Introduction to Neijing Classical Acupuncture Part III: Clinical Therapeutics

Abstract

Chinese medicine currently stands at a critical crossroad in its development, and today exists at a significant distance from the ideas that gave birth to its practice. Shared concepts and terms resonate through classical texts and modern theories, and yet - especially in the West - there exists a significant divide between what was originally envisioned and what is currently practised and taught. This poses significant challenges for the profession. Knowledge of classical principles allows for advanced clinical problem solving, the successful treatment of complex illness, theoretical innovation, meaningful collaboration with other healthcare professions and the ability to perform clinically relevant research. Without this knowledge, many of these activities are significantly compromised. The distinctions between classical and modern practice can be seen most clearly in the daily clinical care of patients. Part III of this series of articles examines some basic therapeutic principles of Neijing classical acupuncture and reviews several case histories to illustrate their clinical implementation.

Clinical case #1 - Disseminated coccidioidomycosis

One evening in late November, a 52-year old farmworker presented to his local hospital emergency department reporting three weeks of worsening haemoptysis, fever, fatigue, weight loss, arthralgias, skin rash and headache. The patient’s symptoms had started as a flu-like illness that became progressively worse. At the time of the evaluation made by the hospital staff, the patient was febrile and diaphoretic, and had a recurrent cough productive of bloody sputum. Chest x-ray showed pulmonary nodules in both the right and left upper lobes. The patient was admitted to the hospital floor for observation and treatment based on a diagnosis of fever of unknown origin, acute haemoptysis and pulmonary nodules. After twenty-four hours the patient became lethargic and confused and was transferred to the intensive care unit for advanced support.

Initial laboratory analysis was consistent with a diagnosis of acute pulmonary coccidioidomycosis and the patient was started on intravenous anti-fungal medications. After 72 hours, the patient’s condition deteriorated and he became semi-comatose. Laboratory analysis showed worsening renal function and the patient had diminished urinary output. Analysis of the patient’s cerebrospinal fluid showed a pleocytosis of lymphocytes. MRI scan of the brain showed a developing hydrocephalus. A diagnosis of disseminated coccidioidomycosis with secondary meningitis, hydrocephalus and renal involvement was made. After four days, the patient’s condition remained unchanged and the family requested a Chinese medicine consultation as ancillary support for the patient’s care.

At the initial Chinese medicine consultation, the patient was febrile, disoriented and diaphoretic. He had a recurrent cough productive of blood-tinged sputum. The patient’s complexion was dirty-black like soot, with areas of washed-out white over the cheeks and nose. A rapid gou (鈎, hook-like) pulse was felt in the distal regions of the mahon pulse regions with pernicious influences noted prominently on the left side. Rening cunkou pulse diagnosis indicated impairments in the foot yangming region on the left and the foot taiyang region on the right. Sanbu jishou pulse diagnosis indicated the presence of pathogenic factors at the pulse over the temple on the left side and distally at Daxi (大谿, great stream – modern KID-3) bilaterally.

Examination of the forearm showed congestion in both proximal positions and deficiency at the middle regions on the right. Physical examination showed fascial obstructions at the rear of the occiput that were greater on the right, and significant damage from previous soft-tissue injuries over the left anterior thigh. Here there was withering and hardening of the sinews, subcutaneous wasting, previous skin grafting and bony deformities of the femur from a previous fracture. A bilateral maculopapular rash was noted along the inner aspects of the calves and forearms. The upper taiyin region of the medial upper arm and radial forearm was wasted and diminished bilaterally.

Past medical history (given by the family) revealed that the patient had recently migrated from Northwestern Mexico to begin work in the United States. During the time of his journey, the patient had become seriously malnourished and weak. The patient had been born one month prematurely and had spent three weeks in a hospital on respiratory support. At age 10 he suffered a broken left femur when a car rolled over on his leg. Significant soft tissue trauma in that area required surgical skin grafting, orthopaedic pinning and hospitalisation. Since that time he had walked with a limp. After this initial evaluation, a treatment plan was devised.
I. Background

The *Huangdi Neijing* (Yellow Emperor’s Inner Classic) and related classical medical texts are perhaps best understood as being comprehensive treatises on the theories and clinical practice of classical space-time medicine. According to Chinese natural science, the world and the greater cosmos from which it arises derive from an infinite number of expansion and contraction cycles, fractally inscribed within one another in a complex array of relationships; it is the composite sum of these patterns that generates all material and non-material manifestations of the universe (including those of the human body). In classical terminology, the expanding force of these cycles is called ‘yang’ (陽) and the contracting force is called ‘yin’ (陰). Arising from an undifferentiated chaos lacking the dimensions of space and time, these motions circulate through different states of manifestation and complexity, existing first as a primary unity, then differentiating into a binary dimension and finally giving rise to a third quality (that is, the relationship generated between these two poles as they mature into a state of oppositional tension). As this basic configuration stabilises, a spiral/circular motion begins to form itself around an organising centre. This represents a basic pattern of the organised universe (see Figure 1).

In classical Chinese medicine, different terminologies were used to describe these phase motions, depending on which phenomena were being observed and which theories were being explained. One of the most basic ways was through association with the cardinal directions (see Figures 2 and 3, and Tables 1 and 2). For this reason, a clinical practice built around these principles may be characterised in Chinese terminology by the term ‘fangyi’ (方醫 directional medicine). Here, the term ‘fang’ (方 direction) refers to the different phase circulations that move through the body’s structure and physiology. Once these primary phase motions are identified, different aspects of circulation may be described as flowing with or against the primary motions. In the Neijing, circulations consonant with these motions are called ‘shun’ (順 flow) and circulations counter to these motions are called ‘ni’ (逆 counterflow). Because the human body itself arises from nature, it contains these same basic patterns. In turn, external forces of the greater macrocosm affect the circulations of the body’s inner physiology. In Chinese medicine, disease is seen to occur whenever these circulations are impaired and treatment is understood to be anything that restores these circulations to their normal balance.

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**Figure 1: The circulation of the organised universe**

As the cosmologic space-time breath comes into a state of oppositional tension, spiral or circular motions begin to turn around an organising centre. In space, the primary phases of this rotation lack directional differentiation (an image of the NGC 1300 galaxy taken from the Hubble Space Telescope). [image from http://en.wikipedia.org/wiki/File:Hubble2005-01-barred-spiral-galaxy-NGC1300.jpg]

**Figure 2: The primary phase motions**

When these forces are observed on earth, they are associated with natural changes of nature. From the perspective of earth, one of the most generic ways of describing these cycles is through association with the four cardinal directions. A clinical medicine based on these primary phase circulations may be defined by the term ‘fangyi’ (方醫 directional medicine).

**Table 1: The primary phase motions – directional qualities**

In nature, each directional phase motion is associated with a specific quality of expansion or contraction of the yinyang breath.

<table>
<thead>
<tr>
<th>Direction</th>
<th>Primary Phase Motion Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>Opening, rising, expanding</td>
</tr>
<tr>
<td>South</td>
<td>Outward expansion, terminal transition</td>
</tr>
<tr>
<td>Centre</td>
<td>Pivoting, connection to the four directions</td>
</tr>
<tr>
<td>West</td>
<td>Closing, descending, contracting</td>
</tr>
<tr>
<td>North</td>
<td>Inward contraction, terminal transition</td>
</tr>
</tbody>
</table>

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In Chinese medicine, disease is seen to occur whenever these circulations are impaired and treatment is understood to be anything that restores these circulations to their normal balance.
II. The bi (痺) yin obstruction and ji (機) intrinsic mechanism

Two key concepts are required to understand the principles of Neijing space-time medicine: the bi (痺) yin obstruction and the ji (機) intrinsic mechanism. The bi (痺) obstruction was one of the most common pathologies described in the Neijing and was seen to be implicated in the vast majority of illnesses. Bi (痺) obstructions are fixed impairments of regional physiological circulation. Qualitatively, a bi (痺) obstruction may be seen as being a ‘local freezing of the space-time breath’ that occurs within the body’s three-dimensional anatomy. Bi (痺) obstructions can occur anywhere in the body and may cause a variety of clinical syndromes, depending on their location and the physiological processes impaired by them.

At the time the Neijing was compiled, environmental factors such as cold, wind and dampness were seen to be primary causes of bi (痺) obstruction. While external factors continue to generate a wide variety of illnesses, today environmental pollution, occupational exposures, medications, surgical interventions, hormone-disrupting agents and a host of other factors contribute to the development of bi (痺) obstructions and thus generate many chronic illnesses. Once bi (痺) obstructions have become established in the body, they generate local areas of counterflow circulation with secondary heat patterns and associated inflammatory changes. Bi (痺) obstructions also cause dead end cul-de-sacs within the body’s physiologic circulation, where pathological factors remain trapped, causing chronic impairments for a surprising length of time.

In summary, bi (痺) obstructions are fixed regional tissue-plane pathologies that hold the body in a ‘configuration of illness’ until correctly diagnosed and treated. Importantly, because bi (痺) obstructions reside ‘frozen’ within the...

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**Table 2: The primary phase motions – directional qualities**

In nature, each directional phase motion is associated with a specific quality of expansion and contraction of the yinyang breath.

<table>
<thead>
<tr>
<th>DIRECTION</th>
<th>EAST</th>
<th>SOUTH</th>
<th>CENTRE</th>
<th>WEST</th>
<th>NORTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEASON</td>
<td>Spring</td>
<td>Summer</td>
<td>Long-Summer</td>
<td>Autumn</td>
<td>Winter</td>
</tr>
<tr>
<td>COLOUR</td>
<td>Blue-green (青)</td>
<td>Red (赤)</td>
<td>Yellow (黄)</td>
<td>White (白)</td>
<td>Black (黒)</td>
</tr>
<tr>
<td>STELLAR SOUND</td>
<td>Jue (角)</td>
<td>Zhi (徳)</td>
<td>Gong (宮)</td>
<td>Shang (商)</td>
<td>Yu (羽)</td>
</tr>
<tr>
<td>QUALITY OF NATURE</td>
<td>Wood/plants</td>
<td>Fire</td>
<td>Soil</td>
<td>Metal</td>
<td>Water</td>
</tr>
<tr>
<td>CLIMATE</td>
<td>Wind</td>
<td>Heat</td>
<td>Damp</td>
<td>Dry</td>
<td>Cold</td>
</tr>
</tbody>
</table>

Figure 3: Celestial patterns and earthly phenomena

In Chinese natural sciences, celestial rotations were correlated with natural changes occurring on earth. Here the oracle bone image representing the heavenly stem You (酉) shows a jug of alcohol used in the fermentation of grains after the fall harvest at the time of autumn. Similarly the oracle bone for the earthly branch Yi (乙) depicts a seedling stirring within the springtime soil. In turn these local changes were tied to movements seen within the stellar sky and climate (Image of the Milky Way galaxy from the Spitzer Space Telescope). [image from available from http://commons.wikimedia.org/wiki/File:Milky_Way_IR_Spitzer.jpg]
body’s tissues, the normal healing mechanisms of the body cannot access them and therefore the intervention of a trained practitioner is needed to treat them.12

Of the known medical therapies, classical acupuncture appears to be the singular most effective intervention for the resolution of bi (病) obstructions. In properly trained hands, needles have the power to resolve such pathologies quickly and definitively, even when they have been present for a long time.13 In contrast, other forms of medical therapy such as herbal medicine, bodywork, allopathic medicine, nutritional support and supplementation, qigong and exercise, while clearly conveying a host of other therapeutic benefits, do not appear - except perhaps in the most experienced hands - to have this same capacity to resolve bi (病) obstructions.14 This may be one reason why the authors of the Neijing portray acupuncture as being a primary medical intervention that is appropriate for the treatment of chronic and serious illness.

The concept of the ji (機 intrinsic mechanism) is somewhat more complex, and limited space precludes a full discussion of its meaning. However for the purposes of this paper, the ji (機) mechanism may be defined as: a) The totality of the body’s circulations, or b) The expression (through these circulations) of the body’s innate organising principle, or c) Specific areas of regional tissue-plane pathology, the release of which restores the body’s circulations to a normal pre-illness condition.

### III. Therapeutic principles of Neijing classical acupuncture

Most first-time readers of the Neijing experience the text as being simultaneously profound, yet difficult to comprehend - and virtually impossible to put into clinical practice. For these reasons it often sits on a shelf in the clinic, standing as a silent talisman to an ancient tradition, rather than being the well-thumbed treatise on clinical medicine originally envisioned by its authors. Some of the principles that allow the theories of the Neijing to be put into clinical practice are outlined below.

### Clinical principle #1

All structures and functions of the human body are direct expressions of the cosmologic yinyang breath.

In Chinese medicine, every aspect of the human body is believed to be a direct manifestation of the cosmologic yinyang breath. As non-material energies circulate through the world, they become increasingly tangible, first as the qualities of climate, then as the different expressions of ‘wood’, ‘fire’, ‘earth’, ‘metal’ and ‘water’. In the Neijing these terms symbolise the materialisation of the primary phase motions as these forces move in and out of tangible form within the natural world.15

These same processes generate the different dimensions of the body’s tissue-plane anatomy. Deep within the body, the zang organs reside like the roots of a tree, storing the jing (精) essence of the primary phase directions. From these, like the trunks and branches of the tree, different anatomical tissues planes emerge outward and differentiate. As nature’s circulations begin to move through the body, different physiological processes come into existence. It is precisely here, at the intersection between form and function that nature’s circulations and the somewhat esoteric principles of classical space-time medicine become something tangible and clinically relevant (see Table 3).16

### Clinical principle #2

Every region of the body’s anatomy expresses a unique set of diagnostic criteria.

When affected by pathology, the various different areas of the body express unique clinical manifestations. In the
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Neijing, descriptions of such pathological manifestations were both sophisticated and technical in scope and a significant percentage of the time required to learn classical acupuncture is spent learning the different pathways of the body along with their associated pathological symptoms and signs. That these descriptions were highly detailed, and furthermore that they often correspond closely to Western descriptions of the body, counters the notion that Chinese medicine is based solely on clinician intuition or the placebo effect, as is sometimes suggested.

In the passage cited above, a tributary of the Kidney foot shaoyin mai vessel divides behind the ankle, wraps around the heel, joins the taiyang pathway, ascends to xinbao (心包 heart wrapper) and passes below through the waist and spine. As this network wraps the heel, it makes the impression of a bell and thus is called ‘Dazhong’ (大鍾 great bell - see Figure 4). When counterflow motion exists within this tributary, there is oppressed vexation of the heart. When excess exists, there is urinary blockage. When deficient, there is pain in the waist.

Classical indicator symptoms and signs were common to both the Neijing and Shanghan Lun (On Cold Damage), and offer critical diagnostic clues to the practitioner. For example, if a patient presents with heat in the mouth (口熱), dry tongue (舌乾), dry throat (嗌乾), heart vexation (煩心), profuse diarrhoea (腸澼), heat and pain beneath the foot (足下熱而痛) and has the constant desire to lie down (嗜臥), they are highly likely to have impaired blood circulation within the kidney foot shaoyin mai vessel originating from a primary impairment of the kidney zang organ. In contrast, if a patient lacks the desire to eat (不欲食), has a complexion like dark lacquered wood (面如漆柴), spits up blood (欬唾則有血), is thirsty and has difficult respiration (喝喝而喘), and finds it difficult to sit still or see (坐而欲起目如無所見), they are similarly likely to have impaired blood circulation within the Kidney foot shaoyin mai vessel, however in this case it is likely due to the presence of exogenous xie (邪pernicious influences) causing turbulence within the mai vessel circulation.

A patient may have some of the signs and symptoms listed in the classical descriptions, but not others. They may also have other signs and symptoms not listed in the

<table>
<thead>
<tr>
<th>Anatomical Qualities</th>
<th>East</th>
<th>South</th>
<th>Centre</th>
<th>West</th>
<th>North</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECTION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zang Organ</td>
<td>Liver</td>
<td>Heart</td>
<td>Spleen/pancreas</td>
<td>Lungs</td>
<td>Kidney</td>
</tr>
<tr>
<td>Fu Organ</td>
<td>Gall Bladder</td>
<td>Small Intestine</td>
<td>Stomach</td>
<td>Large Intestine</td>
<td>Bladder</td>
</tr>
<tr>
<td>Tissue Planes</td>
<td>Sincos &amp; membranes</td>
<td>Mai [blood] vessels</td>
<td>Fat, subcutaneous tissue, digestive tract</td>
<td>Skin, respiratory tract</td>
<td>Brain &amp; marrow</td>
</tr>
<tr>
<td>Openings</td>
<td>Eyes</td>
<td>Tongue</td>
<td>Mouth</td>
<td>Nose</td>
<td>Ears</td>
</tr>
<tr>
<td>Flourishing</td>
<td>Nails</td>
<td>Complexion</td>
<td>Lips</td>
<td>Hair (body)</td>
<td>Hair (head)</td>
</tr>
</tbody>
</table>

Table 3: Primary phase directions paired with the human body

In classical medicine, all aspects of the form and function of the human body are believed to be direct tangible expressions of the cosmologic yinyang breath. This theoretical construct allows the complex expressions of human illness to be linked to the theories of classical space/time motion (a few examples are given here).
<table>
<thead>
<tr>
<th>PINYIN</th>
<th>CHINESE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banci</td>
<td>半刺</td>
<td>treats superficial skin bi (痹) obstructions, treats lungs</td>
</tr>
<tr>
<td>Bangzhenci</td>
<td>伤鍼刺</td>
<td>treats protracted bi (痹) obstructions</td>
</tr>
<tr>
<td>Baoci</td>
<td>族刺</td>
<td>treats migratory bi (痹) obstructions</td>
</tr>
<tr>
<td>Baowenci</td>
<td>豹文刺</td>
<td>treats luo collaterals, treats heart</td>
</tr>
<tr>
<td>Cuici</td>
<td>焊刺</td>
<td>uses fire needle to expel cold bi (痹) obstructions</td>
</tr>
<tr>
<td>Daxicci</td>
<td>大泻刺</td>
<td>drains large abscesses</td>
</tr>
<tr>
<td>Duanci</td>
<td>首刺</td>
<td>treats bone bi obstructions</td>
</tr>
<tr>
<td>Fenci</td>
<td>分刺</td>
<td>treats divisions of the rou (肉) flesh</td>
</tr>
<tr>
<td>Fuci</td>
<td>浮刺</td>
<td>treats tension and cold within the ji (肌) flesh</td>
</tr>
<tr>
<td>Guanci</td>
<td>開刺</td>
<td>treats proximal jin (筋 sinew) obstructions, treats Liver</td>
</tr>
<tr>
<td>Heguci</td>
<td>合谷刺</td>
<td>treats rou (肉) flesh obstructions, treats Spleen</td>
</tr>
<tr>
<td>Huici</td>
<td>拔刺</td>
<td>treats jin (筋 sinew) bi (痹) obstructions in the sinew body</td>
</tr>
<tr>
<td>Jingci</td>
<td>結刺</td>
<td>treats congestion at the junctions of the jing channels</td>
</tr>
<tr>
<td>Juci</td>
<td>豆刺</td>
<td>treats contralateral imbalances when pulse imbalance is on one side and illness on the other</td>
</tr>
<tr>
<td>Luoci</td>
<td>络刺</td>
<td>bleeds small luo vessels to remove local obstruction</td>
</tr>
<tr>
<td>Maoci</td>
<td>毛刺</td>
<td>treats superficial obstructions of the skin</td>
</tr>
<tr>
<td>Ouci</td>
<td>偶刺</td>
<td>treats Heart organ bi (痹) obstructions</td>
</tr>
<tr>
<td>Qici</td>
<td>噔刺</td>
<td>treats cold bi (痹) obstructions at a deeper level</td>
</tr>
<tr>
<td>Shuci</td>
<td>習刺 FIRST</td>
<td>treats benshu points to influence the zang organs</td>
</tr>
<tr>
<td>Shuci</td>
<td>習刺 SECOND</td>
<td>treats heat expressing in a gathering abscess</td>
</tr>
<tr>
<td>Shuci</td>
<td>習刺 THIRD</td>
<td>treats bones, treats Kidneys</td>
</tr>
<tr>
<td>Yangci</td>
<td>揭刺</td>
<td>treats spreading mid-level cold bi (痹) obstruction</td>
</tr>
<tr>
<td>Yinci</td>
<td>陰刺</td>
<td>treats cold reversal patterns</td>
</tr>
<tr>
<td>Yuanzaoci</td>
<td>透逆刺</td>
<td>treats lower be regions to influence the fu organs</td>
</tr>
<tr>
<td>Zanci</td>
<td>贊刺</td>
<td>treats superficial abscesses</td>
</tr>
<tr>
<td>Zhizhenci</td>
<td>直鍼刺</td>
<td>treats superficial cold bi (痹) obstructions</td>
</tr>
</tbody>
</table>

Figure 5: Lingshu needle techniques
In the Lingshu, different needle techniques were described that were used to treat a variety of different tissue-plane pathologies. Most of these techniques do not describe the treatment of acupuncture point regions.
classical texts. However, when the classical indicator signs and symptoms are present, there is a high likelihood that the patient has the associated pathology. In the Neijing, a variety of pathologies may generate the same symptom (e.g. ‘dry throat’). Knowing which possibility is operative at any given time for any given patient is a pre-requisite skill of Neijing classical medicine.

**Clinical principle #3**

*Specific techniques and tools are used to treat different types of pathology and different regions of the body.*

1. 凡刺有九應九變
   ‘When needling there are nine [methods] that correspond with the nine bi an transformations (九變).’

2. 凡刺有十二節以應十二經
   ‘When needling there are twelve jie (節 nodes) that correspond with the twelve jing channels (十二經).’

3. 凡刺有五以應五藏
   ‘When needling there are five [methods] that correspond with the five zang organs (五藏).’

*Lingshu, Chapter 7*

*Official Prescriptions of Needling*

*Lingshu* describes three distinct collections of needling techniques. Historically, these passages likely arise from related but slightly different medical traditions, as their descriptions and nomenclature overlap to some degree. In these passages, detailed advice is given for the treatment of a variety of pathologies. The majority of these techniques target the resolution of different regional bi (痺) obstructions. It is interesting to note that in comparison to modern acupuncture, only two of these techniques mention acupuncture point regions (see Figure 5). The *Lingshu* also describes nine needles that were used to treat specific types of tissue-plane pathology. Taken as a whole, these descriptions support the thesis that at the time acupuncture originated within the Neijing tradition, it was essentially a type of external surgery used to restore targeted areas of compromised blood flow, and had not yet become the point-based system it is today (see Figure 6).

**Clinical principle #4**

*Zheng (正) ordered and heng (橫 transverse) motions describe directional phase circulations.*

1. 方直不曲謂之正反正為邪
   ‘Upright and correct, not crooked, call it ‘zheng’ (正). Opposing ‘zheng’ is ‘xie’ (邪).’

*Master Gu’s Method of the Dao*

Directional phase circulations may move in two interrelated ways: sequentially or non-sequentially. In the Neijing, sequential motions are called ‘zheng’ (正 ordered), and non-sequential motions are called ‘heng’ (横 transverse). When circulations are correctly balanced they proceed in an orderly and sequential fashion. Sequential phase circulations follow the basic generative cycle of the yinyang breath. For example, in nature spring follows winter, summer follows spring, late summer follows summer and so forth. However, when different phase circulations become impaired (e.g. in illness), their circulation begins to migrate transversely through the various controlling cycles and the circulations of the body may become fixed in a configuration of illness. Transverse phase circulations characterise virtually every disease state, and a primary goal of classical medicine is to restore these lateral phase motions to more ordered zheng (正) circulation patterns (see Figure 7).

**Clinical principle #5**

*Space, time and direction are the basic parameters of fangyi (方醫 directional medicine).*
'The Yellow Emperor said, “What of the stars and the eight positions?” Qi Bo said, “When one understands the movement of the stars, they know the movements of the sun and the moon. When one knows the eight positions, they understand the circulation of deficiency xie (邪 pernicious influences) that moves through the different seasons. When one understands the movements of the four seasons, they know the qualities of qi that rise and fall in accordance with the spring, fall, winter and summer and may adjust their treatments accordingly. Attend to the xie of the eight winds [that move within areas of deficiency] and do not violate these principles.”' - *Suwen*, Chapter 28

'Treatise on the Eight Positions and the Shenning'

Three primary qualities define the practice of fangyi (方醫 directional medicine): space, time and direction.

a) Space

黃帝問曰余聞繆刺未得其意何謂繆刺岐伯對曰夫邪之客於形也必先客於皮毛而去不去入舍於孫脈留而不去入舍於經脈內連五藏散於腸胃陰陽俱感五藏乃傷此之從皮毛而入極於五藏之次也

“When xie (邪 pernicious influence) first comes to reside like a guest within the form [of the body] it [first] resides within the skin and fine hairs. If it remains without being expelled it next comes to reside within the summai vessels (孫脈 floating collateral mai vessels). If it remains without being expelled it next comes to reside within the sunmai vessels (陽脈 floating collateral mai vessels). If it remains without being expelled it next comes to reside within the jingmai (經脈 longitudinal mai vessels). From there it may enter the five zang and spread through the changwei (腸胃 Stomach and intestines). If this occurs, both yin and yang are affected and the five zang are harmed. Therefore, from the skin and fine hairs, xie has come to enter within the five zang organs.’

*Suwen*, Chapter 63

‘Treatise on Contralateral [Needle] Technique’

Human illness is not an abstract concept, but is rather something tangible that exists within a specific functional or anatomical location of the body. In the clinic, it is important to know the specific region of the illness for several reasons. First, different anatomical terrains require different treatment strategies and have different clinical implications. For example, a patient with renal cell carcinoma presents a potentially more complex clinical situation than a patient with a similarly severe skin disease (e.g. malignant skin cancer). In the first case, treatment would likely release pernicious influences directly into the deeper circulations of the body, and clinical strategies must be constructed to counter this possibility. In contrast, pathogenic factors residing in the skin typically vent directly to the environment and therefore do not carry the same inherent risk. Second, as noted above, different pathologies are associated with specific techniques and tools. If the practitioner does not understand the location of the illness, clinical decisions cannot be properly made or executed. The specific location of the illness is typically identified through the patient’s history, physical diagnosis and often directly from modern diagnostic procedures used in Western medicine.² seven

b) Time

Each human illness has a narrative – striking suddenly like a thief in the night, or evolving gradually from an unseen event to the point where both patient and physician alike become aware of its existence. Additionally, every illness has a cause. According to the *Neijing*, the causes of illness are few and primarily involve invasions of external pathogens, improper lifestyle, congenital or constitutional factors and emotional disorders.

In the clinic, it is important to understand the initial cause and narrative progression of a patient’s illness. External invasions require different tactics than emotional imbalances, congenital diseases or issues of lifestyle. If the clinician does not understand the original cause of illness and the long‑term goals of therapy, they are often unable to craft an appropriate treatment strategy, and because chronic illness is typified by continual fluctuations in the patient’s condition they may find themselves following the constantly changing experience of the patient like a boat that leaves a tortuous wake in its path. Without an understanding as to the cause of illness and the specific goals of therapy, achieving long‑term clinical results can be difficult to achieve.

c) Direction

In ‘fangyi (方醫 directional medicine), the term ‘fang’ is used to define the primary circulations of the yinyang phase motions as they move through the patient’s body. In the clinic, this idea may be further be divided into three sub‑categories: the direction of presentation, the direction of cause and the direction of treatment.
**Direction of presentation**
The direction of presentation represents the functional/anatomical region of the body from which the majority of the patient’s signs and symptoms emanate. For example, the patient described earlier in this paper presented with findings of haemoptysis, pulmonary nodules and a maculopapular skin rash. These clinical findings all suggest involvement of the Western phase direction. Typically, the direction of presentation is the easiest direction to identify, and for this reason it is the region where most clinicians focus their attention and treatment. Importantly, the actual cause of illness is rarely found within the direction of presentation, and this is one reason why, for the most part, Chinese medicine therapies remain symptomatic rather than definitively curative.

**Direction of cause**
The direction of cause refers to a primary phase direction that impinges upon the direction of presentation, giving rise to the patient’s symptoms and signs. The direction of cause may be identical to the direction of presentation, but most often is found in a different phase direction.

**Direction of treatment**
The direction of treatment represents the phase direction that contains regional pathology that holds the body in the configuration of illness. Correct resolution of specific tissue-based pathologies within this direction releases the holding configuration of illness and restores the ji (機 intrinsic mechanism) to its normal circulation. The direction of treatment may be identical to the direction of cause and/or the direction of presentation, or may exist as a separate phase direction.

To take a hypothetical illustrative case: A 34-year-old woman awaiting liver transplant presents to the clinic with a diagnosis of chronic autoimmune hepatitis, elevated liver function tests and progressive liver failure. In this case, because of the involvement of the liver, it is not difficult to see that this patient’s illness presents primarily through the Eastern phase direction (here the direction of presentation). In this scenario, the patient’s symptoms could arise from an over-control of the Eastern direction by the Western direction (here the direction of cause). Moreover, successful treatment of this patient might only be achieved by identifying and resolving specific tissue-based pathologies within the Northern direction (here the direction of treatment). In this scenario, this would allow the Western direction to circulate through the Northern direction and diminish its pathological control over the Eastern direction. Here obstruction in the Northern direction has shifted the Western direction into a ‘heng’ (橫 transverse) motion and given rise to the patient’s clinical presentation of chronic liver inflammation. Although the Northern and Western directions remain clinically silent, in this case, the body would likely remain in a configuration of illness until specific regional pathologies within the Northern direction have been correctly addressed (see Figure 8).

To summarise: in fangyi (方醫 directional medicine), illness may: a) present within any of the five primary directions; b) be caused by any of the five primary directions; and c) be treated through any of the five primary directions. Furthermore, causes of disease typically arise within regions of the body that are clinically silent or only minimally expressive. Finally, illnesses typically remain in a configuration of illness until the ji (機 intrinsic mechanism) of the body has been restored through proper diagnosis and treatment - only then is the patient considered ‘cured’.

**Clinical principle #6**

**Global impairments arise from regional pathologies.**

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**Clinical principle #6**

**Global impairments arise from regional pathologies.**

In the clinic, global or non-local symptoms and signs often arise from specific localised regions of tissue-plane pathology. As noted above, these regions are typically clinically silent or else are only minimally expressive. Therefore in the clinic the practitioner usually sees the results of pathology rather than the primary pathology itself. Once the clinician has determined that a specific phase direction requires treatment, they must next examine the entire directional region to identify the presence of specific tissue-based pathologies. The watershed regions of the primary mai vessel pathways define these directional units.
For example, in the patient with autoimmune hepatitis discussed above, the Northern direction was identified as requiring treatment. The Northern direction has its roots within the Kidney zang. The Kidney is drained and energetically counterbalanced by the Bladder fu. The mai vessels of the lower shaoyin and taiyang pathways outline the general topography of the Northern phase direction. In turn, its watershed regions are associated with specific anatomical structures such as skin, sinews, collateral vessels, fascia, bones and fat, etc. A pathological change in any of these structures will typically impair the functioning of the entire direction, keeping the patient’s illness held in check until properly resolved. For example, in this patient it is clinically possible that skin pathologies in the Northern direction are causing global impairments within this phase direction. This obstructs the Western direction’s circulation through the Northern phase, and results in this patient’s susceptibility to develop autoimmune hepatitis. In this case, it is only through the proper diagnosis and treatment of the skin disease, that this patient’s autoimmune hepatitis will be resolved (see figure 9).

Clinical principle #7
Classical acupuncture restores regional areas of the body to yinyang balance.

Clinical principle #8
The primary goal of classical acupuncture is to restore the free circulation of mai (blood) vessels.

Clinical principle #9
The body has an innate governing force that allows it to rebuild and restore itself to health. This force is called shen (神).
The essentials of acupuncture practice lie in knowing how to regulate (調) yin and yang. When yin and yang are correctly regulated the jingqi (精氣) radiates illumination (光). When the form and qi are harmonised, shen (神) is contained within.’

- Lingshu, Chapter 5 ‘Roots and Fruitions’

As has been previously discussed, the theoretical practice of classical acupuncture is based upon the concepts of shen (神) and shenming (神明). In the Neijing, shen (神) and shenming (神明) are described as special qualities of organising illumination that regulate and give birth to natural systems. Together they represent a basic prerequisite for organised expressions of life to come into being. Directing the structure and functioning of the body, they are also believed to have the capacity to restructure the body back to a state of health along the lines of its original inception. In addition, it is primarily through the organising governance of shen (神) and shenming (神明) that the body remains free of illness. Although they are found everywhere, shen (神) and shenming (神明) circulate primarily within the mai (blood) vessel circulation. Specific tissue-plane based pathologies impair this circulation and thus leave the body susceptible to illness. By resolving specific areas of tissue-plane pathology, classical acupuncture restores the free mai vessel circulation, thus allowing the organising forces of shen (神) and shenming (神明) to circulate within diseased areas. This in turn allows the body to restore and rebuild itself along the lines of its original design and re-establish health and balance.

III. Clinical Cases

Clinical case #1 - Disseminated coccidioidomycosis

Commentary

The first patient described in this paper initially presented with an acute invasion of pathogenic factors that entered the body through the Western phase direction of the lungs. This was indicated by haemoptysis, chest x-ray findings of pulmonary nodules and skin rash. That it occurred in winter makes it likely that the illness involved an acute invasion of external cold. The illness migrated quickly into the Northern direction, as indicated by the evolving meningitis, hydrocephalus and direct involvement of the Kidney zang. In the history, it was noted that the patient was born one-month premature and required immediate hospitalisation with respiratory support. This suggests a pre-existing impairment in the Western phase direction that was present from birth. Therefore, it is not surprising that this patient developed a life-threatening respiratory invasion in later years. At age 10, the patient suffered a traumatic injury to the bones, sinews, subcutaneous tissue and skin on the lower yangming region of the anterior thigh. On initial examination, the patient’s facial complexion and skin on the lower yangming region of the anterior thigh showed marked impairments in both the Northern and Western phase directions. Maikou pulse diagnosis indicated a summer directional pulse quality presenting during the time of winter, with pathogenic factors noted on the left side. Renying cunkou pulse diagnosis indicated impairments within the left foot yangming region (here likely due to the previous damage to the thigh) and foot taiyang region on the right (likely caused by restrictions in the taiyang mai vessel outflow tract near the brain - see Figure 11). Sanbu jiuhou pulse diagnosis indicated the

Figure 10: The free circulation of mai vessels - the therapeutic endpoint of Neijing classical acupuncture

In the Neijing, the mai (blood) vessels were viewed as rivers of the body. Pathological disruptions anywhere within the body’s architecture cause immediate disruption in the complex vascular circulation. Conversely normal mai vessel circulation reflects a general state of health and balance. This in turn allows the body to restore and rebuild itself along the lines of its original design and re-establish health and balance.

Figure 11: Taiyang mai vessel circulation of the brain

In the Neijing, the circulatory pathways of the body were first traced as the vascular circulation of the body and known as the mai vessel system. Later this connection to the vascular circulation was lost and acupuncture became a fascia-based system, with a series of modern channel pathways. Many of these channels were altered from their original descriptions. Here the taiyang mai vessel system is shown as it ‘enters the vertex of the head and nets with the brain’ (其直者從巔入絡腦) and ‘turns to emerge, dividing and descending along the nape of the neck’ (還出別其直者從巔入絡腦). Descriptions such as these often show a direct correspondence between Neijing classical medicine and modern biomedicine. [illustrations from http://en.wikipedia.org/wiki/File:Gray792.png, http://en.wikipedia.org/wiki/File:Gray516.png]
presence of pathogenic factors residing in the upper region of the head and the region of the foot shaoyin. Physical examination revealed a fascial obstruction of the taiyang mai vessel terrain where it exits the occiput at the rear of the skull, weakness in the lung hand taiyin anatomical region, soft-tissue involvement of the upper and lower taiyin skin regions and significant skin, soft-tissue and bone damage over the left anterior thigh.

**Directional analysis**

This patient had a long-standing weakness in the Western direction. At the age of 10 he suffered significant trauma to the left leg impairing multiple tissue-planes of the lower yangming thigh region. The foot yangming joins directly to the Stomach fu organ and indirectly to the Spleen/pancreas zang organ.38 Here, multiple specific tissue-plane obstructions impaired the functioning of the Centre direction. The Centre direction provides generative support to the West (here already weakened) and provides controlling support to the Northern direction to help ensure correct zheng (正 ordered) circulation of the West through this phase direction. When the Northern direction ceases to circulate sequentially, it begins to move transversely across its controlling cycle into the Southern direction. This might explain why the patient showed an abnormal Southern direction pulse quality during winter (a secondary heat syndrome generated by acute cold blockage is also likely). This may also explain why the illness showed a tendency to migrate directly into the Southern aspect of the Northern direction (i.e. the brain – the Southern aspect of marrow). In this case, the East lacked generative support from the North and met resistance in its controlling role from an impaired Centre direction. This generated counterflow inflammation within various connective tissue planes of the body (i.e. myalgias, arthralgias and meningitis).

In summary, the patient’s directional diagnosis was made as follows: a) Direction of presentation: West, b) Direction of cause: North, c) Direction of treatment: Centre. In this patient, restoration of the Centre direction would: a) Increase generative support to the weakened Western direction, b) Re-establish appropriate transverse control over the Northern direction, which will, c) Allow the Western direction to transit the Northern direction, d) Diminish the Northern direction’s control of the Southern direction, e) Diminish the Southern direction’s control of an already weakened Western direction, and f) Allow the Northern direction to serve as

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**Figure 12: Mai vessel circulation**

In the Neijing, mai vessel circulation was originally understood to flow through a circle beginning at the Lung mai vessel and terminating at the Liver mai vessel. These circulations occur in a basic yinyang tidal pattern, flowing in and out through the different structures of the body. In this scenario, the Lung zang organ was believed to be the primary driving force for vascular circulation. As such, pulse strength and flow dynamics were seen to be greater the closer the circulation was to the Lung. In contrast, pulse strengths were believed to be weakest in the Liver mai vessel system (although the volume of blood flow is high). This sequential attenuation of pulse strength is the theoretical basis for the renying cunkou classical pulse diagnosis system described in Lingshu Chapter 7. In later dynasties, this circulation became the theoretical basis for some forms of chronoeupuncture. In modern times, this diagram has been widely associated with the concept of the ‘Chinese medicine organ clock’. It is important to note that the original classical descriptions refer to circulations within the body’s vascular pathways, and did not refer directly to the zang organs.
generative support to the East (see Figure 13).

In the clinic, understanding the directional equation for any given patient is only one aspect of the overall treatment strategy. Clinical therapies must be prioritised and applied in proper order to assure a safe and timely resolution of illness. In this case, the specific clinical priorities were addressed as follows:

a) Reduce fever and inflammation – *Suwen*, Chapter 61 ‘Treatise on Water and Heat Depressions’ describes fifty-nine regional point depressions (五十九俞) located primarily on the head shoulders, chest, back and neck, that are indicated for the treatment of heat disorders (熱病). In this patient, regions were chosen from among these areas to quickly reduce the patient’s fever and lessen the inflammation of meningitis and promote circulation through the brain.

b) Restore circulation to the brain – *Lingshu* Chapter 10 ‘Channels and Vessels’ describes the course of the taiyang mai vessel as forming a net-like circulation around the brain and exiting the back of the neck beneath the occiput. In this patient there were several fascial-level bi (痺) obstructions adversely affecting the outflow tract of taiyang. Treating the region where the taiyang mai vessel exits the skull resolved these tissue-plane pathologies and helped to restore normal blood circulation to the brain.39 This reduced the pressure from the evolving hydrocephalus, decreased the inflammation of meningitis, helped limit brain damage and helped restore the patient’s mental status to normal.

Figure 13: Case of acute disseminated coccidioidomycosis
The patient’s illness presented primarily through the Western phase direction (here weakened since birth). This situation was complicated by impaired control of the Northern phase direction by a Centre direction previously weakened by extensive soft-tissue trauma affecting the lower yangming region of the thigh. The treatment of this patient’s illness involved immediately resolving pathologies within the Northern phase direction, and over the longer term correcting pre-existing tissue-based pathologies within the Centre direction (Stomach-yangming) to re-establish support to the previously weakened Eastern phase direction.

Figure 14: Benshu directional correlations
In the Neijing, all of the benshu point regions on the extremities were described as influencing different directional aspects of the internal zang organs. As such, all jing (井) points relate to the season of (Northern) winter within the related zang organ, all ying (滎) points relate to the season of (Eastern) spring, all shu (腧) points relate to the season of (Southern) summer, all jing (經) channel points relate to the season of (Centre) long-summer and all he (合) points relate to the season of (Western) autumn. These descriptions differ significantly from those given later in the Nanjing.
**c) Restore the function of the Lung and Kidney – Suwen**

Chapter 55 ‘Treatise on Long Needling’ advises the use of the back shu regions to treat conditions of mixed cold and heat that reside within the zang organs and abdomen. In this case, the patient suffered an acute invasion of external cold. This led to a clinical condition of mixed cold and heat that was best treated using the back-shu regions of the Lung and Kidney. Here, treatment was accomplished using the yangci (揚刺 lifting needle) technique as described in Lingshu Chapter 7, that is recommended for the treatment of spreading mid-level cold conditions.40

Needling of the benshu point regions was added to augment the above treatment. In the Neijing, the benshu point regions were described as being areas on the distal extremities that have a special influence over the five directional aspects of the internal zang. In the Neijing, all jing (井) points were associated with the season of winter and the direction of North, all ying (營) points were associated with springtime and the direction of East, all shu (腧) points were associated with summertime and the direction of South, all jing (經) channel points were associated with long-summer and the direction of Centre and all he (合) points were associated with autumn and the direction of the West. In this case, the points Yongquan (modern KID-1), Rangu (modern KID-2), Shaoshang (modern LU-11) and Yuji (modern LU-10) were added to strengthen the Northern and Eastern directional regions of the Kidney and Lung zang (see Figure 14).41,42,43

**d) Restore the ji (机 intrinsic mechanism) to release the holding pattern of illness through targeted treatments of the Centre direction.** – This patient suffered multiple previous tissue impairments in the lower yangming region of the left thigh. This resulted in the development of a jue (絶 severance) syndrome of yangming that impaired the function of the Centre direction (see Figure 15).44 This degree of pathology typically takes some time to resolve. In this case, treatments were begun using the maoci (毛刺 hair needling technique) to treat superficial skin region obstructions.45 The fengzheng (風 sharp-tipped or triangular) needle was also used according to recommendations given in Lingshu Chapter 1 and Suwen Chapter 54 for the treatment of chronic and obstinate diseases of the sinews.

**Clinical course**

During his hospitalisation, the patient was treated daily. After 24-hours, the patient’s fever had fallen to nearly a normal temperature, and he had begun to awaken from his semi-comatose condition. Over the next week, his coughing decreased, he regained consciousness, his renal function returned to normal and he was transferred from the ICU back to the medical floor. After two weeks he was discharged home in a stable (but weakened) condition. Over the next month, the patient’s energy and vitality returned to normal and he recovered without any significant sequelae. Over the next several months treatments were continued on his left thigh with improvements in overall tissue circulation and ambulation.

**Clinical case #2 - Stage 4 metastatic colon cancer and squamous cell cancer of the throat**

A 50-year old female came to a recent teaching seminar with a diagnosis of stage 4 colon cancer, squamous cell cancer of the throat and metastatic disease in the liver. For several years, the patient had experienced difficulty swallowing and felt a growing lump in her throat. Seeking medical attention, she was found to have a primary squamous cell carcinoma of the right posterior oropharynx. During the initial evaluation she was also discovered to have a distinct secondary primary adenocarcinoma arising from the rectosigmoid junction that had metastasised locally within the abdomen and spread to the liver. Her physicians deemed her disease inoperable and her life expectancy (with chemotherapy) was expected to be approximately one year. She was started on chemotherapy (Fluoricil, Oxaliplatin and Leucovorin) in an attempt to limit the progression of her illness. This therapy was expected to slow the progression of the illness and was not intended to be curative. Her Chinese medicine practitioner had been treating her for a variety of digestive issues, with general improvement in these symptoms.

The patient had been born in Costa Rica. At the age of one, she had suffered from a dysenteric illness that resulted in an acute episode of Bell’s Palsy with severe left-sided facial paralysis. Since that time she had experienced a variety of chronic stomach and digestive issues. Surgeons had previously attempted to release the left facial nerve using an incision that extended from the top of her head to an area over the left ear. Otherwise, the patient had been relatively healthy except for a previous appendectomy and difficulties with appetite and digestion. Physical examination showed an almost complete peripheral
facial paralysis on the left side with a large scar extending from the top of her head over the left ear (see Figure 16). A chemotherapy injection port was located above the left breast and an appendectomy scar was noted in the right lower abdomen. The upper yangming tissue regions were congested in the outer arms bilaterally. Palpable tumours were felt in the lower abdomen and below the right mandible. A xie (邪 pernicious influence) pulse quality was clearly evident at the left wrist and renying cunkou pulse diagnosis indicated impairments of the lower taiyang on the left and lower yangming on the right.

While this trajectory has been lost in later channel descriptions, it was present in the original texts and was likely influential in this patient’s condition.48

**Directional analysis**

This patient presented with a constitutional weakness in yangming that had been worsened by an early episode of acute dysentery. This in turn was compounded by surgery that cut through the taiyang mai vessel terrain. When the Northern direction becomes obstructed, it impairs the controlling relationship between the Centre and the Northern phase directions and puts pressure on an already weakened Centre direction, leaving it susceptible to illness (here long-standing digestive issues and finally two separate primary cancers). A third presentation was seen in the Eastern phase direction as the metastatic disease of the liver (cancer typically spreads through directions that are already weakened and susceptible to illness). In this patient the directional diagnosis was therefore made as follows: a) Direction of presentation: Centre/West/East, b) Direction of cause: North, c) Direction of treatment: North (see Figure 17).

The highest clinical priority for this patient was judged to be the disease within the lower abdomen that expressed the highest degree of metastatic spread and thus represented the most immediate threat to the patient’s life. To deal with this, the patient was first treated at the scar on the left side of the head. This lessened the impaired relationship between the Centre and Northern directions and allowed the abnormal maiou pulse pattern at the wrist to normalise. This was followed by abdominal needling of the inflow and outflow mai vessel tracts of the lower abdomen, along with distal needling as indicated. Her student physician continued these strategies and the patient was seen twice more at subsequent classes. At the four-month follow up visit with her oncology physician, CT (computed tomography) of the chest and abdomen showed complete resolution of the tumours in the lower abdomen. Three metastatic tumours of the liver, present on previous scans were again identified and were largely unchanged. However, PET (positron emission tomography) showed no evidence of active disease in the abdomen (including the liver). This indicated significantly reduced metabolic functioning of these tumours. The activity of the tumour in the throat had diminished by roughly 50 per cent. At this point, her physicians reversed their previous prognosis and deemed her to be a candidate for surgery, and therefore potentially curable. At the time of writing this article the patient is recovering from partial liver resection surgery.
remission. In this case, the liver can be seen to have served as a type of internal control to assess the efficacy of targeted Chinese medicine treatment.

Clinical case #3: Hyperproliferative B-cell tumours

A 46-year old female presented to a teaching clinic with a history of progressive hyperproliferative B-cell tumours, with multiple tumours located throughout the abdomen, liver and spleen, portal hypertension and significant ascites. Because of this the patient had difficulty walking and lying flat. Her physicians believed she was reaching the end stages of her life and were discussing admission to hospice care. At the time of the initial classical acupuncture evaluation, the patient had been receiving regular Chinese herbal therapy and acupuncture, with only a partial relief of her symptoms. She experienced oesophageal reflux with diminished appetite, constipation and decreased urinary output. During the past several months, the patient had been evaluated repeatedly at the local Emergency Department for symptoms of difficulty breathing. At each visit evaluations had been negative for respiratory pathology and the patient was discharged home. At the initial diagnostic evaluation, the patient had severe abdominal distension with marked ascites that made it difficult for her to walk or speak in complete sentences. On physical examination a large amount of shifting water was noted in the abdomen consistent with ascites, and both the liver and spleen were noted to be enlarged and infiltrated with tumours. The patient’s complexion was black and the skin over the inner aspect of the lower legs and shins was severely wasted and dessicated with advanced stasis dermatitis (see Figure 18).

Commentary

In the Neijing, detailed instructions were given for the care of patients with serious and life-threatening illnesses. As such, descriptions were also given as to how patients die when terminal impairments exist within specific regions of the body. Lingshu Chapter 9 ‘Ends and Beginnings’ describes the clinical situation when a patient dies from t'ai-yin expiration:

太陰終者腹脹閉不得息氣噫善嘔嘔則逆逆則面赤不逆則上下不通上下不通則面黑皮焦而終矣

‘In t'ai-yin expiration, the abdomen swells and obstructs (閉). The [body] no longer grasp the qi of the breath. There is belching and a tendency to vomit. When vomiting is present [it means] there is counterflow. When counterflow is present the face is red. When counterflow is absent [it means] that what is above and below no longer communicate. When this occurs, the face turns black, the skin and fine hairs appear scorched and death is imminent.’

This case represents a type of exhaustion or jue (絕) severance syndrome of the lower t'ai-yin region and is rapidly fatal. Here, the fact that the patient had symptoms of reflux (counterflow) was a positive symptom, indicating only a partial disruption between the upper and lower circulations of the body. On the other hand, her complexion was black and she had signs of severe wasting over the lower t'ai-yin skin regions, which were both poor prognostic signs. Interestingly, this patient had been visiting the local emergency room describing the classical symptoms of this syndrome quite clearly (an inability to ‘grasp the qi of the breath’) but quite understandably, this went unrecognised by the hospital staff.
had been able to take a long-distance vacation. Later, the patient was ambulatory, living on her own and receiving medicine treatment from other staff practitioners. One year and one month was lost to follow up due to a change in the teaching hospital. The patient continued to steadily improve and after several months on both sides, the benshu points as described above. The treatment consisted of restoring the lower taiyin severance syndrome of the lower great vessel (modern LIV-1). At the radial artery of the wrist, a gou (鉤) pulse associated with winter indicated a pathological condition existing within the Northern direction season (see later in this article for further information on directional medicine).

Figure 19: Directional diagnosis

Directional analysis
This patient presented with an advanced expiration syndrome of the lower taiyin Centre direction. Secondary findings were noted in the liver with invasive tumours noted on both sides. Here the directional diagnosis was as follows:

a) Direction of presentation: Centre, b) Direction of cause: East, c) Direction of treatment: not identified (See Figure 19).

In this patient there was an urgent need to rapidly reverse a terminal severance syndrome of taiyin. As noted above, in the Neijing the benshu point regions were originally indicated to regulate the directional phase circulations of the zang organs. Among the benshu points, the jing (井) points were specifically indicated for the treatment of the zang organs themselves. Here both the zang organs were directly infiltrated with tumours. Treatment consisted simply in needling Yinhai (隕白 hidden white) – modern SP-1, and Dadun (大敦 great vessel) – modern LIV-1. At one-week follow-up, the patient’s ascites had significantly diminished and she had lost approximately 25 pounds of weight in water. Subsequent treatments focused solely on restoring the lower taiyin severance syndrome of the lower legs using various skin- and sinew-needling techniques along with the benshu points as described above. The patient continued to steadily improve and after several months was lost to follow up due to a change in the teaching clinic schedule, although she continued to receive Chinese medicine treatment from other staff practitioners. One year later, the patient was ambulatory, living on her own and had been able to take a long-distance vacation.

Summary
As originally envisioned, Neijing classical acupuncture was a comprehensive medical system to be used in the care of patients with serious and life-threatening illnesses. Classical acupuncture achieves its effects by diagnosing and resolving targeted areas of tissue-plane pathology that impinge upon the circulation of the mai (blood) vessel circulation and thus restores the ji (機 intrinsic mechanism) of the body. In modern clinical practice, the majority of this clinical knowledge has been lost. However, this information remains well documented within classical Chinese medical texts. As such, these texts represent a rich and comprehensive repository of knowledge that has the potential to fundamentally change the practice of both acupuncture and Western healthcare, and address a variety of global healthcare problems.

Note: The patients described in this article all suffered from serious medical conditions. Patients with this severity of illness may be seriously harmed if treated incorrectly. Descriptions from this article should not be used as a basis for such treatment without first obtaining proper training.

The author would like to thank Daniel Maxwell and the many other individuals who offered suggestions and contributed to the writing of this series of articles.

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Endnotes
1. In the Neijing, the maikou (口 mouth) or cunkou (寸 mouth) pulses assessed at the radial artery of the wrist are used to determine the different seasonal qualities of the zang organs. In regards to the seasons, five primary pulse qualities are identified: the xian (弦) pulse associated with spring, the gou (鉤) hook-like pulse associated with summer, the nanruo (軟 soft, moderate) pulse associated with long-summer, the fu (浮 floating) pulse associated with autumn and the shi (石 stone) pulse associated with winter. In this patient, a gou (鉤 like) pulse presenting during winter indicated a pathological intrusion of the Southern direction into a Northern direction season (see later in this article for further information on directional medicine).
2. The renying/cunkou pulse system described in Linghu Chapter 9 compares different strength ratios and qualities between the carotid artery pulse at Renying (modern ST-9) and the radial artery pulse at the wrist. In this system different strength ratios and qualities are used to identify different regions of mai vessel terrain that require treatment. For example, if a patient has a pulse ratio that is four times greater at the wrist than the neck and is steady and rooted in quality, it indicates a pathological condition existing within the
lower taiyin (Spleen/pancreas) 

variety of established meanings, including ‘direction’, ‘method’, ‘side’, ‘square’ and ‘recipe’. The term ‘fangyi’ should not be confused with the tradition of the fangshi (J.J. directing scholar) from the later Warring States period (475-221 BCE) and Han (206BCE-220AD) dynasty, which encompassed a variety of practices that included divination, alchemy, numerology and calendrical sciences, and longevity practices. These practices existed on a spectrum, from those based on observations of natural phenomena on one hand to practices of a highly occult nature on the other. The reputation of the practitioners varied accordingly. By the third to the fifth century CE most of these practices had been subsumed under the practices of occult Daoism. For further reading see Pregadio, F. (2006). Great Clarity: Daoism and Alchemy in Early Medieval China. Stanford University Press (USA), and Sivin, N. (2006). "Taosim in Science" in Medicine, Philosophy, and Religion in Ancient China, Researches and Reflections. Sivin, N. (Ed.). Variorum: Aldershot.

9. In later dynasties, the concept of the bi (organ) obstruction came to have the more restricted meaning of 'painful obstruction syndrome' (i.e. various conditions of pain and arthritis). This type of definitional evolution, from basic principle (in classical medicine) to specific manifestation (in modern practice), has been a common theme in Chinese medicine.

10. Modern TCM therapy does not specifically target bi (organ) syndromes and has different therapeutic effects. Particularly, it should be noted that the concept of 'ashi' points is not synonymous with the concept of bi obstruction. Typically, bi obstructions reside outside the body's normal circulation, and thus do not cause local pain.

11. In Neijing classical medicine, inflammation typically results from yin-level blockage that obstructs the free circulation of yang. When yang accumulates it generates regional heat syndromes. In Western medicine this accumulation of heat is called inflammation.

12. From the perspective of the Neijing, the primary role of the practitioner is to skillfully remove obstructions to the body's innate healing capacity, not to take over and direct these functions.

13. In modern TCM acupuncture therapy, primary tributaries were constructed in a similar directional manner to Neijing classical medicine and may have achieved different effects than modern formulas.

14. In Neijing channel and vessel theory, primary tributaries were seen to divide from each primary longitudinal jingmai system. In modern TCM acupuncture the dividing regions of these tributaries are now called 'luo-connecting points'. This likely represents a corruption of this term and for various reasons does not represent the way this term was originally used within the Neijing.

15. In Neijing, the term sinshou (heart wrapper) likely refers to the coronary arteries (i.e. the collateral mai circulation of the heart). Later this term became associated with the Western concept of the pericardium. From the perspective of Neijing terminology, the anatomical pericardium is a type of mo (vessel) or 'membrane' and as such [as they circulate through the world]. Water and fire are the material expressions of yin and yang. Metal and wood are the growing and completion of the earth.
23. As such, classical indicators are highly specific but not overly sensitive. In the terminology of medical statistics ‘sensitivity’ describes the ability of any given clinical parameter (i.e., test or symptom) to positively predict the presence of illness (e.g., if most patients with a disorder test positive for that specific disorder, a test is considered to have ‘high sensitivity’). Specificity refers to the ability of a diagnostic indicator to correctly exclude a given disease (i.e., a test result is a true negative test for those without the disease).  

24. In the Neijing, external cold is seen as a specific subset of bi (痺) obstruction that requires its own unique therapeutic interventions.  

25. In TCM, the term zheng qi (正氣) describes the qi available to the body to fight illness and maintain health. While this is true, the reason zheng qi (正氣) has this capacity is that it represents the totality of the body’s qi that is flowing correctly in regards to nature’s circulations.  

26. According to the Neijing, if the circulations of the body move freely and in harmony with the greater patterns of nature and a person follows fairly simple prescriptions of daily life, the average lifespan should be about 100 years. Such a person should remain healthy and vital, and live out their days without the need for medical intervention.  

27. Because classical acupuncture describes physical anatomical structures such as blood vessels, fascia, bones and organs, it tends to share much in common with modern biomedicine, and the two systems tend to complement each other.  

28. In the Neijing the skin is a direct expression of the lungs.  

29. Secondary findings - the involvement of the inflammation of membranes (絡) and connective tissue - suggest involvement of the Eastern direction, but these findings are less pronounced.  

30. As described in Ling Shu Chapter 1: ‘The lesser physician guards the [outer] barriers of the body, the superior physician attends the critical mechanisms. ’  

31. From the perspective of Neijing medicine, illness is not considered cured until the configuration of illness is released by a targeted restoration of the j (經) intrinsic mechanism. In the clinic, many things can improve a person’s symptoms. However, until the ji mechanism has been restored these treatments are considered symptomatic, not curative.  

32. It may be reasonably be asked why the direction of treatment is not always the primary focus of intervention to release the configuration of illness. There are several reasons why this is not the case, all of which relate to issues of clinical problem-solving and prioritisation. For example, a patient may present with a disorder within the direction of cause that is quickly resolved, but impairments within the direction of treatment take some time to reverse. In this situation, treatment of the direction of cause will immediately lessen the patient’s symptoms and attend to the acute needs of the patient. As another example, take the case of a patient with a recurrence of a cancer who has a heavy build-up of chemotherapy associated with a local bi syndrome within the direction of treatment. In this case, treatment of this area may result in the sudden release of medications directly into the body’s circulation. In this case, treatment may be better postponed until the patient’s secondary pathways (lung, channels, digestion, urinary system etc.) have first been optimised so as not to further endanger the patient when released. Further, the configuration of illness may intentionally be left in place while patient undergoes certain therapies such as chemotherapy or bone marrow transplant. In these situations, it may be safer to leave such factors locked within the patient’s tissues until after such therapies are complete.  

33. This does not mean that any illness may be treated through any direction - only that the solution and treatment of any specific illness will be located within one of the five primary directions.  

34. This is the theoretical basis for traditional Chinese pulse diagnosis. However, not all diseases are reflected in standard pulse diagnosis. For example luoing (絡經) or ‘collateral vessel disease’ occurs outside of the longitudinal mai vessels and is thus not identified by standard pulse diagnosis.  


36. That the disease occurred shortly after moving northward and during the time of the Northern season of winter also suggests involvement of the Northern pathological influences in this illness.  

37. Coccidioidomycosis is a relatively common fungal illness endemic to parts of California, Texas, Arizona, Northern Mexico and Central and South America. Although most patients afflicted with this disease only experience the symptoms common to upper respiratory illnesses, a small percentage of patients may have disseminated illness with significant morbidity and mortality.  

38. In the Neijing, it is likely that the modern anatomical spleen was understood to be a ‘left-sided Liver’ and that the organ described by the character 脾 (pi - now translated as ‘Spleen’) originally described the modern anatomical pancreas.  

39. The taiyang mai vessel outflow tract was originally described as flowing through the area of modern Fengchi GB-20.  

40. Yangci (陽溪) lifting needle technique is performed by shallowly inserting one needle into an area of mid-level spreading cold and placing four needles around it.  

41. In the Neijing, the jing (井) benshu regions were specifically indicated for diseases of the zang organs. Here the ying (俞) benshu regions were added to decrease inflammation and help obstructed circulation in the zang organs flow forward through its normal ordered sequence.  

42. In the Neijing, mai (blood) vessel circulation was described as flowing upward from earth to heaven or downward from heaven to earth. Ascending circulations were denoted by the character mai (maiwood) and descending circulations were denoted by the character jin (jimetal). Later this idea was likely misinterpreted to mean that the first point on a yin channel is the ‘wood’ point, the second point is a ‘fire’ point, the third point is an ‘earth point and so on. These descriptions are not found in the Neijing text. For further reading, see Neal, E. (2012) ‘Introduction to Neijing Acupuncture Part II: Clinical Theory’. The Journal of Chinese Medicine, 102, pp. 20-31.  

43. The Ling Shu describes Rangu (然谷) hair needling) is a technique used to superficially needle bi (痺) obstructions of the skin.  

44. Many channels and vessels intersect within this region.  

45. Dian (點) mountain summit) is an earlier name for Baihui (modern GV-20).  

46. Originally the most important circulation used in acupuncture therapy was based on the circulation of mai (blood) vessels and closely followed the vascular pathways of the body. These original descriptions often differ significantly from modern descriptions of the acupuncture channel system. For further reading, see Neal, E. (2012). ‘Introduction to Neijing Acupuncture Part II: Clinical Theory’. The Journal of Chinese Medicine, 102, pp. 20-31.  

47. Angiofollicular lymph node hyperplasia, or ‘Castlemain’s Disease’ is a rare disease characterised by a hyperproliferation of lymphoid tissue and widespread tumour formation throughout the body.