

The Separation of Breaths - Untangling the Threads of Practice

Points and Channels

Over the years I've puzzled over how to reconcile treatments where a point on a channel is supplemented or drained based on a pulse finding of relative fullness or deficiency, and treatments where the function of the point and the pathology of the patient seem to dominate the choice and rational for treatment. This first struck me when I began teaching at ICOM and was asked if one would still use St 36 for fatigue and poor digestion if the right guan was not deficient. There are of course times when in a such situation the superficial right guan is clearly deficient but there are also times when it isn't, or is even shows signs of relative excess.

We have become accustomed to the idea of multiple approaches to practice but I would hazard a guess that somewhere deep in our professional [un?]conscious there might be some unease and some questions lurking about how they can all sit along side each other. Suffice to say that the question highlighted to me at the time that there are at least two views on when to use [supplement] this point; one when there are symptoms that matching the description of what the point is for, and one where the right superficial guan pulse shows a relative deficiency. This dichotomy is something I've come to label as the Point Centred treatment and Channel Centred treatment approach.

1 Points and Channels: Point centred treatment

By point centred treatment [PCT] I am describing a clinical approach where the efficacy of the treatment is believed to arise from the action/function of the chosen point¹, and its ability to correct the presenting pathophysiology. For example if the diagnosis is damp [e.g. feeling of heaviness, lack of appetite, urinary difficulty, sticky tongue coat etc]² it then requires a point with the function of transforming damp eg SP9. SP10 wont do, or SP8³ as neither have the function of transforming damp. Primarily the point is chosen to resolve the diagnosed pathology, it's location with respect to channels is less fixed, pulse is secondary in consideration or to confirm the nature of the pathology rather than the channel. Another example could be Co 11 as point for clearing

¹ Unless otherwise stated point functions/actions have been taken from Deadman et al 1998, Maciocia 1989, Ross [1985] as representing typical usage of points in TCM acupuncture. Other sources of point functions include ICOM points manual [2014], Hicks et al [2004], Kespi [2012], Shudo [2003]

² Maciocia 1989, Hicks et al [2004], Wiseman & Feng [1998]

³ Wiseman & Feng [1998], Maciocia 1989

heat; it is indicated in several possible scenarios such as damp heat in the spleen, phlegm heat in the lungs, heat in the large intestine, damp heat in the gall bladder etc. Irrespective of location its function is to clear heat.

2 Points and Channels: Channel centred treatment

By Channel centred treatment [CCT] I am referring to clinical approach where the efficacy of the treatment comes from creating a balance within the whole channel system. This is primarily diagnosed primarily by pulse and secondary palpation methods. A pulse indicating spleen channel vacuity will necessitate the use of a point such as Sp2 or Sp3 but the choice of individual points is less of an issue as long as the point chosen is on the channel, and is active in the sense of being able to trigger a systemic rebalancing of the spleen channel with respect to the rest of the channel system. The choice of point is more fluid and more dependent on the tactile response. This idea of channels as regulators and determiners of health is at the heart of the Ling Shu:

Lei Gong: "I wish to be informed about the starting points of the conduit vessels and [which diseases] they may generate."

*Huang Di: "The conduits vessels enable one to determine death and survival, to cope with the hundred diseases, and to balance depletion and repletion. It is inappropriate not to be knowledgeable about them."*⁴

In describing points the Ling Shu in its first chapter states that these are locations where Qi enters and exits: "...they are locations where the spirit qi pass, where they exit and enter. They are neither skin, flesh, sinew, or bones."⁵ These are sites like windows through which the practitioner can interact with the channel system to rebalance fullness and emptiness, there is no go to point for resolving damp or phlegm or qi stasis or blood deficiency. There is simply the establishment of a balanced state in the channels from which the body can take care of its self.

3 Language of the problem and the language of the solution

Both approaches describe points through their respective diagnostic lenses. In the case of a PCT such as TCM the diagnosis and treatment aim is framed in terms of organ malfunction and its concomitant imbalance of internal climate [heat, cold, damp etc]. The language describing how points behave will follow from this [resolve damp [Sp9], build blood [Bl17], tonify kidney yang [Ki7], coursing Qi [Liv 3] etc⁶ ie the diagnosis, treatment aim and point descriptions all utilise the same language and conceptual models.

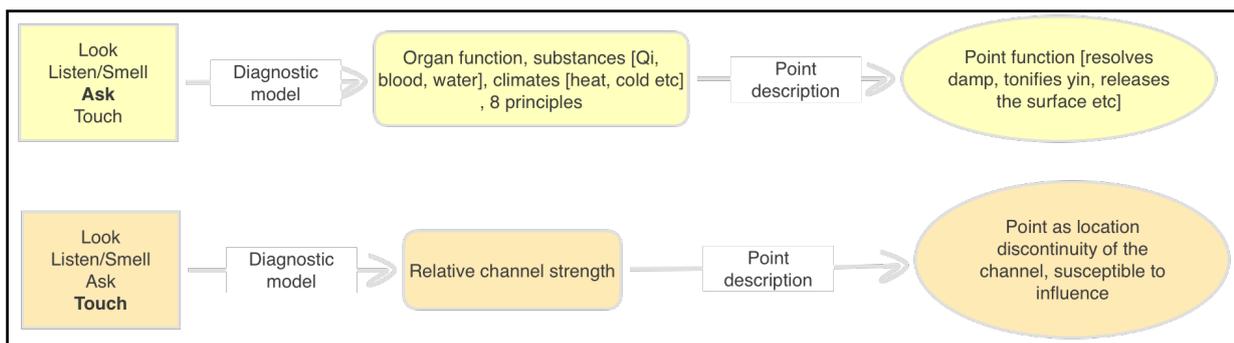
⁴ Unschuld (2016) p

⁵ Unschuld (2016) p 47

⁶ Deadman (1998) p194, 272, 346, 477. Maciocia (1989) p394, 414, 229, 454

In my experience this approach tends to rely more on asking diagnosis rather than pulse, this may be related to the transmission of Chinese medicine in modern times e.g. lecture based study whereas palpation would require smaller groups, moreover these patterns are framed in terms of organ dysfunction which tends also to be the focus of asking diagnosis; - “How are your bowels today Mr Frobisher?” we can’t so easily ask about the relative strength of their hand yangming!. PCT is not limited to TCM, we can see examples of point function driven thinking for psycho-emotional issues as a key element of the patients pathology. For example J R Worsley’s Leamington acupuncture “It [He 4] is especially indicated when the spirit is agitated from deficiency or if the patient feels miserable and sad and needs to be reconnected with their path” Hicks et al [2004], J D van Buren’s ICOM curriculum: “[Bl 37/42] Influences the Po” ICOM [2014], similarly in some French schools: “It (Bl37/42) aids the lung essence in severe exhaustion of the lung Qi, and is used for pulmonary issues, difficulties in fully embracing life, and a desire to kill” Kespi [2012], amongst American authors; “Sp 21 can address the endless and ungratifying pursuit of one’s cravings through the lost art of renunciation” Jarret [2008], or perhaps closer to mainstream TCM: [He7] “Calms the spirit” Deadman et al [1998]. These examples highlight point function that address a broad psycho-emotional issue that is framed as a key element of the patient’s pathology.

In the case of CCT the language is simpler, it frames the problem in binary terms of relative fullness and emptiness of the channel and similarly the point necessitating supplementation or dispersion⁷. In both approaches there is a continuity of language from the framing of diagnosis to the solution, in the case of CCT it revolves around geographical distributions of emptiness and fullness, in the case of PCT it revolves around the [generally internal] pathophysiology of the case. The former leans more towards touch as a primary diagnostic tool, the latter in most cases asking.



How we understand illness is at the heart of how we define the behaviour of points, it’s important to maintain this continuity if we are to avoid problems and confusion through mixing our models.

⁷ Unchuld (2016) p38, Shudo (1983) p32.

4 Blurring the distinction and integrating.

Naturally this separation is not absolute, having selected a channel to treat the CCT approach can take into account symptomatic presentations, the Nan Jing⁸ and Nei Jing⁹ for example give us these indications:

	Ling shu 44	Nanjing 68
Jing/Well	Needle in Winter Needle when disease is in the zang	Fullness below the heart
Ying/Spring	Needle in Spring Needle when a dealers is associated with a change of patients complexion	Body heat
Shu/Stream	Needle in Summer Needle when the disease becomes milder, the increases in severity	Heavy body and joint pain
Jing/River	Needle in later Summer Needle when the disease is associated with a change in the patients voice.	Panting, coughing, alternating cold and heat
He/Sea	Needle in Autumn Needle when the disease is in the stomach or if it resulted from immoderate drinking and eating	Counterflow, diarrhoea

Another example would be the Japanese meridian therapy schools which developed the extended root patterns to include cold and heat as modifiers to the point choice¹⁰. But I would assert that these do not fundamentally change the situation I'm describing, they are like caveats, not presented as embedded functions but suggested adjustments based on symptomatic indications rather than pathophysiological patterns. The pattern to be treated is still centred on binary [full / empty] channel relationships not on a complex internal environment or a more abstract emotional / spiritual narrative.

In practice senior practitioners of CCT often choose their points as well as their locations based on tactile responses, in Japanese acupuncture it is known as looking for the 'active point'¹¹. It would be hard to stay that this is not at the heart of acupuncture; the root treatment chapters of the Nei Jing¹² tell us to needle channels but don't specify points, the locations derived through touch [similarly in the pre Nei Jing, Ma Wan Dui scrolls we are told to treat channels but not given specific locations¹³].

⁸ Unschuld [1986] p577

⁹ Unschuld [2016] p 433-432

¹⁰ Ikeda (1996) p *xxi*. Okabe [1999]

¹¹ Shudo (2003) p6

¹² Unschuld & Tessenow (2011) p 183-184, Unschuld (2016) p 158-161

¹³ Birch et al (2014) p 55. Harper (1998) p 91

On the other hand points selected for their functions lie along channels [mostly], as such they affect the channel system as well as targeting their respective internal pattern. While this approach leans towards organ pathology, an exception would be muscular skeletal or joint problems and the use of ashi points¹⁴. In this context proponents of PCT such as TCM will shift to a channel view to utilise local and distal locations¹⁵, but this is generally driven by symptom rather than pulse or any kind of root treatment considerations.

Physiology of the interior and exterior

Most often the distinction between the channel and the organ is blurred with the assumption that a disturbance in organ function eg liver is simply treatable by needling the relevant channel eg the liver channel. Although on the face of it this appears to make sense, and often seems effective, I will show how this equivalence of is problematic and there is simpler narrative that can both explain the effectiveness of such treatments, whilst avoiding conflict with classical descriptions of organ and channel behaviour.

I would like to propose a distinction of internal and external physiology. The former consists of the complexity of organ interactions. The latter describes the web of channels characterised by simpler binary signals that reaches out to the surface whilst regulating and integrating the interior. These worlds are in yin - yang relationship, their behaviours can be distinguished while they cannot be entirely separated. One key aspect in which they differ is with respect to how they manifest deficiency and excess:

The organs

“As for the so-called 5 depots, they store essence Qi and do not drain [it]. Hence, even if they are full, they cannot be replete. As for the 6 palaces, they transmit and transform things, but do not store [them]. Hence they [may be] replete, but cannot be full. Su Wen 11¹⁶

The Su Wen presents the idea of a healthy and pathological fullness within the viscera and bowels respectively, and by extension an absence of fullness that can be healthy [in the case of the bowels] and pathological [in the case of the viscera]. The viscera are the solid organs, they full with blood, essence, life. This is to be supplemented not drained. The bowels [and by extension all the hollow spaces] are the hollow, they become replete with air, water, food, waste products etc that require emptying to promote physiology. However this contradicts some TCM patterns¹⁷ such as Liver Qi stasis, Spleen damp, Stomach and Spleen cold which see excess and deficient patterns

¹⁴ Maciocia (2006) p124

¹⁵ Maciocia (2006) p 658 Marcus (2004) p 286-289

¹⁶ Unschuld and Tessenow (2011) Wang Bing commentary: “Essence Qi causes fullness; water and grain cause repletion. The 5 depots store nothing but essence Qi. Hence they can be full but cannot be replete...[the 6 palaces] do not store essence qi, but merely receive water and grain...they may be in a state of repletion from material accumulation but they cannot be full.”

¹⁷ Maciocia (1989), Ross (1985), Zhang (1988)

as possible in both viscera and bowels. From the Nei Jing position any fullness with respect to a zang eg the liver is really a fullness of the gall bladder and so too for all the organs¹⁸. The classical position with respect to viscera and bowels is further reflected in the Mai Jing which also puts hot patterns in the realm of the bowels and cold patterns in the realm of the viscera:

“How can the pulse give information about the disease of the viscera and bowels? The answer is as follows: The rapid pulse points to the bowels, while the slow pulse points to the viscera. A rapid pulse shows the existence of heat and a slow pulse shows the existence of cold.”¹⁹ MJ 8

We see a similar description in the Nan Jing clearly delineating hot patterns for the Fu and cold patterns for the zang.

“The ninth difficult issue: How can the illness in the body’s depots and palace’s be distinguished? It is like this. A frequent [movement in the vessels indicates an illness] in the palaces. A slow [movement in the vessels indicates an illness] in the depots. Frequency indicates heat; slowness indicates cold. All yang [symptoms] are [caused by] heat; all yin [symptoms] are [caused by] cold. Hence, [these principles] can be employed to distinguish illness in the depots and palaces” NJ 9²⁰

The Su Wen also continues this theme:

“Huang Di: ‘Now, the classic states:’ That which has surplus, drain it; that which has insufficient, supplement it’.

Well, heat is surplus, cold is insufficiency. “SW 35²¹

“Now, as for repletion, that is qi enters. As for depletion, that is qi leaves.

As for qi repletion that is heat; as for qi depletion, that is cold” SW53²²

So we see a coherent description of heat arising from fullness which requires draining and abides in the yang / Fu organs, while cold arises from deficiency which requires supplementation and is found in the yin / zang organs. The normal context of heat is excess and cold is deficiency. Even when considering patterns of shaoyin ‘empty heat’²³, the zang are the locus of the ‘empty

¹⁸ Versluys (2008- present) commentary; the classical position is hollow organs have space for pathological fullness to reside, eg the “damp in the spleen” is really in the stomach, the fullness of liver qi is treated with Chaihu and Huangqin, these are Shaoyang herbs, ie gallbladder/triple heater, fullness and phlegm “in the lungs” is really on the surface of the lungs, it is treated with yangming herbs...

¹⁹ Yang (1997) p14

²⁰ Unschuld (1986) p 140

²¹ Unschuld & Tessenow (2011) p 543

²² Unschuld & Tessenow (2011) Vol 2 p 14

²³ Unschuld & Tessenow (2011) Vol 2 p 12 “the is qi depleted and the body is nevertheless hot and this is called ‘contrary’”

component'. And in the case of 'full cold' such as in taiyang cold damage patterns²⁴, any 'fullness' is located outside of the zang²⁵.

The potential location for pathological fullness is further elaborated below as [repletion] being in the 'body of man', and depletion as located in the inner depots.

"Huang Di asked: 'What is that to say: depletion, repletion? Qi Bo responded: 'When evil qi abounds, then [this is] repletion. When essence qi is lost, then [this is] depletion. {Gao Shishi commentary: "Depletion and repletion do not only refer to the depletion and repletion of blood and qi in the conduit vessels. When evil qi abounds in the body of man, then this is repletion; when the essence qi was taken away from the inner depots, then this is depletion" SW 28²⁶

This implies that repletion can be anywhere that isn't the inner depots. So the hollow realm can be expanded beyond the bowels to include all the spaces that reside in the body that are not within the zang themselves, nor in the blood. This is a fluid environment that fits the description of the triple heater in the Su Wen:

"The triple heat is responsible for the opening up of passages and irrigation. The waterways (routing of water) stem from it"²⁷

Described in the Shanghan Lun as "half exterior half interior"²⁸ it corresponds to the hollow spaces of triple burner, its pathology is characterised by stasis leading to flaring of minister fire²⁹. The major constituents are air or water, where stasis and heat can combine to give excess patterns that require draining. So the Su Wen highlights a situation that distinguishes between depletion from loss of essence in the inner depots leading to cold ie a lack of (physiological) activity, and repletion of evil qi in the rest of the body leading to heat ie an excess of pathological activity.

The Channels

"Now, once the conduits and network vessels have become passable and once the blood and qi follow their regular course again the patient's insufficiency returns to normal and his state will be identical to that of healthy people" SW 70³⁰

²⁴Unschuld & Tessenow (2011) Vol 2 p 12 "*Qi abounds, while the body is cold*"

²⁵ Taiyang cold patterns manifesting signs of excess tend in time to heat as closed surface or bladder block will transform into yangming heat patterns. This is the transmission of Taiyang to Yangming is outlined in the shanghan lun and depicted in formulas such as the transition from a Mahuang Tang to a Baihu Tang, or a Wuling san to a Zhuling Tang. The deficiency 'heat' patterns in jueyin and shaoyin are actually examples of floating heat on a deficient [and cold] interior depicted in formulas like, Tongmai Sini Tang, Wumei Wan

²⁶ Unschuld & Tessenow (2011) p 459

²⁷ Larry & Rochat de la Vallee (1992) p39

²⁸ Mitchell et al (1999) p 423 Schell (2018) p 151

²⁹ Schell (2018) p 479.

³⁰ Unschuld & Tessenow (2011) Vol 2 p 355

The Su Wen like the Ling Shu earlier places the channels as the key means by which to affect the health of the patient through acupuncture. Essentially all illness will manifest in the channels as an imbalance of deficiency and excess, the harmonising of which leads to a positive outcome in treatment.

“Huang Di questioned Qi Bo saying, ‘There are 12 major channels which link up with the 12 stream waters outside, and they are connected with the 5 long term depots and 6 short term repositories inside. LS 12³¹

“It is like this. The passage of the influences is like the flow of water, it never comes to rest. Hence [when the influences are in the] yin vessels, they circulate through the 5 depots, and [when the influences are in] the yang vessels, they circulate through the 6 palaces. It is like a ring without end. Nobody know its break, it ends and begins anew...man’s influence provide all the depots and palaces with warmth internally, and they moisten the pores externally.” NJ 37³²

We see the importance of channels in healthcare, intimately connected with the organ system, their functioning allows yang warmth to be held internally as well as allowing yin fluids to moisten the exterior. This maintenance of yang inside yin is the central dynamic of health, once yang leaves the containment of yin it can no longer drive the mechanisms of physiology³³.

“A person may have 3 kinds of depletion and 3 kinds of repletion. What does that mean? “It is like this. The [movement in the vessels] may display depletion or repletion; the [course and nature of] an illness may reveal depletion or repletion and the examination of the patient may reveal depletion or repletion. NJ 48³⁴

However depletion and excess can exist at different levels to give rise to complex pictures such as depletion of a given organ and repletion of the corresponding channel or repletion of a given disease eg a painful bi syndrome pattern and a depletion of the corresponding channel etc. One must not confuse these and treat a channel according to its state irrespective of other considerations.

Beyond simply draining and filling the Nan Jing gives more detail on sequence, essentially that one must pay attention to deficiency first and then to excess:

“...When there are not enough yang influences while there is a surplus of yin influences, one must fill the yang influences first then drain the yin influences. When there are not enough yin influences while there is a surplus of yang influences, one must fill the yin influences first and drain the yang influences after. The flow of constructive and protective influences through the organism is the major goal of the therapeutic intervention of filling and emptying”. NJ 76³⁵

³¹ Unschuld [2016] p 215

³² Unschuld [1986] p 388

³³ We can think of Yang as expansive like Heaven and Yin as condensed like Earth. Yang must be within Yin for the two to interact. Life is the interaction of Yin and Yang, we may see this also as the animating principle/activity contained within form, or function contained within structure. Either way when this couplet separates there is illness and death.

³⁴ Unschuld (1986)p 449

³⁵ Unschuld (1986) p 626

In other words, yin and yang channels can be full or empty [unlike organs] and in treatment we fill first and drain later.

Chinese view of the world is holographic, the body is described in terms of an internal geography³⁶ with a political hierarchy³⁷ and internal economy to mirror the outside world; organs behave like centres of cultural and economic activity, transforming raw materials to create a surplus of wealth for the body, the organisation of which though centralised in the heart, is distributed throughout the empire by the channels. The physiology [and pathology] of the exterior ie the channels is a 'digital' one of excess and deficiency, while that of the interior is more an 'analogue' environment of multiple changing conditions such as temperature and humidity³⁸, movement/activity and stasis of pathological byproducts. To maintain a dynamically balanced state the inner landscape needs to adapt to environmental changes and all systems do this through feedback signals. The channel system can be the medium for this transmission³⁹, Manaka described it as an "X signal system", a means of information exchange its exact nature is unknown [hence "X"] but its behaviour is observable [eg through palpation]. This feedback model fits closely with the classical presentation of how the 5 phases interact in their engendering and restraining relationships. In fact we could see the 5 phase model as a perfect description of feedback mediated homeostasis that is at the heart of any living system⁴⁰.

Herbs and acupuncture

The physiology of the interior and exterior cannot in turn be seen separately from the modalities of herbal medicine and acupuncture. Herbs go straight to the interior via the digestive system and the effects extend out to the surface while needles touch the surface and their effects reach into the interior.

In the cosmogenesis of the universe the Huainanzi describes the first manifestation of the world as a separation of breaths⁴¹ with the lighter breaths floating up to form heaven and the heavier

³⁶ Schipper (1982) p 100.

³⁷ Unschuld & Tessenow (2011) p 155-159

³⁸ These 'climates' are in fact the aggregate behaviour of the substances in terms of their states and activity

³⁹ Manaka et al (1995) p 60

⁴⁰ Homeostasis is crucial to the maintenance of life. These conditions are carefully adjusted through feedback with regard to changing conditions of an organisms environment. This can be exterior to the whole system ie the person, or external to any given independent part eg an organ's external environment within the body. In any given situation a part of a greater whole is able to influence its environment positively or negatively and in turn receive signals that can stimulate or sedate its function. This situation is perfectly captured by the engendering and restraining relationships of the five phases

⁴¹ Major (1993) p 25

breaths sinking to form earth, the interplay of these polarities is the basis of physiology. The internal world is like Earth, more materialised; organs, fluids, tissues have mass, occupy volume etc. Herbs too are materialised components that are cooked and ingested. Needles, however solid, are used to manipulate qi⁴², they “relocate the qi from one place to another” LS75⁴³. these techniques are rely on the sensitivity, a Heaven like, less materialised aspect of treatment.

This could be particularly true of systems of acupuncture that needle close to the surface, the deeper one needles the more one engages with the physicality of the body, the muscles and tendon, the flesh and ultimately bone. It is perhaps not a coincidence that needling depth got deeper during the formation of TCM style acupuncture⁴⁴ where treatments were formed along the lines of herbal / organ thinking, leading to some descriptions of TCM as a herbalized acupuncture⁴⁵. Furthermore stronger stimulus that results from deeper insertions and bigger gauges would guarantee some kind of physiological reaction in a way that can be more easily taught to large numbers of students in a lecture compared to more subtle techniques [whatever the gauge or depth] that require closer feedback from one’s teacher.

I would like to take a step back from theory and consider how we experience these modalities directly. Considering herbs, to give two examples, most people would agree ingesting ginger is warming and mint feels cooling. These are herbs with specific thermal properties, similarly herbs like Fuzi⁴⁶, Guizhi⁴⁷, Shujiao⁴⁸, Xixin⁴⁹ etc will warm the body irrespective of when or how they are taken. Other herbs such as Shigao⁵⁰, Huangqin⁵¹, Huanglian⁵², Huashi⁵³ will have a cooling effect on the body. It is the thermal property of the herb which creates the effect. Similarly there are

⁴² Of course not all acupuncture is about ‘Qi’ there are more materialised treatments too such as blood letting but relatively speaking it is a [root] treatment that principally aims to regulate the body’s ability to self regulate. “Needling is the principle method in the practice of acupuncture and it is used in the regulation of Qi, Ling Shu 75 tells us “needling regulates (tunes) the Qi” Birch et al [2014] p 186

⁴³ Unschuld (2016) p 678

⁴⁴ Birch & Felt (1999) p 53-54.

⁴⁵ Seem (1993) p39

⁴⁶ Wilms (2016) p 292

⁴⁷ Wilms (2016) p 90

⁴⁸ Wilms (2016) p 236

⁴⁹ Wilms (2016) p 45

⁵⁰ Wilks (2016) p 265

⁵¹ Wilms (2016) p 183

⁵² Wilms (2016) p 214

⁵³ Wilsms (2016) p 67

herbs such as Fuling⁵⁴ to remove water, herbs like Dahuang⁵⁵ to move stuck digestive products or dried blood. These are properties of the herbs, that have been modelled in terms of temperature flavour etc. and though the preparation methods can refine their actions, these are predictable actions inbuilt into the biochemistry of the herb. Dahuang will always have a downward descending action, it will not move qi or blood upwards if you take it facing north or have a metallic constitution, or live in the southern hemisphere.

When one considers the tools of acupuncture what happens when we needle [or use moxa]. Can we warm yang, tonify yin, drain damp, cool in the same way? We are given the impression frequently that specific points have properties in built that will enact these very functions. But how can it be that a point like Ki7 warms the yang of the kidneys⁵⁶ [ie the root of yang in the body⁵⁷] while two inches below it Ki 3⁵⁸ or 6⁵⁹ will supplement the yin of the kidneys [root of cooling and moistening]. Leaving aside specialist composite techniques such as “*Burning Mountain Fire*” and *Penetrating Heaven Cooling method*⁶⁰ which require thick muscle to induce a body wide response⁶¹, how can specific points cool or heat an organ? How can Co11 be indicated for clearing heat when slightly above and below Co 10 and 12 have no such indications⁶², or how is it that St 40⁶³ can resolve phlegm while St 38⁶⁴ one inch medially has no such indication and is more known for its shoulder treatments. Even the action of moxa which would at first glance approximate a warming herb, cannot be simply equated to this⁶⁵.

I would like to suggest that the descriptions of what points do is misleading. Fundamentally what happens when we needle [or use moxa] is that our mind/consciousness (the shen if you like) is directed to a location on the body. And I think this is the crucial mechanism by which to diagnose and treat. Rather than surgeons or pathologists we need to think like estate agents!

⁵⁴ Wilms (2016) p 97

⁵⁵ Wilms (2016) p 298

⁵⁶ Maciocia (1989) p 429, Deadman et al (1998) p 347

⁵⁷ Maciocia (1989) p 98

⁵⁸ Deadman et al (1998) p340 [for kidney yin or yang]

⁵⁹ Deadman et al (1998) p 345

⁶⁰ Ellis et al (1988) p 15-16

⁶¹ Ellis et al (1988) p 15, Nugent-Head (2013)

⁶² Deadman et al (1998) p 111-114

⁶³ Deadman et al (1998) p 165

⁶⁴ Deadman et al (1998) p164

⁶⁵ Moxa can also be used to cool, in case of fevers and for local inflammation, this is seen especially in the Japanese tradition but can be traced back to the Su Wen: “*the qi of strong fire weakens. The qi of a small fire gains in strength. Strong fire feeds on qi. Qi feeds on a small fire. A strong fire disperses. A small fire generates qi*” SW 5 Unschuld & Tessenow (2011) p 100-101

Acupuncture treatment is all about location! location! location! The presence of a needle sends a message to the body's consciousness to pay more attention to an area, to move the body's resources in or out of a location. I think we can see this in three ways all of which rely on the geographical relationships of the body.

1 - Root treatment using Channels theory

The first is following the Ling Shu and Nan Jing model of balancing global distribution of deficiency and excess. This is the channel centred treatment that began the discussion, by re-integrating 'the regions' the emperor is 'out of touch' with there is a systemic effect of enhancing the conditions for better physiology. This can be seen as the basis of root treatments in acupuncture.

2 - Branch treatment using Channel theory

Channel thinking is also used in targeting a location for symptomatic relief using a distal location on the same channel or on a yin-yang related channel. This might be for example hand taiyin lung channel to treat pain in the foot taiyang bladder channel, the two channels are related by the midday midnight law though other possible relationships exist too. The intended effect is less about systemic balance, rather it's focussed on a specific region, utilising the architecture of the channel system⁶⁶ and the practitioners ability to create a change through location and technique [rather than the functions of a given point].

3 - Point effect through locality

The third approach relies less on channels but to draw the body's consciousness directly to where the problem is located. How does this happen? The most obvious way in the case of a painful joint to needle directly the location, or in the case of an organ to needle over the area using the trunk of the body. This where we find the back shu points and front mu points. These points arguably have the closest relationship to the organs themselves.

However using the concept of holography almost any distal point can be used to affect the trunk. There are specific Microsystems such as ear acupuncture⁶⁷, Korean hand acupuncture⁶⁸, scalp acupuncture⁶⁹ and abdominal acupuncture⁷⁰ etc but the holographic principle should extend to the whole body. Overlapping holographic maps are described in the Tung system by several authors⁷¹ and I think this provides a clear and simple rational that allows us to explain the use of points

⁶⁶ Tan (2007) p 4, Fukushima (1991) p 166

⁶⁷ Soliman (2008) p 21-46

⁶⁸ Tae (1999)

⁶⁹ Feely (2011)

⁷⁰ Shipsey (2015)

⁷¹ McCann & Ross (2012), Whisnant & Bleecker (2015)

for specific patterns. If we take the stomach for example, the stomach resides in the centre of the trunk, or the middle jiao, the most direct access would be CV12 which is close to the centre of the body. St 36 and Co10 are both He/sea points for the stomach and reside just below the centre of the leg and arm respectively. The arms and legs being holographic representations of the body. St 42 the source point of the stomach is on the centre of the foot. Each point resides at a location that can be seen as a holographic proxy of the stomach.

This principle of location can be applied to explain the use of points in pathologies of climate or substance. For example the use of Sp9 for damp, the point reflects the middle of the body and can be seen as a place that easily becomes congested. Fluid disharmonies of the centre often show congestion around the epigastric region described in the Shanghan lun as a *glomus*⁷².

Formulas for damp typically involve the use of bitter herbs that both descend and separate out the thin fluids from the thick⁷³, though there is a greater diagnostic differentiation to cover the different nuances of damp, rheum, water etc. the treatment with needles is simpler. Needles don't come into contact with the damp or the stomach itself, they merely touch the congestion that is mirrored at reactive locations elsewhere. This draws the consciousness of the body to the target area and free up the pathways that can in turn free up the upper abdomen. So the action of draining Sp9 as the freeing up congestion in the middle to allow passage to the lower and out of the body. Another angle on treatment is to focus on the exit for fluids:

In the Su Wen chapters 58, 60, and 61⁷⁴, there is discussion on water points

“As for the 57 water transporters:

There are five lines above the sacrum, [each] line has 5 holes. There are two lines above the crouching rabbit, [each] line has five [holes]. There is one line to the left and to the right. [Each] line has five [holes]. There is one line above each ankle. [Each] line has six holes. ”⁷⁵

“Huang Di: The 57 water transporter locations, what do they rule? Qi Bo: ‘The 57 kidney transporter holes, this is where the accumulated yin assembles. It is here where the water leaves or enters’ ”⁷⁶

These points are for the elimination of fluid, they all reside in the lower abdomen and back and lower leg; damp is arguably the most material of the climates and so subject to gravity it will tend to sink and accumulate in the lower regions, by drawing the body's attention to the these

⁷² Mitchel et al (1999) p 235

⁷³ Versluys (2012)

⁷⁴ Unschuld & Tessenow (2011) Vol. 2 p 47-100

⁷⁵ Unschuld & Tessenow (2011) Vol. 2 p 83

⁷⁶ Unschuld & Tessenow (2011) Vol. 2 p 92-93

locations or to holographically related points such as kid 3 or 7 or 8, and sp 6 [all indicated as having damp related functions⁷⁷] fluid congestion is able to be resolved from the bottom up. In this context we can see points such as Sp6 or Sp9 as resolving damp simply by drawing attention to the lower and middle respectively, either stimulating activity or freeing congestion depending on needle technique, thus encouraging a return to optimum functioning without resorting to a speculative bridge to an embedded organ theory.

In practice these two perspectives [holography and channel theory] are not always separate in clinical application. For example Sp9 and St36 as well as Ki 10 and Liv8, GB34 are all in the same relative location, though each one has a reference to the treatment of damp⁷⁸ their usage is not necessarily interchangeable. A full description of how to use a point requires us to consider where on the body it is, which channel its on, what channel it pairs with, where it holographically reflects as well as the structures in its actual location. However the point can still be seen as simply being location prone to congestion or depletion, the outcome of its stimulation and its efficacy in treatment being simply its reintegration into the wider network.

Pulse Quantity and Quality

The dichotomies described above extend to the more common methods of interpreting the pulse. in terms of relative quantity and / or specific quality. In the former we see both the Nei Jing and Nan Jing select channels by distribution of relative excess and deficiency in the pulse. The Nei Jing looks at the balance between the carotid and radial pulses, illustrated in Su Wen 9⁷⁹ and Ling Shu 9⁸⁰:

“When the movement in the vessels at man’s facing (Ren Ying St9) is once over normal fullness the disease is in the minor yang. When it is twice over normal fullness, the disease is in the major yang. When it is three times over normal fullness, the disease is in the yang brilliance” SW9

“If the qi at the Ren Ying opening about once more than normal the disease is located in the foot minor yang. If they abound once more than normal and race, the disease is located in the hand minor yang...”LS9

This is repeated for the yin channels with the radial and carotid pulse balance reversed. The Ling Shu also gives instructions for treatment that is channel rather than point focussed:

⁷⁷ Deadman et al (1998) p 340-350

⁷⁸ Deadman et al (1998) p158, 194, 350, 451, 485

⁷⁹ Unschuld & Tessenow (2011) p 183-184

⁸⁰ Unschuld (2016) p 158-161

“If they abound at the ren ying opening once more than normal, the foot minor yang conduit is to be drained and the foot ceasing yin conduit is to be supplemented. Two drainages. One supplementation. They are to be removed once per day. It is essential to squeeze the vessels and to check the condition of the qi... Once the qi is harmonised the needling is stopped.” LS9

The Nan Jing utilises the radial pulse, chapter 18 giving a precise description of the 12 positions representing the 6 yin and 6 yang channels⁸¹ typically used in acupuncture today. The Nan Jing approach is most clearly embodied in Japanese meridian therapy schools, though also a big influence in Western acupuncture through the works of JD van Buren and JR Worsley⁸². The radial pulse is used to determine the location of deficiencies and excesses, to be supplemented and drained to return the pulse to a balanced state. The first chapter on needling patterns states:

“In the case of depletion, fill the respective conduit’s mother. In the case of repletion, drain the respective conduits child. One must fill first and drain after.” NJ69 ⁸³

In Shudo’s description:

“When two yin meridians in a generating relationship of the five phases are both deficient, the child meridian is regarded as the primary pattern of deficiency. For example if both liver and kidney meridians are deficient, the liver deficiency takes priority and the liver meridian is tonified. This is the most effective approach because to tonify the liver meridian, the kidney meridian [the mother] must also be tonified.”⁸⁴

So the practitioner in practice will look for the weakest two consecutive positions to supplement, then look for any positions that feel relatively excess to drain.

When it comes to pulse qualities [slippery, wiry, tight etc] commonly used today, the descriptions in Li Shi Zheng’s Lake Master’s classic⁸⁵ describe a pulse quality across the whole of the pulse. Many of these qualities also appear in the Mai Jing⁸⁶ and Shanghan Lun⁸⁷ and are less about distribution of channel qi but rather as a result of internal pathophysiology [heat, cold, damp, dry etc]. In addition to Ren Ying / Cun Kou comparisons the Su Wen also discusses pulse qualities in

⁸¹ Unschuld (1986) p 243- 245

⁸² Eckman (2007) P 151

⁸³ Unschuld (1986) p 583

⁸⁴ Shudo (1990) p 140

⁸⁵ Li (1985)

⁸⁶ Yang (1997)

⁸⁷ Mitchel et al (1999)

terms of pathological changes of the interior rather than being specific to a particular channel or organ:

“In general, vessel diagnosis served to identify either a disease or the status of the patient...for them a single movement passed through the vessels and this movement could assume different qualities, which in turn could be felt at the inch opening at the wrists and were interpreted as manifestations of certain rather general health problems

...movement qualities such as ‘in the depth’, ‘at the surface’, ‘weak’, ‘abundant’, and ‘hard’, as well as nosological entities such as ‘diseased in the centre’, accumulation below the flanks’, and ‘cold and heat’ did not require any understanding of a conceptualised relationship between the status of a conduit or depot and a specific movement in the vessels”⁸⁸

Su Wen 17 describes pulse quality as describing pathologies such as ‘Yin deficiency and yang surplus’ or ‘repletion above and depletion below’ and again Unschuld comments⁸⁹ that there is “no association between these qualities and the status of individual vessels or depots, rather general status descriptions added to explain the presence or generation of disease”. To better understand how these qualities are used we can refer to their appearance in the Jia Yi Jing. As a compilation of the Nei Jing, Nan Jing and the no longer existing Ming Tang it provides a good description of pre modern use of pulse qualities. The following description the pulse is taken at the radial artery and gives us advice on how to interpret the cun kou:

“If the cun kou is long...indicates pain in the shins...deep and hard indicates disease in the centre... floating and exuberant indicates disease in the exterior. If the upper section of the cun kou strikes the fingers forcefully and rapid, this indicates pain in the shoulders and back. If the cun kou is tight, firm and hard this indicates painful accumulation across the lateral costal region... superficial and stirring this indicates chills and fever...exuberant slippery and hard this indicates disease of the exterior,...small but replete and hard, this indicates disease in the interior... small, weak and choppy, the disease is said to be chronic....”⁹⁰

We see information about location of the disease, nature or chronicity, but no clear channel differentiation or treatment as compared to Su Wen 9 or Ling Shu 9. There also are examples of pulse qualities influencing how treatment is carried out:

“Tenseness in the pulse requires needling followed by moxibustion, interrupted pulse requires that one prick the blood connecting vessels, a sinking pulse requires treatment by moxibustion”⁹¹

⁸⁸ Unschuld (2003) p 261

⁸⁹ Unschuld (2003) p 262

⁹⁰ Yang & Chace (1994) p 213-214

⁹¹ Yang & Chace (1994) p202

This can inform us on how the treatment is carried out but not where, in other words while for herbs there maybe more significance, for acupuncture this is alone is insufficient information for a treatment, we still require a diagnosis in terms of channels.

There are instances in which a pulse quality is labeled by an organ such a spleen pulse or liver pulse⁹². Its easy to see this as the organs located in the 3 radial positions of each hand but this does not fit with the rest of the text [or with the Nan Jing 18 view of these positions as representing channels⁹³]. In fact the Pulse chapters of the Jia Yi Jing can clarify this; beginning with Ren Ying / Cun Kou differentiation, then discussing speed and regularity, then describing other pulse qualities and finally organ pulses. These organ pulses are not defined in terms of position but in terms of quality - *“the liver pulse is bow string, the heart pulse is hook like, the spleen pulse is belt like, the lung pulse is hair like, the kidney pulse is stone like”*⁹⁴. These are then related to seasons and the appearance of these qualities with respect to season is commented on:

*“The appearance of the autumn pulse is spring, the winter pulse in summer, the spring pulse in the long summer, the summer pulse in Autumn, and the long summer pulse in winter suggest five types of incurable illnesses known as the five evils. All have the same prognosis, all are incurable and end in death”*⁹⁵.

None of this is framed in terms of cun guan chi of today’s pulse taking, so what do we make of descriptions of qualities in specific positions such as a slippery right guan? We see for example in the Shanghan Lun:

*“When there is a glomus under the heart that is soft when pressure is applied, and the pulse is floating on the bar
Rhubarb and Coptis Heart draining decoration governs” line 154*⁹⁶

*“When In could damage, there is abdominal fullness, delirious speech, and the inch opening is floating and tight, this
means liver is exploiting the spleen and it is called restraint. One should needle Cycle Gate [Liv 14]” line 108*⁹⁷

Here at least they are in floating [yang] positions but In contemporary practice we often hear reference to such qualities at both depths and related to the organs⁹⁸ but this explanation is problematic for the following reasons:

⁹²Yang & Chace (1994) p 206

⁹³ Unschuld (1986) p 243-244

⁹⁴ Yang & Chace (1994) p 205

⁹⁵ Yang & Chace (1994) p 209

⁹⁶ Mitchell et al (1999) p 230

⁹⁷ Mitchell et al (1999) p 275

⁹⁸ Hicks et al (2004) p 220, Ross (1994) p 215-216

- According to Su Wen/Jia Yi Jing the terms spleen pulse etc likely refer to a quality not a position
- According to the Nan Jing the 6 positions are referred to by their channel names not organ names
- Furthermore the Nan Jing and Ling Shu present acupuncture balancing excess and deficiency in the pulse, with both yin and yang channels able to show excess or deficiency while Su Wen 11 states the same is not the case for the organs.

A way to rationalise these conflicting positions is to consider the three sections on the wrist as regions rather than organs. The Su Wen is sparse when it comes to discussing specific wrist locations, but chapter 17 describes the positions with respect to geography of the body:

*“The inside of the foot section on both sides, this is the region of the free ribs.
The exterior of the foot section serves to examine the kidney, the interior serves to examine the abdomen.
On the central instep, on the left,
the exterior serves to examine the liver; the interior serves to examine the diaphragm.
On the right,
the exterior serves to examine the stomach, the interior serves to examine the spleen.
On the upper instep on the right,
the exterior serves to examine the lung, the interior serves to examine the chest centre.
On the left,
the exterior serves to examine the heart, the interior serves to examine the dan zhong...
The upper end refers to the chest and the throat and the lower end to the lower abdomen, lower back, thighs,
shins and feet”⁹⁹.*

So we see a presentation in terms of actual anatomy [no Large intestine in the upper jiao] designating regions which of course include pointing out major organs in those localities. If this is the case then a congested middle can show as a wiry pulse in either or both guan positions. Does that mean an excess pattern in the organ itself? No, it can be thought of as the region around the organ, remembering that Su Wen 28 extends the hollow spaces beyond the Fu to include the “*body of man*”, anywhere in fact that are not the zang themselves. With this in mind we can see congestion in the spaces around the zang but not in the zang and so not break the Su Wen 11 rule of no excess patterns in solid organs. This does not mean the solid organs are completely unaffected, merely that their revival can be achieved in the case of an excess pattern by removing the congestion in their immediate environment.

But what if we needle a liver or spleen point? That still is fine as it can affect the organ indirectly via the channels which as we have said above can be empty or full. The effect on the organ from

⁹⁹ Unschuld & Tessenow (2011) p 295-297

the needling can be through holographic mirroring, or through channel connections either direct or indirect. The complexity of the multitude of indirect relationships that exist makes it difficult to know what is the most effective path to influence the organ¹⁰⁰ without some inside knowledge of which routes are clear and which are blocked. This is where the diagnostic potential of the pulse comes in.

The radial pulse is a microcosm of the body, in addition to reflecting the channels also show us what the local environment is like in terms of heat and cold and congestion of water, qi blood etc. We have complementary positions where acupuncture is driven primarily by relative pulse quantities [either radial or carotid/radial] to determine which channels [in the 'external' environment] need filling or emptying. Herbal medicine is driven primarily by pulse qualities which are like weather reports for local regions. These inform us on how climate needs adjusting with respect to the body [interior/exterior, upper/lower, hollow/solid spaces etc] through the application of flavour, temperature, diuresis etc. This kind of logic applied to acupuncture is problematic to the say the least and did not appear before the modern era¹⁰¹. If we are to choose points along these lines we have to make a translation from one [temperature/flavour/substance based] system to another [location based]. There is no clear rationale for this as far as I can see, and the positive effect that does come from these treatments can often be explained from a location based/holographic description of drawing the body's attention to a given location rather than any complex mind-body mechanism inbuilt within the point.

Root and Branch treatment

*"Root treatment is performed in accordance with the pattern of disease, and symptomatic treatment in accordance with the symptom of the disease - Yamashita 1971"*¹⁰²

The root and branch aspect of a treatment presents another way into these issues. If root treatment is creating global balance and branch treatment targets local conditions, then root treatment is inseparable from pulse or some other diagnostic microsystem [abdomen, tongue, ear etc] to give a birds eye view of the whole body. The Nei Jing and Nan Jing present us with channel based methods to treat diseases or pulse defined patterns of deficiency and excess, but there are also many examples of specific points for targeting symptoms alongside the main treatment.

¹⁰⁰ If we take the jueyin foot channel for example, before it reaches the liver it connects to GB [from Liv1, 5, 13], Sp and Ki [at SP6], Sp [Liv 14, Sp12,13,], Ren mai [at CV2, 3, 4], St [at St 25], Du mai [Du20, 1] Deadman [1998] p 52-54

¹⁰¹ Seem (1993) p 39

¹⁰² Shudo (1983) p 151

When muscles have alternating sensations of cold and heat, when muscles ache, skin and hair on the head are scorched and the lips completely dried up, if the patient is unable to sweat one chooses below the third yang conduit to remove blood, and one supplements the foot major yin to cause sweat to leave the body... ”¹⁰³

“ ...for sudden loss of voice, with qi hardened one chooses futu [LI18] and remove blood from the base of the tongue. In case of deafness with qi being covered and the ears and eyes no longer being in a position to hear and see clearly one chooses tian you [TB16]” LS21¹⁰⁴

Similarly within the Nan Jing the first chapter on needling patterns [NJ 69] refers to treating root patters via the mother - child channels, though later chapters [eg NJ 68] specify points for symptoms as outlined in the table previously.

Treating the root with needles is to create better cohesion across the pathways that unite and integrate the body. Furthermore if we consider that this is a stimulus via the skin, if it is relatively strong it shifts emphasis on that location to either affect it directly or another specifically related location [ie the various forms of distal needling]. However if the effect is to be a systemic harmonisation perhaps the ideal technique should not be overly strong so as to avoid any unnecessary emphasis on one location [though this in turn could be mitigated by then leaving the needle in place for sometime to allow the body to integrate the stimulus]. This idea of a low amplitude stimulus is typical of Japanese meridian therapy¹⁰⁵ where the core aspect of root treatment is performed by extremely mild stimulus. This is not registered as pain or discomfort at the point, though the body shows a systemic response which correlate with specific autonomic changes in pulse quality, breathing and skin lustre etc¹⁰⁶. Given todays needle manufacturing technology and what they would have had in the Han dynasty its hard to imagine that this is the same kind of needling used then. However, when looking at the description of the 9 needles in the Jia Yi Jing we have:

1 - Arrowhead [Chan] needle (Heaven)	1 cun 6 fen long, pointed half a cun from the tip	Cutaneous regions, head and trunk	Releases yang qi
2 - Tubular [Yuan] needle (Earth)	1 cun 6 fen long, cylindrical body, round end like a small egg	Partings of the flesh	Evacuates evil qi
3 - Blunt [Di] needle (Human)	3 cun, 5 fen long, large body and round end like a millet seed	Disease of the vessels and diminished qi.	Presses without sinking to assess the qi, also drives out evil qi.

¹⁰³ Unschuld (2016) p 279

¹⁰⁴ Unschuld (2016) p 281

¹⁰⁵ Shudo (2003) p 238, Fukushima (1991) p 158

¹⁰⁶ Birch (2009) p 26

4 - Sharp [Feng] needle (4 seasons)	1 cun 6 fen, cylindrical body and pointed end of 3 blades	Chronic disease of the channels and connecting vessels, drain the well and brook points of the affected viscera	Drain heat and let out blood for chronic disease arising from wind strike from the 8 directions
5 - Sword [Pi] needle (5 tones)	4 cun long, 2.5 fen wide like a sword	Remove purulent sores	Treatment of swelling
6 - Round sharp [Yuan Li] needle (6 pitches)	1 cun 6 fen long, can have slight enlarged end and smaller body	Visiting empty evil in the channels and connecting vessels	Removes Fulminant Bi qi
7 - Filiform [Hao] needle (7 stars)	1 cun 6 fen long, sharp tip like the nose of a gadfly	Painful Bi in the connecting channels	Insert slowly, twirl gently, retain for long time to conduct the correct qi to expel the evil. For pain
8 - Long [Chang] needle (Wind)	7 cun long, thin body sharp end.	Bone fissures, intervertebral joints, parting of the flesh	Deep lying Bi
9 - Large [Da] needle (9 regions)	4 cun long, developed from the sharp needle, slightly rounder tip	Joints and articulations, regions delineated by bones	Drain evil qi [including water swelling] from interior and exteriors which block the articulations,

[From Yang & Chace (1994) p 275-276]

This Jia Yi Jing chapter draws largely from Ling Shu 78 but we see similar descriptions in the opening chapter of the Ling Shu:

The arrowpoint needle: its end is like the tip of a millet grain. It serves to exert pressure on the vessels without having them cave in, so that their qi can be reached. ¹⁰⁷

We see actually that the only needle advised for ‘disease of the vessels / diminished qi’ or ‘reaching the qi of the vessels’ is the third needle translated as ‘blunt’ or ‘arrowhead’. Known as a ‘teishin’ in Japan it is essentially a blunt needle not designed for breaking skin. In the above descriptions the needles used to pierce the skin all have a draining function of one kind or another. So perhaps the rise in popularity [at least in Japan] of needling the surface may in fact be the reintroduction or at least a variation of an original technique.

The Japanese skin scientist Denda Mitsuhiro has found that the skin can sense differences of one micron which is not possible with just sensory nerves as they are relatively dispersed¹⁰⁸. The dermis and the epidermis originate from the mesoderm and ectoderm respectively, the latter also is the basis for the central nervous system. Denda believes that the epidermis is directly connected to the central nervous system in a way that goes beyond the peripheral nerves, it’s able to process information independently before transmitting it to the nervous system. When a needle penetrates, even shallowly [around 4mm] into the dermis the stimulation at this depth is carried to the brain via unmyelated and myelated fibres, the specificity of these pathways means

¹⁰⁷ Unschuld (2016) p 43

¹⁰⁸ Matsuda (2913) p 11

the location of stimulation can be easily identified. The stronger the stimulus the more clearly localised. In non penetrating needling however the dermis and these specific nerve fibres are not directly stimulated and the effect is carried direct to the hypothalamus with the epidermis acting as its sensory organ¹⁰⁹.

Concluding remarks

Symbolic language and its ossification

I think that with a few exceptions we really have very little if any idea of what is happening internally when we treat. We can see changes from the outside such as skin colour, texture, lustre, changes in pulse and breathing patterns, softening of tissue but the mechanisms for these changes are generally mysterious¹¹⁰. In fact the Chinese medical model I would say is premised on accepting mystery as its starting point¹¹¹, that is to say the whole body mind conglomeration is treated as a black box. Into this void we invoke a narrative of metaphor and symbolic language (Daoist landscapes, yin yang and 5 phase interactions, climates and deities etc). This allow us to make sense of symptoms and physiological processes as well as promoting an integrated view of the (traditional Chinese) world. The surface of 'the box' manifests changes, and these changes can be seen and felt and form the basis for diagnosis and treatment.

*"Because the black box is unavailable for internal inspection, the practitioner can only investigate its outputted information that correspond to internal changes. Then, through the analysis and judgement [diagnosis] of this information, the practitioner formulates treatment plans, and inputs therapeutic intervention [treatment] into the black box to control its internal changes"*¹¹²

¹⁰⁹ Makiko (2013) p 5

¹¹⁰ It is also the case for the cause and effect of treatment and result; if someone responds immediately or shortly after with clear subjective or objective changes in symptoms and well being then this can be strongly correlated with treatment. The bigger the time gap in the feedback loop the harder it is to say that our model for treatment is correct in its application. eg treatment gaps of a month are hard to judge the effect of treatment though despite many of us feeling there is benefit in periodic treatment even in relatively healthy patients.

¹¹¹ Descriptions of the origin and nature of the world and by extension the human always start with life as routed in mystery: *"Of old, in the time before there was Heaven and Earth: There were only images and no forms. All was obscure and dark, vague and unclear, shapeless and formless, and no one knows its gateway."* [Major et al] (2012) p 75; *"These two - the nameless and what is named - emerge from the same source yet are referred to differently. Together they are called obscure. The obscure of the obscure, They are the swinging gateway of the manifold mysteries"* Ames & Hall (2003) p 77; *"cosmological concepts place at the beginning of Heaven and Earth 'Primordial Chaos', called Hun Dun: a sphere that holds within it self the whole universe but in a diffuse, undifferentiated and potential state"* Schipper (1982) p 34. From this mystery names are given, conceptual thinking emerges etc. All with the understanding of the provisional nature of these schemes

¹¹² Guan-Yuan et al [2007] p 135

However the mechanisms by which these changes occur are beyond a veil, only to be inferred and speculated on, thus our diagnostic models cannot say what is, or lies within, only what we can do to rectify what we see on the surface.

Any discussion about our treatments is built on a series of proposed relationships; if the use of Ki 7 was a success was it because it was the metal so the mother point for the channel? Was it because it was able to tonify the yang of the kidney? Or maybe because it is a deep energy point?¹¹³ Or did it work simply because it was a kidney point i.e. a point on the appropriate channel that happened to respond to stimulation/adjustment. Maybe in fact another kidney point would have been equally sufficient or better. Any assertion about what is happening is hard to be prove right or wrong as these positions are largely untestable. However in discussion, and with the written word it becomes easy to lose this sense of such transient and provisional relationships, and so we tend to gravitate into a view based on the existence of fixed independent [in this case informational or conceptual] “things”.

What begins as a functional bridge to help guide us to a treatment ossifies into a kind of alternative anatomical structure increasingly more detailed in its descriptions and extrapolated implications; in the use of extra vessels¹¹⁴ , or the linking of calendrical concepts to channels and points¹¹⁵ etc in a way that is neither supported by classical texts nor necessary for treatment. This may indeed be interesting speculation and perhaps will yield new developments in the future, but it is too easy for students of Chinese medicine to assign a degree of truth and reliability to these imagined edifices that isn't reflected in classical medicine. By this I mean the medicine rooted in the 4 pillars of diagnosis by pattern [ZHENG]¹¹⁶, that which we can see, hear, ask and (especially for acupuncture) touch.

About the time that I first started thinking about some of these issues, I had a brief infatuation with the American TV show Ice Road Truckers. The show featured frozen rivers and seas of Canada and Alaska that were able to be used as roads to supply the oil fields in the north, but only when the ice was thick enough to bear the weight of a huge lorry. It struck me that the

¹¹³ Deep energies is a concept developed by J D van Buren to describe how the 24 hour meridian cycle could be fitted onto a 5 phase model of the day ie the kidney is associated with the 2 hour interval of 5-7pm which is the late afternoon or Autumn [metal] of the day. Kid 7 is the metal point so best manifests this quality

¹¹⁴ *“They are creative and in this way participate in all our creations and plans..I use these vessels primarily in their creative capacity”* Kespi (2012) p 88;
“the extra vessels regulate the non physical aspects as deep menta and emotional processes, the instinct to cope with daily life and the behaviour of human beings” van Kervel (2012) p 328;
The eight extra channels are only for the treatment of Yuan-level imbalances and illness...utilising this qi by brining it and its fluids to the surface ultimately shortens life “and speeds ageing thought the exhaustion of yuan qi” Cecil-Sterman (2012) p 219

¹¹⁵ *“A stem point is the point which has the quality of the ‘great movement’ of the stem For instance the stem Jia, gall bladder in earth, has the great movement of earth, which indicates that the earth point of the dan [gall bladder], GB 34 is the stem point. “* van Kervel (2012) p 346;

¹¹⁶ Birch & Felt (1999) p216

dilemma of those drivers can be similar to the Chinese medicine student/practitioner when confronted with such a broad range of ideas and approaches. For me personally though I would not totally discount anyones Chinese medical ideas on how to treat, I can't help but feel that the ice is a lot thicker in some regions of our conceptual landscapes than others. One of the indications for potentially thin ice for me is where there is a strong tendency to conceptualise, and create detailed symbolic / intellectual models that are then used as a basis for [sometimes quite prescriptive] treatment. Whereas systems of [in particular] acupuncture that are guided by simpler conceptual maps and place more weight on tactile and bodily experience, are likely to be in my opinion to be more reliable and repeatable. These systems generally contain a real time feedback loop [eg changes in pulse, abdomen, range of motion etc] that can be used to confirm the appropriateness of a course of action even if little can be said about the mechanisms of the interior. Crucially they sidestep any need to rely on an overly detailed intellectual model of what is happening and place their trust in a somatic response.

I began by looking at two models for treatment and how they relate to channel and organ theory, aspects of pulse and the relationship of herbs and acupuncture to internal and external environments of the body. These aspects are usually mixed in a way that often obscures a clear view, for me personally I have found that in separating out these positions there has come, like the breaths of Heaven and Earth emerging from Chaos, a better understanding of each and how they relate to each other.

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