



ejom
Vol.9. No.6. 2021

Dilemmas of Practice

The Separation of Breaths - Untangling the Threads of Practice

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ABSTRACT

This article looks at two models; point centred treatment (PCT) loosely associated with TCM, and channel centred treatment (CCT) affiliated more with the five element system. It examines how they relate to channel and organ theory, and the relationship of herbs and acupuncture to internal and external environments of the body, quoting classical sources. The author has found that the various aspects mentioned above are often mixed in ways that obscure a clear view, and that by separating the different positions one can come to a better understanding of each, and how they relate to each other.

Points and Channels

Over the years I have puzzled over how to reconcile treatments where a point on a channel is supplemented or drained based on a full or empty pulse finding, and treatments where the point is chosen for its function and the presenting pathology of the patient. This first struck me when teaching at ICOM and being asked if one would still use St 36 *zu san li* for fatigue and poor digestion if the right superficial *guan* was not deficient. There are of course times when in such a situation it is clearly deficient but also times when it isn't, or even presents as 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 questions lurking about how they can all sit alongside each other. Suffice to say the question highlighted two views on when to supplement this point; one when there are symptoms that match the point function, and one where the right superficial *guan* shows a relative deficiency. I have come to label these as the Point Centred and Channel Centred treatment approaches.

1. 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 point,¹ and its ability to correct the presenting pathophysiology. For example if the diagnosis is Damp (e.g. feeling of heaviness, lack of appetite, sticky tongue coat etc)² it then requires a point with the function of transforming Damp e.g. Sp 9 *ying ling quan*. Sp 10 *xue hai* won't do, nor Sp 8 *di ji*³ as neither have this function. The point is chosen for its function, pulse⁴ may be used to confirm the nature of the pathology rather than selection of channel.

Another example could be LI 11 *qu chi* for clearing 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, etc., irrespective of location, if Heat is indicated.

2. Channel centred treatment

By channel centred treatment (CCT) I am referring to a clinical approach where the efficacy of the treatment comes from creating a balance within the whole channel system. This is primarily diagnosed by pulse and secondary palpation methods. A pulse indicating Spleen channel vacuity will necessitate the use of a point such as Sp 2 *da du* or Sp 3 *tai bai*; the specific point is less of an issue as long as the selection is on the appropriate 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. This in turn will lead to resolution of interior pathology.

3. Language of the problem is the language of the solution

Both approaches describe points through their respective diagnostic lenses. In the case of a PCT such as TCM, diagnosis and treatment are 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 (Sp 9 *ying ling quan*), build Blood (BI 17 *ge shu*), tonify Kidney *Yang* (Ki 7 *fu liu*), coursing *qi* (Liv 3 *tai chong*) etc.⁵

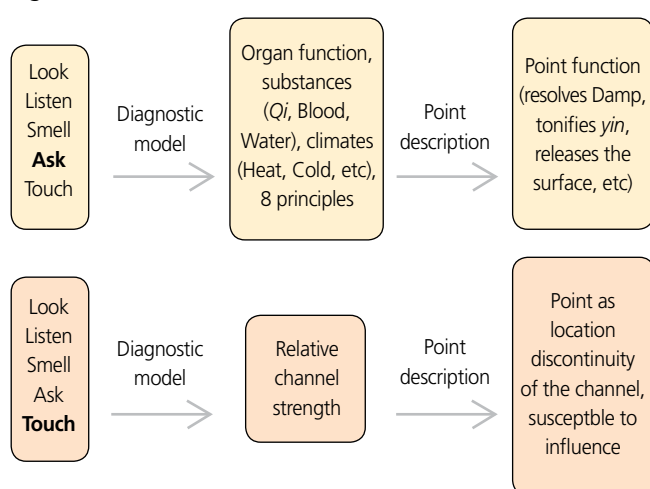
This is so not just for TCM organ patterns. For example in J. R. Worsley's Leamington acupuncture teaching we find: 'It (He 4) is especially indicated when the spirit is agitated from deficiency or if the patient feels miserable and sad and needs to be reconnected with their path' Hicks et al (2004); in J. D. van Buren's ICOM curriculum: '(BI 37/42) Influences the Po' ICOM (2014), and similarly in French schools: 'It (BI37/42) 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). Also, 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 functions 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 as a location necessitating supplementation or dispersion.⁶

In both approaches there is a continuity of language from the framing of diagnosis to the solution, whether geographical distributions of emptiness and fullness (CCT), or descriptions of pathophysiology (PCT). The former leans more towards touch as the primary diagnostic tool, the latter in most cases more towards questioning.

Figure 1



How we frame the diagnosis 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.

4. Integration

Clinically this separation is not absolute; having selected a channel to treat, the CCT approach can also take into account symptomatic presentations, examples from *Nan Jing*⁷ and *Nei Jing*⁸ include:

Table 1

	<i>Ling shu</i> 44	<i>Nan jing</i> 68
<i>Jing</i> /Well	Needle in Winter Needle when disease is in the <i>zang</i>	Fullness below the Heart
<i>Ying</i> /Spring	Needle in Spring Needle when a disease is associated with a change of patient's complexion	Body Heat
<i>Shu</i> /Stream	Needle in Summer Needle when the disease becomes milder, the increases in severity	Heavy body and joint pain
<i>Jing</i> /River	Needle in later Summer Needle when the disease is associated with a change in the patient's voice	Panting, coughing, alternating Cold and Heat
<i>He</i> /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 could be the Japanese meridian therapy schools which developed extended root patterns to include Cold and Heat as modifiers to the point choice.⁹ However, these are suggested adjustments based on symptomatic indications, the needling is a means to balance (full/empty) channel relationships not on directly resolving an internal pathogen or a more abstract emotional/spiritual narrative. Also, practitioners of CCT typically prioritise tactile responses over function in their selection and location of point, this is known as looking for the 'active point'.¹⁰ It would be hard to deny that this is at the heart of acupuncture; in the pulse chapters of the *Nei Jing*,¹¹ as well as in pre *Nei Jing* texts, channels are indicated but not specific locations¹² which must be derived through touch. Palpation and channels also drive point selection in PCT such as TCM when treating musculoskeletal problems with *ashi*,¹³ but this is guided largely by symptom rather than pulse.

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 is simply treatable by needling the associated channel. Although on the face of it this appears to make sense, and often seems effective, on examination this equivalence becomes problematic. However, there is a way to explain the effectiveness of such treatments, whilst avoiding conflict with classical descriptions of organ and channel.

I would like to propose a distinction between internal and external physiology. The former consists of the complexity of multivariable organ-substance-climate interactions. The latter describes a 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, they behave differently whilst not being entirely separated. One key aspect in which they differ is with respect to 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.'¹⁴ *Su Wen 11*

The *Su Wen* presents fullness as healthy or pathological if it is in viscera or bowels respectively, and by extension an absence of fullness that can be healthy (in the bowels) and pathological (in the viscera). The viscera are the solid organs, they fill with Blood, Essence, life. This is to be supplemented not drained. The bowels are hollow, they become replete with air, water, food, waste products, etc. that require emptying to promote healthy physiology. This contradicts some TCM patterns¹⁵ which present excess and deficiency as possible in both viscera and bowels, but from the *Nei Jing* position any fullness with respect to a *zang* is really a fullness of its corresponding *fu*.¹⁶ We see this also in the *Mai Jing* which ascribes Hot patterns to the bowels and Cold patterns to 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.'¹⁷ *Mai Jing 8*

Similarly, the *Nan Jing* delineates 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 palaces 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.'¹⁸ *Nan Jing 9*

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.'¹⁹ *Su Wen 35*

'Now, as for repletion, that is *qi* entering. As for depletion, that is *qi* leaving. As for *qi* repletion that is heat; as for *qi* depletion, that is cold.'²⁰ *Su Wen 53*

We see a coherent description of Heat arising from fullness which requires draining and abides in the hollow organs, while Cold arises from deficiency which requires supplementation and is found in the solid organs. The normal context of Heat is excess

and of Cold is deficiency. Even when considering patterns of *shao yin* 'empty Heat',²¹ the *zang* are the locus of the 'empty component'; the Heat lies outside the viscera. And in the case of 'full Cold' such as in *tai yang* Cold damage patterns,²² any 'fullness' is again located outside of the *zang*.

The potential location for pathological fullness is further elaborated below:

'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.'²³ *Su Wen 28*

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 heater is responsible for the opening up of passages and irrigation. The waterways (routing of water) stem from it.'²⁴

Described in the *Shanghan Lun* as 'half exterior half interior'²⁵ its pathology is characterised by stasis of *qi* and/or fluids that can be Cold, or a flaring of Minister Fire.²⁶

The Channels

'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."²⁷ *Ling Shu 10*

'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.'²⁸ *Su Wen 70*

The *Nei Jing* and *Nan Jing* present illnesses as manifesting in the channels as an imbalance of deficiency and excess, the harmonising of which leads to a positive outcome in treatment.

'It is like this. The passage of the influences is like the flow of water, it never comes to rest... Nobody knows 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.'²⁹ *Nan Jing 37*

The channels are intimately connected with the organ system, they regulate the interior and maintain the relationship of *yang* contained within *yin* as the central dynamic of health; once *yang* leaves the containment of *yin* (i.e. the *yang* becoming Cold), it can no longer drive the mechanisms of physiology.³⁰

‘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.’³¹
Nan Jing 48

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 (e.g. painful obstruction) and a depletion of the corresponding channel. One must not confuse these and assume the state of a given channel is equivalent to its organ or presenting symptoms. We should treat a channel according to its state irrespective of other considerations.

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.’³²
Nan Jing 76

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

The Chinese view of the world is holographic, the body has its internal geography³³ with a political hierarchy³⁴ and 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 this network is a ‘digital’ one of excess and deficiency, while that of the interior is more an ‘analogue’ environment of complex changing conditions of temperature and humidity, movement/activity and stasis of pathological by-products. To maintain a dynamically balanced state the interior needs to adapt to environmental changes and all systems do this through feedback signals. The channel system can be the medium for this transmission.³⁵ This model fits closely with the classical presentation of the five phase interactions in their engendering and restraining relationships. We could see the five phase model as a perfect description of feedback mediated homeostasis that is at the heart of any living system.

Herbs and acupuncture

The physiology of the interior and exterior cannot be separated 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. Let us consider how needles and herbs act on the body.

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 *gui zhi*,³⁶ *shu jiao*,³⁷ *xi xin*³⁸ etc. will warm the body, and herbs such as *shi gao*,³⁹ *huang qin*,⁴⁰ *huang lian*⁴¹ will have a cooling effect. There are also herbs such as *fuling*⁴² to remove water, herbs like *da huang*⁴³ to move stuck digestive products or dried blood. These are properties that have been modelled in terms of temperature flavour etc. and though the preparation methods can refine their actions, these are in-built into the biochemistry of the herb. *Da huang* 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.

Consider what happens when we needle (or use moxa), can we warm *yang*, tonify *yin*, drain Damp, cool in the same way? Specific points are often described as inherently having these properties. But how can it be that a point like Ki 7 *fu liu* warms the *yang* of the Kidneys⁴⁴ (i.e. the root of *yang* in the body)⁴⁵ while two inches below it Ki 3 *tai xi*⁴⁶ or 6 *zhao hai*⁴⁷ 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 method⁴⁸ which require thick muscle to induce a body wide response,⁴⁹ how can specific points cool or heat a specific organ? How can LI 11 *qu chi* be indicated for clearing Heat when slightly above and below LI 10 *shou san li* and 12 *zhou liao* have no such indications,⁵⁰ or how is it that St 40 *feng long*⁵¹ can resolve Phlegm while St 38 *tiao kou*⁵² 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 to that of a warming herb, cannot be simply equated to this.⁵³

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 like surgeons or pathologists, we need to think like estate agents! 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 reintegrating 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. For example, the Lung channel used to treat pain in the Bladder channel, via the midday midnight law. The intended effect is less about systemic balance, rather it is focused on a specific region, utilising the architecture of the channel system⁵⁴ and the practitioners' ability 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 on drawing the body's consciousness directly to where the problem is located. This explains how some points have picked up functions for particular internal conditions without having to rely on the language of herbs. In the case of a painful joint we can needle directly at the location, or in the case of an organ, needle over the area using the trunk of the body. This where we find the back *shu* points and front *mu* points, arguably points with the closest relationship to the organs themselves.

However, using the concept of holography almost any distal point can affect the trunk. There are specific acupuncture microsystems such as those of the ear,⁵⁵ hand,⁵⁶ scalp⁵⁷ and abdomen,⁵⁸ but the holographic principle extends to the whole body. Overlapping maps are described in the Tung system by several authors⁵⁹ and this can provide a clear and simple rationale to explain the use of points for specific patterns. The stomach for example, resides in the centre of the trunk, or the middle *jiao*, the most direct access would be CV 12 *zhong wan* which is close to the centre of the body. St 36 *zu san li* and LI 10 *shou san li* are both he/sea points for the Stomach and reside just below the centre of the leg and arm respectively. The limbs mirror the body. St 42 *chong yang* 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 extends to internal pathologies, in the case of Sp 9 *ying ling quan* for Damp, the point reflects the middle of the body. Fluid disharmonies of the centre often show congestion around the epigastric region described in the *Shanghan lun* as a glomus.⁶⁰ Formulas for Damp typically involve the use of bitter herbs that both descend and separate out the thin fluids from the thick,⁶¹ though with herbs there are nuances

of Damp, Rheum, Water, etc. the treatment with needles is simpler. Needles merely release the congestion that is mirrored at reactive locations elsewhere. So the action of draining Sp 9 *ying ling quan* leads to 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 *Su Wen* chapters 58, 60, and 61,⁶² there is discussion on Water points: '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".'⁶³

These points all reside in the lower abdomen and back, and lower leg; Damp as the most material of the climates tends to sink and accumulate in the lower regions, by drawing the body's attention to these locations or to holographically related points such as Ki 3 *tai xi*, 7 *fu liu*, 8 *jiao xin*, or Sp 6 *san yin jiao* (all have Damp related functions)⁶⁴ fluid congestion is able to be resolved from the bottom up. In this context we can see points such as Ki 8 *jiao xin* or Sp 9 *ying ling quan* as resolving Damp simply by drawing attention to the lower and middle respectively, either stimulating activity or freeing congestion depending on needle technique to thus encourage a return to optimum functioning.

In practice these two perspectives can combine in clinical application. For example, Sp 9 *ying ling quan* and St 36 *zu san li* as well as Ki 10 *yin gu* and Liv 8 *qu quan*, GB 34 *yang ling quan* are all in the same relative location, though each one has a reference to the treatment of Damp⁶⁵ 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 it is 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 just a location prone to congestion or depletion, the outcome of its stimulation, and its efficacy in treatment being simply its reintegration into the wider network.

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.'⁶⁶ Yamashita 1971

The *Nei Jing* and *Nan Jing* both utilise channel methodology to treat diseases or pulse patterns of deficiency and excess, but there are also examples of points targeting specific symptoms alongside the main treatment.

'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...'⁶⁷

'... for sudden loss of voice, with *qi* hardened one chooses *fu tu* (LI 18) 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* (TB 16).'⁶⁸ *Ling Shu*

Similarly the first *Nan Jing* chapter on needling patterns (*Nan Jing* 69) treats root patterns via the mother-child channels, though other chapters (e.g. *Nan Jing* 68) specify points according to symptoms as outlined previously.

Channels provide a means to global balance, but to avoid overemphasising the site of insertion perhaps the ideal technique should not be overly strong (though this could be mitigated by needle retention allowing the body longer to integrate the stimulus). A low amplitude stimulus is typical of Japanese meridian therapy⁶⁹ where the root treatment is performed by an extremely mild stimulus which nevertheless shows systemic responses correlating with specific autonomic changes in pulse quality, breathing, skin lustre and so on.⁷⁰ Given today's needle manufacturing technology and what they would have had in the Han dynasty it is hard to imagine that this is the same kind of needling used then. However, when looking at the description of the nine needles in the *Jia Yi Jing* we have:

This 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.'⁷¹

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.⁷² So in superficial needling we may be seeing a 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 sensory nerves due to their relative separation.⁷³ Denda believes that the epidermis is directly connected to the central nervous system in a way that goes beyond the peripheral nerves. When a needle penetrates into the dermis the stimulation is carried by nerve pathways, which means the location of stimulation can be easily identified. The stronger the stimulus, the more clearly localised. In non-penetrating needling however, these pathways are not directly stimulated and a non-localised effect is carried direct to the hypothalamus, with the epidermis acting as its sensory organ.⁷⁴

Table 2

1 - Arrowhead (<i>chan</i>) needle (Heaven)	1 <i>cun</i> 6 <i>fen</i> long, pointed half a <i>cun</i> from the tip	Cutaneous regions, head and trunk	Releases <i>yang qi</i>
2 - Tubular (<i>yuan</i>) needle (Earth)	1 <i>cun</i> 6 <i>fen</i> long, cylindrical body, round end like a small egg	Partings of the flesh	Evacuates evil <i>qi</i>
3 - Blunt (<i>di</i>) needle (Human)	3 <i>cun</i> , 5 <i>fen</i> long, large body and round end like a millet seed	Disease of the vessels and diminished <i>qi</i> .	Presses without sinking to assess the <i>qi</i> , also drives out evil <i>qi</i>
4 - Sharp (<i>feng</i>) needle (4 seasons)	1 <i>cun</i> 6 <i>fen</i> , 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	Drains Heat and lets out Blood for chronic disease arising from Wind strike from the 8 directions
5 - Sword (<i>pi</i>) needle (5 tones)	4 <i>cun</i> long, 2.5 <i>fen</i> wide like a sword	Remove purulent sores	Treatment of swelling
6 - Round sharp (<i>yuan li</i>) needle (6 pitches)	1 <i>cun</i> 6 <i>fen</i> long, can have slight enlarged end and smaller body	Visiting empty evil in the channels and connecting vessels	Removes Fulminant <i>bi qi</i>
7 - Filiform (<i>hao</i>) needle (7 stars)	1 <i>cun</i> 6 <i>fen</i> long, sharp tip like the nose of a gadfly	Painful <i>bi</i> in the connecting channels	Insert slowly, twirl gently, retain for long time to conduct the correct <i>qi</i> , to expel the evil. For pain
8 - Long (<i>chang</i>) needle (Wind)	7 <i>cun</i> long, thin body sharp end .	Bone fissures, intervertebral joints, parting of the flesh	Deep lying <i>bi</i>
9 - Large (<i>da</i>) needle (9 regions)	4 <i>cun</i> long, developed from the sharp needle, slightly rounder tip	Joints and articulations, regions delineated by bones	Drain evil <i>qi</i> , (including Water swelling) from interior and exteriors which block the articulations

Concluding remarks

Symbolic language and its ossification

With few exceptions we really have very little idea of what is happening internally when we treat. The Chinese medical model is premised on accepting mystery as its starting point,⁷⁵ 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 five phase interactions, climates and deities, etc.).

'Because the black box is unavailable for internal inspection, the practitioner can only investigate its outputted information that corresponds 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.'⁷⁶

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.

The method of needling takes place at the surface and seeks to fill or

empty one location relative to another. Framed in this light, treatment models guided by simple conceptual maps, placing weight on tactile and bodily experience, without relying on internal/herbal theory, are a good fit for acupuncture. These systems usually contain a real time feedback loop (e.g. changes in pulse, abdomen, range of motion, etc.) that can confirm the appropriateness of a course of action even if little can be said about the state of the interior.

I began by looking at two models for treatment; one places efficacy in the functions of points, the other in the balance of the channels. The two models are entangled, with organs and channels which, though often conflated, actually behave differently, so the state of an organ may not be reflected in its channel. This must be assessed through touch. I am left with the CCT/PCT dichotomy as being really one of root and branch; for acupuncture the CCT balancing of channels is the root treatment, it is the rebooting of the body's ability to self-regulate. The point-based PCT is a branch method; it is symptom driven. Its actions, rather than relying on pathophysiology, can still be simply seen as taking place through the focussing or dispersing of the body's resources at a given location. Much as the primordial breaths separate to form Heaven, or condense to form Earth.

ENDNOTES

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**
4. Further discussion on pulse with respect to channels and organs has been omitted for reasons of space and will be covered in a separate article
5. **Deadman (1998)** pp.194, 272, 346, 477. **Maciocia (1989)** pp.394, 414, 229, 454.
6. **Unschuld (2016)** p.38, **Shudo (1983)** p.32
7. **Unschuld (1986)** p.577
8. **Unschuld (2016)** p.433-2
9. **Ikeda (1996)** p.xxi, **Okabe (1999)**
10. **Shudo (2003)** p.6
11. **Unschuld & Tessenow (2011)** pp.183-4, **Unschuld (2016)** p.158-61
12. **Birch et al (2014)** p.55, **Harper (1998)** p.91
13. **Maciocia (2006)** p.124
14. **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.'
15. **Maciocia (1989)**, **Ross (1985)**, **Zhang (1988)**
16. **Versluys (2008- present)** commentary; the classical position is hollow organs have space for pathological fullness to reside, e.g. the fullness of Liver qi is treated with *chai hu* and *huang qin* – *shao yang* herbs, i.e. Gall Bladder/Triple Heater, fullness and Phlegm 'in the lungs' is really on the surface of the Lungs, it is treated with *yang ming* herbs.
17. **Yang (1997)** p.14
18. **Unschuld (1986)** p.140
19. **Unschuld & Tessenow (2011)** p.543
20. **Unschuld & Tessenow (2011)** Vol. 2, p.14
21. **Unschuld & Tessenow (2011)** Vol. 2, p.12 'the qi is depleted and the body is nevertheless hot and this is called "contrary"'
22. **Unschuld & Tessenow (2011)** Vol. 2, p.12 'Qi abounds, while the body is cold'
23. **Unschuld & Tessenow (2011)** p.459
24. **Larre & Rochat de la Vallée (1992)** p.39
25. **Mitchell et al (1999)** p.423, **Schell (2018)** p.151
26. **Schell (2018)** p.479.
27. **Unschuld (2016)** p.176
28. **Unschuld & Tessenow (2011)** Vol.2, p.355
29. **Unschuld (1986)** p.388
30. *Yang* is expansive like Heaven and *Yin* is condensed like Earth. *Yang* must be within *Yin* for their continued coupling and the [re]birth of physiology. This is the animating principle/activity contained within form, or function contained within structure. Either way separation is illness and death.
31. **Unschuld (1986)** p.449
32. **Unschuld (1986)** p.626
33. **Schipper (1982)** p.100
34. **Unschuld & Tessenow (2011)** p.155-9
35. **Manaka et al (1995)** p.60
36. **Wilms (2016)** p.90
37. **Wilms (2016)** p.236
38. **Wilms (2016)** p.45
39. **Wilms (2016)** p.265
40. **Wilms (2016)** p.183
41. **Wilms (2016)** p.214
42. **Wilms (2016)** p.97
43. **Wilms (2016)** p.298
44. **Maciocia (1989)** p.429, **Deadman et al (1998)** p.347
45. **Maciocia (1989)** p.98

46. **Deadman et al** (1998) p.340 [for Kidney yin or yang]
47. **Deadman et al** (1998) p.345
48. **Ellis et al** (1988) p.15-16
49. **Ellis et al** (1988) p.15, **Nugent-Head** (2013)
50. **Deadman et al** (1998) p.111-14
51. **Deadman et al** (1998) p.165
52. **Deadman et al** (1998) p.164
53. Moxa can also be used to cool, in case of fevers and for local inflammation: '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*.' *Su Wen* 5 **Unschuld & Tessenow** (2011) p.100-01
54. **Tan** (2007) p.4, **Fukushima** (1991) p.166
55. **Soliman** (2008) p.21-46
56. **Tae** (1999)
57. **Feely** (2011)
58. **Shipsey** (2015)
59. **McCann & Ross** (2012), **Whisnant & Bleecker** (2015)
60. **Mitchell et al** (1999) p.235
61. **Versluys** (2012)
62. **Unschuld & Tessenow** (2011) Vol.2, p.47-100
63. **Unschuld & Tessenow** (2011) Vol.2, p.92-3
64. **Deadman et al** (1998) p.340-50
65. **Deadman et al** (1998) p.158, 194, 350, 451, 485
66. **Shudo** (1983) p.151
67. **Unschuld** (2016) p.279
68. **Unschuld** (2016) p.281
69. **Shudo** (2003) p.238, **Fukushima** (1991) p.158
70. **Birch** (2009) p.26
71. **Unschuld** (2016) p.43
72. Needling in the *Shanghan Lun* is only for excess/Hot patterns, moxa for deficiency
73. **Matsuda** (2009) p.10
74. **Suzuki** (2013) p.5
75. 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. From this mystery names are given, conceptual thinking emerges etc. All with the understanding of the provisional nature of these schemes
76. **Guan-Yuan et al** (2007) p.135

REFERENCES

- Birch, Stephen.** (2009). Filling the Whole in Acupuncture. *EJOM*, 6:2, 2009.
- Birch, Stephen; Mir, Miguel Angel Cabrer; Cuadras, Manuel Rodriguez.** (2014). *Restoring Order in Health and Chinese Medicine*. Barcelona: La Liebre de Marzo.
- Deadman, Peter; Al-Khafaji, Mazin.** (1998). *A Manual of Acupuncture*. Journal of Chinese Medicine Publications.
- Ellis, Andrew; Wiseman, Nigel; Boss, Ken.** (1988). *Fundamentals of Chinese Acupuncture*. Paradigm Publications.
- Feely, Richard A.** (2011). *Yamamoto New Scalp Acupuncture: Principles and Practice*. Thieme Publications.
- Fukushima, Kodo.** (1991). *Meridian Therapy*. Toyohari Medical Association
- Harper, Donald.** (1998). *Early Chinese Medical Literature*. Kegan Paul International.
- Hicks, Angela; Hicks, John; Mole, Peter.** (2004). *Five Element Constitutional Acupuncture*. Churchill Livingstone
- Ikeda, Masakazu; Obaidey, Edward.** (2005). *The Practice of Japanese Acupuncture and Moxibustion*. Eastland Press.
- Jarret, Lonny.** (2008). Embracing the Absolute: Spleen-21 and Heart-1. *OM Clinical Medicine*, 19:2.
- Jin, Guan-Yuan; Jin, Jia-Jia X.; Jin, Louis L.** (2007) *Contemporary Medical Acupuncture – A Systems Approach*. Higher Education Press.
- Kespi, Jean-Marc.** (2012). *Acupuncture From Symbol to Practice*. Eastland Press.
- Larre, Claude; Rochat de la Vallée, Elisabeth.** (1992). *Heart Master Triple Heater*. Monkey Press.
- Maciocia, Giovanni.** (2006). *The Channels of Acupuncture*. Churchill Livingstone.
- Maciocia, Giovanni.** (1989). *The Foundations of Chinese Medicine*. Churchill Livingstone.
- Major, John S. et al.** (2012). *The Huainanzi: a guide to the theory and practice of government in early Han China*. New York: Columbia University Press.
- Manaka, Yoshio; Itaya, Kazuko; Birch, Stephen.** (1995). *Chasing the Dragon's Tail*. Paradigm Publications.
- Matsuda, Hirokimi.** (2009). A conversation with Skin Scientist Denda Mitsushirio (part 1). *NAJOM*, 16:45 (March).
- McCann, Henry; Ross, Hans-Georg.** (2012). *Practical Atlas of Tung's Acupuncture*. Verlag Muller & Steinicke Munchen.
- Mitchell, Craig et al.** (1999). *Shang Han Lun*. Paradigm Press.
- Nugent-Head, Andrew.** (2012-14). Association of Traditional Studies London lectures. Westminster University.
- Okabe, Sonmei.** (1999). Introduction to Traditional Japanese Acupuncture (Meridian Therapy) part 3. *NAJOM*, 6:15 (March).
- Ross, Jeremy.** (1994). *Zang Fu: The Organ Systems of Traditional Chinese Medicine*. Churchill Livingstone.
- Schell, Jonathan** (translator). (2018). *Commentary on the Discussion of Cold Damage With Annotations*. Chinese Medicine Database.
- Schipper, Kristofer.** (1982). *The Taoist Body*. University of California Press.
- Shipsey, David.** (2015). *Mastering the Art of Abdominal Acupuncture*. Gemini International Dublin.
- Shudo, Denmei.** (1983). *Introduction to Meridian Therapy* (Brown, Stephen, Trans.) Eastland Press.
- Soliman, Nader.** (2008). *Soliman's Auricular Therapy Textbook*. AuthorHouse.
- Suzuki, Makiko.** (2013). Superficial Needling: Qi Movement and Miracle Cure. *NAJOM*, 20:57 (March).
- Tae, Woo Yoo.** (1999). *Koryo Hand Therapy* (Chung, Jean & Murphy, Elaine Trans.). Eum Yang Mek Jin Publishing Co.
- Tan, Richard Teh-Fu.** (2007). *Acupuncture 1,2,3*. San Diego California.
- Unschuld, Paul.** (1986). *The Nan Jing: Classic of Difficulties*. University of California Press.
- Unschuld, Paul.** (2016). *Huang Di Nei Jing Ling Shu*. University of California Press.
- Unschuld, Paul; Tessenow, Herman.** (2011). *Huang Di Nei Jing Su Wen*. University of California Press.
- Versluys, Arnaud.** (2012). Lectures: Herb archetypes. London.
- Whisnant, Brad; Bleecker, Deborah.** (2015). *Mastering Tung Acupuncture*. Draycott Publishing.
- Wilms, Sabine.** (2016). *The Divine Farmer's Classic of Material Medica*. Happy Goat Productions.
- Wiseman, Nigel; Feng, Ye.** (1998). *A Practical Dictionary of Chinese Medicine*. Brookline, MA: Paradigm.
- Wang, Shu-he.** (1997). *The Pulse Classic* (Yang Shou-zhong, Trans.) Blue Poppy Press.
- Yang, Shou-zhong; Chace, Charles** (Trans.) (1994). *The Systematic Classic of Acupuncture and Moxibustion*. Blue Poppy Press.
- Zhang Enqin** (Editor-in-chief). (1988). *Diagnosis of Traditional Chinese Medicine*. Publishing House of Shanghai College of Traditional Chinese Medicine.