Inner Classic* as being “replete [with essence] but not full [of raw substances]” while the yang organs are “full [of raw substances] but not replete [with essence].”¹

Like *tài yáng* in the yang levels, *tài yīn* is said to open outward (開 *kāi*). While *tài yáng* opens to the external environment, *tài yīn* may be thought of as opening the yin channels to the internal environment. *Tài yáng* opens to radiate warmth and defend the exterior. Post-natal qi, the ultimate product of yin organ physiology, percolates outward from *tài yīn* to nourish the body.

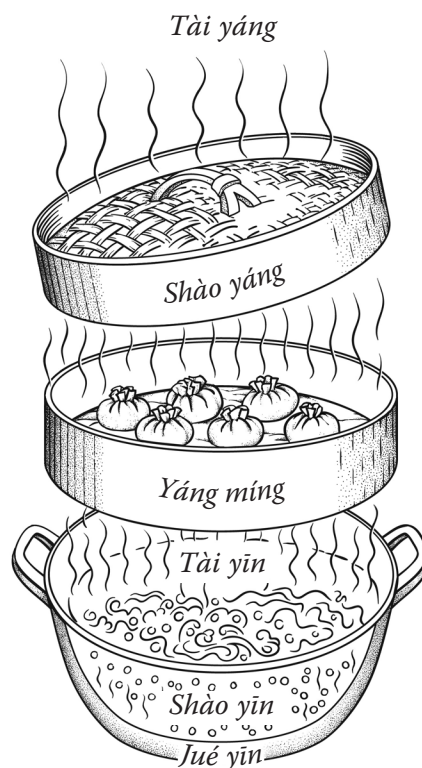
Tài yīn is comprised of the spleen and lung organs and channels. In fact, *tài yīn* is actually one channel with two functional parts: spleen and lung. The organ pairs associated with each of the six levels have a very close physiological relationship. In the case of *tài yīn*, there is also a particularly important relationship between the spleen and lung and their paired yang organs. Specifically, the *tài yīn* organs work with the *yáng míng* stomach and large intestine in a coordinated system of fluid and food metabolism.

The *tài yīn* channel is also associated with dampness. This affinity for dampness at *tài yīn* is balanced by a corresponding affinity for dryness at *yáng míng*. The *tài yīn* and *yáng míng* channels maintain the delicate balance of dampness and dryness required by the digestive process and in the body as a whole. Consequently, whenever one considers *tài yīn* function, the important role of the *yáng míng* organs should also be kept in mind.

The close relationship of the *tài yīn* and *yáng míng* levels can be further appreciated by understanding that *yáng míng* is the most internal of the three yang levels while *tài yīn* is the most external of the three yin levels. Nourishment, in the form of nutritive blood (營血 *yíng xuè*) and refined fluids, opens outward to the internal environment from *tài yīn*, while food and raw fluids from the external environment are transported inward through the passageways of *yáng míng*. This is where the internal (yin) meets the external (yang).

Think back to the metaphor of the boiling pot and steaming dumplings mentioned earlier. The *tài yīn* system can be likened to the steam rising off the top of the boiling kettle—just at the point where it reaches the more external level of the steamer itself. This is different from the warmth that fills the skin and hair at the *tài yáng* level. At *tài yīn*, a steam of nutrition infuses the internal organs with a nourishing bath that surrounds every cell. To be more specific, the nourishment of this cellular bath is maintained by the nutritive aspect of the blood, the final result of *tài yīn* qi transformation. (The relationship of nutritive-protective (*yíng-wèi*) to *tài yīn* is discussed more below.)

Tài yīn metabolism may be divided into two basic functions: the regulation of dampness and the distribution of nutrition. Although, for the sake of discussion, it is helpful to separate these two functions in the mind, they are actually interrelated. One way to conceive of this interrelationship is to remember that the body's nutrition travels through a fluid medium. *Tài yīn* metabolism involves:



Dampness The *tài yīn* association with dampness means that it is responsible for the integration of external dampness (adjusting to humidity in the environment) while also transforming internally-generated dampness and helping to create the healthy fluids of the body. The relationship of the spleen to dampness is well known, but the lung is also important to fluid physiology because its movement of *qì* is vital to spleen circulation.

Nutrition Besides providing a balance to *yáng míng* dryness, the *tài yīn* level is the source of the body's nourishing post-natal *qì*. The spleen transforms food and drink to create the nutritive aspect of the blood. The transformation of *qì* in the *tài yīn* lung, in concert with the beating of the heart, distributes the nutritive aspect throughout the body and outward to the skin. The provision of nutrition therefore also includes the lung function of 'commanding the *qì*' because it is the *qì* that provides the movement for distribution (Fig. 5.1).

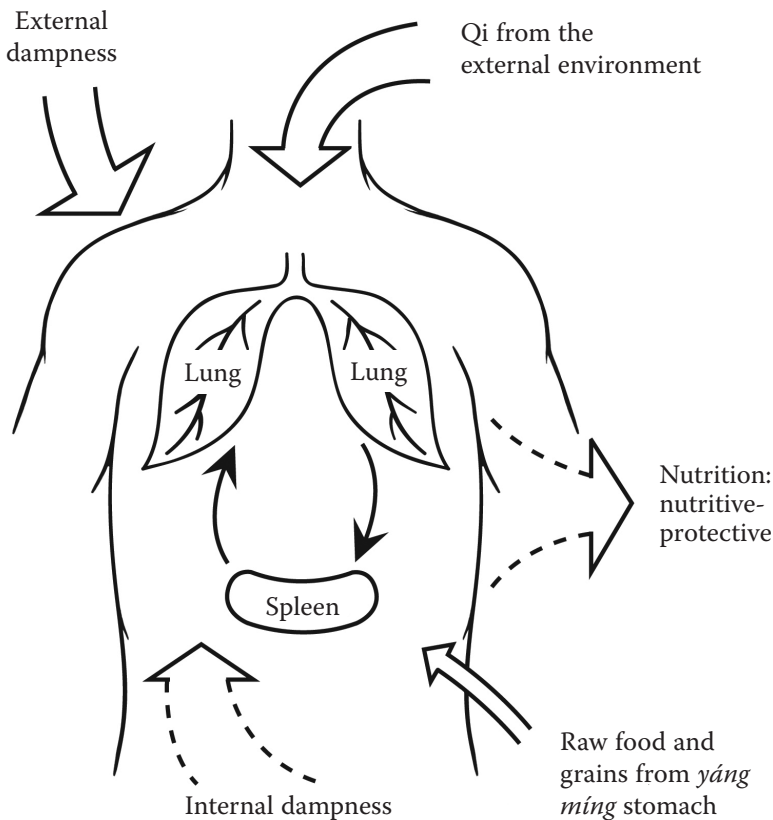


Fig. 5.1

The *tài yīn* system metabolizes dampness and produces nutrition.

The lung and spleen are thus synergistically involved in the metabolism of both fluids and nutrition. The infusion of qi from the external environment by the lung provides the driving force to distribute fluids and nutrition from the spleen to the rest of the body. A damp pathology might therefore involve dysfunction of either or both *tài yīn* organs: water metabolism by the spleen, or the qi-moving function of the lung, or both. If there is an excess of dampness in the body that cannot be effectively metabolized by the *tài yīn* system, signs of spleen qi deficiency (fatigue, low appetite, edema) might present. This is basically a condition of excess (accumulation of dampness) that presents with signs of deficiency. A lack of dampness (fluids) in the body, on the other hand, tends more often to affect the lungs and may cause symptoms of dry cough or even atrophy disorder (痿症 *wěi zhèng*), associated with weakness and muscle atrophy.

Among the three yin systems, the *tài yīn* maintains the most direct connection to the external environment. Physically, the *tài yīn* lung organ is connected via the trachea and nose to the outside world, while the spleen organ opens through the stomach and mouth. The lung is also connected to the outside through its relationship to the skin.

Spleen

“The spleen-stomach holds the office of the granaries and issues the five flavors.”

(脾胃者. 倉廩之官. 五味出焉。 *Pí wèi zhě, cāng lǐn zhī guān, wǔ wèi chū yān.*)

—*Basic Questions*, Chapter 8

This is the first of what will eventually be twelve short discussions of the metaphors used in Chapter 8 of *Basic Questions* to describe the functions of each of the organs. It is fitting that this first passage is also one of the easiest to understand. In fact, those who have studied Chinese medicine are likely already familiar with it, as it is often mentioned in other texts.

The first thing to note in this passage is that the spleen and stomach are described together in the *Inner Classic*, rather than individually. The other ten yin and yang organs are each given lines of their own. This highlights the uniquely close functional relationship of the spleen with its paired yang organ. The importance of the balance between dampness and dryness in the *tài yīn/yáng míng* system was previously noted, as was their close relationship on the surface of the body, reflected in the relatively yin pathway traced by the *yáng míng* stomach channel on the abdomen, just next to the *tài yīn*

spleen channel. While the other yang channels flow along the more yang surfaces of the body, the stomach channel traverses the yin abdomen, the storage area of food and fluids (see Fig. 2.6 in Chapter 2).

The remainder of the passage above may be less clear. The original Chinese for the phrase translated here as ‘five flavors’ is *wǔ wèi* (五味). The character for flavor (味) is the same one used to designate the ‘taste’ of herbs in the materia medica. In this case, however, the character has a different meaning. The term ‘five flavors’ is actually a reference to the nutritive aspect of food. In other words, when the *Inner Classic* states that the spleen-stomach “issues the five flavors,” it is saying that nutrition is ultimately derived from these organs.

In the classics, the spleen organ is situated below the lungs and heart and above the kidney and liver.² Its location in the center of the five yin organs facilitates the distribution of nutrition. The spleen is said to group around the eleven thoracic vertebrae,³ and the *dū* (governing vessel) point at this level (GV-6) is thus appropriately named ‘spine center’ (脊中 *jǐ zhōng*). Again, this is illustrative of the spleen’s place at the center of the organ system.

It is important to remember that the concept of ‘organ’ in Chinese physiology is both anatomical and functional. That is to say, in addition to its physical structure, each organ has a number of interrelated physiological

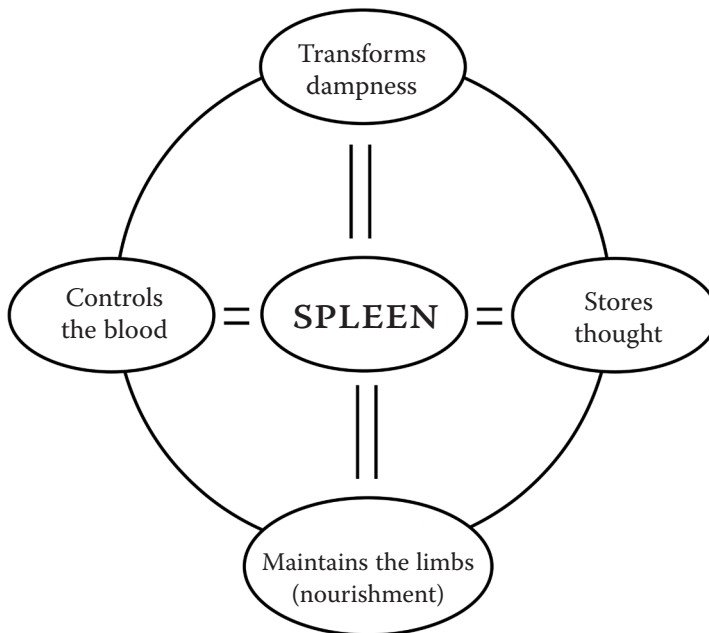


Fig. 5.2
Functions of the spleen

functions. Or to put it another way, Chinese medicine breaks down physiology into functional categories that we refer to as the yin and yang organs (臟腑 *zàng fǔ*). For example, the functions of transforming dampness, moving the qì, maintaining the limbs, and storing thought are all interrelated aspects of the spleen 'organ' (Fig. 5.2).

The entire body is made up of these functional organ groups interacting with each other. Thus Chinese physiology might be thought of as a web of functional levels or groupings (*tài yīn, shào yīn, jué yīn*, etc.) Each level has a defined relationship to the others, its place within the whole. These relationships are described in different ways. One involves the familiar patterns of organ theory. Another is the relationships described by five-phase theory. The channel system, too, can be thought of as yet another way to understand the interactions of the organs. But it is also an overarching system that unifies all other approaches into a networked whole. This is the channel system in a nutshell. The largest categories in this system are the six levels themselves.⁴ The smallest categories are described by the various functions of the individual organs (Fig. 5.3).

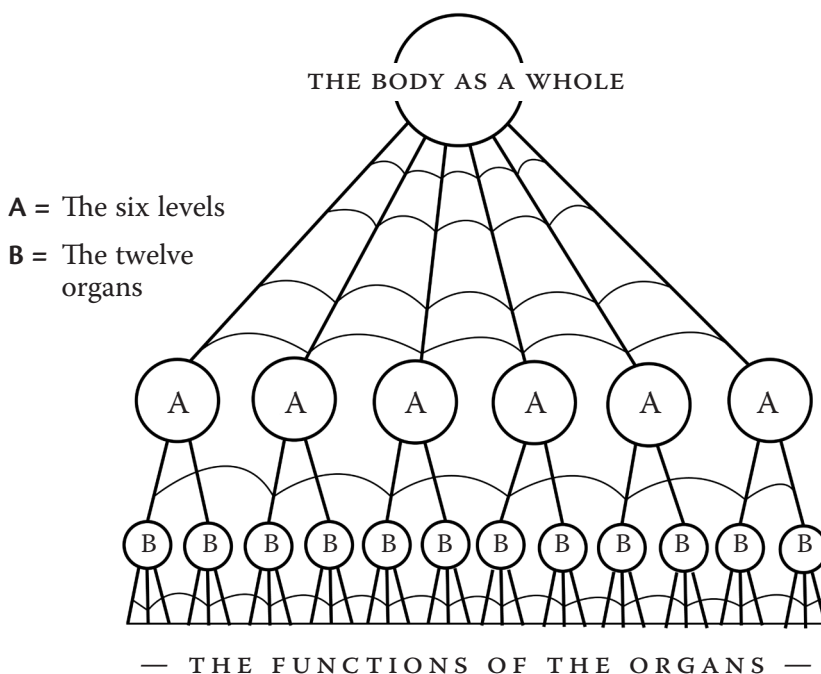


Fig. 5.3

The channel system is like a web which connects, integrates, and communicates among the various aspects of physiology.

Observed changes like lipomas, neuromas, moles, canker sores, pimples, tinea, and melanin irregularities (freckles) that do not meet the above criteria fall outside the scope of channel diagnosis. Changes of this type are better considered in the context of dermatology in Chinese medicine.

THE FIVE METHODS OF CHANNEL DIAGNOSIS

Now we will consider the types of changes that *are* considered relevant to channel diagnosis. It is important to note that there are actually five categories of classical channel diagnosis, of which channel palpation is but one:

- observation of channel pathways (審 *shěn*)
- pulse diagnosis (切 *qiē*)
- palpation of channel pathways (循 *xún*)
- pressing of points (按 *àn*)
- feeling the body surface (捫 *mén*).

The first four of these five methods were mentioned in our discussion of the *Inner Classic* in Chapter 3. In the modern clinic, all five methods are quite important. In this text, however, we will focus on the relatively underutilized technique of palpation of the channel pathways. Discussion of the first two methods can be found in Appendix 4. The other three methods are combined below in a general discussion of manual diagnostic techniques.

Palpation, pressing the points, and feeling the body surface

Although classical sources distinguish three separate techniques of palpating (循 *xún*), pressing (按 *àn*), and feeling (捫 *mén*), in actual practice they overlap. These techniques were first introduced in the *Inner Classic* and discussed further in the *Classic of Difficulties*. The famous Three Kingdoms period text, the *Systematic Classic* (甲乙經 *Jiǎ yǐ jīng*), compiled by Huang-Fu Mi between 215-282 A.D., refines the technique of palpating along the channels and discusses the relationship of channel changes to disease. In Chapter 12, Huang-Fu Mi asserts “where there is disrupted movement [in the channel], there is disease” (是動則病 *shì dòng zé bìng*).¹ From this one could go on to say that when the practitioner discerns disrupted movement or change in a particular channel, it is somehow involved in the disease at hand. (In Chapter 14 of our text, however, we will consider the idea that the channel with palpated changes may *not* actually be the best for treatment.)

The fact that palpable channel changes can be found is one reason why practitioners of Chinese medicine attach such importance to the simple process of taking one’s hands and placing them on the patient to understand

the condition of the body. This seemingly obvious prerequisite to a clear understanding of a patient's illness is sadly absent from many modern clinics. One often hears about how little physical contact modern physicians have with their patients, but unfortunately, the same is true of modern practitioners of Chinese medicine. To know the condition of the patient's channels, one must begin by laying one's hands on the body.

Taken together, the three manual techniques describe a process of moving along the course of the twelve channels with one's hands.

Palpation Palpation is the process of running one's fingers along the course of the channels. Most often, this involves palpating the channel pathways below the elbows and knees, as discussed in Chapter 13 of the *Classic of Difficulties*. The practitioner should first grasp the patient's hand or foot with the right hand, and use the thumb of the left hand to palpate the lower aspect of the channels. Palpation should follow the course of each of the twelve regular channels from the hands and feet proximally toward the elbows and knees. As one's left hand moves up toward the elbows and knees, right hand grip might move to the wrist and ankles (see Fig. 12.1 and 12.5). Especially at first, the practitioner should palpate the channel three times, pressing a bit harder each time to feel for deeper and deeper changes. Some changes may be very clear at the surface but may not be palpable when pressing harder, and vice versa. The goal is to discern structural changes along the course of the channels, which includes not only changes in muscle tension but also nodules, bumpiness, or granularity. The types of changes that one might find are categorized below (Fig. 12.5).

Pressing Pressing involves the use of the thumb or fingertips to check for tenderness along certain areas of a channel or, more commonly, at particular points. When pressing an area, more severe pain may indicate an accumulation of pathogenic qi (邪氣生 *xié qì shēng*), while a weak and soft feeling (with or without tenderness) indicates that there is qi stagnation in the channel. Tenderness or pain is indicative of an excessive condition, often involving heat or fire. The more slippery-hard the sensation beneath the fingers, the more it tends toward phlegm. The technique of pressing on points is sometimes used to determine proper location as well: When searching an area for the precise location of an acupuncture point, it is often helpful to look for tenderness or pain.

However, it should be noted that a lack of tenderness at a point does not rule out that point for treatment. Especially in cases of deficiency, the fact that the area around a point is not tender should not disqualify it. Furthermore, there is a difference between normal tenderness (which many patients

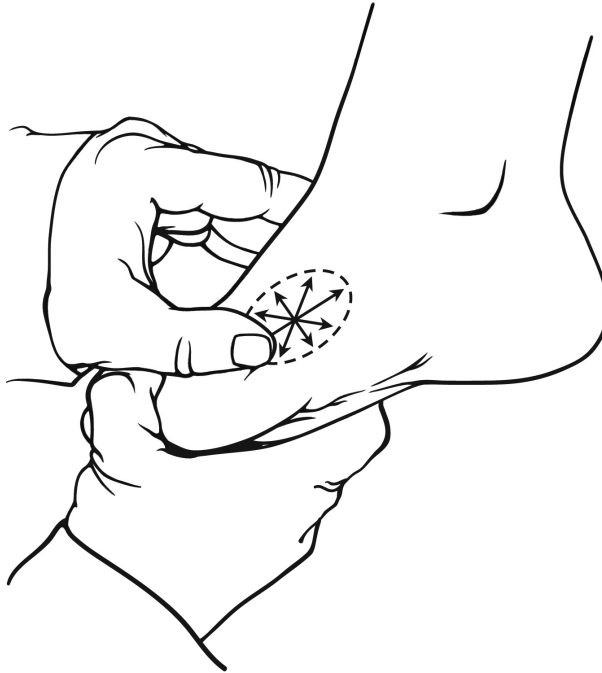


Fig. 12.5

The practitioner should grasp the fingers or toes with the right hand when palpating the most distal aspect of the channel so as to tighten the skin. This facilitates feeling small changes in this area. Later, as the left thumb goes up toward the elbows and knees, the right hand grip might shift to the wrist and ankles (see Fig. 12.9). The idea is to keep both hands in contact with the patient.

will report) and the type of tenderness associated with channel diagnosis. When the practitioner suspects that tenderness has diagnostic significance, it is important to compare the tenderness at that point with tenderness felt in an area nearby. If the change is diagnostically significant, there will be noticeably more tenderness at the point than there is nearby (Table 12.1).

Feeling In feeling, one is attempting to discern noticeable changes in temperature, moisture, and skin texture. Often, the process involves determining if certain areas of the body (as opposed to individual channels) feel different when compared with others. Consequently, the technique of feeling may not always involve channel diagnosis, but may simply be an aspect of diagnosis in general. For example, one may determine that the abdomen around CV-12 is significantly warmer than the area below the umbilicus. This may indicate heat in the *tài yīn* and/or *yáng míng* channels. Extreme warmth

Sensation When Pressing	Possible Diagnostic Significance
Weak and/or slippery-soft	Lack of qi movement in channel (cause may be excess or deficiency)
Slippery-hard sensation	The harder, more fixed the sensation, the more likely that phlegm is in channel and/or organ
Tenderness with pressure	Excess condition in channel and/or organ (often caused by heat)
More severe pain with pressure	Rising accumulation of pathogenic qi (may be heat or cold)

Table 12.1
Significance of common findings from pressing points and channels

in any area is generally a sign of excess. On the other hand, if whole regions of the body are dry, there may be generalized blood deficiency. While this type of feeling certainly aids in diagnosis, it may not help one to differentiate which of the channels are involved.

Specific channels can, however, be differentiated using this technique. For example, cold swelling or dry skin anywhere around the ankles often indicates *shào yīn* qi deficiency while an excessively warm neck reflects excess heat at the *tài yáng* level. In general, dryness in areas associated with particular channels can indicate a deficiency of yin or blood in the channel, which is failing to nourish the skin. The smaller and more specific the area of change (as to channel), the more helpful the changes will be for channel diagnosis (Table 12.2).

In general, to be significant, the changes felt along a particular channel should conform to at least two of the three criteria described above. An exception would be the case of a chronic one-sided condition where qi and blood on a particular limb have been compromised. For example, chronic neck or shoulder pain may lead to dryness further down the channel on the forearm or hand due to qi and blood stasis over a long period of time. In that case, it is unlikely that there would be a corresponding dryness on the opposite side. Also, in chronic cases such as this, multiple channels may readily become involved.

Feeling the channels reveals:

Which may indicate:

Different temperatures on abdomen	Condition of associated burner: sense of heat above umbilicus usually indicates spleen/stomach heat; cold below often indicates kidney deficiency
General dryness	Systemic blood deficiency: often spleen and liver
Local dryness	Blood and/or yin deficiency in channel(s) that pass through area; may be due to stasis in channel
Local temperature variations	Heat: heat, phlegm or fire in the channel(s) Cold: cold, blood stasis, or qi deficiency in channel(s)

Table 12.2

Significance of common findings from feeling points and channels

SPECIFIC TYPES OF CHANNEL CHANGES

In the following section, the term ‘channel palpation’ refers to all three of the techniques described above. Channel palpation means palpating, pressing, and feeling in turn. As the thumb moves along the course of the channel, one might stop to press or take note of how a particular area feels. As previously noted, channel palpation is usually done below the elbows and knees. In addition, the courses of the *rèn* and *dū* vessels, and the urinary bladder channel, are also often palpated on the head, back, and abdomen. On the abdomen, the front alarm (*mù*) points might also be pressed to determine excess and deficiency. In terms of modern physiology, one might say that the majority of these palpable channel changes are occurring in the connective tissues of the body, just below the surface of the skin. The changes can be found in the various linings that surround all the structures of the body. This is where channel qi moves (Fig. 12.6).

In general, there are three basic types of information to keep in mind: depth, relative hardness, and the size of the changes found. With regard to depth, because these changes are thought to occur within the connective tissues, they are still fairly shallow in a relative sense. Nevertheless, the deepest changes may still require a bit of force to palpate. Hardness refers to the tone of the palpated change. A nodule might be said to be hard if it feels quite turgid, but it might still feel soft when compared to a bone spur, for example. The size of palpated changes varies quite broadly. Sometimes, a series of nodules might be large enough to feel with a fairly perfunctory

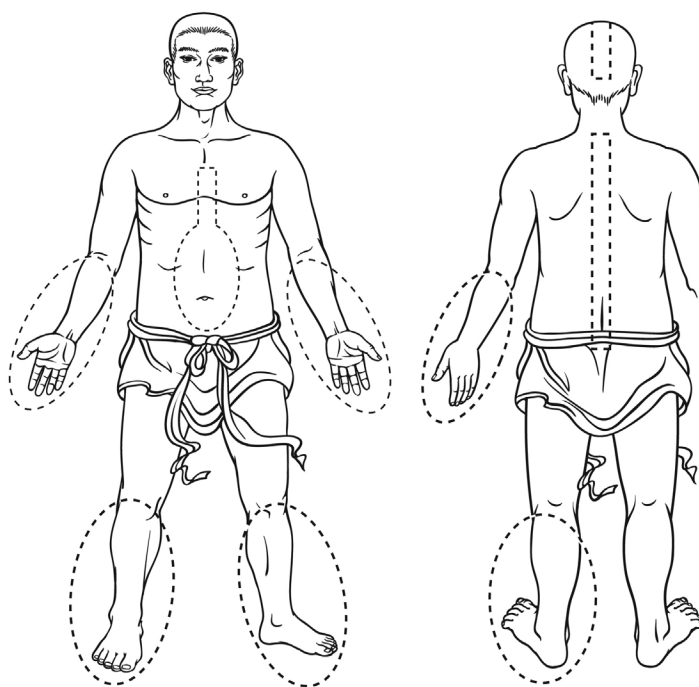


Fig. 12.6

When palpating the channels, the areas below the elbows and knees are most important for finding diagnostically significant information. The *rèn* and *dū* channels are also often palpated.

pass along the channel pathway. More often than not, however, significant channel change is extremely small and is easily overlooked. For example, cervical disorders involving *tài yáng* might correspond with an almost sand-like sensation under the fingers between SI-4 (*wàn gǔ*) and SI-5 (*yáng gǔ*).

Described below are the three general categories of palpable change, with a few sub-categories (Table 12.3).

Soft-weak areas

When palpating along the course of a channel, there is sometimes a sense that the muscle or fascia have significantly diminished tone. Certain channels, or even specific points, have a softness that can be felt when running the fingers along the body surface with mild pressure. This is a sign of deficiency. In order to fully understand the nature of the deficiency, one must obviously combine this information with that gleaned from other diagnostic techniques. However, careful channel palpation can help identify

Channel Changes	Likely Indication
Shallow hardness or tightness along channel	Cold, dampness, qi stasis
Deep hardness and/or nodules (can be further subdivided)	Heat, phlegm, blood stasis, chronic condition
Soft weak areas	Qi or yang deficiency

Table 12.3

The three general categories of commonly-seen palpated changes

the primary organ affected in cases where a patient presents with what looks like generalized qi and/or yang deficiency, or deficiency that seems to involve multiple organs.

For example, one may see a patient with chronic colds, fatigue, a pale face, loose stools, a tendency to pain in the joints and low back, a weak and thin pulse, and a pale, puffy tongue. Organ diagnosis would first be performed through careful differentiation of symptom patterns. There is further clarity when you add the fact that there is softness and very small nodules along the spleen channel, while the lung and kidney channels feel relatively normal. In this case, treatment might proceed with a focus on spleen *tài yīn* (Fig. 12.7).

Generalized hardness and tightness

The second and third types of channel change are sometimes difficult to differentiate, especially for the novice practitioner.

Generalized hardness and tightness is usually felt at a more shallow depth along the course of the channel; it is also usually less hard and covers a broader area than the third type of hardness described below. In many cases, this is a generalized hypertonicity of the tissues along a relatively large portion of a particular channel. Changes that fall into this category are often seen in cold, damp, and/or relatively acute conditions. In such cases, although the channels are affected and movement is compromised, pathogenic qi has yet to lead to a more serious stagnation of blood or accumulation of phlegm.

Slightly hard nodules with borders that are not clearly defined are also included in this category. This type of nodule may even be slightly soft and feel less deep than the nodules discussed below. Often these types of nodules feel as if they are just below the surface or almost attached to the skin.

2. SPRING POINTS (泉穴 *yíng xué*)

Also known as the gushing points, the spring points have the following primary clinical uses:

- Clear heat from deficiency (清虛熱 *qīng xū rè*)
- Foster yin-blood (育陰血 *yù yīn xuè*)

The spring points are generally found around the distal metacarpal and metatarsal joints. In these areas, flesh begins to accumulate and the development of channel qi undergoes a change. There is increased circulation of qi and blood. Channel qi is said to be moving at a faster rate at the spring points, although its nature is still dripping and the flow is not yet strong. Nevertheless, the *Inner Classic* describes the qi here as flowing (流 *liú*) and conveys the idea that channel qi begins to move at these points. Specifically, this is the first movement inward. While channel qi emerges at the well points, it begins to move in a particular direction at the spring points (Fig. 16.9).



Fig. 16.9

Spring points are where channel qi collects and begins to slowly flow in a particular direction. They generally have cooling, yin-nourishing natures.

Chapter 68 of the *Classic of Difficulties* says that the spring points are appropriate for treating heat in the body. For this reason, most modern texts list the spring points for cases of fever. Once again, although true, the clinical application of the spring points is broader than this. A review of such classical sources as *Gathering of the Blossoms of Acupuncture* (針灸聚英 *Zhēn jiǔ jù yīng*, 1529), *Classic of Nourishing Life with Acupuncture and Moxibustion* (針灸資生經 *Zhēn jiǔ zī shēng jīng*, 1220) and the *Great Compendium of Acupuncture and Moxibustion* (針灸大成 *Zhēn jiǔ dà chéng*, 1601) reveals some general patterns that help refine our understanding. The applications identified below are drawn from these sources.

The classical texts suggest that the heat-clearing function of the spring points should be narrowed to mostly those cases where heat is caused by a deficiency of yin and/or blood. Because of the slow initial movement of channel qì at the spring points, stimulation in this area has an effect of generating yin fluids. The next transport point up the line, the stream point, integrates the more yang-natured source qì into the process.

In the clinic, the pathodynamic of the spring points often involves patients with low-grade fevers. The use of spring points in cases of heat from deficiency is hinted at in Chapter 44 of the *Divine Pivot* where it prescribes their use in “diseases that cause changes in the patient’s complexion.” This is the commonly-used phrase for the flushing of the cheeks associated with yin-blood deficiency. For other types of fever, the spring points are often less effective.

For example, in the fairly common case of lung yin heat from deficiency causing sore throat, LU-10 (*yú jì*) can be quite effective. Heat caused by yin-blood deficiency is also often present in cases of pelvic inflammatory disease. In these cases, the spring points of the spleen, liver, and kidney channels (SP-2, LR-2 and KI-2) may be appropriate. LR-2 (*xíng jiān*) is commonly listed in modern texts for clearing liver fire. In fact, while the point does have the ability to help clear excess-type liver patterns, it is most appropriate when liver (blood) deficiency is also part of the pattern. In cases of true liver fire excess, it is often more effective to choose points on the paired *shào yáng* channel to clear heat upward and outward.

The spring points are also used for many patterns that involve chronic inflammation with an element of deficiency. Acute inflammation, on the other hand, is usually better treated by bleeding the well points. For example, when using LU-10 for throat inflammation, the inflammation should be of a relatively chronic and deficient nature. If a patient presents with acute tonsillitis, the well point LU-11 (*shào shāng*) is much more likely to be effective. Similar principles hold true for most of the other channels.

An obvious exception to the deficiency-heat theme is ST-44 (*nèi tíng*). This point is, in fact, very useful for clearing excess-type *yáng míng* heat. There are always exceptions.

Techniques for treating spring points

When needling, keep the nature of channel qi at the spring points in mind. The movement here is said to ‘flow’ in a very thin, broken line in contrast to the dripping nature of channel qi at the well points. Consequently, qi sensation for the patient should also involve a light and gentle movement down the channel. By facilitating the natural tendency of the point, the production of yin-blood in the channel can begin. Specifically, needle insertion should be shallow and the stimulus should be a gentle, twirling technique. The result of spring point stimulation is not a large burst of yin-blood, but gradual growth (Table 16.3).

Point	Pathodynamic
LU-10 (<i>yú jì</i>)	Deficiency of lung yin leading to sore throat
SP-2 (<i>dà dū</i>)	Fluid deficiency combined with exterior condition; patient unable to sweat
LR-2 (<i>xíng jiān</i>)	Liver blood deficiency leading to heat
ST-44 (<i>nèi tíng</i>)	Strong heat in the <i>yáng míng</i> channel and/or organ; yin often damaged

Table 16.3

Representative uses for selected spring points

3. STREAM POINTS (輸穴 *shū xué*)

Also known as the transport points, the stream points have the following primary clinical uses:

- Augment the qi and warm the yang (益氣溫陽 *yì qì wēn yáng*)
- Transform dampness (化濕 *huà shī*)

The stream points are generally found around the wrists and ankles, areas of high mobility on the limbs. The *Classic of Difficulties* describes the movement of the channel qi at the stream points as ‘pouring’ (注 *zhù*). The qi now moves through the channel in a steady, natural stream like water

THREE LUNG-KIDNEY PAIRS

LU-7 (*liè quē*) and KI-6 (*zhào hǎi*)

This extraordinary vessel pair is often used clinically for problems affecting the throat (especially sore throat). Both the *rèn* vessel (LU-7) and the *yīn qiáo* vessel (KI-6) travel through the throat. The *yīn qiáo* vessel is often involved in problems where a lack of nourishment to the throat has led to dysfunction or pain. The *rèn* vessel provides ‘sea of yin’ nourishment while the lung is an organ involved in the metabolism (and provision of) fluids. Together, the pair powerfully affects and nourishes the fluids of the throat and upper respiratory tract. Interestingly, this pair is also often effective for problems with urination including painful urination and some types of lung-kidney type edema. When trying to understand these functions, one should think more about the relationship between the lung and kidney organs in the metabolism of fluids.

LU-5 (*chǐ zé*) and KI-6 (*zhào hǎi*)

This is a mother-child channel pair. It is often used in acute conditions (both externally- and internally-generated) where the lung is not receiving enough fluids, often due to an accumulation of heat. Common symptom patterns involve loss of voice following an external wind-heat, wind-dry pattern, or extreme fatigue. Remember that KI-6 is also the command point of the *yīn qiáo* vessel. The *yīn qiáo*, besides the more commonly described function of regulating the muscles of the inner leg, is also responsible for coordinating the muscle movements in and around groups of internal organs (including the vocal chords). Where there is loss of voice, have the patient talk while stimulating KI-6.

LU-5 (*chǐ zé*) and KI-7 (*fù liū*)

This is a mother-child channel pair. LU-5 is the uniting point of the lung channel and is helpful for regulating the ascending/descending movement of the lung. KI-7 is the mother (metal) point on the kidney *shào yīn* (water) channel, and, as a tonification point, is most helpful for nourishing yin. As might be expected, the pair is often used to foster the yin and regulate the lung (育陰調肺 *yù yīn tiáo fèi*). It is used for chronic issues due to lung dysfunction with associated lack of kidney nourishment. Clinically, this pair is often appropriate for patients with chronic allergies and asthma. It has proven particularly effective in treating chronic seasonal allergies, especially those that have been treated with steroid inhalers and other pharmaceuticals that may have damaged the kidney yin. The pair is also helpful for chronic scratchiness of the voice.

Note that the both the LU-5 and KI-6 and the LU-5 and KI-7 pairs treat problems with the throat and voice. The important difference is that LU-5 and KI-6 treat acute problems (often due to heat) while LU-5 and KI-7 are used in more chronic conditions with underlying kidney deficiency. In the first instance, the *yīn qiáo* is able to relax and nourish the muscles around the throat, while in the second, there is a stronger, generalized yin-tonifying effect that acts more broadly. The first pair in this group (LU-7 and KI-6) is also a classic point pair used to benefit the throat for both interior and exterior type patterns due to either deficiency or excess. In general, the LU-7 and KI-6 pair is used in cases where throat pain is more severe.

Shào yīn PAIRS TO BENEFIT THE YIN AND BLOOD

KI-7 (*fù liū*) and LR-2 (*xíng jiān*)

This is another mother-child pair. Here the mother (kidney) is used to regulate the child (liver). This pair is especially helpful for cases of kidney yin deficiency with concurrent liver yang counterflow leading to symptoms such as dizziness, tinnitus, red face, dry mouth, and red tongue. These symptoms often arise in cases of high blood pressure (deficiency type) and diabetic conditions. Dr. Wang uses this pair more often than the KI-3 (*tài xī*) and LR-3 (*tài chōng*) pair (which follows) when there is obvious liver excess.

KI-3 (*tài xī*) and LR-3 (*tài chōng*)

This is another mother-child pair and, in contrast to the previous one, is a case where the mother (kidney) benefits from regulation of the child (liver). It is similar to the KI-7 and LR-2 pair, but tends to be used when the symptom pattern is more one of kidney deficiency than liver excess. The pair is used to secure the source (固原 *gù yuán*), calm the liver, and extinguish wind. Proper technique for this treatment principle involves a tonification technique at KI-3 and an even technique at LR-3. The pathodynamic involves noticeable kidney deficiency with possible concurrent ascendant liver yang. Symptoms would include high blood pressure, dizziness, insomnia, tinnitus, seminal emission, vomiting, and other conditions related to excess above and deficiency below. This pair also has a spirit-calming effect.