

**The
Five
Element
Acupuncture
Handbook**

Second Edition



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Illustrations by Barbara Donelan

Acknowledgments

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I deeply appreciate that J. R. Worsley brought the information together as the Worsley Tradition of Five Element Acupuncture. Thank you Professor Worsley.

My husband John deserves a million kisses and hugs for his support as I spent seemingly endless hours at the computer - hours I could have spent with him.

Introduction

The more I study acupuncture, the clearer it is to me that there are many ways to reach the same therapeutic end. The method reflected in this handbook is derived primarily from J.R. Worsley's formulation of Five Element Acupuncture, also known as Leamington Acupuncture. There are other types of Five Element Acupuncture, notably Meridian Therapy as developed by the Japanese.

The handbook consists of four sections: Concepts, Point Classification, Energetic Blocks, and Treatment Techniques. Each section is presented in snapshot fashion. Ideas are presented in a brief, un-elaborated style and are then expanded upon during classroom presentation and discussion. Students are invited to add their own notes to these pages.

This handbook explains a slice of Worsley Five Element Acupuncture. The theory presented is in reality just one of the ways that Five Element Acupuncture has been taught at the Traditional Acupuncture Institute in Columbia, Maryland. Over the years, practitioners have created variations on Worsley's original material. Despite such variations, the primary body of information in this tradition has held constant. It is my intention in this handbook to present the central theoretical framework for basic energetic concepts and treatment, rather than the details.

Some of the information included is not from Worsley's Five Element tradition, for example, the Over-Controlling and Violation Cycles, and the Transporting Points. Such concepts are widely used by both Five Element and practitioners of other traditions and styles. They are highly valuable in understanding energetics, and give Five Element practitioners a broader vocabulary for conversation. Any material that is outside the boundaries of Worsley's Five Element Acupuncture will be noted as such.

The major benefit of this handbook on acupuncture theory is to provide a coherent basis for understanding energetics, pathology, and for treating patients. Theory helps us organize our observation of patients, develop treatment plans, and generally provides a frame by which to structure our practice of acupuncture. Theory is simply the body of knowledge and principles derived from astute observation and extensive clinical experience.

Ultimately, this handbook is intended to serve as a reference and guide for students. The information in this handbook is the combined knowledge of my many teachers—those who taught me when I was a student and those who continue to teach me. It is my hope that this acquired wisdom will enrich the practice of all my students.

Sherry Smith
Columbia, Maryland
July, 1998

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Five Element Acupuncture

Five Element Acupuncture¹ is based on nature. The Chinese observed the cycles of nature as they are reflected in the seasons, in the rhythms of day and night, and in the movement of all living things through birth, growth, decline and death. Human beings, as part of nature, are governed by the same laws.

The five elements are wood, fire, earth, metal, and water. Each element represents a season in nature's cycle and a phase of a person's energy. The meridians associated with each element are likened to an Official of a kingdom. Each Official must do its job in order for the kingdom to prosper. Likewise in each person the various aspects of the person's energy must function well for the person to enjoy good health. When one Official becomes unable to do its job, other Officials must step in to fulfill those functions. Five Element Acupuncture seeks to strengthen and support the person's energy so that all Officials in the kingdom function well.

The inter-relationships of the five elements is important. Each element affects and is affected by all the others. In a person, the dynamics among the elements are observed in order to understand how best to treat a patient with acupuncture.

Each element is associated with a set of correspondences. Emphasis is placed on the correspondences of color, sound, odor, and emotion. These correspondences are observed by seeing, asking, feeling and smelling in order to discern the state of the elements in the person. The person can then be treated accordingly.

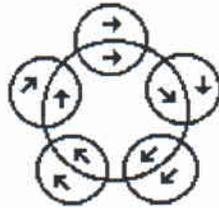
The roots of the tradition of Five Element Acupuncture go back to ancient China. Using these roots along with information from other sources, Dr. J. R. Worsley of Leamington Spa, England, synthesized the information into a system of acupuncture as it is taught today.² Later generations of practitioners continue to add to the body of knowledge through their own experiences in the treatment room.

¹ See "What is Five Element Acupuncture?" page 83, and "From Leamington Acupuncture to TCM and Back Again," page 97.

² For detailed information, see Eckman, Peter, In the Footsteps of the Yellow Emperor, Cypress Book Company, 1996.

Sheng Cycle

Generating cycle or Creative cycle



Definition

Everything that exists, from a single cell to planet Earth, goes through its own cycle of birth, maturity, decline, and death. This is a cycle of creation; there is no beginning and no end. At any given moment everything is in a stage of the Sheng or creation cycle. The cycle can be observed in a moment, in a lifetime, and in all periods of time in between. With the five elements, each element is generated by the preceding element. Water generates Wood, Wood generates Fire, and so forth.

Characteristics

Energy moves in a clockwise direction on the cycle.

The Qi³ moving in the Sheng cycle is always in motion.

The flow of movement in this cycle is from Yin Official to Yin Official and Yang Official to Yang Official.

The Qi in this cycle is shared by paired meridians.

Wood creates Fire

Fire creates Earth

Earth creates Metal

Metal creates Water

Water creates Wood

Wood = growth

Fire = maximal growth

Earth = balance

Metal = decline

Water = maximal decline

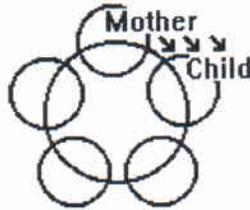
Clinical Significance

Explains how the Qi flows, essential to both diagnosis and treatment planning.

Provides a pattern with which to direct the flow of Qi in the patient.

³ Qi is often translated from the Chinese as "energy."

Law of Mother/Child



Definition

The law of Mother/Child is a relationship that perpetuates the Sheng cycle. That is, the mother generates the child.

Each of the five elements, Water, Wood, Fire, Earth, and Metal, is generated by the element that precedes it. Thus, each element is the Mother of the succeeding element. The succeeding element is the Child element.

Characteristics

Symptoms may show up in the Mother and/or the Child.

Pathology occurs when one or both Mother and/or Child are out of balance.

An excessive Mother will cause just as much trouble as a deficient Mother.

A strong Child may be well even though the Mother is out of balance.

A Child that is sick for a very long time will eventually deplete the Mother.

A healthy Mother and Child reinforce each other.

Clinical Significance

In diagnosis, to discern the health of the Mother and Child.

If an imbalance occurs in an element, the Mother and the Child⁴ of that element may also be unbalanced.

Treating the Mother may help the Child.

Treating the Child may help the Mother.

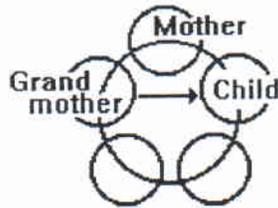
⁴ Note that "Mother" and "Child" are relative terms. For example:

(1) The relationship of two elements: Fire is the Mother of Earth and Earth is the Child of Fire.

(2) The relationship of three elements: Fire is the Mother of Earth and Metal is the Child of Earth.

Ke Cycle

Control cycle



Definition

The Ke⁵ cycle prevents the Sheng cycle from getting out of control.
The Grandmother controls the Child's growth.

Characteristics

The Ke cycle exists simultaneously with the Sheng cycle.

Pathology occurs when the Child's growth is over-controlled (*Cheng cycle*, page 8) or uncontrolled (*Wu cycle*, page 9). Either one is as harmful as no growth at all.

Energy moves only from Yin Official to Yin Official on the Ke cycle.

Ke cycle pathways do not generate their own energy.

Metaphorically:

- Earth guides Water
- Water cools Fire
- Fire warms Metal
- Metal prunes Wood
- Wood holds Earth

Clinical Significance

To discern the influence of the Grandmother on the Child.

The paths of the Ke cycle can be used to transfer energy from one Yin Official to another Yin Official.

⁵ Also "K'o" in the Wade Giles transliteration.

Law of Midday/Midnight

Definition

Each meridian's energy flow is highest and functioning optimally during a two-hour time period each day. Conversely, its energy flow is lowest during the opposite time of day. These two hour time periods are illustrated on the Chinese Clock.⁸

During the high phase, the Official is most accessible.

During the low phase, the Official is least accessible.

Characteristics

Provides a guide to observe daily cycles.

The time periods are expressed in sun or 'standard' time.

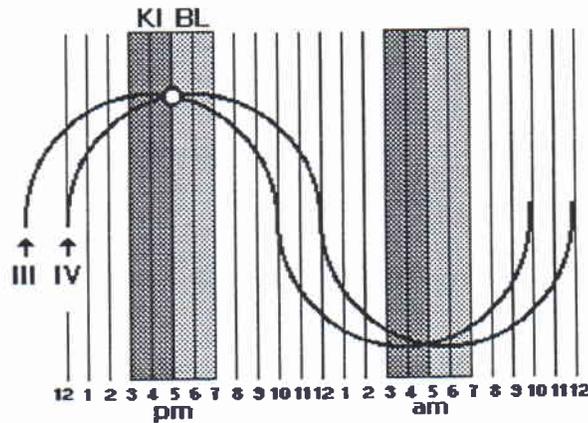
Clinical Significance

In diagnosis, this is the time when a patient may feel best or worst.

This law may be used as a guide to set daily rhythms in one's life.

The Horary point⁹ is used during the high phase to access the Official.

In practice, the first paired meridian may be treated at the *end* of its high phase, and the second paired meridian at the *beginning* of its high phase.



Treat the Bladder/III Meridian just *before* 5PM sun time and the Kidney/IV Meridian just *after* 5PM sun time.

⁸ The time periods are shown by the Chinese clock in the center of the Worsley Five Element chart.

⁹ Horary means "hourly." See page 24 for discussion of time and seasonal usage of Horary points.

Law of Least Action

Definition

Do as little as possible to initiate the desired effect.
Give simple, clear, direct messages and work within natural laws.

Characteristics

Effective treatment provides all the stimulation necessary to awaken the profound natural self-healing powers of the body/mind/spirit.
Practitioner encourages and supports self-healing; does not do the healing.

Clinical Significance

A simple treatment makes clear the specific effect of a treatment.
In practice, take into account:

- Causative Factor (CF)¹⁰
- Level of treatment: body/mind/spirit
- Time of day
- Time of year

¹⁰ See page 14 for a discussion of Causative Factor.

Law of Cure

Definition

The Law of Cure¹¹ describes the order and precedence of the natural healing processes. According to the principle of Law of Cure, healing occurs:

- in reverse chronological order, from most recent to oldest
- from above to below
- from within to without
- from most important organ to least important organ

Characteristics

To identify the Law of Cure after acupuncture treatments:

Law of Cure usually occurs within 24 to 48 hours after treatment. It usually lasts no longer than 72 hours.¹² If it's longer, it is not the Law of Cure. *Note:* Skin reactions may persist longer.

The patient has experienced the problem before. If the problem is something new, it's not Law of Cure.

The Law of Cure can show up as an emotional catharsis. Ask how the patient is doing in herself. If the patient reports feeling better inside, and the reaction does not threaten the patient's well-being, let it run its course. When in doubt, give the patient appropriate directives toward other treatment modalities.

Healing can begin on any level: body, mind, or spirit.

The patient may experience further recurrences of the Law of Cure until all possible healing has taken place.

Clinical Significance

The Law of Cure in action indicates effective treatment.

Allows the practitioner to distinguish effective treatment from a new illness or an adverse reaction to treatment.

¹¹ Constantine Hering (1800 - 1880), a German physician, first mentioned the phenomenon in his introduction to the first American edition of "Chronic Diseases" where he suggested that he observed certain things happening as cure developed. The most interesting was a cutaneous eruption at the end of a long cure of chronic disease. The most certain pattern he saw was the "reverse order." All the other patterns are simple observations.

¹² Homeopaths do not use this time frame; Law of Cure can go on for weeks or months.

Law of Husband/Wife

Definition

Pulses of the Officials on the left side belong to the Husband.

Pulses of the Officials on the right side belong to the Wife.

Proper balance occurs when the pulses on the left side are slightly stronger in *quality and quantity* than the pulses on the right side.

Characteristics

On the left side:

Sorter (SI)

Supreme Controller (HT)

Decision Maker (GB)

Planner (LR)

Will (KI)

On the right side:

Receiver (LU)

Eliminator (LI)

Processor (ST)

Transporter (SP)

Heart Protector (PC)

Left Side		Right Side	
SI	HT	LU	LI
GB	LR	SP	ST
BL	KI	PC	TE

Pathology exists when the right side pulses are stronger than the left side pulses.

Pulse quantity and quality may be out of balance.

Clinical Significance

The pulses are unbalanced when the right side is stronger in *quality and quantity* than the left side.

A Husband/Wife imbalance indicates a serious condition; it shows that the patient has given up control of the direction of his/her life; there is a lack of movement.

When present, a Husband/Wife imbalance may block the clear discernment of CF¹³.

Requires high-priority treatment attention.

¹³ For a discussion of CF, see page 14.

Causative Factor

The idea of Causative Factor (CF)¹⁴ is a dynamic concept. Most practitioners use the concept in a highly personal way. One practitioner may treat only the element that has been diagnosed as the CF. Another might apply the idea of CF loosely, using it as a basis for observing a patient's energy in the moment. When having a conversation about CF, both people have to be clear about each one's working definition.

Definition

CF is a term used in Worsley Five Element Acupuncture. It has been understood as:

- The root problem or imbalance. One element is the root cause of imbalance;
- A person's constitution, where an individual is designated to be of one elemental type;
- The central focus for treatment. This would be the element that has the greatest positive impact on the patient.

Characteristics

May arise when a patient's energy cannot fully recover from the impact of congenital, constitutional, or emotional factors. It can also develop from physical trauma or illness.

Where the most signs - color, emotion, sound and /or odor - correspond to a given element. That element is determined to be the CF. (Example: yellow color, singing voice and fragrant odor would classify a patient as an Earth CF).

Reflects the interplay of energetic dynamics and phenomena in a person.

A place of personal struggle as well as a place of outward accomplishment.

Clinical Significance

CF is the element through which the patient receives the most support and makes the most improvements.

Treating the CF will affect all the other Officials.

Treating the CF changes all the pulses except sometimes the CF itself.

Experienced practitioners report that one major point of treatment (that is, one element) is clear in only about one-third of their patients. In another third, two elements have equal or indistinguishable impact. In the rest of their patients, the phenomena of the individual and his or her symptoms are too complex to pin to one or even two elements.

¹⁴See "Causative Factor: A Forum," page 103, and "In Response...Causative Factor," page 109.

Causes of Disease

Definition

Disease¹⁵ reflects the body/mind/spirit's response to pathogenic influences. The body/mind/spirit has an equilibrium in relation to the outside world and to its own inner world: without equilibrium, disease occurs.

Anti-pathogenic Qi, or Upright Qi, is the body's ability to fight pathogens and keep the balance in the body. The practitioner needs to consider the relative strength of the pathogen and the anti-pathogenic Qi (Diagram 1).

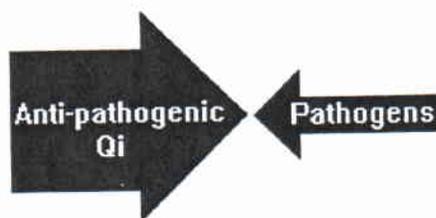


Diagram 1

Disease can occur when the balance between the anti-pathogenic Qi and the pathogenic influence breaks down. Either the body is not sufficiently strong to adapt to internal or external changes (Diagram 2):

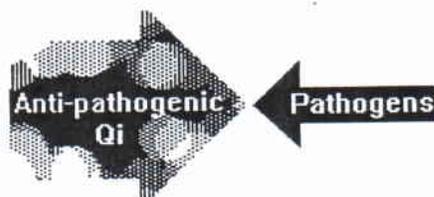


Diagram 2

or the external or internal influences are too powerful for the body to adapt (Diagram 3):

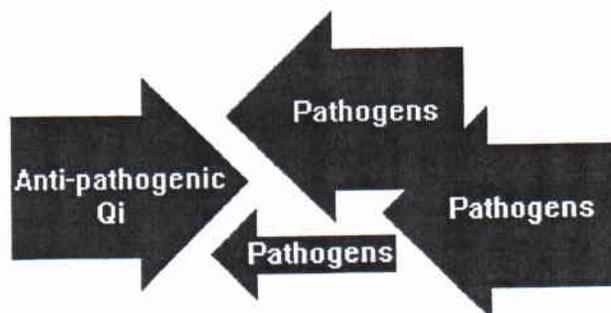


Diagram 3

or a combination of both a weak anti-pathogenic Qi and strong pathogen occurs.

¹⁵ See "Why Do People Get Sick? A Chinese View," page 115.

Internal Causes of Disease: The Emotions

Joy
Anger
Sadness
Grief
Worry, pensiveness
Fear
Fright

External Causes of Disease: Climate *outside + inside*

Wind
Cold
Fire – Heat
Dryness
Summer Heat
Damp
The above can be combined; for example: wind-cold, damp-heat, etc.

Miscellaneous Causes of Disease

Constitution, heredity
Trauma, injury, surgery
Parasites, poisons, epidemics
Wrong treatment
Lifestyle
 Overwork, fatigue
 Underwork
 Sex
 Diet

Clinical Significance

Knowing the cause of disease will influence the choice of treatment.
Knowing the cause of disease allows for effective patient education.
A patient's CF may make him/her more susceptible to a particular cause of disease.
Cause of disease is not the CF.

Types of Points

Command points:

- Element points:
 - Horary points
 - Tonification points
 - Sedation points
- Junction points

Source points

Xi Cleft or Accumulation points

Entry/Exit points

Conception Vessel

Governor Vessel

Associated Effect Points (AEPs) or Back Shu points

Front Mu or Alarm points

Upper Kidney or Spirit points

Outer Bladder Line points

Influential or Gathering points

Transporting points:

- Jing Well points
- Ying Spring points
- Shu Stream points
- Jing River points
- He Sea points
- Lower Uniting points

Windows of the Sky

Reunion or Crossing points

Forbidden points

First Aid points¹⁶

¹⁶ The above list is not all-inclusive.

Element Points

Definition

Command points on the meridians that represent each of the five elements.

Characteristics

Include horary, tonification, and sedation points.

Their order on the meridians and the body is distal to proximal and follows the Sheng cycle sequence.

On the Yin meridians: Wood → Fire → Earth → Metal → Water. *(Source pt always Earth pt)*

On the Yang meridians: Metal → Water → Wood → Fire → Earth. *(Source Always follow Wood pt)*

Clinical Significance

The nature or energy of each element becomes accessible at these points.

Used to transfer energy from one element to another following the Sheng and Ke cycles.

Horary Points

Definition

The point on each meridian that correspond to its element when used according to the Law of Midday/Midnight or in the season of the element.

Example: the Wood point on the Gall Bladder meridian, GB 41 from 11PM to 1AM and/or during the spring. See the point table below.

Characteristics

Powerful because the energy of a meridian is more accessible during its horary time.

Are not as safe as source points.

They treat the Officials without transferring energy from or to another meridian.

Clinical Significance

Used to treat the meridian at its most accessible time.

When used in its corresponding season, carries an enhanced effect.

Can be used alone for seasonal treatments.

Are generally tonified but can be sedated.

Points

Metal:	LU 8	Meridian Gutter	3 AM - 5 AM
	LI 1	Merchant Yang	5 AM - 7 AM
Earth:	ST 36	Leg Three Miles	7 AM - 9 AM
	SP 3	Supreme White	9 AM - 11 AM
Fire:	HT 8	Lesser Palace	11 AM - 1 PM
	SI 5	Yang Valley	1 PM - 3 PM
Water:	BL 66	Penetrating Valley	3 PM - 5 PM
	KI 10	Yin Valley	5 PM - 7 PM
Fire:	PC 8	Palace of Weariness	7 PM - 9 PM
	TE 6	Branch Ditch	9 PM - 11 PM
Wood:	GB 41	Foot Above Tears	11 PM - 1 AM
	LR 1	Great Esteem	1 AM - 3 AM

Tonification Points

Definition

The element point of the *preceding* element on the Sheng cycle, i.e., the Mother point in the Child. For example, the Wood point on a Fire Official.

Characteristics

Can be used as a tonification point *only* when the Mother has *relatively* more energy than the Child.

Moves energy by *pulling* or *calling* the energy from the Mother to the Child.

Transfers *yin to yin* and *yang to yang* on the Sheng cycle:



Clinical Significance

Use of a tonification point requires understanding of the Law of Mother/Child.
Fosters the natural movement of the Sheng cycle.

Points

LU 9	Very Great Abyss
LI 11	Crooked Pond
ST 41	Released Stream
SP 2	Great Capital
HT 9	Little Rushing In
SI 3	Back Ravine
BL 67	Extremity of Yin
KI 7	Returning Current
PC 9	Rushing Into the Middle
TE 3	Middle Islet
GB 43	Valiant Stream
LR 8	Crooked Spring

Sedation Points

Definition

The element point of the *following* element on the Sheng cycle, i.e., the Child point in the Mother.
For example, a Fire point on a Wood Official.

Characteristics

Can be used as a sedation point *only* when the Mother has *relatively* more energy than the Child.
Moves energy by *dispersing* or *pushing* the energy from the Mother to the Child.
Is not as direct a statement to the energy as the tonification point.
Is more likely to be used when the quality or quantity of the Mother's energy is excessive.

Clinical Significance

Use of a sedation point requires understanding of the Law of Mother/Child.
Fosters the natural movement of the Sheng cycle.

Points

LU 5	Outside Marsh
LI 2	Second Interval
ST 45	Hard Bargain
SP 5	Merchant Mound
HT 7	Spirit Gate
SI 8	Small Sea
BL 65	Bone Binder
KI 1	Bubbling Spring
PC 7	Great Mound
TE 10	Heavenly Well
GB 38	Yang Support
LR 2	Walk Between

Junction Points

Luo or Connecting Points

Definition

Points that connect and move energy between the yin and yang meridians within an element.
Part of a network of connecting channels.

Characteristics

Typically the junction point on the relatively more deficient meridian is tonified.
If necessary, the junction point of the relatively more excessive meridian may be dispersed.

Clinical Significance

Used to balance the energy between paired meridians.

Used to treat Akabane imbalances.

Can be used at the end of a transfer when the paired meridians are not in balance with one another.

* Can be used with the source point to reinforce its action.

Points

LU 7	Narrow Defile
LI 6	Side Passage
ST 40	Abundant Splendor
SP 4	Prince's Grandson
HT 5	Penetrating Inside
SI 7	Upright Branch
BL 58	Fly and Scatter
KI 4	Great Bell
PC 6	Inner Frontier Gate
TE 5	Outer Frontier Gate
GB 37	Bright and Clear
LR 5	Insect Ditch

Source Points

Yuan Source Points

Definition

Points that contain the Source Qi, called Yuan Qi or Original Qi which comes from the Kidneys. Source Qi can be accessed from these points.

Characteristics

Are safe, simple, gentle, and powerful.
Do not transfer energy.
Are self-regulating.
Can be tonified or dispersed.
Can be used for their spirit.

Clinical Significance

A treatment using source points is often the first CF treatment on a patient.
Source points have far-reaching and long-lasting effects.
Often used to clear qualities on the pulses.
Used to steady or ground a body point or spirit point, or to supplement a treatment.

Location

On the Yin Meridians, these points correspond to the Earth points.
On the Yang Meridians, these points correspond to the points immediately proximal to the Wood points. For example, on the Bladder meridian, BL 65 is the Wood point; the point immediately proximal to it is BL 64, which is the source point. On the Large Intestine meridian, the Wood point is LI 3; the point immediately proximal to it, LI 4, is the source point.

Xi Cleft Points

Accumulation Points

Definition

The Chinese character means a cleft or fissure.

Characteristics

Places where Qi and Blood¹⁷ converge and accumulate.

Clinical Significance

Often used when an acute situation arises.

May also be useful for severe or persistent ailments.

Can be palpated for tenderness for diagnostic purposes.

Points

LU 6	Greatest Hole
LI 7	Warm Current
ST 34	Beam Mound
SP 8	Earth Motivator
HT 6	Yin Mound
SI 6	Nourishing the Old
BL 63	Golden Gate
KI 5	Water Spring
PC 4	Gate of Qi Reserve
TE 7	Assembly of Ancestors
GB 36	Outer Mound
LR 6	Middle Capital

¹⁷ In Chinese, *Xue*.

Entry/Exit Points

Definition

Entry points are where the energy enters the meridian.

Exit points are where the energy leaves the meridian.

Characteristics

Connect the meridians in the sequence of the Chinese clock¹⁸ – different from the Sheng cycle flow.

Entry and exit points are not always the first and last points on a meridian.

Usually tonified.

Clinical Significance

Used to break blocks from one meridian to the next, specifically from one element to the next.

Example: SI to BL LR to LU
 KI to PC LI to ST
 TE to GB SP to HT

May be used to clear a meridian.

Points

	Entry		Exit
LU 1	Middle Palace	LU 7	Narrow Defile
LI 4	Joining of the Valleys	LI 20	Welcome Fragrance
ST 1	Receive Tears	ST 42	Rushing Yang
SP 1	Retired White	SP 21	Great Enveloping
HT 1	Utmost Source	HT 9	Little Rushing In
SI 1	Little Marsh	SI 19	Listening Palace
BL 1	Eyes Bright	BL 67	Extremity of Yin
KI 1	Bubbling Spring	KI 22	Walking on the Verandah
PC 1 ♂	Heavenly Pond	PC 8	Palace of Weariness
PC 2 ♀	Heavenly Spring		
TE 1	Rushing the Frontier Gate	TE 22	Harmony Bone
GB 1	Orbit Bone	GB 41	Foot Above Tears
LR 1	Great Esteem	LR 14	Gate of Hope
CV 1	Meeting of Yin	CV 24	Receiving Fluid
GV 1	Long Strength	GV 28	Mouth Crossing

¹⁸ See page 10 for discussion of Chinese clock.

Conception Vessel and Governor Vessel

Definition

Along with the other extraordinary meridians, the Conception (CV) and Governor Vessels (GV)¹⁹ act as reservoirs for the main channels, which are like rivers. CV and GV derive their energy from the Kidneys.

Along with the Penetrating Vessel, CV and GV are Anterior Heaven or pre-birth reservoirs of Qi. They circulate Wei Qi or Defensive Qi and regulate the seven-year cycles of women and the eight-year cycles of men.

Characteristics

Often used for their spirit and their location in anatomical areas or in proximity to corresponding organs.

Two of the eight extraordinary meridians.

Unlike other extraordinary meridians, they each have their own points.

May be used for their points alone without regard to their use as an extraordinary meridian.

To access the functions of CV and GV as extraordinary meridians, master and couple points must be used.

Clinical Significance

Reinforce treatment on the twelve meridians.

Used for their spiritual connotation.

May be used to treat a particular jiao or area of the body.

Treat at a deep constitutional level.

¹⁹ In Chinese, *Ren Mai* and *Du Mai*.

Conception Vessel

Ren Mo, Ren Mai, Directing Vessel, or Sea of Yin Channels

Definition

This meridian runs up the anterior midline of the body.
Nourishes yin energy, including the reproductive system.
Regulates the uterus and blood in women.
Moves Qi in the lower burner and the uterus.
Influences all burners.

Characteristics

Has to do with receptivity.
Is relatively more yin than the Governor Vessel.
Associated with Earth as opposed to Heaven.

Clinical Significance

May be used as a spirit treatment.
Areas of influence: abdomen, thorax, lungs, throat, and face.
Treats on a deep constitutional level.

Governor Vessel

Du Mo, Du Mai, Governing Vessel, or Sea of Yang Channels

Definition

This meridian runs up the posterior midline of the body, over the head and ends at the upper gum line.

Tonifies Kidney yang and strengthens the back.

Expels Wind.

Nourishes the spine and the brain.

Strengthens the mental and physical levels of energy if they are low or depleted.

Characteristics

Is relatively more yang than Conception Vessel.

Is associated with activity and direction.

Is associated with Heaven.

Holds things up.

Clinical Significance

Has to do with standing upright.

May be used as a spirit treatment.

Areas of influence: back, spine, back of neck and head.

In women, is usually combined with CV.

Treats on a deep constitutional level.

Associated Effect Points (AEPs)

Back Shu Points, or Back Transporting Points

Definition

Points on the back used to communicate directly with an Official.
Where the Qi of the Zang (solid organs) and the Fu (hollow organs) can be accessed directly.
The Chinese character for Shu means "to transport."

Characteristics

on-Inner Bladder line

Strong and powerful points.
Generally used with a source point.
Relatively yang in nature, but used to treat yin as well.
Influence the expansive, active functions of an Official.

Clinical Significance

Use only after determining a patient's CF.
Use when treatment is not holding or moving.
Use in acute or chronic situations, but mostly chronic.
May be palpated for tenderness.
Shu and Mu points may be combined in treatment.

Points

BL 13	Lung Correspondence
BL 14	Pericardium Correspondence
BL 15	Heart Correspondence
BL 16	Governor Vessel Correspondence
BL 17	Diaphragm Correspondence
BL 18	Liver Correspondence
BL 19	Gallbladder Correspondence
BL 20	Spleen Correspondence
BL 21	Stomach Correspondence
BL 22	Three Heater Correspondence
BL 23	Kidney Correspondence
BL 24	Sea of Qi Correspondence
BL 25	Large Intestine Correspondence
BL 26	Origin Pass Correspondence
BL 27	Small Intestine Correspondence
BL 28	Bladder Correspondence
BL 29	Middle of the Backbone Correspondence
BL 30	White Ring Correspondence

Front Mu Points

Front Collecting Points or Alarm Points when used diagnostically

Definition

Where the structive²⁰ energy of the Official is expressed.
Points on the abdomen that complement the Back Shu points.
The Chinese character means "to collect."

Characteristics

Are found close to the corresponding organ.
Are relatively yin in nature.
Fu organs are responsive to Mu points.

Clinical Significance

Useful diagnostically.
Used to treat an organ and local area around the organ.
Mu and Shu points may be combined in treatment.

know this

Point	Name	Corresponding Official or Jiao
LU 1	Middle Palace	Lung MU <i>1.6 ACl Below LU2</i>
ST 25	Heavenly Pivot	Large Intestine MU
CV 12	Middle Duct	Middle Jiao, Stomach MU <i>4 ACl</i>
LR 13	Chapter Gate	Spleen MU <i>11th rib</i>
CV 14	Great Deficiency	Heart MU
CV 4	First Gate	Small Intestine <i>SI MU 3 ACl</i>
CV 3	Utmost Middle	Bladder MU <i>4 ACl INF</i>
GB 25	Capital Gate	Kidney MU <i>12th rib</i>
CV 15	Dove Tail	Pericardium MU <i>7 ACl</i>
CV 5	Stone Gate	Triple Heater MU <i>2 ACl INF</i>
CV 7	Yin Crossing	Lower Jiao MU <i>1 ACl INF</i>
CV 17	Between the Breast	Upper Jiao MU <i>4th ICS</i>
GB 24	Sun and Moon	Gallbladder MU <i>7 ICS</i>
LR 14	Gate of Hope	Liver MU <i>10th rib</i>

²⁰ Embodied or relatively more physical than non-physical. Structive is also relatively more yin in quality. This term was introduced by Manfred Porkert, prominent scholar of Chinese medicine in The Essentials of Chinese Diagnostics, Chinese Medicine Publications Ltd, 1983.

Upper Kidney Points

Definition

Spirit points in the Worsley tradition.

Characteristics

One or two may be used in a treatment.
May be used in sequential treatments.
Can be used with any CF.
May be combined with Outer Bladder Line points.

Clinical Significance

Influences a patient at the spirit level.
Influences the upper jiao.

Points:

KI 20 Through the Valley and KI 21 Dark Gate (Used together)

For someone who is fearful, trapped in fear.
For someone who may be lonely, suicidal; when everything seems negative.
Someone facing death.
To guide a person out of the darkness of the valley.

KI 21 Dark Gate

When everything seems negative.

KI 22 Walking on the Verandah

Convalescent point after a long illness.
For a sense of safety and protection.

KI 23 Spirit Seal (Shen)

A seal is a patient's identity.
Used if a patient is not connected with his/her own spirit.
To reawaken the spirit.
Often used after, or with, KI 24.

KI 24 Spirit Burial Ground

Resurrection point, when the spirit is dead or nearly so.
Experience of life is dead.

Outer Bladder Line Points

are for any CF

Definition

Deep spiritual/mental points.

Characteristics

Use alone or with Inner Bladder points or with Upper Kidney points.
Five of these are named for their association with spirits related to Officials.

Clinical Significance

Can be used on any CF.
Some have associations with particular Officials.
Can be used for emotional problems.

Points:

BL 37 Soul Door – *Po Hu*. *Po* is the spirit of the Lung.

At the level of Lung Correspondence – BL 13.
For a patient who has shut off to cope with disaster that is unbearable.
A closed mind or spirit.
For a Metal CF who is cut off on a deep level.
Where sadness and grief affect the lungs.

BL 38 Rich for the Vitals

At the level of the Heart Protector Correspondence – BL 14.
To build both Qi and Blood.
Usually use moxa on this point.
For general fatigue and weariness
For chronic and difficult diseases.
To replenish Fire at a deep level.

BL 39 Spirit Hall – *Shen Tang*. *Shen* is the spirit of the Heart.

At the level of the Heart Correspondence – BL 15.
For strains on the heart, shocks, broken heart.
Restores the spirit.
Anxiety, insomnia.

*Shen of the HT
is spirit of
universe
Shen resides in blood*

Helps to move person thru grief

BL 40 Wail of Grief

For a cry of anguish.
For the patient who is stuck in grief.
For the patient who cannot deal with pain or loss.
person so grieved can't function

BL 41 Diaphragm Border

First aid for hiccups.
Breathing problems.

BL 42 Spiritual Soul Gate – Hun Men. Hun is the spirit of the Liver. *is across LR*

At the level of Liver Correspondence – BL 18.
For hopelessness and depression, mood swings, resentment, anger.
For alcoholics, drug addicts.
To help the patient find a sense of purpose.
use for people who can't go on.

BL 43 Yang Net

At the level of Gall Bladder Correspondence – BL 19.

BL 44 Thought Dwelling – Yi She. Yi is the spirit of the Spleen.

At the level of Spleen Correspondence – BL 20.
For obsession; helps mental movement. *Earth out balance*
For anorexia.

BL 45 Stomach Granary

At the level of the Stomach Correspondence – BL 21.
For anorexia.
Helps thoughts move.
Digestive disorders.

BL 46 Diaphragm Gate of Vitality
person w/ low vitality

BL 47 Ambition Room – Zhi Shi. Zhi is the spirit of the Kidney.

At the level of Kidney Correspondence – BL 23.
For lack of ambition or will; for revitalization. Also used for an over-driven will.
For the patient who is depleting herself by doing too much.
Great for a Water CF.
Depression, lack of will, feeling of powerlessness and hopelessness.
water is about creating limits - to contain

Influential Points

Gathering or Assembling Points

Definition

The Chinese character means "to gather," or "to meet."

Characteristics

Influential points have a special effect on each of the eight principal constituents that make up a human being. According to the *Nan Jing*, these constituents are the Yin Officials, Yang Officials, Qi, Blood, bone, marrow, sinews, and vessels.

Brain

Clinical Significance

Used when a particular constituent needs attention.

May be added where appropriate to a patient's treatment plan.

ancestral
kidney is Jing, go Qi
stomach
Zhong fu
chi
 ↓
becomes Qi for heart + meridians

Points

Influence

LR 13	Zang/Yin organs	Chapter Gate
CV 12	Fu/Yang organs	Middle Duct
CV 17	Qi	Within the Breast
GB 34	Sinews	Yang Mound Spring
BL 17	Blood	Diaphragm Correspondence
LU 9	Pulses/Vessels/Meridians	Very Great Abyss
BL 11	Bones	Great Shuttle
GB 39	Marrow + Brain + Spinal fluid	Hanging Cup

powerful

~~128~~

"Foundations of Chinese Medicine" by *Maicci*
 read this book

Transporting Points²¹

Correspond to the Antique Points and Five-Element Points

Definition

Affect the meridian according to their location on the channel, i.e., most distal to most proximal.

Characteristics

Are arranged in order from most distal to proximal, from the fingers to the elbows and from the toes to the knees, regardless of the yin or yang nature of the meridian.

Clinical Significance

May vary according to viewpoint.

Points

1 **Jing Well Points** - nail pts. corresponds to wood or metal

usually
clears
meridian

Correspond to Wood (yin meridian) and Metal (yang meridian) points.
Most distal: The toe or finger point.
The Qi is bubbling, small, and shallow.
Clears the meridian.
Used in acute situations.

2 **Ying Spring Points** Fire & Water pts - used to clear heat

Correspond to Fire (yin meridian) and Water (yang meridian) points.
Second element point in from the toe or finger.
Qi is gushing a little.
Clears Heat; for febrile diseases.

Sp2 + L4/2 clears
gout
Action - disperse both

3 **Shu Stream Points** Earth & Wood
Corresponds to damp

Correspond to Earth (yin meridian) and Wood (yang meridian) points.
Third element point in from the toe or finger.
Qi is starting to flourish, strong enough to carry other things with it.
For heavy sensations of the body and painful joints.
Clears Wind and Damp.

feels heavy - body, harder to move
damp = stiff joints

mostly disperse
Sp must be strong
to transport damp
or accumulation
occurs

then Tonify Sp next

²¹ Outside the boundaries of strict Five Element Acupuncture.

Slippery pulses = damp

5 Transfer pts

4 Jing River Points METAL + Fire pts.

tonify

Correspond to Metal (yin meridian) and Fire (yang meridian) points.
Fourth element point in from the toe or finger.
Qi is abundant.
For upper respiratory problems.
Dispels hot and cold sensations.

5 He Sea Points Earth + Water

ex: ST 36 tonify mostly for stomach problems

Correspond to Water (yin meridian) and Earth (yang meridian) points.
Located generally around the knees and elbows.
Qi is at its most flourishing state, vast and deep.
Good for affecting the organs because of their depth.
To treat diseases of the Fu organs.
Chi is well established because of its farther in

Lower Uniting Points

Located around and slightly distal to the knees.
To treat diseases of the Fu organs.

Don't need to memorize only if you want to

- BL 53 addresses the Triple Heater
- GB 34 addresses the Gallbladder
- ST 36 addresses the Stomach and abdomen
- ST 37 addresses the Large Intestine
- ST 39 addresses the Small Intestine

Windows of the Sky - Spirit pts *neck pts,*

Definition

Points on certain meridians that give the patient a clearer and/or greater perspective on themselves.

Characteristics

Have a tremendous effect on the spirit and the mind.

Windows have the capacity to let light in; they can be too open, closed too tightly, or dirty.

The following meridians have Windows: SI, BL, PC, TE, LU, LI, ST, CV and GV.

In the course of treatment, a patient's Windows will usually open of their own accord. The practitioner needles Windows only when nature needs assistance in opening the Window.

More commonly used by practitioners of Worsley acupuncture.

gives person clear view & perspective on self

Clinical Significance

Are used cautiously, only when the patient is ready; the patient will indicate when that is.

Are considered later rather than earlier in treatment because:

The patient must be stable;

The patient must be able to integrate the experience;

A patient who is not stable or strong enough could be overwhelmed by the experience.

Usually treat the Window on a patient's CF, although a Window may be chosen in a non-CF element when the non-CF element has previously been treated.

Windows can be opened by either a strong or gentle tonification.

Windows can be dispersed if they are stuck open, for instance, drug abuse can cause this condition.

A command or source point should be needled after needling a Window.

Points

SI 16	Heavenly Window
SI 17	Heavenly Appearance
BL 10	Heavenly Pillar
PC 1♂ or 2♀	Heavenly Pond or Heavenly Spring
TE 16	Heavenly Window
LU 3	Heavenly Palace
LI 18	Support and Rush Out
ST 9	People Welcome
CV 22	Heaven Rushing Out
GV 16	Wind Palace

Who to treat

- Person be stable
- " can benefit for greater clarity

Reunion Points

Crossing and Meeting Points

Definition

Points where several meridians join or are confluent, often through deep pathways.

Characteristics

Energies of more than one meridian can be influenced by treating a Reunion point. A complete list of these points may be found in the Worsley point location book.²²

Clinical Significance

To influence the energy of two or more meridians at the same time.
Touches the energy of several meridians; the state of the energy in each meridian must be considered.

Important Reunion points

Yin

CV 3	Utmost Middle	3 leg Yin Officials	KI, LR, SP
CV 4	First Gate	3 leg Yin Officials	KI, LR, SP
SP 6	Three Yin Crossing	3 leg Yin Officials	KI, LR, SP
LR 13	Chapter Gate	5 Yin Officials	HT, LR, KI, LU, SP
PC 5	The Intermediary	3 arm Yin Officials	HT, PC, LU

Yang

BL 1	Eyes Bright	All six Yang Officials plus Yin Qiao Mo and Yang Qiao Mo	
CV 12	Middle Duct	5 Yang Officials	SI, BL, GB, LI, ST
GV 14	Great Hammer	All Yang Officials	
GV 20	One Hundred Meetings	All Yang Officials plus LR	
GB 39	Hanging Cup	3 leg Yang Officials	BL, GB, ST
TE 8	Three Yang Junction	3 arm Yang Officials	SI, TE, LI

²² Worsley, J.R., Traditional Chinese Acupuncture, Volume I: Meridians and Points, Element Books, 1982, page 308.

Forbidden Points

Definition

Forbidden points²³ are points that may not be needled and/or treated with moxa.

Some reasons points are forbidden

Physical conditions

- Pregnancy
- High blood pressure
- Swellings: growths, tumors, injuries, moles
- Skin conditions

Anatomical or structural considerations

- Breast tissue
- Nipples
- Umbilicus
- Arteries
- Nerves

Power of the points

- CV 17
- GV 7
- GV 10
- GV 11

Specific conditions in the patient

- High blood pressure.
- High blood pressure and bad temper: Forbidden to tonify LR 2.
- High blood pressure and fatigue: Forbidden to tonify ST 9.
- Proximity to an artery or a nerve, e.g., near the carotid artery.
- Delicate tissue, e.g., on the face.
- Energetic effect, e.g., increases Heat in a patient with pathogenic Heat.

Refer to the Worsley point location book for points that are forbidden to needle and/or moxa.

First Aid Points

Generally, use these points in emergencies until the patient can be treated more thoroughly. Refer to any number of books, including the Worsley point location text, on point usage.

²³ See "Forbidden Points," page 137.

Internal Dragons and External Dragons

Releasing the Seven Dragons on the Seven Devils

Definition

The patient with Internal or External Dragons²⁶ has a serious lack of control of his or her own body/mind/spirit.

A possessed patient cannot be reached beyond a superficial level.

Internal Dragons (IDs) are related to the internal causes of disease.

External Dragons (EDs) are related to the external causes of disease.

Often referred to as IDs and EDs. Also called Possession, or 'the devils treatment.'

Diagnosis

✱ The practitioner will sense that talking to the patient is like talking to a mask or shell and/or that he or she is failing to: (1) reach the patient, (2) communicate well with the patient; and/or (3) get honest responses.²⁷

Unable to see into the patient's eyes; there is no Shen in the eyes. Patient does not make or keep eye contact. However, lack of eye contact does not *always* indicate possession.

Supporting signs (listed below) may raise the question of possession, leading the practitioner to observe the patient's eyes. *Supporting signs do not prove possession.*

Possession is a phenomenon of the present. The patient's history is not a basis for diagnosis of possession but may prompt the practitioner to consider it.

Supporting Signs of Possession RED FLAGS

Patient is out of control or in chaos.

Information from the patient indicates that someone/thing has taken control of him or her.

Patient makes consistent remarks about being possessed, out of control, in the grip of something.

Patient does not respond to regular treatment.

Patient has history of drugs and/or alcohol abuse.

History of attempted suicide or destructive behaviors.

Clear demarcation of time when the patient changed.

Evidence of extreme emotional disturbance.

Chaotic pulses.

Practitioner is uncomfortable in the presence of the patient.

²⁶ See "Possession as Metaphor," page 127.

²⁷ Worsley, J.R. Traditional Acupuncture, Volume II, Traditional Diagnosis, The College of Traditional Acupuncture, 1990, page 170.

Supporting Signs Specific to External Dragons

*person in chaos since
accident or torso opening*

Any of the signs from IDs above, plus an external factor such as:

Exposure to extreme weather or climates; must be a grave invasion.

External trauma such as an accident or surgery where the torso is opened.

Treatment of Possession

INTERNAL DRAGONS

Master point 1/4" below CV 15

ST 25

ST 32

ST 41

EXTERNAL DRAGONS

GV 20

BL 11

BL 23

BL 61

1. Insert all needles *right to left, top to bottom, straight in, to full fen depth* of each point. Use a small degree of dispersion action.
2. Be sure to get the energy of each point.
3. Go back and disperse all needles in the same order as they were inserted.
4. Wait and observe: Results are usually subtle, but may be dramatic. Look for changes in color, sound, odor, and emotion (CSOE), pulse, and/or breathing. Watch for emotional catharsis, return of memories, and/or clearing of the patient's eyes.
5. If there is a change, remove all needles in the same order they were inserted. When treating a patient who is depleted, you may want to tonify as they are removed; if so, remove the needles *left to right*.
6. If there is no change in 15 minutes, go back and tonify each needle *left to right*, top to bottom, and remove the needles as you go.
7. Observe the patient for changes.
8. After the possession clears, follow the treatment by testing for AE in same treatment or next treatment.
9. If ID treatment did not effect a change, and there is still no Shen in the eyes, do the EDs with the same procedure as above. Both can be done in one treatment if the patient is strong enough. They can also be done in two treatments.

life's in chaos
but still holding
things together.

Aggressive Energy

Definition

Aggressive Energy²⁸ (AE) is a block created by independently circulating toxic or polluted energy that moves along the Ke cycle.

Sources of AE are internal or external stressors with which the Official is unable to cope.

AE is a block recognized and treated only within the Worsley system.

The test for AE is also the treatment.

Diagnosis

✱ The only sure sign of AE is erythema around the needles that is darker and/or larger than the test needle.

Is passed along the Ke cycle.

Signs and symptoms show up along the Ke cycle.

Supporting Signs Specific to AE *RED FLAGS*

Its presence may be suspected and tested, therefore treated.

The patient's history or complaint includes *any* of the following:

History of serious emotional or physical illness.

History of substance abuse or toxic living or working situation.

✱ Feeling of chaos *but the patient is still in control*.

Patient, usually one who has been in treatment for a while, will know "something is wrong" but can't say exactly what it is.

Patient may report feeling "more emotional" than usual.

The practitioner *may*:

Feel uncomfortable in the patient's presence.

See the patient as irritable, aggressive, angry, emotional.

Sense the patient's condition from past experience with AE.

See that treatment is not moving or holding.

Read a sharp or unusual quality on the pulses.

Supporting signs are indicators to check for AE. They do not indicate AE's definite presence. Only testing will determine it. For example, not everyone who is feeling more emotional than usual has AE.

²⁸ See "Clinical Note: The Mystery of Aggressive Energy," page 133.

Clinical Significance

Must be cleared to prevent its spread to other Officials during treatment.

May need to be cleared to clarify CSOE.

Is usually the first treatment done on a patient unless Possession is suspected.

Is drained through the Yin Officials.

Won't come out if the patient is possessed; do ID and/or ED treatment, then test AE.

AE Treatment

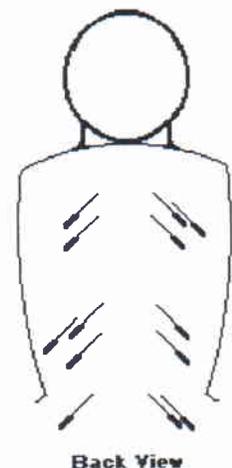
Preparation

1. Invite patient to empty bladder; this treatment could take a while.
2. Be sure the patient is comfortable. The treatment may be done with the patient lying face down or sitting up facing the treatment table.
3. Stay in connection with the patient during the entire process. This is frequently the first acupuncture treatment for some patients. Know if they are about to faint!
4. Be sensitive to your patient during treatment. Sometimes it is all right to talk, other times it is best to be quiet.

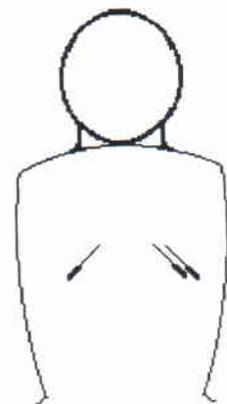
Treatment

BL 13	Lung Correspondence
BL 14	Pericardium Correspondence
BL 15	Heart Correspondence
BL 18	Liver Correspondence
BL 20	Spleen Correspondence
BL 23	Kidney Correspondence

1. Insert needles *right to left, top to bottom* into all AEPs *except* BL 15, which is inserted after all other points have been cleared. Insert needles very shallowly, about one fen. If the needle is at the proper depth, it will hang down without touching the skin. If the needle touches the skin (in the sitting position), the needle depth is too shallow. If the needle sticks straight out, it is too deep.
2. Insert test needles, one per jiao, inside or outside the Inner Bladder line, but *not in a point*. The test needle is inserted in each jiao immediately after all needles are in place in that jiao. E.g., insert BL13, BL14, and then the test needle.



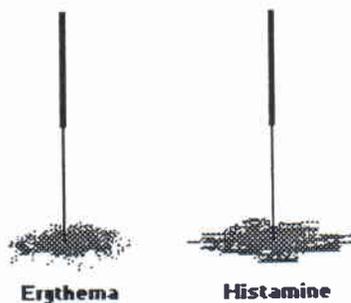
3. When there is AE, an erythema appears that is darker and/or larger in area than the test needles and lasts longer than the test needle. Be sure to differentiate the rounded erythema from a histamine response. A histamine response is bright red and follows the grain of the tissue. See illustration below.
4. Leave in each needle until the erythema disappears.
5. If there is no redness, or if the redness of the point needles are the same as the control needles, leave the needles in a few minutes, remove, and continue with treatment.
6. If redness appears on one side only, the needle on the side with no redness may not be on the point. Either add another needle or reposition needle.
7. Test BL 15, Heart Correspondence, for AE after redness has cleared in all other points. Add a new test needle.
8. Usually test all points unless you're sure where the AE is. In that case, test the two Officials across the Ke cycle.
9. If AE was present, you may want to retest for it at the beginning of the next treatment.



Testing AE on Heart

Considerations

Don't leave a patient with inserted needles sitting alone in the room.
 AE can recur; it can be tested for again at any time if the practitioner suspects it.
 After draining, the patient may feel better or may feel worse for a brief time.
 Recheck Akabanes after initial treatment for AE.
 AE may not drain completely if the patient is possessed.



Husband/Wife Block

Definition

The Law of Husband/Wife: The left side pulses must always be slightly stronger than the pulses on the right side. When this is not so, there is a husband/wife block.

A husband/wife (H/W) imbalance occurs when the right hand pulses are greater both in quantity (volume) and quality than the left hand pulses.

J.R. Worsley calls a husband/wife block the disaster/death of the family.

If an H/W block is suspected, it should be treated. It is a major block and a deep problem that may not be easy to move. It can also return in the course of treatment.

Diagnosis

* Diagnosis is made solely by pulses; not by supporting signs.

The pulse quality on the right side is hard and rigid, often described as sharp, biting, tense, dominating, pecking, like a hammer, coming up to meet the fingers of the practitioner.

The left side is *relatively* weak, empty, collapsing, thready.

Quality is the key to the diagnosis. The quality of the pulses are considered as a whole.

Supporting Signs Specific to an H/W Block *RED FLAGS*

A sense of deep struggle in the patient.

The patient has the feeling of being split apart.

Chronic illness, such as multiple sclerosis, cancer, AIDS, or long term alcohol or substance abuse.

Relationship troubles, e.g., being bullied by someone.

Treatments are not moving or holding.

Examples of pulse pictures indicating an H/W block (where pulse quality is strong on the right and weak on the left):

-2	-2	-1	-1	-1	-1	+1	+1	-1½	-1½	-1	-1
-2	-2	-½	-1	-1	-1	+1	+1	-1	-1	-1½	-1½
-3	-3	-1	-1	-1	-1	+1	+1	-2	-2	-1	-1

Note: These examples indicate an H/W only if the *quality* of energy is imbalanced. The *relativity* of the pulses is important! The right hand pulses as a whole have a *relatively* stronger quality than the left. The difference between the sides can be subtle. Pulse volume, or quantity will also probably show the same imbalance.

Treatment of an H/W Block

General treatment principle: Transfer energy from the right side to the left side. Start with the block between Metal and Water, then Earth and Water, then Metal and Wood. End with the source points on the left side of Fire.

1. Check for AE so that the ensuing transfers do not spread AE through the meridians.
2. Transfer from Metal to Water. Use the tonification points in Water:

BL 67 上

KI 7 上

3. Transfer across the Ke cycle from Earth to Water. Use the Earth point in Kidney:

KI 3 上

4. Transfer across the Ke cycle from Metal to Wood. Use the Metal point in Liver:

LR 4 上

5. Tonify sources on Heart and Small Intestine. This puts the Supreme Controller back on the throne:

SI 4 上

HT 7 上

Check pulses between each step to determine if the block remains. Usually the above steps will break the block. If not, one or more of the following options may be used.

Option One

Disperse sources on the right-side Officials and tonify sources on the left-side Officials:

Disperse	Tonify
LU 9 上	KI 3 上
LI 4 上	BL 64 上
ST 42 上	LR 3 上
SP 3 上	GB 40 上

You may insert the dispersion needles and leave them in for a while. While the needles are still in, tonify the left-side points.

Option Two

Tonify the AEPs of Liver and Kidney:

BL 18 ㄩ
BL 23 ㄩ

Option Three

Disperse the AEPs of Lung and Spleen and tonify the AEPs of Liver and Kidney:

Disperse	Tonify
BL 13 ㄩ	BL 18 ㄩ
BL 20 ㄩ	BL 23 ㄩ

Option Four

Disperse all wife AEPs and tonify all husband AEPs at the same time:

Disperse	Tonify
BL 13 ㄩ	BL 15 ㄩ
BL 14 ㄩ	BL 18 ㄩ
BL 20 ㄩ	BL 23 ㄩ

Option Five

Use four-needle technique.²⁹

Continue treating until the block is broken. Check the pulses after each step in treatment. Stop treatment once the block is broken.

Considerations

This is a dangerous imbalance, do as much as you can in one treatment.

Have a strong intention, the issue is one of control and the strong side may not give up easily.

The imbalance is serious because it creates a lack of movement; the patient is stuck and everything seems out of order.

²⁹ Worsley, J.R., Traditional Chinese Acupuncture, Volume I: Meridians and Points, Element Books, 1982, page 299.

Umbilical Pulse

Definition

An umbilical pulse that is off-center can be a block to treatment. The umbilical pulse is tested during the physical exam and before testing and correcting Akabanes; it *can* be tested every treatment and should be tested from time to time. Each person meets the world from the Dan Tien, an area just below the umbilicus. It is best to meet the world “centered” from this area.

Diagnosis

1. Explain to the patient what you are about to do.
2. Consider the patient's comfort. Ask the patient to empty his/her bladder. You may also ask the patient to bring their knees up as they keep their feet flat on the treatment table.
3. Place the thumb and first three fingers together forming a North/South/East/West axis.
4. Ask the patient to take a deep breath and exhale. As he/she exhales, gently press down inside the umbilicus with the four fingers.
5. Note which finger(s) feel the pulse. If the umbilical pulse is centered, it will pulse equally on all four fingers. A stronger pulse on one or more fingers indicates the direction in which the pulse is off-center.
6. Annotate your findings by placing a circle on a cross bar.



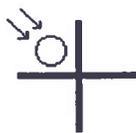
Centered



Off-center, to the top and right side of patient

Treatment:

1. Correct an umbilical pulse by massaging it to the center.
2. Use the thumbs or the three middle fingers to gently push the pulse back to the center. Follow the breath. Do a few gentle strokes and then recheck.
3. Correcting an off-center umbilical pulse may correct the Akabanes.
4. Do not massage the pulse too long. It may be the result of a structural anomaly.



Massage the pulse back to center

Akabane

Definition

A technique that tests the left/right balance of energy of a single meridian. Akabanes do not compare one meridian to another.

Tested during Traditional Diagnosis (TD), after AE and any time there are one-sided symptoms.

If many of the Akabanes are off, the patient may have AE.

Developed by Dr. Kobe Akabane (1895 - 1983) in Japan.³⁰ This treatment is not found in traditional Chinese acupuncture.

Diagnosis

The Akabane test is the definitive method of diagnosis.

Supporting Signs to indicate an Akabane test - RED FLAGS

Person feels off-center.

One sided symptoms.

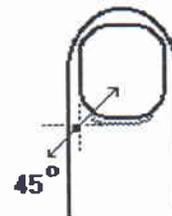
Person has experienced injury, trauma, or surgery.

A tick-tock pulse.

Testing

Note: Do not test Akabanes on the feet of a diabetic with neuropathy!

1. Check the umbilical pulse first; correct if necessary.
2. Instruct the patient to tell you when the point begins to feel hot but not burning. This is not a test of endurance.
3. Beginning on the left side of the patient, move a lighted incense stick over the nail point of the meridian at a height of 1 to 2 fen. Bring the stick as close as possible to the point, passing over it and going an equal distance on either side of the point. *Use the inside of the nail of the little toe to test Kidney.*
4. If for any reason you cannot test the nail point, move up the meridian to the next point available on both sides of the meridian.
5. Count each pass. Record the number of passes for each meridian separately. The left side is always recorded first.



	Left	Right
SP	7	6 <i>OK</i>
LR	12	9
ST	9	15
etc.		

³⁰ Akabane, K., Method of Hinaishin. Ido-no-Nippon-sha, Yokosuka, 1950. In Japanese.

Evaluation

Readings that differ by at least one-third are considered unbalanced.
The side with the most number of passes is the deficient side because it took longer for the heat to connect with the energy.

Treatment

1. Tonify the junction point on the deficient side. Recheck Akabanes.
2. If the imbalance has not corrected, tonify the source point on the deficient side. Recheck Akabanes.
3. If not corrected, tonify both junction and source points. Recheck Akabanes.
4. If not corrected, add moxa on the junction and/or source points. Recheck Akabanes.
5. If not corrected, disperse the junction point on the excess side, tonify the junction point on the deficient side. Recheck.
6. If not corrected, tonify the AEP on the deficient side. Recheck Akabanes.
7. Treat the CF for a while. Recheck Akabanes.
8. If the above methods do not rectify the imbalance, a structural block may be impeding the energy. The patient may require some other care, such as chiropractic, osteopathy, or body work.

Example: The Akabane on Lung reads 10/6

Treatment in successive attempts to correct the imbalance:

- | | |
|---|--------------------------|
| 1. Tonify the junction point on the left. | LU 7 L ⊥ |
| 2. Tonify the source point on the left. | LU 9 L ⊥ |
| 3. Tonify junction and source points on the left. | LU 7 L ⊥ and LU 9 L ⊥ |
| 4. Moxa on junction and/or source on the left. | LU 7 L △ and/or LU 9 L △ |
| 5. Disperse junction on the right; tonify the junction on the left. | LU 7R ⊥ and LU 7L ⊥ |
| 6. Tonify the AEP of the Lung on the left. | BL 13L ⊥ |

Treatment of Multiple Imbalances

You must decide which meridian to treat first. The options are:

If an imbalance is on the CF, correct the CF meridian(s) first.

Treat the Mother of the CF.

Treat the one that is most off.

Treat a meridian that has a one-sided imbalance that shows up in the patient.

Go around the Sheng cycle, starting with CF or first unbalanced meridian after the CF.

Treat the first meridian and continue to treat until it balances.

Recheck the other Akabanes. Often correcting one or two imbalances will cause the rest of the meridians to come back into balance.

Quality on the Pulses

Definition

A pulse quality is a distinctly different sensation that stands out on one, some, or all of the pulses. Such qualities either feel outside of the normal range of pulse sensation for that patient, or show up on only one, or a few pulses, as markedly different from the others. A "quality" in this sense is undesirable. The range of sensation is varied. Pulse qualities can feel weak, wiry, bounding, irregular, slippery, tight, and so forth.

Diagnosis

A sensation that stands out on the pulse(s).

Treatment

Treat the CF. This will often clear qualities.

If the quality does not clear with a CF treatment, treat the meridian that carries the quality.

You may also treat the meridian most likely to be responsible for the quality, provided that the quality pervades several or all of the pulses.

Use source points.

You may also use points that historically clear a particular quality. For example, LR 3 may be used to address a wiry pulse; SP 6 and SP 9 may be used for a slippery pulse.

*Treat CF - Source pts of CF, Junction pts of CF
To clear. (Tonify)
- may disperse liver) - source pt*

CV/GV Block

Definition

The Conception Vessel (CV) and Governor Vessel (GV) are two of the eight extraordinary meridians. They are like the seas that feed the rivers of the meridians.

If the seas have enough water, the rivers should also have enough water.

If the seas are blocked, water cannot flow into the rivers and the rivers may become very low.

If CV and GV are blocked, energy flows into these two meridians but does not flow out.

A CV/GV block is treated on the Wei Qi level, i.e., by using the Entry and Exit points on CV and GV.

Diagnosis

All the pulses are very low, -2 or -3.

Supporting Signs Specific to a CV/GV Block

The patient may appear to have a lot of energy but has low pulses.

Work on the CF may produce momentary changes that do not hold.

Treatment

1. Drape your patient appropriately.
2. Use finger cots or gloves when working in the genital area. Wash hands after needling each point.
3. Take the pulses after each point to determine where the block is.
4. Tonify the following points in order:

CV 1 上

CV 24 上

GV 1 上

GV 28 上

5. Needle CV 1, 10 fen. Always use a 1½ inch needle for CV 1. Consider using an insertion tube. Do it quickly.
6. Needle CV 24, 1 to 3 fen.
7. Needle GV 1, only 3 fen, with the patient on his/her side; GV 1 is a tender spot.
8. Needle GV 28, only 1 fen. Use a ½ inch needle on GV 28. Pull the patient's lip up with your little fingers; some practitioners ask the patient to hold the lip.

Considerations

This is treating the Entry/Exit points of CV and GV. Consider how you will explain the treatment to the patient. The more matter-of-fact you are, the more accepting the patient is.

Entry/Exit Block

Definition

An Entry/Exit (E/E) block is identified on the pulse. It may exist when a meridian of *lower* number is stronger than the next meridian in order, according to the sequence of the Chinese clock. For example, a II/III block is when the pulse of the Small Intestine (II) meridian is stronger than the pulse of the Bladder meridian (III).

An E/E block occurs between meridians of different elements (see page 31). It does not usually occur between paired meridians. A pulse difference between paired meridians is called a split.

If you suspect an E/E block, make a note to watch for it next time the patient is treated.

Diagnosis

E/E blocks are not usually discernible at the beginning of treatment. They may show up on the pulse over time as one reviews a patient's pulse records OR they may show up suddenly as a pulse picture that seems "unusual" for that patient.

The patient may exhibit symptoms around the blocked meridians.

Treatment

Tonify the exit point of the lower-numbered³¹ (even numbered) meridian. This meridian will be the relatively stronger pulse. Then tonify the entry point of the next meridian. This meridian will show a relatively weaker pulse.

This pulse picture suggests a SI/BL (II/III) block:

Treatment: **SI 19 上**
 BL 1 上

$+ \frac{1}{2}$	$+ \frac{1}{2}$	-1	-1
-1	-1	$-\frac{1}{2}$	$-\frac{1}{2}$
$-1 \frac{1}{2}$	$-1 \frac{1}{2}$	-1	-1

Sometimes a pulse picture is incorrectly interpreted as an E/E block: This is NOT a II/III block:

$-1 \frac{1}{2}$	$-1 \frac{1}{2}$	-1	-1
-1	-1	-1	-1
$-\frac{1}{2}$	$-\frac{1}{2}$	$-\frac{1}{2}$	$-\frac{1}{2}$

³¹ An exception to this rule is the treatment of a SP/HT (XII/I) block in which the higher numbered meridian is tonified first.

Spirit Block

Definition

Spirit blocks show up in a patient's emotions or emotional life. There is no pulse or particular "look" to the patient that will demonstrate a spirit block. However, you can detect such a block by listening closely to what the patient has to say about his/her life. Do you sense that his spirit is thriving? What is feeding his spirit? Does he have a sense of aliveness about him? Does the patient indicate there is something missing in life?

Many patients are treated on the spirit level. It is only considered a block if treatment is not progressing.

Diagnosis

A sense that the patient's spirit is suffering.
Treatment is not moving/holding.

Treatment

Consider:

- Upper Kidney points
- Outer Bladder line points
- Spirit points on the CF
- Conception Vessel points
- Governor Vessel points

Tonification and Sedation

Definition

Tonification and sedation are needle techniques that move energy. An acupuncture point may be tonified or dispersed (sedated). Each method improves the pulses. Tonifying builds the pulses and may make them clearer. Dispersing makes the energy more available and may also make the pulses clearer.

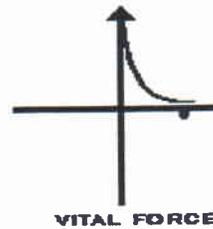


Treatment with
uppers/amphetamines
will move the energy
toward the middle ground
but will detract
from the life force



Treatment with downers
will move the energy
toward the middle ground
but will detract
from the life force

Tonification
treatment indicated
to move the energy
toward middle ground
AND
enhance the life force



Sedation
treatment indicated
to move the energy
toward middle ground
AND
enhance the life force

Needle Technique

Definition

Method of acupuncture needle insertion, manipulation and removal.

Characteristics

Needling technique includes the order of insertion, angle of insertion, depth of insertion, needle movement, and closing action.

A needle technique is selected to tonify or disperse (sedate) as a means of moving the energy.

Each method improves the pulses.

Tonifying builds the pulses and may make them clearer.

Dispersing makes the energy more available and may make the pulse clearer.

Tonification Needle Technique



Preparation

Always use Clean Needle Technique.

Always insert the first tonification needle on the left side of the body, then the right.

Some practitioners ask the patient to take a breath; some insert the needle on the intake, some on the exhalation. There are various ideas about breathing.

The procedure is completed first on the left and then on the right.

Treatment

1. Insert the needle in *the direction of the flow of energy, at an appropriate angle*. The exact angle depends on the area of the body being treated.
2. Go down to the fen depth.
3. Make a 180° turn *clockwise*. You may feel a grabbing sensation on the needle.
4. *Remove the needle*.
5. *Seal the hole* by gently touching with clean gauze or a cotton ball in the direction of the flow of energy.

Dispersion/Sedation Needle Technique



Preparation

Always use Clean Needle Technique.

Always insert the sedation needle first on the right side of the body, then on the left.
Both sides are treated at the same time.

Treatment

1. Insert the needle *against the direction of the flow of energy, at an appropriate angle.*
2. Go down to the fen depth.
3. Make a *180° turn counter-clockwise.* You may feel a slight grab, less than tonifying.
4. *Leave the needle in* for 15 minutes or more until the pulses have changed.
5. Remove the needle. It should come out easily.
6. *Do not seal the hole.*

Partner exercise:

Practice with partners using a pen or a pencil as the needle.
Decide who is A and who is B.
Go through the mechanics of treating the following points.

Tonify the following:

A	B
PC 7	SI 4
TH 4	HT 7

Disperse the following:

A	B
HT 5	PC6
SI 1	TH 3

Moxibustion

Definition

The application of heat to points or certain locations of the body by burning a dried herb called "moxa." The Latin name for moxa is *Artemisia Vulgaris Latifolia*. The common name is Mugwort³².

Treatment Planning

Moxibustion is used to:

- Warm the meridian and expel cold. Moxa is indicated for a patient who reports feeling cold. The patient may have specific areas of coldness such as the joints, lower jiao, etc. The patient may also feel cold to the touch. Some people speak of a deep-down, bone coldness.
- Tonify Qi and Blood. Moxa is used to increase a patient's Qi or Blood. Someone who is run down and presents with deficiency will benefit from moxa. Think of moxa as the "chicken soup" of acupuncture.
- Smooth the flow of Qi and Blood. Because cold contracts and slows movement, moxa will increase the flow of Qi and Blood by its warming action.

The number of moxa used is determined by the degree of cold or deficiency in the patient and the patient's tolerance for it. Refer to the point location text³³ for the number of moxa recommended for a particular point.

Treatment Methods

Loose moxa is applied to the surface of the skin

- directly on the skin
- indirectly on a needle, on a cushion of salt, on a slice of ginger.

A moxa stick³⁴ is held/waved just above the surface of the skin.

³² For more information about moxibustion, see Chinese Acupuncture and Moxibustion, Foreign Language Press, 1987, page 339.

³³ Worsley, J.R., Traditional Chinese Acupuncture, Volume I: Meridians and Points, Element Books, 1982.

³⁴ See "Moxa Stick Usage," page 135.

Contraindications

High blood pressure:

Moxa should not be used on someone who has high blood pressure. Generally 120/80 is a normal, safe blood pressure. If it is greater than this or if the differential is 50 points or more, do not use moxa. If the patient's blood pressure is controlled by medication, do not use moxa.

Heat signs, which include any of the following:

- A patient who reports being hot or looks hot: red face, perspiring.
- Red tongue body, yellow coating, and/or rapid pulse.
- During febrile diseases.

Lower back or abdomen of a pregnant woman.

Over large blood vessels, varicose veins, or veins near the surface.

When there is stabbing or sharp pain.

Over areas of inflammation, skin ulcerations, psoriasis or eczema.

With excessive bleeding.

On any point that is forbidden to moxa. Refer to the lists in the Worsley text.³⁵

Caution: If burning moxa on a patient's face, be very careful. Facial skin is sensitive and can easily blister. A slice of ginger may be used under the moxa on the face. Be extremely cautious in using moxa with diabetic patients.

³⁵ Worsley, J.R., Traditional Chinese Acupuncture, Volume I: Meridians and Points, Element Books, 1982, pages 298-299.

Transfers

Definition

Transfers are a method of moving energy from one meridian to another by using the pathways of the Sheng and Ke cycles. The energy is moved along these cycles from a meridian of relatively stronger Qi to one that is relatively weaker.

Rules for Transferring

- know*
1. Always needle the deficiency first.
 2. The first needle determines the character of the treatment; the rest of the needles are carrier needles that potentiate the treatment.
 3. Use tonification, grandmother, and junction points.
 4. The first needle in is the first needle out.
 5. Needle the left side first; this is a tonification process.
 6. Make small changes rather than big ones; small changes may correct the large imbalances.
Adjust + pulses to - pulses. Leave the +2 to -2 pulses alone.
 7. Energy transfers yang to yang and yin to yin on the Sheng cycle; on the Ke cycle it can *only* be transferred yin to yin.
 8. Energy cannot cross the Fire wall. The Fire wall is between the HT and SI side of Fire and the PC and TE side of Fire.
 9. Avoid a carrier that is excessive; it's already greedy.
 10. Do not use the HT as a carrier, use the PC instead.

Considerations

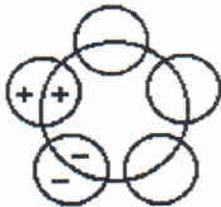
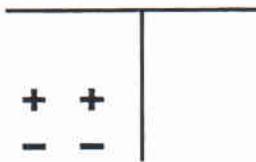
1. It is all right to momentarily disturb a well-working meridian.
2. The Law of Least Action says do as much as you can with as little intervention as possible.
Fewer points are better.
3. End with the Sheng cycle rather than the Ke cycle *if possible*.
4. Consider the implications of a particular point for a patient and how the treatment fits with past and future plans. For instance, if a patient tends to sit on anger, it might be good to use PC 9.
5. Consider body logistics. Certain combinations of points are awkward when needles are left in.

Note: When calling the energy from Fire to Earth or Metal, it will naturally come from the side of fire that has energy to give.

Technique

1. Put your finger on the deficient meridian and choose a point. This is the point that you will needle first.
2. Ask "Where am I?" and write down that meridian.
3. Ask "Where is the energy coming from?" and write down the number of the element point for the deficient meridian.

Example



Treatment Plan: Move energy from Wood to Water

Point Choice:

1. The first needle goes into the deficiency, Kidney.
2. This determines that the character of the treatment will be Water.
3. Use tonification, grandmother, or junction points.

Thoughts:

"I am in the Kidney."

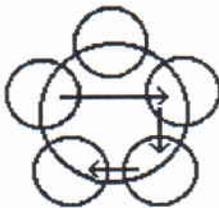
"I can use KI 7 (tonification), or KI 3 (grandmother)."

"KI 7 will end on the Sheng cycle."

"KI 3 will require fewer needles."

Scenario Using KI 7

KI 7 calls the energy from Metal. Moving to Metal, I can use either LU 9 (tonification) or LU 10 (grandmother).



Thoughts:

"LU 9 directs energy from Earth."

"LU 10 directs the energy from Fire."

"I will use LU 9."

"Using LU 9 calls the energy from Earth. In Earth, I can use SP2 (tonification/Fire) or SP 1 (grandmother/Wood)."

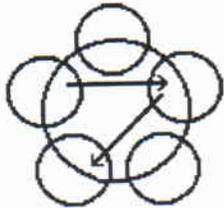
"I will choose SP 1 because I want to transfer Wood to Water."

Treatment:

KI 7	⊥
LU 9	⊥
SP 1	⊥

Scenario Using KI 3

KI 3 calls the energy from Earth. In Earth, I can use either SP 2 (tonification/Fire) or SP 1 (grandmother/Wood). I choose SP1 because I want to pull the energy from Wood rather than Fire.



Thoughts:

"SP 2 calls energy from Fire"
"SP 1 calls the energy from Wood"
"I will use SP 1"

Treatment:

KI 3 上
SP 1 下

Comments:

By using KI 7 and LU 9 and SP 1 the treatment ends on the Sheng cycle and involves Earth and Metal in the transfer.

By using KI 3 and SP 1 fewer needles are used and Metal is not involved. Choose KI 7 if involving the Metal is desired. Choose KI 3 to use fewer needles, following the Law of Least Action.

Needling Technique:

Example: Using KI 3 and SP 1, the procedure for needling is:

1. Insert needles into KI 3 on the left and then the right. The needles are inserted so that they are ready to be tonified, both needles are left in place.
2. Insert needles into SP 1 in a neutral manner, perpendicular to the skin, first on left and then on the right. Leave needles in place.

A pathway has been set up to bring the energy from the Wood through the Earth to Water.

3. Go back to tonify KI 3 on the left. Remove the needle and seal the hole. Repeat the process on KI 3 on the right.
4. Remove needles from SP 1 left and SP 1 right. There is no needle action and the point is not sealed.

By tonifying KI 3, the energy has moved over the pathway created. The transfer is complete.

Check the pulses, if the Kidney and Bladder pulses are even, the procedure is complete. If the energy has not gone through to Bladder, then tonify BL 58, the junction point, to ensure the Kidney meridian shares its energy with the Bladder meridian.

Treatment Plan

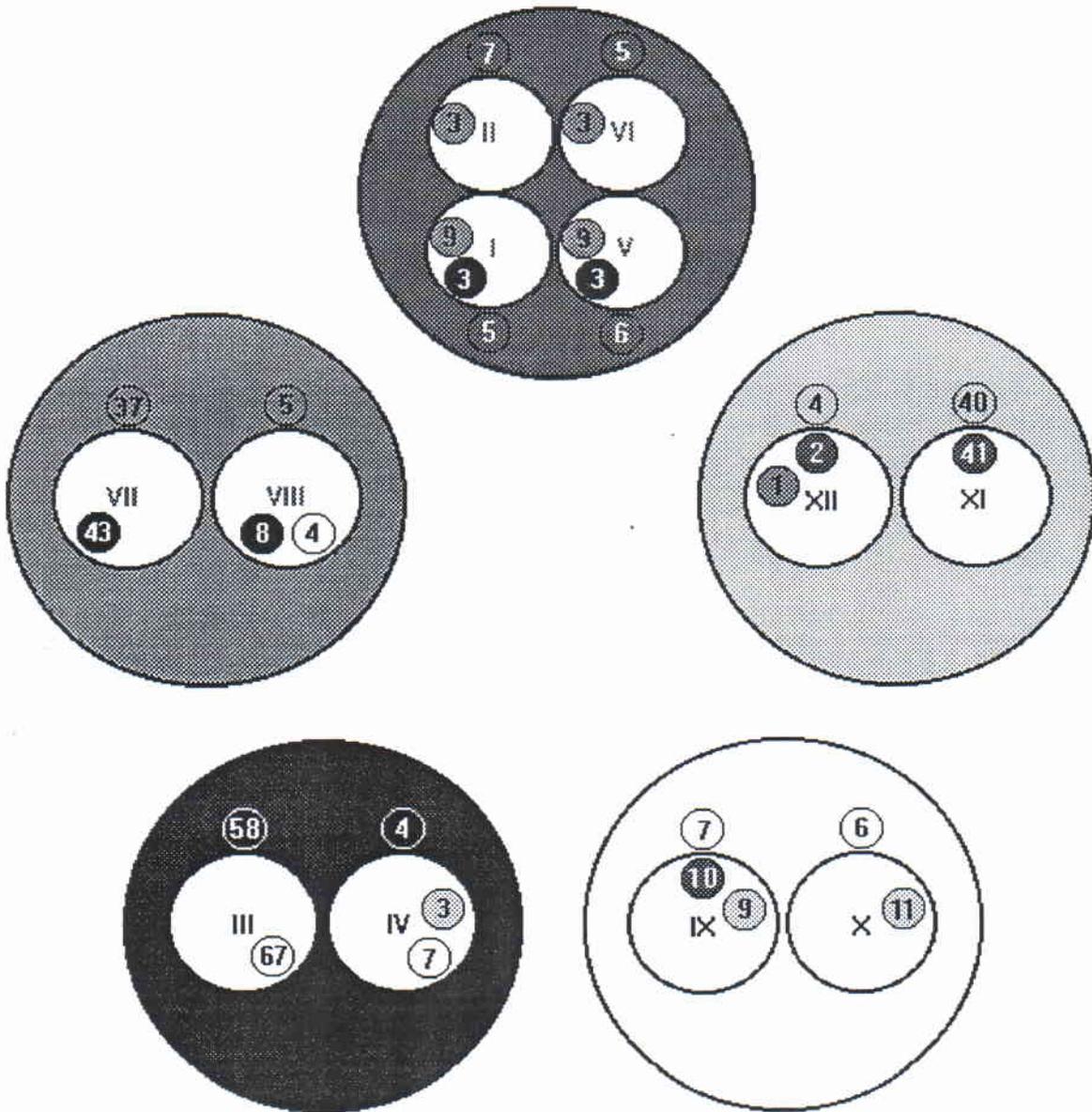
Where is the deficiency?

Your choices are: Mother point _____

Grandmother point _____

Using the mother point, what other points must be used?

Using the grandmother point, what other points must be used?



What is Five-Element Acupuncture?

by John Hicks, Ph.D., Dr. Ac.(U.K.), M.T.Ac.S.

John Hicks, formerly Dean and a clinical supervisor at the College of Traditional Chinese Acupuncture at Leamington Spa in England, prepared this article to explain Leamington five-element acupuncture to practitioners trained in TCM (Traditional Chinese Medicine). Both TCM and five-element acupuncturists have welcomed the article's thoughtful comparison of the two styles of acupuncture, and we publish it to further mutual understanding among practitioners in the two traditions. We thank our English colleagues—the author and the editors of the Traditional Acupuncture Society Journal and the Journal of Chinese Medicine—for permitting us to bring this article to American readers.

John Hicks has an acupuncture and herbal practice in Reading, England, and currently runs an eight-month course for graduates in the diagnostic skills of five-element acupuncture. In 1990, he will initiate (with Angela Hicks) a two-year clinical course based on five-element causative factor diagnosis that also includes TCM diagnosis.

The purpose of this article is to give a critical account of the “system” of acupuncture that has come to be known as five-element acupuncture. It is the style of acupuncture that has been taught at the College of Traditional Chinese Acupuncture in Leamington Spa in England since the early seventies [and at the Traditional Acupuncture Institute in the United States since 1980]. Its father and developer has been J. R. Worsley. Although the system uses the five-element model, what makes it different is not simply the five-element theory found in any of the basic Chinese texts. Hence it may be called “Leamington Acupuncture” or LA for short. The following is not a detailed account, but more an overview of the significant differences between LA and the system called TCM (Traditional Chinese Medicine).

In the West we are forming an acupuncture that is appropriate to our culture. LA has a contribution to make, but two steps

are necessary.

The first necessary step is that LA be given a **written account** so that TCM practitioners know clearly the theory and assumptions underlying it. At the moment, there is only a partial account of the system transcript of a seminar presented by Professor Worsley to a group of non-acupuncturists. The communication of the system has otherwise been verbal and given by some twenty-five to thirty teachers at the Leamington College [and by faculty of the Traditional Acupuncture Institute in Columbia, Maryland].

The second step is the **sharing of practice time** between practitioners from different backgrounds so that each can appreciate in clinical terms what the other does. The second step depends on the first, and hence this article is one step along the way.

I would like to get one issue out of the way immediately. Many TCM practitioners are aware of some of the *absences* from LA. They are surprised that in LA theory there is no differentiation by substances, eight conditions,

jing luo and the four levels, san jiao or six channels. In effect, this means that LA does not recognize the channel-organ distinction and has no traditional way of describing an acute, exterior condition. LA developed in England and dealt mainly with patients with chronic long-term complaints who went to the Western doctor when they caught a cold. It is clearly not realistic to look to LA for a contribution in these areas.

Returning to the development of an acupuncture for the West, we can say that most acupuncturists have kept several standards in mind for a Western acupuncture. Using a couple of these standards, we can highlight a very important difference between TCM and LA. These standards are:

1. **Effectiveness** of treatments with Western patients.
2. **Testability and compatibility** with Western scientific ideas.
3. **Adherence** to the basic Chinese tradition.
4. **Teachability** or explicitness of the material.
5. **Independence** of personal authority.

The latter two highlight an important difference between TCM and LA which needs to be dealt with first.

Expression and Structure of Modern TCM and LA

When referring to TCM, I will be referring to what is currently taught in China and recorded in *Essentials of Chinese Acupuncture*. TCM has three important characteristics.

Firstly, TCM is *systematic* in the sense that its concepts interconnect; e.g., syndromes refer to substances and organs; the function of organs is defined, at least in part, in terms of substances.

Secondly, the concepts of TCM are *explicit*; e.g., “yin xu” is specified by malar flush, restlessness, dry mouth and throat, night sweats, etc.

Thirdly, the concepts that are the least abstract are sensory-based and therefore easier to ascertain; e.g., you can “see” a malar flush, observe restlessness, and ask about a dry mouth and throat.

The following is a generalization; nevertheless, we can say that the concepts used in LA are less systematic (in the above sense), less explicit, and less sensory-based than those used in TCM. TCM’s underlying world is more physical and external; LA’s more mental and internal.

What is the significance of this difference?

A body of knowledge that is systematic, explicit, and sensory-based is more easily taught. So it is easier to communicate TCM; and it is also easier to check that the student has understood the concepts. On the other hand, much of the language of LA is poetic rather than literal, suggestive rather than articulate, and not unlike the tradition of Chinese philosophy. Many of the diagnostic categories of LA refer, in part, to inner states and are difficult to make sensory-based. For example, “lacking in quality and inert” is much harder to pinpoint without confusion than is “malar flush and restless behavior.” The extent to which LA uses such concepts will be clear as we proceed. To the degree to which it does, it can be difficult to teach, learn, and check that it has been learned. LA also implies that its teachers must be effective clinicians, whereas the nature of TCM makes it less essential that teachers have extensive clinical experience.

But why use such concepts at all when relatively explicit ones are available? The answer is that they do a different job. LA

clearly believes that the effectiveness gained through using such concepts offsets the difficulty of learning and communicating them. This point will come up again in the section on the function of the organs.

Therefore, we begin with an important difference between LA and TCM in the way they are expressed. The other differences arise from what LA leaves out and what it includes. This is the main subject of the article.

We begin with LA's understanding of an element.

The Elements

In *Essentials of Chinese Acupuncture* there is an account of the five elements. They are said to be the basic materials of the world. The five-element associations are described and the ways in which one element interacts with another are discussed. Various clinical examples are given and the possibility of preventive treatment is suggested:

... the condition of a patient suffering from heart trouble and whose complexion is abnormally dark may be explained as water (kidney) acting on fire (heart). If the above correlation of a disease is studied thoroughly the findings may be taken as a guide in treating the disease and preventing it from reaching another part of the body. Its possible transformation into other diseases may be controlled, so that the course of treatment can be shortened and the disease cured in an early stage. (p. 21)

LA takes very seriously the nature of the elements, the ways in which they are said to interact, the use of associations such as color to discover the root of the disease, and the

idea that a disease's transformation into further diseases can be controlled. TCM, on the other hand, pays relatively little attention to the five-element theory when dealing with clinical diagnosis and treatment. Certainly, the associations are not used consistently and the notion of prevention is paid little credence.

LA goes further. In the teaching of LA there is considerable description of the nature of each element and how it functions within man. These descriptions include, but are wider than, the roles of the organs. Earth, for example, is not just the function of the stomach and spleen organs. As earth supports and nourishes us, so also does the earth within us. Our ability, therefore, to nourish ourselves and others will be qualitatively determined by the state of our own earth. In the teaching of LA, these metaphors are explored over and over again, often through examples from individual patients. For example, when a patient's metal is the fundamental weakness, what is the patient likely to say about himself? What is he likely to complain or boast about? How is he likely to think of treatment, behave towards the practitioner, or give feedback on changes?

With the elements, particularly, there is the difference between explicitness and poetry mentioned above. It is not the purpose of this article to give an account of each element, but, rather, to state that in LA the nature of the elements, however metaphorically described, are used seriously in the clinical context.

The above quote from *Essentials* referred to the interaction of the elements and the use of color on the face. The main models of interaction used by LA are the shen and ko cycles. Color, sound, emotion, and odor are the main associations used clinically, but more will be said of these later.

What should be obvious is that LA uses only parts of five-element theory clinically and disregards the rest; hence my preference

(stated above) for calling this style of acupuncture "LA" rather than "five-element." There are many aspects of traditional five-element theory that are not taught in LA. On the clinical effectiveness of these, LA does not comment.

The next important step is LA's treatment of organs.

Organs/Officials/Channels

With respect to organs, LA makes some important omissions and some important additions.

In the West we have tried various ways to ensure that the Chinese concept of an organ does not get confused with the Western one. LA refers to the organ as an official, using the analogy of a government official in charge of a province. Function rather than substance is implied.

There is some confusion, however. In LA the term "official" tends to include the concept of a channel. No distinction is made between a channel problem and an organ problem; and the effect, when referring to the "lung," for example, is that a practitioner may be referring to the channel or the organ. This will come up again when I refer to the types of differentiation made in LA diagnosis.

In LA's description of the function of an official or organ, there are some important differences from TCM.

One difference is the omissions. LA refers to energy, but does not make reference to the different sorts of Qi or even to different substances. Hence there is no reference to yin, yang, blood, jing, shen, jin ye, etc. This means that the officials' functions are not described with reference to substance; e.g., the liver is not said to cause the easy flowing of Qi, or to store the blood.

On the other hand, the associations of the

organ with different parts of the body—e.g., the liver with nails, eyes, and tendons—is included.

Behavioral or physical symptoms?

An important difference is LA's attempt to describe the pathology of an official in *behavioral terms*. TCM goes from a function such as liver storing the blood, to too much blood in circulation, to a symptom like heavy periods. For depression of liver Qi, or any of the other liver syndromes, there is a set of more or less physical symptoms which are the manifestation of the liver's imbalance.

What does LA do? LA begins with a general statement of the official's function, such as "receiving Qi energy from the heavens" or "transport and transformation." It then proceeds to what occurs when these officials are sick. This account may include physical symptoms; but, in general, these symptoms are not so relevant. Reference is made mainly to typical forms of behavior (implying intention), and the manner in which the behavior is carried out. "Manner" covers the context and the intensity of the behavior such that its appropriateness can be evaluated. An organ in balance will lead to appropriate behavior; an organ out of balance will lead to inappropriate behavior. By analogy, constipation or diarrhea could be said to be "inappropriate." Many of the typically inappropriate forms of behavior will be drawn from patient examples.

At this point the **poetic** versus **explicit** nature of LA should be kept in mind. LA does not find it easy to keep categories separate. So, in the account of an official or an element or the emotion associated with an element, you may well find aspects of the others creeping in. For example, a person can do more than the usual amount of "looking after or nurturing others," or, indeed, the opposite, such as

caring for others very little or doing it begrudgingly. In either case, both sets of behavior can be judged as inappropriate. To go further, the same person may show an inability to nurture herself in all areas from, literally, ensuring that she is fed well to getting her reasonable ration of emotional strokes. These would be seen as a function (or malfunction) of the earth element and the stomach and spleen organs. What practitioners often find difficult is the **standard of appropriateness**. Constipation can easily be seen to be a malfunction, but how do we judge behavior?

To give another example: A person may try to be the best in what she does in such a way that, in the end, this behavior seems inappropriate and detrimental to health. At the same time, she may be unable to take in, appreciate, or feel the compliments or respect that others give her. Her response may be observed as inappropriate; she may, for example, deny compliments or push them away. These behaviors could be seen as two parts of a pattern or vicious circle and be attributed to the metal element and lung and colon officials.

LA's assumption (not made explicit) is that *the quality of energy affects all aspects of oneself*. A chronically deficient spleen will not just affect our appetite and digestive system, but our dreams and hopes, our work and play, our friendships and relationships. It affects what we choose to read and the quality of information we are able to get.

To understand this concept clearly, however, we need to touch on one other very important concept of LA, the CAUSATIVE FACTOR. Its connection with the above lies in its long-term nature, especially when compared with the syndromes of TCM.

After considering the causative factor, there is one other relevant factor in LA's treatment of the organs. In LA *all officials are*

of equal rank. The five Zang organs are not singled out as any more significant in patterns of disharmony than any of the other seven So, in specifying the main cause of the patient's imbalance—the causative factor—the element would be specified first and then, if appropriate, the official within the element would be indicated. This official could as easily be the small or large intestine as the heart or the lung.

We can now consider the causative factor.

The Causative Factor

The first and most important stage of LA diagnosis is to find the causative factor (CF). The CF is defined as being one of the elements (sometimes as one of the officials or organs which make up an element). The concept can be made more sophisticated by extending it to the element within the element; for the purposes of this article, however, we will concentrate only on the element.

Within a person's energy field, LA believes that *one element is the main cause of the deterioration in the other elements*. Rather than the twelve individual organs standing up against the insults of the world and each suffering to some degree and, to that degree, requiring help, the emphasis is on an early and major insult to one element and the damage to that element being passed on to the others via the energetic exchange within the person. So, when an organ is malfunctioning, the crucial question is whether it malfunctions because of an insult from the outside or because of the weakness of another organ. **LA's belief is that to effect an improvement in the "whole" person, the original weakness—the CF—must be treated.**

Before further clarification of the CF, two points are worth noting. The first is that TCM would recognize that *one syndrome can be a*

major factor leading to the presence of another. In such a case, the former may need to be treated to deal with the latter. The second point is that in some contexts *confusion may be created by the importance LA puts on the CF*. Because of the absence of the channel organ distinction and the absence of any differentiation of exterior conditions, LA implies, by omission, that channel problems and acute conditions should be dealt with by treating the CF.

The Use of the CF Concept

A patient is said to have only one CF (with perhaps a very few exceptions) which is thought to be a long-term condition. Even from one year to the next, with considerable changes in the patient's health, the CF remains the same. Whether the CF is constitutional or acquired is not part of the teaching, but it appears from practice that it can be either present at birth or acquired later. If it is acquired, then this occurs at an early age. The emphasis in LA has not been on finding out when or how the CF occurred, but on discovering its nature.

We will say more in a moment as to how to find the CF, but a word about how not to do it may clarify some of the points made previously. In TCM a group of signs (pulse, tongue, and symptoms) will often be definitive of a specific syndrome. *In LA it is stressed that symptoms will not lead the practitioner to the CF*. Indeed it has sometimes been said—maybe as a rhetorical device—that anything (any CF) can cause anything (any symptoms). This view may have originated as a reaction to the practice of treating symptoms according to points known to be good for those symptoms but without any other diagnosis—clearly not the practice of TCM. It may also have arisen from the failure to distinguish clearly between “symptoms”

(meaning what the patient is complaining about) and TCM's “symptoms and signs” which quite tightly define a specific syndrome.

In any case, a patient's CF is not to be determined by her symptoms. So how do we determine the CF? How we do so is relatively simple to explain, but difficult to carry out.

Determining the CF

The six most important factors in determining the CF are the patient's *facial color, sound* in the voice, *emotion, odor, pulses*, and the *functioning* of the officials and their elements. Many other factors can arise, e.g., the sequence of symptoms/events in the patient's case history; these would be used more for corroboration. The first four—color, sound, emotion, and odor—are of the utmost importance. None of these are used exactly as they are in TCM, so a word about each is necessary.

By COLOR is meant the five-element colors as they show on the side of the face just lateral to the eyes, under the eye, in the laugh lines, and around the mouth. The ODOR is the five-element odor emanating from the body. The SOUND and EMOTION are the five-element sound in the voice and the five-element emotion that are the most inappropriate in a rich sample of the patient's behavior. As the context of the diagnosis does not normally give us this sample of behavior, the way in which the practitioner interacts with the patient becomes fundamental in creating a context in which the patient will express herself sufficiently clearly or deeply.

This interaction to elicit better quality information or response is not present in TCM or in Chinese medical theory, but it is essential to LA. I will return to it in the section on diagnosis.

It is worth noting that “emotion-words”

sometimes refer to an *occurrence*, as in “George was angry yesterday,” and sometimes to a *predisposition* to suffer certain emotions, as in “George is an angry person.” We are interested here in the predisposition. It is also worth noting that in the occurrence of an emotion, especially when it may be judged as inappropriate, we are talking about many different ways of manifesting—from internal sensations, to external physiological changes, to external behavior.

Returning to the color, sound, emotion, odor, and the behavioral manifestation of the officials, it is important to note that although these are observed separately, it is the overall pattern they create that indicates one CF rather than another.

Thus, in diagnosing the CF, the emphasis is not on the patient’s symptoms, but rather on the patient’s color, sound, emotion, odor, and behavior. The symptoms are not necessarily correlated with the CF; however, color, sound, emotion, odor, and behavior are correlated with the CF.

We can now inquire into the meaning of the CF.

What, then, does LA do with the patient’s symptoms? Symptoms are taken seriously, but not attributed to any element or official. They are seen as part of the whole; and only when the whole is considered, via the CF, can we know how to treat this person and—in passing—his symptoms.

The Meaning of the CF

Two questions arise about the meaning of the CF. The first concerns its *importance in treatment*. The second concerns its *relationship* to the syndromes of TCM.

Why and how is the CF important in treatment? The following is not really an explicit part of LA teaching, but I believe it to

be implicit in the teachings and practice of LA.

LA believes that consistent and appropriate treatment of the CF will produce changes, not just in a specific condition such as frozen shoulder or duodenal ulcer, but of a wider sort. These changes are not easy to specify and not always easy to realize. They are, however, in my own experience, common enough and of considerable importance to patients. The changes would involve the following:

1. **Changes in the whole person** in the sense that the patient describes the whole of herself as improved. For example, “I feel better,” or “I just feel satisfied now taking the dog for a walk,” or “I feel like I want to live again,” as opposed to “My shoulder is better,” or “My stomach doesn’t hurt any more.

2. **Changes in groups of symptoms or functions** which would not necessarily be seen as related. For example, a patient diagnosed as a metal CF who came for a frozen shoulder experienced the following changes: mild and periodic depression disappeared; excessive appetite reduced and weight normalized; allergy to dust disappeared; getting up in the night two to three times to urinate disappeared; dandruff reduced; shoulder improved.

3. **Changes in overall capacity**, not just to cope, but to live a satisfying life. These are changes that in some other contexts would be labeled “growth” or personal development. For example, a person might report that a job or relationship which was mostly a struggle becomes easier to handle and generally more satisfying.

Relating these kinds of changes to the effects of acupuncture is not so odd once you assume that deficient spleen Qi or lung Qi will affect our minds and spirits as well as our bodies—it is just that we do not seem to have a written tradition that clearly recognizes these connections.

Patients may not come expecting such

overall changes. They may simply want relief from a shoulder pain. It was clear to me in China that patients mainly expected relief from physical symptoms. It was always odd to me to see some of the Chinese patients return after one or two treatments looking obviously better, but saying that they were the same. Those patients invariably began to report improvement in their symptoms over the next few visits. It was as if the patient and doctor had agreed to pay attention only to the physical complaint. It is an option, but not the only one.

The second question concerns the relationship between the CF and the syndromes of TCM. Is it the same to say that a patient is an earth CF and that he is a spleen Qi xu or spleen yang xu, or, indeed, any of the spleen syndromes? The answer in one sense appears to be "No." *There is only one CF, but there can be—or have been—more than one syndrome.* Liver Wind may have originated via Liver Fire Blazing, deficient liver yin, and deficient kidney yin. Or it may have originated from depression of liver Qi.

On the other hand, there may be some overlap. What I am saying now is *speculative*. LA looks at the deterioration of a patient's health mainly as a worsening of the energy of the CF and its resulting failure to nourish and control the other elements via the shen and ko cycles. A patient becomes an earth CF at some stage. This means, in effect, that the previous level of functioning will not be resumed—in the same way that staying up late for several weeks in a row can often be wiped out by resuming good sleep patterns, taking a holiday, or whatever. This does not mean that any deterioration of the other elements has to be due to this cause—for example, taking too many drugs will adversely affect the liver independently of the CF. But it does mean that the most important pattern of deterioration is a spread from the original weakness, the CF.

With this in mind, we can make a comparison with TCM which will often trace one syndrome as having originated from another, e.g., liver syndromes from deficient kidney yin. If there was said to be an original syndrome, then we might be talking about the same things as the CF.

The above speculation is not essential to LA theory. It is based on my own clinical experience. We can now consider one other basic policy of LA theory because of its relevance to the CF.

Levels: Body/Mind/Spirit

In LA, part of the diagnosis is to assess on what level the patient is ill. The "level" refers to the notion of *body/mind/spirit*.

In Chinese medicine there are various terms that enable a practitioner to specify the depth of a disease; and, while body/mind/spirit in some way overlaps these notions, it is clearly not the same. The concept has been taught mainly by demonstration: this patient is spirit level, that one mental level, and so on. Hence we have no explicit differentiation.

The following, however, will give some clarification:

If the symptoms and general welfare of a patient vary more according to food intake, temperature, or body use, then the **body** level is indicated.

If symptoms and welfare of a patient vary mainly according to mental factors, such as stress, then the **mind** level is indicated. Also indicative of mind level would be inability to think things out, make normal cause and effect connections, and set and maintain ordinary goals.

On the other hand, if the patient's problems center around *inabilities*—"I can't's"—which are curiously unsupported by any lack of physical or mental resources and which, therefore, seem to come more from a

lack of motivation or will, then the **spirit** level is indicated.

The use of the distinction gives us a further indication as to its meaning. Determining the level affects three areas:

1. patient management,
2. the intention when needling, and
3. the selection of points.

In one of J. R. Worsley's interviews, he illustrated the effect of determining the level on point selection:

Command points are points where the energy is commanded. By this is meant not just the energy of the body but of the mind and spirit as well Therefore, of course, one can reach the deepest level from the command points. The trouble is that it may take a considerable amount of time. For this reason we use the other points on the body which can enable us to reach the damage more effectively and perhaps more quickly. (*Traditional Acupuncture Society Newsletter*, October 1984)

CF and level are used together. In determining the CF, it is also important to discover within the CF element the level at which the injury occurred.

We can return now to LA's understanding of the causes of disease.

Causes of Disease

TCM refers to *internal, external, and miscellaneous disease factors*. For each syndrome there are indications of how these factors and already existing disharmonies can cause and help maintain a disharmony. This

information is used in a practical way to understand how a patient became ill and what the patient can do to help herself get better.

LA also teaches the internal and external causes of disease, but makes little reference to the miscellaneous factors. Most attention is paid to the internal causes as the factors that created, or at least maintain, the CF. LA does not have the theory in which typical causes are linked with a specific CF, in the way that TCM relates typical causes to specific syndromes. This may reflect the difference between a CF and a syndrome. In practice, however, LA practitioners are often aware of, and pay attention to, the factors that they know are currently contributing to their patients' ill health.

With respect to causes of disease, there is one other important difference. LA has no notion of phlegm, internal wind, and stagnation as secondary causes of disease. These may be the result of some other energetic deficiency and may have to be treated directly, alongside treating the underlying deficiency. In LA there is no theoretical framework for dealing with the resulting mixed xu/shi condition.

We can now go to the notion of blocks in LA. These are different from, but have similarities to, the secondary causes of disease of TCM.

Blocks

LA describes various conditions that are *impediments to the success of treatment* based around the CF. They vary in significance, but what they have in common is that they must be dealt with directly. Otherwise, further treatment, however appropriate, will have little or no effect, or may even have a worsening effect. In this respect, these conditions are marginally analogous to the secondary causes mentioned above.

What has puzzled many practitioners is the absence of these "blocks" from the teaching of contemporary TCM or from any ancient texts. They do not appear to have any place in the recorded history of Chinese medicine, but they are clearly effective and have an important role in LA. The following is a brief account of each:

AGGRESSIVE ENERGY, said to be "in" an organ, is a "bad" or "malicious" form of energy that must be withdrawn from the person via a very specific treatment process which is labeled "tapping for aggressive energy." When aggressive energy is present, not only is other treatment unlikely to be successful, but some treatments will actually encourage aggressive energy to appear in other organs, thus worsening the patient's condition.

THE HUSBAND-WIFE IMBALANCE is a condition in which one "side" of the patient's energy gets split from the other and the normal balance and interaction no longer exists. By "side" is meant, on one hand, the heart, small intestine, liver, gall bladder, bladder, and kidney organs, and, on the other, the remaining organs. Neither the manifestation nor diagnosis of the block is easy to describe briefly, but its effect is a severe block to successful treatment. Reading of the pulses is usually essential to diagnosis of this condition.

THE "INTERNAL OR EXTERNAL DEVILS" is a label applied to a condition which, alternatively, is referred to as possession. The specifics of the nature of the imbalance, how it manifests and how it is corrected are not relevant here, except to say, again, that it is serious enough to create in many cases very severe and often baffling symptoms. Normal treatment will be unsuccessful.

EXIT-ENTRY blocks occur between the end of one channel and the beginning of another, e.g., between Liver 14 and Lung 1,

and are usually dealt with by tonification of both the exit and the entry point.

We can now look at the process of diagnosis in LA.

LA's Process of Diagnosis

The aims of LA diagnosis are to determine the patient's CF, the level of the patient's imbalance, whether moxa is appropriate, whether the patient requires tonification or sedation, and whether there are any blocks in the sense referred to above.

The *differences in theory* between LA and TCM are accompanied by various *differences in the diagnostic process*. Although all schools start with looking, listening, asking, and touching, there are important variations in emphasis.

There are three important differences concerning the differential *diagnosis of a disease*, *tongue diagnosis*, and *pulse diagnosis*.

LA does not use a differential **diagnosis of a disease**. If a patient comes in with facial paralysis or dysmenorrhea, the LA practitioner does not have at her disposal the typical differentiation according to stagnation of blood, stagnation of Qi, accumulation of cold, etc. The reason for this should be obvious from what has gone before. An LA practitioner goes first for the CF; the patient's symptoms or the disease do not play a primary role in the diagnosis.

Tongue diagnosis is simply not used; and the question often arises as to why not? One likely reason is that many of the diagnostic categories associated with condition of the tongue are not part of the language of LA. That a purple tongue indicates blood stasis is not useful when "blood stasis" is not a meaningful term within LA.

Pulse diagnosis, on the other hand, is

used in LA and appears to be given a more important place than in TCM. Pulses have three specific uses. One use is to read the energetic condition of the individual organs; a second is to determine whether the patient requires tonification or sedation; a third is to evaluate the effectiveness of a treatment at the time of treatment or at the patient's subsequent visits.

The Pulses

The taking of the pulses is different from that in TCM. LA students are taught to record the "strength" of the pulse at the different pulse positions and at a superficial and deep level. The position/organ correspondence is that of Wang Shu-he, except that the chi position on the right wrist has the san jiao in the superficial position, the pericardium in the deep position, and, on the left wrists, both aspects of kidney in the deep position. (See "An Introduction to Pulse Diagnosis" in *The Journal of Chinese Medicine*, No. 14.) No use is made of the basic, traditional twenty-eight pulse qualities.

The omission of the *pulse qualities* is not explained. Again, as with the tongue, the significance of many of the pulse qualities is expressed in concepts not used in LA.

The use of pulses to evaluate treatment is worth some comment. Although LA does not use the twenty-eight pulse qualities, practitioners find it hard to pay attention only to strength, and, therefore, inevitably record quality. They often use a continuum from good to bad quality, applying either to one pulse position or to the overall quality of the pulse. LA practitioners take pulses after or during a treatment; and if there is an improvement in "quality" in the above sense, this will be taken as an indication that the treatment will be effective. This ability to evaluate pulse quality becomes refined with practice and is naturally combined with observation of changes in

color, sound, emotion, and odor. Some of the obvious aspects of better quality are the smoothness, regularity, and elasticity of the pulses. In addition, these distinctions are important when the quality of the various pulse positions comes closer together. As with many other aspects of LA, the concept of quality has not been made explicit and is therefore difficult to specify. *

The Diagnosis

We can now turn to some of the overall differences in the process of the diagnosis. Diagnosis in LA varies from TCM in several ways. One is the relative *unimportance of asking specific information type questions* and the relative importance of sensory discrimination and observation of non-verbal behavior. Another is the practitioner's interaction with the patient in order to create meaningful or "true" patient responses. A further one is the use of treatment itself to develop the diagnosis. I will look at these differences separately, although briefly.

Observation and Questions. In TCM, part of any specific pattern of disharmony *will not be observable* in the context of a diagnosis. Hence the importance of asking about such things as whether there is an aversion to cold, when the period pain occurs, whether the thirst is for hot or cold drinks.

In LA, it is important to have a clear record of the patient's symptoms, partly for corroboration of diagnosis, but more for assessing the changes that occur during treatment. As discussed above, symptoms are not important in the diagnosis of the CF. Therefore, the crucially important factors are ones that can be observed at the time of the diagnosis— **color, sound, emotion, odor, and pulses**—and these require *acute sensory discrimination and observation of non-verbal behavior*. This emphasis is a relative difference

between LA and modern TCM.

Another difference is the LA practitioner's interaction with the patient in such a way that a "truer response" and therefore truer information is obtained. This is a large subject in itself and difficult to explain briefly; but it is, nevertheless, fundamental to the process of diagnosis in LA.

Quality of Patient Response. Assume that a patient is describing her major complaint or any other aspect of her life. The way the practitioner is responding (especially non-verbally) will *feed back* to the patient and be extremely important in determining whether the patient expresses herself guardedly and from the surface or openly and from her depths. In LA, the aim of the practitioner is to respond with sufficient emotional flexibility so that close rapport is obtained and the patient reveals herself in an open and unguarded way. This implies the ability to create a variety of emotional contexts in response to the patient and is clearly a skill that takes time to develop. It does, however, promote a different quality of response and information from the patient.

In the context of finding the patient's most inappropriate emotion, this process has been labelled "*emotion testing*." The practitioner's responses can be considered as questions and the patient's responses as answers. This process is an important part of LA diagnosis.

Treatment and Further Diagnosis. Another assumption in LA is that treatment itself can further the diagnosis. Although it is important for the practitioner to commit herself to a diagnosis before treatment, it is an ideal attributed only to the mature and experienced practitioner that a complete diagnosis takes place first and that treatment merely carries out the diagnosis. For example, the practitioner may know that there is a serious block to treatment, but be unable to label it either "aggressive energy" or "devils." The treatment to remove aggressive energy,

which will not harm the patient, is a way of sorting out the diagnosis. *Pulse and patient response to the treatment are used in the assessment.*

Another example arises when the CF is first treated. Assuming there are no blocks, it is expected that all pulse positions—except, perhaps, the CF—will *improve in quality and quantity*. If they do not, then questions arise such as "Is this element really the CF?" "Is there a block that has not been recognized?" This illustrates the use of feedback at the time of treatment and the diagnosis as an ongoing process.

Similarly, it is a principle in LA to give *minimal treatment*. "How much is minimal?" can often only be revealed by the treatment itself. So, again, careful assessment of how a patient responds is itself information that will be used in determining future treatment.

A related point is the importance in LA of *continuing the diagnosis* throughout treatment. In J. R. Worsley's words:

During these subsequent treatments this is what we should always be doing, to keep questioning and communicating with the Officials All these questions should arise so that each treatment is not just a moving on but a question and answer with the Officials. (*Traditional Acupuncture Society Newsletter*, October 1984)

These are the major differences between modern TCM and LA diagnosis.

We can now look briefly at treatment and treatment planning.

Treatment Planning and Treatment

The answer to the question, "How is LA treatment different?" follows from the theory

discussed above. Some of LA's main differences with TCM are as follows:

1. **The main means of restoring health is by treating the CF.** It may be hyperactive, in which case it needs sedation; it is, however, more likely to be underactive, in which case it needs tonification. To be able to work on the CF, any blocks of the sort we described above will need to be cleared. In addition, it may also be necessary to pay some attention to another element which has been "insulted," such as the child of the CF through years of neglect, or the wood through excessive drug-taking. But the main thrust of treatment is normally on the CF.

2. **Points are selected on a theoretical rather than empirical basis.** For example, prescriptions based on clinical experience, such as Ren 12 and Stomach 36 for stomach disorders, are not taught. Thus points are mainly chosen from the source points, the five-element, the back shu, or the connecting points on the appropriate channels. Transfers, more or less as described in the books of Mary Austin and Wu Wei-P'ing, are also taught. A final important principle is the selection of points to treat the right level of the CF. This principle of selection was referred to in the section on levels.

3. **The underlying principle and aim is to balance the CF.** The expectation is that the patient will improve generally, feeling better in herself, and her symptoms will also clear. This process, however, is not always thought to be a completely smooth one.

J. R. Worsley often describes LA in terms of five laws, one of which is the LAW OF CURE. Part of the Law of Cure is that the disease will disappear in the reverse order in which it came. A lung imbalance, which at one time manifested in acne and later in a problem of the lung itself, will, when being cured, manifest once again in acne.

In any case, when the CF is treated

appropriately, the person will change on all levels, hence the claim of LA to be treating the whole person, rather than the symptoms.

I will end with two questions that often occur to practitioners:

1. In our intentions, do we treat the whole person or the person's symptoms? Trying to answer that question forces us to attach some value to both possibilities.

2. What is the most effective way of treating the person, and what is the most effective way of treating a person's symptoms? Are they different, can they be reconciled, and—in individual cases—is the answer necessarily different?

LA's answers are clear and uncompromising: treat the person, not the symptoms; and, to treat the person, treat the CF.

Summary

- LA's expression is poetic and metaphorical rather than explicit and literal. As such, it has problems with communication and standardization, but it focuses easily on the individual and the individual's inner experience.
- LA does not teach a conceptual framework to deal specifically with channel or acute exterior problems.
- LA assumes that the energy of an official will affect all aspects of a person and describes the pathology of an official more in terms of behavior than in terms of physical symptoms.
- LA assumes that one element is a major weakness and that most of the patient's problems stem from this weakness. This is the CF, the major focus of treatment.
- Diagnosis of the CF concentrates on color, sound, emotion, odor, pulses, and the behavior of the officials. The practitioner's ability to interact with the patient, thus producing a

truer response, is crucial.

- Consistent and appropriate treatment of the CF at the right level is thought to bring changes in the whole person.

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From Leamington Acupuncture to TCM and Back Again

An acupuncturist trained in
both five-element and TCM acupuncture
compares the two approaches.

by Angela Hicks, M.Ac., M.T.Ac.S.

I have practiced and taught in the style of acupuncture associated with the Leamington College for over ten years, and I get great satisfaction from doing so. I decided last year, however, much to the surprise of many, to take the TCM course held in London. (For anyone who has not heard of this course, TCM stands for Traditional Chinese Medicine and is based on acupuncture as taught and practiced in post-revolutionary China.)

I joined the course for a number of reasons:

1. I had heard many judgments about it and realized that I still did not know of what it consisted.

2. I had come to realize that although I choose to treat with a Leamington bias, I can increase my knowledge and skills and maybe become a better practitioner as a result.

3. If the good health of patients is my priority, I cannot ignore an area of acupuncture that might help them—just for the sake of being associated with one “camp.”

Many people have asked me what I got out of the course. I have written this article to try to present an unbiased view of all that I gained from the TCM course and how I added to the five-element basis. I also wish to stress the knowledge that Leamington-style acupuncture offers that is not included in the TCM course and that I value highly.

A Brief History of Acupuncture in England

At the moment, in the main, two distinct styles of acupuncture are practiced in England. TCM became easily available in England only when Ted Kaptchuk taught a course in 1979. For anyone who wished to train in acupuncture before then, there was a choice of three main colleges. None of these taught TCM. Professor Worsley, having set up the College of Traditional Chinese Acupuncture, had already evolved the unique style of acupuncture taught at Leamington. He was able to adapt what he learned during his travels in Europe and the Far East to a Western civilization. In Professor Worsley's approach, much more emphasis was put on “mind” and “spirit,” as distinct from the Chinese emphasis on the physical. (David Eisenberg, in his book *Encounters with Qi*, points out that in China the admission of mental problems is regarded as social stigma. Even symptoms such as anxiety and restlessness are called “neurasthenia.” The Chinese tend not to talk about their problems to anyone outside the family, not even to their physicians.)

When TCM arrived in the United Kingdom in 1979, it seemed very different from what had been practiced before and was wrongly classified as “symptomatic” by

some of those practicing Leamington acupuncture.

Two “camps” began to emerge—those practicing from a Leamington basis and those from a TCM basis; at the time it seemed to be an either/or situation. This division is not very Chinese! The nature of Chinese medicine, historically, has been to grow, change, and adapt to whatever useful comes its way.

The acupuncture climate is now changing. Practitioners are recognizing that everything ultimately comes from one source (albeit, adapted to the culture) and that different ways emphasize different parts of that source. Each way can be useful and we can learn from each. *What must be a priority for us all is that our practice works and that the patient gets better.*

The Usefulness of TCM

The following are aspects of the TCM course that I found useful: the treatment of acute illness and injuries, tongue diagnosis, pulse diagnosis using pulse qualities, more details of the function of the organs, and a different way of categorizing the imbalance of an organ into yin, yang, blood, Qi, etc. Also valuable were guidelines to the uses of the points, rest, and diet, and how the Chinese look at other causes of disease besides emotional causes.

Overall, the TCM course gave structure and guidelines that did not conflict with my understanding of the causative factor (CF); it also helped me to treat acute conditions and injuries with confidence.

Treatment of Acute Illness and Injury

The treatment of acute illness and injury is one of the most useful aspects of TCM. Acute illnesses have never been catered to at Leamington because the majority of patients

have chronic complaints and Western medicine can treat the acute conditions. Modern TCM, on the other hand, is “acupuncture of the people;” it has, of necessity, developed to treat patients so that they can be well and functioning as quickly and cheaply as possible. It therefore treats acute conditions and injuries very effectively.

I no longer feel lost when a patient has an acute condition; this is particularly important as I live in a road where everyone knows I do acupuncture and is likely to call in with illnesses and injuries! I have heard many Leamington practitioners say that they do not want to treat acute conditions and so they have no reason to learn how to do so. I find that my practice is not that black and white—I do need to be able to treat acute conditions. Patients with chronic conditions may get acute symptoms during the course of their treatment, in which case treating the CF in the usual way may be inappropriate.

Tongue Diagnosis

Tongue diagnosis, as well as pulse diagnosis, is a primary tool of Chinese medicine. The size, shape, color, moisture, and coating of the tongue are all diagnostically useful. For example, a red tongue will indicate that a person has a tendency to be hot, and a pale tongue often indicates cold. This information can be helpful in deciding whether or not to use moxa. A thick coating on the tongue indicates a condition more in excess, and a thinner coating indicates a deficiency. For example, if a patient has a red tongue with little coating, he or she may be deficient in energy, and—at the same time—Hot (yin deficiency in Chinese medicine); so moxa is not normally indicated. I have also found the tongue condition useful as an added confirmation of the CF.

The Pulses

Leamington acupuncturists are taught to feel the amount of energy in the pulses; this is called Full and Empty in TCM. Other qualities about the pulses are simple to read, yet useful, and are taught by TCM. For example, fast pulses show that there is heat in the body; slow pulses indicate cold. A pulse that is deep shows a deep and more internal problem, while pulses that are more superficial often show that the problem is acute. I cannot describe all twenty-eight pulse qualities, but they are clearly discussed in Ted Kaptchuk's book, *The Web That Has No Weaver*, and in other books on TCM. Finding the qualities and knowing what they mean is not difficult; often it brings further clarification of the patient's condition and helps in deciding the treatment that is needed; e.g., a pulse that is called a "wiry" pulse (stretched like a wire) will indicate blockage, often in the liver, when the energy is stuck.

One practice not always taught in TCM—but emphasized at Leamington—is to feel the pulse changes after treatment as well as before. Feeling the pulse at this time is one of the best feedbacks of a good quality treatment.

The Functions of the Organs

The functions of the organs, as taught in TCM, are a useful addition to existing knowledge about the organs/officials. For example, one of the functions of the liver is to allow the Qi energy to be free-flowing. If the liver energy gets blocked or disrupted (often by suppressed anger or frustration), it will cause the Qi to stagnate and the pulses to go into excess. This "smoothing" action is only carried out by the liver and is the reason why there is more often an excess showing on the liver pulse than on any other organ/official.

Yin/Yang, Qi, and Blood

The terms yin, yang, Qi, blood, jing, and body fluids are familiar to anyone using TCM; they describe the different substances and states of energy in the different organs. The two easiest concepts to describe are yin and yang, as they are such familiar terms to us all. A patient may be generally deficient in energy; within this, however, either the yin or the yang may be more deficient. If the patient's yin is the most deficient, then he or she will experience "yang type" symptoms, as the yang is comparatively in excess (Diagram 1); these symptoms may be heat, restlessness, or hyperactivity.

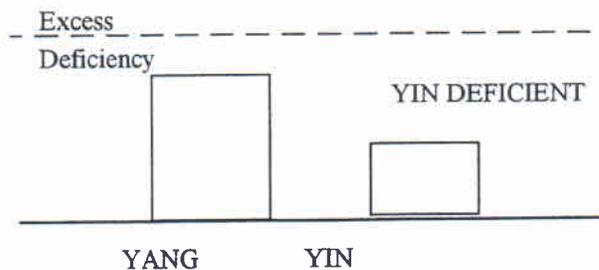


Diagram 1

If, on the other hand, the yang is the most deficient, then the patient will experience "yin type" symptoms such as coldness, slowness, or less movement. Because the yin is in comparative excess, this is called yang deficiency (Diagram 2).

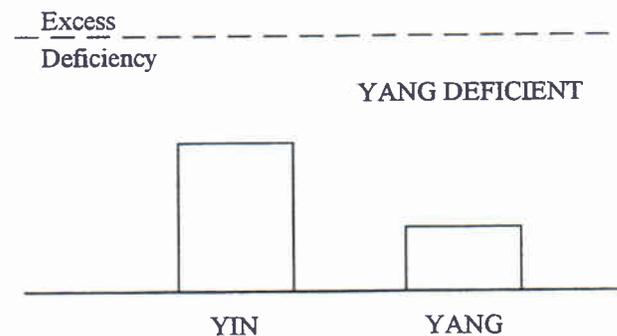


Diagram 2

If the patient is, for example, a “water CF,” he or she will be qualitatively different if predominantly yin deficient or yang deficient; knowing this can be helpful in changing the emphasis of treatment to suit the patient. This is also true in relation to the Qi and blood in different organs, and also the jing and body fluids in certain cases.

Points

TCM's information on the points can enlarge the knowledge of points gained at Leamington. Much TCM information on points is empirical; i.e., because so many people have been treated with the point and with the same result, the Chinese know its effect without doubt.

Causes of Disease

The internal causes of disease are emphasized at Leamington. TCM, on the other hand, describes many other causes. Although I sometimes think that the Chinese take too little notice of the internal causes and how they manifest from the early years of life, perhaps we might question whether we take enough notice of those other causes that TCM values. For example, Chinese people are wary of eating cold foods and salads, saying that cold food injures the spleen and digestion. They also say that too much sex injures the kidneys, and a fever can be the cause of later deficiency in many different organs. We often overlook these details of rest, diet, work, exercise, etc., and how an imbalance of these aspects of lifestyle may make the CF more imbalanced.

There are other ways in which I have found TCM useful, but those aspects I have mentioned are ones that can be described fairly simply. I realize that by giving only a few examples I have skimmed the surface of TCM, but it is hard to give it full justice in such a short article.

The Usefulness of Leamington Acupuncture (aspects not mentioned in TCM)

The following are not mentioned in TCM: a view of treating the patient as a whole, based on finding the CF of the disease; the concept of body, mind, and spirit; an additional understanding of the elements in relation to our culture, especially the fire and metal elements; and the spirits of the points, e.g., the Windows, kidney chest points, etc. The style of acupuncture taught at Leamington provides an overall picture of the whole patient and how to treat beyond physical symptoms.

The Fire Element

In TCM the fire element (or often, the heart in TCM—the heart protector is rarely mentioned and often is merged, in practice, with the heart) is not as commonly diagnosed as an imbalance as I have found it to be among my patients, a number of whom I have treated as fire CFs. This is really a cultural difference between China and the West. In China there is less rejection, loneliness, and lovelessness than in many Western countries. Alan Papier writes about this difference in his article, “Social and Cultural Features Affecting Chinese Medicine”:

The Chinese family is famous throughout the world. It is closely knit and nurturing. The guidance, directions and 'lessons' provided in the family context are most important to the structure of the personality and future foundation for adult life In China, the continued stability of family life is

apparent in many things which are less conspicuous than in the West: less individual neuroses, a lower incidence of stress, greater satisfaction and acceptance of one's life, etc. Neurosis and stress do exist, but to a lesser degree than in the West. (*Journal of Traditional Chinese Medicine*, May 1988)

Another example is from Mother Theresa who noticed an important difference between the Indian culture and that of England. When she came to England in 1970 she said, "In England everyone looks prosperous, but no one looks happy." She had observed that there is more love and joy among the poor in India than in the English population.

The Chinese do not have the same problems as we do in the West, and have not, therefore, needed to describe "an impoverished spirit" nor the results of lack of love that are so prevalent here. They do, however, describe "anxiety, restlessness, insomnia, etc." that come from heat deficiency (heart yin deficiency in TCM)—but not fire CF patients. I describe these patients as looking "lack of red" and showing "lack of joy," fluctuating to "excess of joy." These people are often very volatile emotionally and may feel vulnerable in relationships with other people. They may have difficulty loving themselves, and this may manifest as a lack of self-confidence and self-esteem.

It is hard to describe a "typical" fire CF, as color, sound, emotion, and odor form the basis of the diagnosis at Leamington; however, the fire CF sometimes corresponds to a condition in TCM that is called "heart Qi deficiency." The symptoms of heart Qi deficiency are pale face, breathlessness on exertion, spontaneous sweating, palpitations, and tiredness. This lack of detailed description may be partly due to the emphasis on the physical that I described

earlier, but also may be due to lack of experience of this condition in a large number of people. II CFs have no place in TCM.

The Metal Element

The other element often missed in TCM is the metal element. As described in TCM, most of the illnesses associated with the lung have a cough among the symptoms. Leamington-style acupuncture describes the lung and metal element in a different way, concentrating on the lack of richness and quality experienced when the metal element is imbalanced and on the sense of emptiness that comes from grief.

Mind and Spirit

The state of a patient's mind and spirit are important to a practitioner who has been trained at Leamington. Although the Chinese do mention the spirit and describe one of the functions of the heart as "housing the shen" (shen is translated as spirit), and also say that suppressed emotions will unbalance the liver, nothing is said about how the spirit is affected when the other organs are imbalanced. Much information on the "spirits" of the different organs is written in old Chinese texts, but this is not a part of TCM. Father Claude Larre mentions the different spirits of the organs in *Survey of Traditional Chinese Medicine*, a book he co-authored with Jean Schatz and Elisabeth Rochat de la Vallée.

Leamington-style acupuncture helps us to understand how people can be affected at any level of their being when they are sick, and how a symptom may be a manifestation of a sick spirit or mind rather than a sick body. Treatment, therefore, is

mostly directed at curing the patient at the level of the sickness.

Treating the Person as a Whole and the CF

I need hardly mention the concept of treating the person as a whole rather than treating the symptom, as this is constantly emphasized at Leamington. In TCM, groups of signs and symptoms are seen as common patterns. These patterns are called "syndromes." A practitioner of TCM may diagnose a patient as having many different syndromes from different organs, all at the same time. For example, the spleen, kidney, and liver may all be diagnosed as being out of balance and all receive treatment. In the Leamington style of treatment, we look for the one area of energy that initially went out of balance and caused all the symptoms to manifest. The patient's color, sound, emotion, and odor will help us to find this causative factor. When this CF is found and treated, it can affect the patient at all levels of being. Very few needles are used for treatment, and the patient is allowed to heal himself so that the symptoms disappear. This is a very elegant and natural way of treating and never forces the energy.

Points

Just as TCM provides extra information on the points, so does Leamington acupuncture. Especially noted should be points such as the Windows of the Sky and kidney chest points and points that do special things, such as the points for the internal and external dragons.

I hope that the gulf between TCM and the style of acupuncture taught in Leamington may be made a little narrower as a result of this article. There is a saying that "two heads are better than one," and perhaps *two styles of*

acupuncture can be better than one. In spite of the differences, two practitioners – each treating in a different style of acupuncture – will often arrive at the same diagnosis. One emphasizes color, sound, emotion, and odor, and the other attends to signs and symptoms. One may say the patient is a Wood CF and the other say that the patient has liver Qi stagnation. Often these diagnoses result in the use of similar points. *Therein lies the unity of Chinese medicine.*

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Causative Factor: A Forum

*by Faculty Members of the
Traditional Acupuncture Institute*

Causative factor (CF), a central concept in five-element acupuncture, often is misunderstood by acupuncturists who are not trained in the five-element tradition, and it is the subject of much discussion among five-element practitioners. The Journal publishes this forum to bring greater understanding of the CF to the acupuncture community, to encourage fruitful discussion, and to further the evolution of the concept.

The forum begins with a brief explanation of the CF concept and continues with comments submitted by faculty members of the Traditional Acupuncture Institute, including Haig Ignatius, Robert Duggan, Dianne Connelly and Gary Dolowich.

In the next issue of the Journal we will share letters and comments stimulated by this forum—an interaction that will benefit our mutual understanding.

What is CF?

The causative factor is an element (or official) that becomes chronically imbalanced in a pervasive way, lending a characteristic theme to a person's life. Further stresses or traumas affect this element more than the others, so that it continues to be the first to cave in under stress. However we may define CF, we can say it may be related to an insult to the body-mind-spirit, as a physical, chemical or emotional trauma. CF also may be related to a pattern of development that is hereditary, congenital or acquired in the process of physical, mental or emotional (spiritual) growth. These aspects of the person may result in behavior patterns that show themselves as distortions or blocks in the energetic balance.

A way to understand the effect of a CF is

to compare it to a phenomenon audiologists call "recruitment." If a person is exposed to excessively loud sounds in one ear, that ear may become deafened to sounds at certain pitches. If the person is then tested for these pitches at soft levels, the sound is heard only in the good ear. But as the intensity is increased, the sound will be heard louder in the deafened ear than in the normal ear. This is recruitment—a distortion or hypersensitivity in the abnormal ear.

If one finds impaired function or impaired energy in an element, behavior may be observed that is at times peculiar, as when a person is too easily hurt, or angered, or fearful; one may also observe behavior that demonstrates both a particular excellence or strength and the opposite of that strength (i.e. a person who is so tenderly sympathetic one moment and very callous a moment later).

Comments to Stimulate Discussion

Comment 1. J. R. Worsley's unique contribution. CF as an invaluable organizing principle.

Traditional Chinese acupuncture, which is based on the concepts of Chinese medicine, has been practiced for thousands of years and is now expanding across the globe. We may be witnessing a moment in the development of this ancient system of human understanding such as has not occurred in several millennia.

Some of the most creative and important contributions to contemporary western acupuncture have come from J. R. Worsley of Leamington Spa. Professor Worsley's genius has enabled him to draw together the concepts of body, mind and spirit as understood in the east and west, and to draw the attention of modern practitioners to the very subtle energetic signs that provide deeper clues to the balance and harmony of the life force.

One of Worsley's major contributions is the concept of causative factor. His life's work is dedicated to teaching practitioners, guiding them in the development of the diagnostic skills of interpreting color, sound, odor, emotion and pulses—skills through which they understand which element is the CF of energy imbalance within an individual who has come for assistance. Like many creative concepts (and I am sure Dr. Worsley would wish to pay homage to the concept in Korea of constitutional acupuncture), his contribution has created excitement, passion and controversy. The concept is unknown in many traditions of acupuncture. Whenever acupuncturists trained in the five element tradition meet, they search for further understanding about the meaning, the validity, and the usefulness of this concept of causative factor.

As five-element practitioners, we have found the CF to be a powerful tool for uncovering the basic imbalance in our patients. When we become clear in our understanding of a person's imbalance by means of this model, it seems that we have access to a wisdom that penetrates to the very essence of an individual, addressing the basic issues in the person's life. The CF can provide a deep understanding of patients' weaknesses and unique strengths. When patients confront the tasks presented by their CF, they are brought to the "growing edge" that furthers inner development.

The CF's practical value in the treatment room is that it can bring a clarity to the practitioner and a focus to the acupuncture treatments. Although Worsley's teaching seems to stress finding the CF based exclusively on color, sound, odor and emotion, practitioners have reported that by asking "Who is this person at his/her essence?" they can drop beneath the symptoms and find a deeper understanding. This search for the CF shakes the practitioner out of complacency: Can one assume that the obvious anger comes from a wood CF? Or is it really due to a lack of meaning (metal CF)? In this way we can treat, as the Chinese say, the root rather than the branches. In the CF we have a tool that brings order to all aspects of our work with the patient—at least, when it works well.

There is also the situation, however, where the search for the CF leads to confusion and uncertainty. If practitioners are constantly questioning the diagnosis, there is a loss of clarity that defeats the purpose of the CF. Inserting an acupuncture needle in the midst of confusion cannot have a healing effect. *Intention*

A basic difficulty with the concept of CF is the word "cause" which seems to imply a western scientific approach of causality. The Chinese operate by another principle:

“Whatever happens in a given moment possesses inevitably the quality peculiar to that moment.” Under this view, originating events are not seen as separate in time, but are part of the total expression in the moment. Thus the anger at one’s parent, which created an imbalance during childhood, can be observed in the green color present today.

Jung coined the term “synchronicity” to describe this meaningful concurrence of events. According to Jung, the essential question asked by the Chinese mind, when confronted by a set of circumstances, is not “What is the cause?” but rather “What does it mean that these things are together?” It seems that in the practice of traditional acupuncture, we are constantly applying this principle of synchronicity, and it is the CF that attributes the meaning to the situation. When confronted by a patient who has suffered a loss, who is stuck in grief and develops shoulder pain, we can avoid both the trap of allopathic medicine, which negates the problem if no cause is found on x-ray, and the excesses of the holistic camp, which blames the person for creating his own illness. Instead, we can chart a middle course; by holding the problem in terms of the CF we have an organizing principle that finds the essential meaning of the situation and allows us to address it in this moment.

The power of the CF as a healing tool is just this ability to raise the personal situation to a higher, more impersonal level. Often the most devastating aspect of illness is its isolating effect—the person is alone in his or her pain without connection to the world. By understanding the problem in terms of the CF, we are giving meaning to a situation in terms of universal archetypes of the elements and officials. Through acting in this way our work has a healing effect. As Jung has stated, “If the archetypal situation underlying the illness can be expressed in the right way the patient is cured.”

Comment II. Possibility of a secondary CF. CF concept may be held too tightly.

Although the CF is the element most likely to weaken under stress, it is possible that stresses will affect another official or element enough that it becomes a second CF. The patient will benefit by treatment of any imbalance, and in the process, the elements needing the most treatment will show themselves.

If this observation is true, it is easy to see how a CF may change or seem to change, and how the severity of one imbalance (CF) may shift relative to the severity of a secondary imbalance (CF). It may account for the differences in the diagnoses made by different practitioners—particularly when a patient is referred after a period of treatment to another practitioner.

If the concept of CF is held too tightly, it may impair treatment, as, for example, when a practitioner is affected by the fearful doubt that he or she is treating the “right” CF. The concept of CF is a useful way to organize diagnostic information and is a useful Strategy in treatment, but only if it is seen as just that—and not held too tightly.

Comment III. We may be at a moment of transformation in the concept of CF.

During a lecture at the Tri-State Institute of Traditional Chinese Acupuncture, Ted Kaptchuk discussed the importance of a “transforming vision” for people in extreme pain. According to our understanding of his comments, he found that such patients had to move through a healing process that transported them beyond the pain of the present to a vision of a new possibility—to a transforming moment when they see alternatives for their lives. Perhaps we are at such a moment of transformation in the

concept of causative factor. It may be that transformation will call forth further development of the concept of CF—development that moves it from the danger of becoming static into a more dynamic concept through which we understand the immediate interaction of all the elements.

Comment IV. Six Areas of Inquiry.

1. Is there "causation" in acupuncture that parallels causation in western science? Western scientific method seeks to determine absolute, specific causation. Perhaps acupuncture functions in a way that makes the use of the word causation inappropriate. Perhaps we would more accurately speak of a design factor or a central focus or simply of a mutual arising. These terms suggest a particular relationship of elements and officials characteristic of the patient at a particular time—a result of all the interactions in the patient's life to that moment. Such terms are not burdened with the implication of singularity or causality. Perhaps the attempt to designate singular causation may hinder rather than further our efforts to diagnose and treat the individuals who come to us for assistance.

2. How does the relationship between practitioner and patient affect the CF? We are well aware that the energy between practitioner and client is unique to their interaction. Some patients benefit more with one practitioner than with another—we call this "chemistry." When a patient, for one reason or another, transfers to another practitioner, that practitioner may find a different CF. As westerners, we may view that difference judgmentally, deciding that the one practitioner was right and the other wrong. We want to raise the question, is the energy of the practitioner as it interacts with the client one of the factors in determining the CF? For

example, when one practitioner works with a patient, that practitioner may find that the patient's energy is accessible through a particular element, and yet another practitioner may find the patient's energy is more accessible and interactive through another element. May not both of them be right?

3. Is there a secondary as well as a primary CF? Acupuncturists who have been in practice for some time are aware that there are patients who have a very clear CF. However, practitioners often comment that in many cases there seems to be both a primary CF and a secondary CF. In these instances the challenge is to balance what appears to be two CFs in treatment and to accept the fact that what is constitutionally weak—by definition the primary CF—may, at any given moment, be less important than what has been weakened through recent toxicity or emotional stress—the secondary CF.

4. Is knowing the unique dynamic among the elements in a patient equally important as knowing the CF? CF by its nature creates a static notion: "This is the operative element for the individual." We want to discuss the possibility that in addition to the concept of CF there may be a concept equally powerful: the dynamic among the elements. Is it more important to know that water is the CF, or is it equally powerful to know that the key dynamic in a given patient is the relationship between earth and water? It may be just as important for the practitioner to understand this dynamic between two or more elements as to know the individual's CF.

5. Is the CF true for persons for their lifetime or may it be true only within a given period of time? We are aware of patients whose CF seems to have changed over time—even, perhaps, through the process of treatment

itself.

6. *Is CF dependent on the practitioner's image of what patients would be like if they were whole and complete in themselves?* One can imagine a situation in which one practitioner would see the patient needing support in one element, while another practitioner might not see a relationship to that element at all, but insist on treating from another perspective. It may be that these differences come from two different perspectives about what is possible for the patient rather than from two absolute realities that are in conflict with each other. Is this difference related to the length and depth of the practitioner's clinical experience, or is another factor involved?

The Possibility of an Enriched Concept

A topic that generates as much discussion and conversation and confusion as the topic of CF can be a source of great learning—the focal point for numerous insights that can enrich all of us. We raise these questions as the beginning of a discussion. We do not propose to provide any answers, but simply propose that some of the questions that we find perplexing may be the beginning point for fruitful development.

The concept of CF has both greatly helped and confused practitioners for years. It is difficult to write about the CF, for as with many major contributions to human understanding, the work of Worsley runs the danger of being lessened when it is expressed in words. Those who know Worsley understand that in his clinical work he is seeing all five elements in dynamic interaction. Worsley sees the importance of one element as a tool for touching and involving *all* the elements in the recreating of a human being so that “every possibility of his ‘unique being’ is

realized.” However, because the concept is called causative factor, people tend to discuss one of the elements—the CF—as if it were different from the rest; they may say, for example, that an individual is a wood person, which may be as dangerous as saying that an individual is an arthritic person.

In a discussion about CF, several members of the faculty of the Traditional Acupuncture Institute compared clinical experiences. We realized that in approximately 35 percent of our patients there was a very clear CF, and as long as treatment focused around that element, the patient did extraordinarily well. We found that in another 30 percent of our patients, two elements were strongly unbalanced and regardless of which of these elements was called the CF, treatment on both elements and on their relationship was essential to helping the patient do well. In 10 percent of our patients, we had the sense that something beyond the techniques of acupuncture was necessary to open the process of healing—perhaps the transforming experience noted by Kaptchuk. While the other 25 percent of the patients did progress in treatment, our concept of CF was not a clear fit. It may well be that as our skills continue to develop, the CF will become evident in this group. But at the present, we feel that another lens might be more useful for viewing these patients—we feel the need for an enriched concept, one incorporating more dynamic qualities than are conveyed by the seemingly static notion of causation.

The question remains: As we continue to improve our skills, how can this generation of acupuncturists evolve and develop the enormous opening Worsley has made for oriental medicine?

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In Response ...

Causative Factor

The forum on causative factor by faculty members of the Traditional Acupuncture Institute (Spring/Summer 1987 issue of the Journal) elicited an array of responses. Each of our respondents focuses a different lens on the concept of causative factor (CF). By considering the following comments, readers can expand and refine their own view and use of the CF concept.

[For persons unfamiliar with the CF concept, the *Journal* provides this explanation, excerpted from the last issue: "The causative factor is an element (or an official) that becomes chronically imbalanced in a pervasive way, lending a characteristic theme to a person's life. Further stresses or traumas affect this element more than the others, so that it continues to be the first to cave in under stress. However we may define CF, we can say it may be related to an insult to the body-mind-spirit, as a physical, chemical or emotional trauma. CF also may be related to a pattern of development that is hereditary, congenital or acquired in the process of physical, mental or emotional (spiritual) growth. These aspects of the person may result in behavior patterns that show themselves as distortions or blocks in the energetic balance."]

Confusion about a CF signals the need to improve diagnostic skills.

I feel a need to respond to several points put forth in the article, "Causative Factor: A Forum," by Traditional Acupuncture Institute faculty members.

The authors believe that the concept of the CF can be a positive factor in the treatment room because "... it can bring a *clarity* to the practitioner and a focus to the acupuncture treatments." They also believe the converse: "There is the situation, however, where the search for the CF leads to confusion and uncertainty. If practitioners are constantly questioning the diagnosis, there is a loss of clarity that defeats the purpose of the CF."

It is not my understanding that the concept of CF requires the practitioner to constantly question the diagnosis or that questioning the diagnosis necessarily leads to confusion. At times I find that questioning the diagnosis is a positive and clearing process which makes me dig deeper and put more energy into the work. My experience shows me that the search for the CF does *not* lead to confusion and uncertainty, but rather that my confusion and uncertainty get in the way of my arriving at the CF.

I find the statement questionable that "inserting an acupuncture needle in the midst of confusion cannot have a healing effect." Looking back on my first months in practice, I find there were several treatments I did in the

midst of my confusion, trying so hard and with such painful lack of experience, that in the long term turned out to have more healing effect than many that followed. I can theorize about what happened, but in all honesty can I truly know? I don't think so.

Each healing art has its diagnostic tools. The cardiologist has the stethoscope, the radiologist, the x-ray machine. The diagnostic tools that lead the acupuncturist to the CF are the senses. If I wish to grow as a practitioner, I have to develop these senses.

Over the years what I see myself doing in the work is very slowly tuning my sensory mechanism, which is my diagnostic instrument, so that gradually I am able to perceive the diagnostic criteria of color, sound, odor and emotion with more precision. At this point I can't perceive these accurately because my instrument is crude and unrefined. So confusion—instead of threatening chaos—becomes a familiar companion that gives me important information about where I need to work on myself or get help from other practitioners at key moments in my learning process.

The authors ask whether a person can have more than one CF. In reviewing their cases the faculty at the Traditional Acupuncture Institute found, as I have found, that in addition to the patients who have been treated on only one CF, there is a group of patients who have been treated on two or more elements, and another group of patients who seem to benefit from a modality other than acupuncture. Instead of seeing this as empirical data which leads me to reevaluate the concept of CF, I see this phenomenon as a reflector of the limited precision of my diagnostic tools at this time.

We each have our own way of regarding this work, and mine is that the concept of CF as taught is an excellent model in the treatment room and has brought great benefit to my

patients. Whereas the Institute faculty find the fact that it is difficult to arrive at a CF for many patients a reason to reevaluate the concept, I find the same experience stimulates me to improve my means for arriving at the CF.

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Look at underlying issues.

... To wrap a conflict in intellectual Christmas paper stimulates my interest in looking at what is inside. I have been and still am unwrapping many of my own conflicts. I hope not to confuse the transformation of causative factor with that of our own transformation

What are the issues underlying the discussion of the CF concept? They may include the relationship that the Traditional Acupuncture Institute and some practitioners have with the parent (J. R. Worsley), issues of independence and control, and resentment that is aroused when only the "master" can reconcile and act as final arbiter. (How easy it seems to forsake the roots for the flowers.) These issues certainly seem relevant and deserving of consideration.

Concerning the "areas of inquiry" about causative factor mentioned in the article:

1. *Causation, central focus, design factor....* Let's look at what's inside, primarily recognizing that what we each see is part of ourself. This concept of causative factor was never intended as a static or singular description: to take it as such is to misinterpret it. It seems to me that the element or official that is most static in the individual is what the CF is mostly about; the CF itself is not static. Cause may not be a very Chinese word, but we neither live nor practice in China. You might like to characterize the phenomenon as

synchronous rather than causal, whole rather than separate—and in doing so you may be substituting one side of the patient for the other. The West finds it difficult to shake hands with the East; Newton couldn't shake hands with Einstein; and we are in a problem to hold the hands of all of them. Cause and synchronicity both exist. Can we hold them both?

2. *Practitioner, patient and causative factor.* The patient is as he is. If the practitioner can touch all of the patient's elements and officials and find the place where the patient is most significantly affected, at the level the patient responds best, then the practitioner can be with the patient and facilitate his or her movement to a healthier place. When the patient doesn't move, we as practitioners must question the situation, ourselves, and again the patient. Do we have the facility and versatility to approach our patients differently, to really reach them where they are, not where we are? What you want to call this place—CF, DF, X, Y or Z—seems less important.

3. *Is there a secondary causative factor?* Of course, and a tertiary one also. In fact, the manner in which all twelve officials interact on each level is significant.

4. *Dynamic relationship among elements and causative factor.* The CF is a dynamic concept. Knowing more about our patients, observing the manner in which the elements and officials interact, is certainly helpful. We also need to know more about ourselves—especially when our patients are not getting better.

5. *Causative factor for life?* CF is only a tool to better contact our patients. Whether we contact them on the same CF or someplace else seems less important than contacting them. There is no formula; even the CF cannot be pigeonholed.

6. *Causative factor and seeing the whole*

person. If we treat someone where we see them to be in the future, ignoring where they are now, then we only treat our image. If one practitioner treats differently than you do, who is right? Look at your patients, and they will tell you; look at yourself and understand the difference.

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CF “an idea unnatural to ancient Chinese thinking . . .”

Causative factor is one of the concepts I most dislike in acupuncture theory. Yet I think it is amazing how well such a flawed concept works in practice. I use it, though not always, since sometimes it seems to work better than anything else. I would feel more comfortable with it, however, if the way we thought about what we do made more sense. Such a disjunctive discrepancy between theory and practice cannot be a healthy state of affairs for us as practitioners. Causative factor is an idea unnatural to ancient Chinese thinking as well as to contemporary alternative or holistic thinking. I will go on to consider how the concept originated and what exactly is wrong with it.

I am under the impression that Jack Worsley invented the idea of causative factor and it bothers me that he does not take credit for it. One of the forum commentators attributes the concept to him as “one of his major contributions.” He has always claimed to his classes that it was part of a long oral tradition—a view I do not understand. Why wasn't it ever written down? China has after all, an enormously long written tradition. Indeed the Chinese invented the printing press! There is nothing so secretive or precious about it that should keep it out of the classics. There is no mention of it in any of the acupuncture

literature. Very strange. I am left with the conclusion that causative factor is JR's baby, even if illegitimate and disowned. (Can a concept be a bastard?) In 1977, when I was an acupuncture student living in Oxford, one of the first American groups to have trained at the College of Traditional Chinese Acupuncture came over for an advanced postgraduate clinical seminar. Naturally, I socialized with members of the group and was curious to discuss matters such as the causative factor with people further along than myself. Most people in that group had never heard of the concept of CF, and were hearing it then for the first time despite being already trained and in practice. That would make the idea about ten years old. Wherever it comes from, or however old, as the central theme of acupuncture diagnosis it needs to be seriously scrutinized. It should be fortified by its merits and criticized for its weaknesses. Before now it has stood on an anti-intellectual pedestal, like an idol pretending to be a lost icon from history, untouchable and beyond heretical doubt. As for its merits, I have already said that it does work. But then I am reminded of a play by Dennis Potter (England's outstanding playwright), called *Treacle and Brimstone*, where the Devil slips into an unsuspecting household on false pretenses and gives the impression that he loves and feels moved to care for a helpless young girl. She has lost control over her bodily movements and speech after a tragic car accident. In private he cruelly teases this pathetic creature and repeatedly rapes her until ultimately the full horror of her situation shocks her back to her senses. She screams out, and in a mind-boggling twist her speech is restored and her body unwinds from its former spasms and contortions. She is thus ironically and inadvertently cured by her tormenter-cum-saviour. All normal values go up in smoke. Significantly, the play was banned for ten years and only recently reappeared.

The first commentator in the CF forum compares the CF concept to Jung's idea of synchronicity. The way that Jung intends the term synchronicity, however, is in contradistinction to the meaning of causality. Jung's book, *Synchronicity*, is subtitled *An Acausal Connecting Principle*. The notion of synchronicity is an attempt to find another way of thinking about connections without explaining them through causality. Synchronicity indeed aptly describes the relation and associations of the five elements in acupuncture, and is a way of understanding them without resorting to causative factors. Synchronicity, which describes the eastern perspective of natural law, also challenges and complements the western scientific conception of natural law based on causality. Causative factor is therefore the worst name this concept could be called and reveals a deep confusion and misunderstanding.

Furthermore, searching for causative factors in acupuncture diagnosis is inevitably a reductionist exercise. Here, again, we have taken the worst of western science on board. We move from a philosophy of interaction, interdependence and interrelation of elements—elements that hold whole worlds of associations in flux—to one static element: the causative factor. This creates imbalance. It gives a higher status to one element against the others and stops dead the movement of intertwining energies. This concept forces the practitioner's thinking to stop the flow of movement and change, the ingredients of transformation, and categorize and objectify the patient to whom it is applied. This does not mean that transformation cannot happen in practice, because it does. But it suggests that our thinking gets out of step with it. It happens despite us—amazingly. Consider how we use causative factor for diagnosis. What mental operations are involved? We weigh up the features that we regard as most inappropriate (whatever that means) in our patients at that

point in time, and deduce from our knowledge of the officials who is the most likely culprit. Then that's it. The CF does not change, only exceptionally. If it doesn't work, we have probably guessed wrong, being imperfect and unmasterful. Guess again.

In western medicine the situation is quite similar. The patient comes in feeling badly. Maybe it's a recognizable condition (read imbalance), maybe not. The doctor says:

"It's a virus," or "It's an infection," or if no clear physical cause, then "It's stress." Of course, allopathic medicine has more sophisticated moments—as we do—but at the crudest level the mental operations involved in such diagnoses are the same. How different is that from "It's wood" or "It's an earth CF" or even a complex relationship like "water drowning fire"? Does anyone really believe this adequately describes the essence of a person's suffering?

Presumably, the point of treatment is for these "factors" to change, for patients to move on, for new issues to emerge. I think healing means not having a causative factor. And shouldn't we as practitioners be fluid and perceptive enough to view the freshness and difference in our patients from one session to the next? The great strength and beauty of Chinese diagnosis is its openness to what is happening in the present without recourse necessarily to other people's past (as in western medicine) or the crude syndromes of the other school of acupuncture (which is no better). Philosophically and practically we need only begin with what we find before us as it unfolds. If the past is significant, it will be present to us. How we treat depends on how someone feels and is (with us). The person's ordinary experience should be our focus and point of departure for treatment. But it has no diagnostic categories nor causative factors.

The Journal's forum on causative factor concludes that we need an enriched

concept. I believe this is at the heart of the error. This need for an enriched concept points to some sort of poverty in acupuncture theory or in ourselves. Chinese acupuncture, as I understand the spirit of the *Nei Jing*, is not about constructing clever concepts that then tell us what to do. Rather the richness lies in the contact we make, the quality of our involvement with patients. The emphasis is not on the what (what is the CF?) but on how (how we meet, how we treat, how that makes us feel). The enrichment and skill we seek lies within our attunement and sensitivity to each other, even if we like to think in elemental terms. It is poverty to think of only one element when we are infinitely rich in possibilities. Just think of the other person—then how we do what we do follows . . . naturally.

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Among the oral responses to the article on causative factor, we received the following comment that deserves particular attention: "It should be underscored that Professor Worsley does indeed work with all five elements in a dynamic interaction. His way of working with CF is sometimes misunderstood—people may think that he treats only the CF element. In fact, according to Dr. Worsley, there may be short or long periods of time when a person needs treatment on another element. One knows that this other element needs treatment because it is visible in the present moment through color, sound, odor, emotion and other such signs." (Editors)

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Why Do People Get Sick?

The Chinese View

Edna Brandt, Lic. Ac.

Equilibrium

There is a normal state of equilibrium between the body and the outside world and also within the body itself. The body is a homeostatic organism, not fixed at any one point but in a relative balance that adjusts itself. Chinese physiology is not causal; there is no cause.

Ways to break balance

1. Body not sufficiently adaptable to internal or external changes
2. External or internal influences too strong or powerful for body to adapt

Anti-pathogenic Qi: the body's ability to fight off things and keep the balance in the body. It is one focus for treatment, especially preventive treatment. Any disease reflects the body's response to a pathogenic influence, which can be external, like cold, or internal, like anger.

Internal Causes	External Causes	Other (Miscellaneous) Causes
Anger	Wind	Constitution/heredity/CF
Joy	Cold	Trauma/injuries/operations
Pensiveness/worry	Damp	Parasites/poisons/epidemics
Sadness/melancholy	Dry	Wrong treatment
Grief	Summer heat	Lifestyle
Fear	Fire	Overwork/fatigue/using up reserves
Fright		Underwork
		Exercise
		Sex
		Diet

Patient Education

We can really serve people by helping them to understand the causes of disease. Taking health out of the hands of professionals and putting it in the hands of the patients means teaching them to avoid the causes of disease. For instance, we can teach them that their worry or anger is contributing to their illness. We can remind them not to lay on the cool grass after sweating in a tennis game.

Lifestyle can make the difference between getting well and not getting well.

Times We Can Change Our Health More Readily

Any transition time has potential for increased change in health

1. Puberty (lots of changes going on)
2. Starting a big relationship (marriage, for instance)
3. Pregnancy (by resting at least a month, in China they "do the month")
4. Menopause

Internal Origins of Disease

Emotion	Direction of Qi and Blood	Damages Even if not the CF
Anger	Upward, blocks things All kinds: bitterness, resentment too	Liver
Joy	Upward, scatters, slows Qi	Heart
Pensiveness (worry)	Round and round, stagnation, knottedness, stuckness	Spleen
Sadness (melancholy)	Downward, pressure in chest	Heart, Lung
Grief	Downward, more than sadness not letting go	Lung
Fear	Slowly down, more mental level	Kidney
Fright (shock)	Sudden down, more body experience panic attacks, Qi deranged, chaotic	Heart (sudden) Kidney

Su Wen Chapter 39 says:

- In the case of anger, breaths rise.
- In the case of joy, breaths are loosened.
- In the case of sadness, breaths are destroyed.
- In the case of fear, breaths are descending.
- In the case of sudden shock, breaths are in disorder.
- In the case of obsessive thought, breaths are knotted.

Maciocia says that all emotions damage the heart as well as their own zang, because it is the heart that knows that damage is happening (because heart holds our consciousness). For instance, the Heart knows that anger is damaging liver, though liver doesn't know it.

These internal pathogens injure the organs. Injury may come when the pathogen comes abruptly (tragedy). Injury may come when an emotion is excess or deficient or inappropriate for a long time. Emotions can be especially damaging when they are not expressed or acknowledged.

You might not do acupuncture right after someone has had a severe fright or shock; body work or moxa may be better to calm the body and Qi, to get the Qi back to flowing where it should be.

Patterns of illness have shifted dramatically over the last 60 years, from external to internal causes. In former times, most people got sick from pestilence. Most people were strong internally, so strong medicines, like purgatives, were the norm.

As the causes of disease become more internal (heart attack, stroke), we are losing the battle against disease. Western medicine is magnificent for treating external causes. Eastern medicine is useful for treating internal causes, because it treats energy rather than form.

These internal pathogens are a major cause of endogenous diseases (diseases formed within the body). We must teach people that their anger or worry is contributing to their disease.

External (Exogenous) Origins of Disease

These are the emotions of the world. These can be an actual invasion (the influence of the environment touches the body surface and enters the orifices) OR they can be signs and symptoms manifesting internally in the body. In other words, an actual invasion is not necessary.

Our mothers were right (old wives tales reflect causes of disease)

- Don't sit on damp ground (damp)
- Don't go around with wet hair (damp)
- Don't eat standing up
- Don't argue when you eat (emotional causes)
- Don't go into the water right after you eat
- Don't go swimming with your period
- Don't get you feet wet with your period (foot meridians connect with uterus)
- Don't walk on cold floor with bare feet (foot meridians connect with uterus/for infertility, keep feet warm)
- Never sit in a draft (wind)
- Always air your clothes after they have been ironed (damp)
- Don't go out in the sun without a hat (summer heat) "Mad dogs and Englishmen..."
- After getting sweaty, put on dry clothes (damp)
- Feed a cold, starve a fever
- Rest after eating
- Don't sit on stone steps (cold)

External Pathogens

External pathogens are also called the six pernicious influences, six evils, six weather patterns, six climatic changes. They are a major way that disease enters the body. All act in the body as they act in nature.

External pathogens differ from internal pathogens because **onset is very sudden** (internal imbalances are not sudden) and usually have **combination of fever and chills** (usually one or the other but not both with internal factor) and **tend to have fear reaction** (fear of getting cold, or sensitive to wind).

Wind

- Weather, air conditioning, fans, change in environment (going in and out of air conditioning)
- Yang
- Drives things into the boy (spearhead of disease)
- Affects skin and Lungs first
- Makes things shake and sway (tremors, convulsions)
- Arises quickly and moves fast (symptoms change rapidly)
- Combines easily with heat and cold

Cold

Yin

Consumes yang Qi

Impairs moving and warming, contracts and makes obstructions

Makes severe pain (imagine holding a snowball in your hand)

Damp

Yin

Impairs yang, obstructs Qi circulation

Heavy, dirty, sticky, lingering (heavy head, no appetite, dirty discharges, band around head, head full of cotton, poor concentration)

Dry

Yang

Injures blood and yin

Summer heat

Yang

External, short term

Consumes body fluids (heat prostration, heat stroke)

Fire

Yang

Internal only, extreme form of heat

Injures blood and yin, depletes Qi, injures shen

Can be in one part of body, i.e. joints

Damp heat

Combo of damp and heat

Dirty, foul smelling, thick discharge (bladder infection, Montezuma's revenge)

External causes are likely to be the explanation when the illness has sudden onset, whereas a longer existence of the condition may indicate internal patterns. External pathogens tend to enter from the exterior, usually the mouth, nose, skin, back of neck or back. If our constitutional Qi and protective Qi is strong, we can fight them off.

External pathogens can affect the body if a climatic change is unseasonable or extreme or sudden or if the body's resistance is low or out of balance. The form of the disease depends on which influence and **also** the disharmony within the person. A given person may be especially vulnerable to certain causes. For instance, these weaknesses make us more susceptible to certain external pathogens:

1. Yang xu, especially Kidney (cold)
2. Spleen xu (damp)
3. Internal heat (fire)
4. Wood imbalance (wind)
5. Old injury or overused part allowing pathogen to invade

Any exogenous factor can transform into others; for instance

- cold can enter and go to lungs and turn to heat
- heat can enter, burn up fluids, turn to dryness
- extreme heat can make wind

Other (Miscellaneous) Origins of Disease

We must help our patients understand these important causes of disease. These can be an important source of homework for the patient, since lifestyle can make the difference between getting well and not getting well.

1. Constitution/heredity/CF

Age and health of parents (amount, health of parent's jing)
Shocks in pregnancy
Inherited imbalances

2. Trauma/injury/operations

Burns
Bites
Radiation/chemotherapy

3. Parasites, poisons, epidemics

Contagious diseases
Pollution, ozone

4. Wrong treatment

More likely with herbs than with acupuncture
Possible with acupuncture

5. Lifestyle (the big one)

A. Overwork/fatigue (using up reserves)

Work while fatigued
Heavy work, lifting and straining cause stagnation
Repetition (carpal tunnel)
Long hours
Dissatisfaction
Sitting in one place too long

B. Underwork

No self worth
No challenge

C. Exercise

Need balance appropriate to age
Health depends on adequate movement (have to stir the soup)
Insufficient (Qi and blood don't circulate, resistance decreased, breeds damp, bones and tendons get soft)
Too much (exhaustion, consumes vital energy, weakens antipathogenic Qi)
Using one area of body too much
Exercising too much when young
Ideal is to support the inside and the outside (walking and tai chi)

D. Sex

Too much (spend KI essence and yuan Qi and KI Qi)
Giving birth consumes jing and blood
Sex when too young
Too little sex

E. Diet

Overeating (SP/ST can't process, so food stagnates (belching, sour regurgitation, distention and pain in abdomen)
Malnutrition (fast food/eating disorder/insufficient nourishment weakens SP and ST; deficient Qi and deficient blood because not enough nourishment to make it; less antipathogenic factor
Imbalanced diet or limited variety (repetitive diet): organ or function not being nourished will suffer
Cold foods, raw foods, frozen foods (injures SP yang, ST can't cook right)
Hot foods (lamb, beef, alcohol) injure yin, contribute to damp heat
Phlegm and damp forming foods (dairy, fried, alcohol, sweets, juices, oil, ice cream)
Any flavor in excess will damage the organ it pertains to; small amount of food will tonify it
Hurried eating (SP can't function)
Eating wrong conditions (angry, late at night)
Unsanitary food (food poisoning)
See *Quintessence* article, Late Summer, 1994

How to communicate these to patients

1. Authority

Ask in TD: "If I asked you to make some changes, would you be willing to do them?"
Then, "There are some changes I want you to make...."

2. Experiment

"Would you be willing to do an experiment? Let's test something out."
Get their cooperation. "Let's try three weeks of no greasy foods and see what happens."

3. Get rid of conflict between you and patient and put the responsibility where it should be

"X" is the change (get more rest, stop eating dairy)

- A. "My understanding of you, from my diagnosis, tells me that X would help you. What X would do is...."
- B. Of course, I don't want you to MAKE THAT CHANGE NOW. Only when you are ready to ENJOY THESE BENEFITS. Take all the time you really need to MAKE A GOOD DECISION FOR YOURSELF.
- C. Change subject immediately.
- D. Next time: "Last time we were talking about...." and repeat above.

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Five Element Treatment Principles

The following list of treatment principles and point choices is *a guide only*. It is not meant to be an exhaustive list. It is offered solely to stimulate thinking about how to proceed with treating a patient.

Treatment Principle	Treatment Possibilities
Clear Internal (IDs) or External Demons (EDs)	IDs: Master Pt below CV 15, ST25, ST32, ST41 IDs w/ depression: Master Pt below CV15, ST37, Master Point between ST36 and ST37, ST41 EDs: GV20, BL11, BL23, BL61
Clear Aggressive Energy (AE)	BL13, BL14, BL15, BL18, BL20, BL23
Correct Husband/Wife (H/W) Imbalance	BL67, KI7, KI3, LR4, HT7, SI4 (HT1)
Center Umbilical Pulse	Massage toward center of umbilicus
Correct Akabane Imbalance	Unilateral junction point, source point or AEP, moxa
Address Pulse Quality	Source point, command point
Support function of Causative Factor (Element or Official)	Source point, command point, junction point, xi cleft point, body point, spirit of the point, AEP, window of the sky
Support an element in horary time of day or in season	Horary point
Clear block/increase communication between paired meridians	Junction point
Support movement along Shen/Ke Cycles (transfer energy from areas of relative excess to relative deficiency)	Command point: Tonification point, sedation point, appropriate element point, junction point
Clear stubborn block along Shen Cycle of energy	Four needle technique
Clear block/support movement of Qi on wei or meridian levels	Entry/exit points, CV point, GV point, junction point
Support on the level of body, mind, spirit	Command point, spirit of the point, outer AEP, upper Kidney point, CV point, GV point, window of the sky
Support function of the Eight Extraordinary Meridians	Master-couple points of the Eight Extraordinary Meridians
Support movement/function of specific substances	Seas and oceans, assembling (influential/gathering) point
Harmonize movement/function of several meridians or organs at the same time	Reunion points (including meeting points, entry/exit points, and junction points)
Treat elements other than CF element	Source point, correct akabanes, tend pulse qualities, transfer, junction point, entry/exit points, CV point and GV point, spirit of the point
Apply first aid	First aid point
Stimulate hormone production	Points of endocrine glands

Reconsidering the CF:

Before changing a CF, consider the list of possibilities on the right.

Reconsider possibility of:

Major Energetic Blocks:

- IDs/EDs
- AE
- H/W
- Off-center umbilicus
- Akabane imbalance
- Pulse qualities

Treatment Options:

- Moxa
- Level of treatment
- Four needle technique
- Transfers
- Re-establish rapport
- Reconsider patient/practitioner expectations

Structural Blocks:

- Trauma/injury
- Operations
- Scars
- Spinal and/or joint anomalies

Environmental Blocks:

- Extreme climate (heat, cold, dampness, dryness, wind, summer heat)
- Parasites, poisons, epidemics
- Heavy metals
- Occupational hazards
- Pollutants

Lifestyle Blocks:

- Over/underwork
- Exercise
- Sex
- Relationships
- Diet
- Medications
- Recreational drugs/alcohol
- Caffeine

(This list is not meant to be exhaustive, but rather to stimulate thought.)

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The Paradox of Paradigms and Points

Stephen Howard, Lic. Ac., NESAFaculty

For any complaint the acupuncturist could face in the presentation of a patient, how many paradigms indicate the *best* point prescription for the disorder? A patient complains of asthma and interviews three acupuncturists. One practitioner uses the paradigms of TCM to diagnose and choose points mirroring the diagnosis. Another practitioner trained in the tradition formulated by J.R. Worsley frames the diagnosis, and chooses points according to the perception of the patient, and an understanding of the points which reveals a logic quite different from the story told in the language of TCM. A third practitioner following the experience of a renowned Japanese practitioner perceives the picture of the imbalance associated with the asthma from a third point of view, which requires the use of points drawn from extensive clinical experience with similar cases in Japan. Each practitioner believes that he or she has made the *best* choices.

The same paradox of paradigms and points occurs *within* each tradition. Within TCM, one can diagnose according to patterns associated with: the Six Stages, the Channels, the 8 Principles, etc. Within the Worsley tradition, different practitioners may perceive an imbalance in terms of: energy blockages that require use of Entry and Exit points, the Husband and Wife Law, Possession by Demons,

etc. Japan has produced many renowned practitioners, like Manaka, Ito, Yanagiya, etc. whose theories provide practitioners with many paradigms from which to choose. And this does not exhaust the possibilities. Practitioners in Korea, Vietnam, France, Russia, and the United States, to name a few, continue to expand our understanding of the potential beyond the points when they serve as gateways to a vast mystery. This diversity is not new. A multitude of acupuncture traditions span the history and expanse of China, many dating before acupuncture was even practiced outside of China.

With various traditions choosing from among the same set of acupuncture points, for very different reasons, what are the implications in terms of our knowledge of the points, and what is the logic which gives our understanding some coherence?

A practitioner's reasons for choosing a point not only reflect the tradition in which he or she is trained, but the goal of treatment. The immediate aim may require acute, symptomatic treatment in order to relieve severe suffering. The long term aim may require the treatment of chronic disorders, cultivating a balance on the constitutional level. The treatment of acute or chronic disorders can also be aimed at growth, development, and fulfillment on a spiritual level. Every practitioner, in all traditions, has the potential to treat at every

level, depending on how the practitioner and the patient choose to frame the healing work they embark on together.

Aside from the general goal of treatment, and the rationale underlying the treatment strategies of each tradition, what is the nature of the knowledge we use regarding each point? Treatment rarely relies on the use of a point by itself. The more points used, the more difficult it is to isolate which point triggers specific responses. A combination of points will reflect a treatment strategy, and the evaluation of a response will reflect the treatment goals. This creates a bias, a selective perception of changes that occur in the patient, and the practitioner may only see the kinds of things for which he or she is looking. However helpful modern research techniques may be, the clinician immersed in the flux of practice still faces the same problem our predecessors faced trying to identify the actions and effects of an individual point. Historically points have been described in many ways:

- specific indications in terms of symptoms or in relation to areas of the body;
- general channel and organ dynamics in relation to symptom patterns associated with Jing/Well, Ying/Spring, Shu/Stream, Jing/River, He/Sea, Xi/Cleft, Yuan/Source, Lou/Connecting, Shu/Back Associated, Mu/Alarm points;

- general functional terms like those used in the herbal tradition (tonifies yin, drains dampness, etc.);
- analogies to the names of a point; to name but a few of the ways in which points have been described.

For any one point, Spleen 1, for example, specific indications vary depending on the source. Symptoms that involve bleeding are the most common. *Acupuncture a Comprehensive Text*, adds infantile convulsions. *Chinese Acupuncture and Moxibustion* adds dream disturbed sleep; Felix Mann adds severe vomiting; and Dr. So adds epilepsy, etc.

The general channel and organ dynamics also vary depending on the source, as described in the classics. *Nan Jing* Chapter 68 states that a Jing/Well point like Spleen 1 is indicated for fullness below the heart. *Ling Sou* Chapter 44 states the Jing/Well points should be used during the winter to treat the 5 Yin organs.

In terms of the energetic dynamics relating to 5 phase theory, Spleen 1 as a Jing/Well Wood point, would effect the Wood/Liver/Wind in general. According to Yanagiya, Spleen 1 should be used (with Liver 1, Lung 8, and Spleen 5) to treat excess in the Spleen.

When using general functional terms like those used in Chinese herbal therapy, Spleen 1 is said to: Regulate and Tonify the Spleen, Contain the Blood, Calm the Spirit, and Clear the Brain.

Finally, when Spleen 1 is called by name, that name may be Yin Bai (translated as Hidden White), Gui Lei (Ghost Pile), or Gui Yan (Ghost Eye). Most points have been given more than one name over the years. Interpretation of the names will vary and suggest a possible relation to

white/Lung, and the use of Spleen 1 as a Ghost Point treating mental disorders.

The recognition of new patterns in groups of points continues to expand our understanding of the points. Lou/Connecting points generally will have indications for mental or emotional complaints, that were not mentioned in the classics. Jing/Well points generally have indications for fever, except for Spleen 1.

How reliable are these "command points" for indications associated with each group like Well, Spring, Stream, River and Sea, or for indications associated with the 5 Elements as pathogenic factors? A general survey of the Command

The practitioner either lives with a thorn in his or her side, or rigidly believes that there is only one true paradigm, with no paradoxes.

points comparing theoretical indications with clinical indications in *Chinese Acupuncture and Moxibustion* and *Acupuncture a Comprehensive Text* reveals that they agree roughly 60% of the time. How appropriate are point descriptions using general functions like those used in Chinese herbal therapy? Perhaps only 25% if the points have general functions related to the majority of specific indications associated with the point in clinical practice. Spleen 1 would serve as a positive example. It Contains the Blood as seen in specific indications, like: abnormal uterine bleeding, bleeding in the digestive tract, continuous nosebleed and blood in urine or stool.

The paradox of paradigms and points threatens to bewilder and overwhelm the modern student searching for a logic that provides coherence and understanding. Western cultures have come to

presume that where there's contradiction, something is not right. We strive to integrate and balance our lives, to understand the contradictions that confound us, to resolve the paradox of which we are a part. The practitioner's choice of a point often implies a choice made in the face of blatant contradictions. The practitioner either lives with a thorn in his or her side, or rigidly believes that there is only one true paradigm, with no paradoxes.

The legacy of Aristotle has something to do with this dilemma. With regard to contradictions and logic, Aristotle put it this way: If you have two propositions like "every A is B" and "some A is not B," then one must be true and the other must be false. Without thinking of Aristotle, the acceptance of his assertion is responsible for the thorn in the side of the practitioner aware of the choices he or she makes every day. It is said that every Jing/Well point treats a fullness below the heart - not true. It is said the 5 Element associations with pathogenic factors always apply - also not true. General functions like Tonify Yin or Drain Dampness may only apply to one indication out of a dozen indications associated with a point. The name of the point occasionally bears quite an obscure relationship to the indications of the point, like "Hidden White" for Spleen 1.

Accepting Aristotle's assertion suggests that if all of your experience doesn't fit your logic, your logic must be faulty. But our experience is riddled with contradictions, the heritage of the omnipresent paradox. The paradigms we rely on as practitioners come with a long history of successful clinical application which sustains their life in practice, even though paradigm A and paradigm B apparently contradict each other.

The life of logic in China developed different applications and provided different insights than those engendered by Aristotle. The Chinese were concerned with practical and moral problems, and a mystical interpretation of life. For example, the Dao contains and includes contradictions, and paradoxically creates a dynamic balance in the process. In order to encompass the range of experience, the logic of the Dao includes the irrational. Daoists were generally content to co-exist with other points of view like those of the Confusions and Moists.

The limitations of our explanations need not limit the

application of procedures with reliable outcomes, whether the logic applies in all cases or not. A logic that applies only some of the time requires the recognition of those cases in which it applies, and its limitations, and those cases in which it does not. It makes life more complex when it is not presumed to be black and white, right and wrong. The challenge is to be true to our experience.

The right logic at the right time can serve the practical purpose of hooking slippery memory at the end of a line of experiences. A pattern leaps out from the murky waters of experience, like a rainbow trout breaking water, and you need to

remember the fly that caught his eye, or in our case, the points that triggered a healing for a pattern - glimpsed in the lives of our patients. Patterns emerge from the darkness, and a line of logic may retrieve them, but the darkness remains undefined with bright moments of creation.

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POSSESSION AS METAPHOR

by Vicki Cohn Pollard

When I was trained in five-element acupuncture, I was taught how to treat a particular blockage of energy called “possession”—the metaphor to describe this block. As an acupuncturist for twelve years, I have explored this metaphor, finding that each new level of understanding reveals a new layer of mystery. Possession-as-metaphor is still a central theme in my work.

Metaphors are like parables or Zen koans; they are teaching stories. They lead us to an understanding through our “hearts,” our inner experience, rather than our minds. The beauty of the five-element tradition of acupuncture is that much of what we learn lies within the realm of metaphor. There is richness and poetry in our descriptions of people, disease, health, and nature. Each of the elements of Chinese medicine is a metaphor. A person we treat as having a Fire causative factor, for example, is not literally “on fire.” Each of the laws is also a metaphor. In the Law of Mother-Child, we are given an image we can relate to, and we then can understand the workings of energy by returning to that image. The names of the points, too, are metaphors. As we use them, we learn more deeply the “spirit” of the points signaled by their metaphoric names.

Metaphor is both the beauty of our system and the fulcrum of the work. As a student, I hear the words spoken by our teacher, J. R. Worsley. I write them down on paper; then, in my practice, I make the words come alive for me. I make the teachings my own, allow them to live inside of me. I discover meaning for myself, from my own

experience. As I grow and change, what I am able to see about each of the elements, about each patient, and about the world, expands. As above, so below.

In this article I wish to share a bit of my journey with one of the metaphors of the five-element system—possession. In 1978, when I first heard the word “possession” in my beginning acupuncture classes, my imagination was off and running into pictures of Hollywood and the Catholic Church. We were being taught how to diagnose the energetic block called possession. It is a difficult block to determine, partly because one needs to move beyond some of the images evoked by the word itself. The two primary ways to diagnose possession are, first, to look into the person’s eyes, ascertaining whether or not “anyone is home”; and second, to determine from talking to the person whether he or she is fully there—or whether “someone else” is in charge.

I was intimidated by the enormity of what I was being prepared to diagnose. I had no faith that I could even look directly into a person’s eyes, much less detect an absence. The whole notion seemed bizarre to me. In addition, when I was taught the points that are used to treat this blockage, I quickly saw that they are difficult to find. The points, known collectively as the Seven Dragons, must all be located precisely for the treatment to work. If even one needle is misplaced, the treatment won’t go through.

Added to all this, I couldn’t quite dispel the notion that perhaps strange guttural voices would

come out of a possessed person's mouth, along with a little fire flaring from the nostrils and demons' horns poking up through the hair. Basically, I began my journey certain that if anyone came to see me possessed, that person would just have to stay possessed.

It took a few years for me to get comfortable with this process. During the clinical part of my early training, only one person came to the clinic with the condition called "possession," and I didn't participate in any of her treatments. In later training, however, a man who was possessed was seen by our whole class. This man had one of the most dramatic responses to the insertion of the Seven Dragon needles that I've ever seen. His eyes widened, then narrowed back and forth several times. His body shook. He seemed to be in battle with whatever was keeping him from being whole and healthy.

While this treatment was extraordinary for him, the drama of his clearing got in the way of my understanding this metaphor. For quite a time after that, whenever I did this dragon treatment, I worried that nothing had happened because I did not see such a visceral reaction. Nevertheless, I was beginning to learn about the metaphor.

My first major leap forward in learning about possession was when I took a patient to Boston in 1982 for a consultation with J. R. Worsley. I had absolutely no idea she was possessed. In my conscious mind, the reason I took her was that she was physically one of the most vulnerable people in my practice. She and I had developed a strong connection, and I wanted her to have the best treatments possible. The woman, Marilyn, had been in a head on automobile collision that had mutilated her body, inside and out.

It was a true miracle that she was alive, and she was deeply aware of that. Through a mystical experience, she came to understand that there

was a reason she had survived this accident, that there was work she was meant to do, and it was time for her to get on with doing it. She was (and is) quite remarkable. The only problem was that in the difficulty of integrating her experience, she attributed her entire rebirth experience solely to the powers of her surgeon, whom she held as almost supernatural in his ability to put her destroyed body back together. She fantasized about leaving her husband of thirty years and moving to the city to be near this doctor. She imagined he was the only person who understood her. She turned him into her deity, externalized the locus of her recovery, and in so doing, lost a part of herself.

When I learned from J. R. Worsley that Marilyn was possessed, I could not have been more shocked. I burst out crying. How could this truly amazing woman be possessed? I was deeply disturbed that I could feel such close rapport with her and didn't have a clue that she was absent from herself in some essential way.

During the ensuing weeks, as I stepped deeper into the meaning of my experience, deeper into the metaphor, I saw that in truth *I had known*. I knew that every time she spoke about this surgeon in larger than life ways, I cringed inside. I knew that when I offered her the possibility of taking responsibility for her own life, for her own miracle, rather than giving it all to him, I bumped into a mile-high wall. When I expressed my dismay to Professor Worsley for not knowing she was possessed, he pointed out to me that, in fact, I had told him about it when I expressed my deep concern that she was allowing her fantasy of the surgeon to take over her life.

I was beginning to learn what this metaphor looks like. As I grew in my ability to discern possession, I sometimes just "knew" a person was possessed when we met for the first time. When I am certain that quickly, I think it shows in the

person's eyes and on the person's face. Sometimes I know without words. I sense the wall of darkness and feel a ripple of fear. With many of the people I diagnose as possessed, I feel uncomfortable; I know something is not right.

What is more difficult is when possession looks normal. A person who is possessed does not appear demonic. He or she may be respected, competent, excited about life, and growing in many ways. But there will be at least one area of this person's life where there is no growth. There is an impenetrable darkness. The situation can, in some ways, resemble that of an addict: the person may spend many hours each day living a perfectly normal and productive life, but when the addiction takes over, there is no way to reach him or her. In the person who is possessed, this stuck place—this darkness—ultimately prevents spiritual growth.

In Marilyn's case, her adoration of her surgeon closely resembled normal behavior. Most of us have occasions when we idolize people who have helped us. This is part of the transference process which helps us grow and be more like that person. But for Marilyn, this situation was not about growth; she couldn't move on from it. She had lost her sense of her own divinity. She had lost touch with her Self.

Most people who come to see an acupuncturist present themselves as fairly healthy. It can be difficult to know the depth of a person's pain when she isn't telling us outright. The practitioner's work is to be thorough enough in the seeing, the hearing, the touching, and the asking of the person that such a major block does not get hidden in the healthy aspects or compensating behaviors the person brings to treatment.

I learned about hidden blocks with a woman, Rebecca. I had heard about Rebecca before she came to see me for acupuncture. She was an outspoken leader of the lesbian community. She

was well known in the state as one of the outstanding therapists doing work with incest survivors. She herself was a survivor and was a pioneer in offering survivor groups, doing public speaking and education work throughout the region. When she began working with me, I assumed that, for the most part, she had completed her healing from her horrendous childhood.

Rebecca and I had great rapport. I respected the work she did and was eager to hear her reports of the ways she was helping people. In my enthusiasm, I blinded myself to the fact that she was getting sicker and sicker within herself. She continually was getting into relationships that didn't work. Her body was deteriorating. She was sad and lonely, sick and tired. Finally I understood that in some major way, despite the years and years of work she had done, Rebecca still was stuck in her incest experience—possessed, in fact.

I did the Seven Dragons treatment. Her whole body shook and shook. Immediately after the treatment, a tremor that had always been present in Rebecca's voice disappeared, and it has not returned. She didn't know the nature of the treatment, but she spoke eloquently of her treatment experience. She told me it came to her that her father owned her body, that he was *in* her body—not just that he had sexually assaulted her, but that he had *owned* her body, lock, stock, and barrel.

When I saw Rebecca again, she reported that on the evening of the treatment she had gone to bed at 7:30, exhausted. During the night she had the same dream seven times. "Each dream was about fighting with a benevolent demon. Each demon was a shadowy thing. Each was a different color—all dark, but all different. It was scary, yet not scary. We were fighting with padded material, like taffy. The fighting was about resistance, pulling—not fighting to the death."

Since then, Rebecca reported, "I can confront the reality of my father's abuse. It's not me any

more. The treatment made that separation for me. One can't confront the abuse if the parent is still inside. I couldn't deal with my father—he was me. He was in my body.”

Rebecca has made numerous changes in her life and now is in a satisfying and committed relationship. We both believe that her flexibility to be different from her previous persona is a sign of health and healing for her.

My journey of discovery about this possession metaphor has been an exciting, up and down, and continuing process. It has many facets. Learning to see possession in people's eyes is an ongoing process for practitioners. J. R. Worsley describes it this way: “When you look in the eyes, there is no one home.” I have searched for ways to describe my own experiences, difficult as that is to do, and these are the words that come to me: Possession looks back at me with a wall of coldness, hardness, a look of dismissal. I could never smile back at the look that comes at me from those eyes. I want to shudder, to shake off the experience. In contrast, looking into the eyes of someone who is not possessed, I see spark, aliveness, warmth. I remember hearing Ram Dass say one time, “If I look deeply into your eyes, I see God looking back at me.” With possession, I don't see God.

To have direct eye contact with someone is an intense experience of intimacy. In order to be proficient at this skill and to better evaluate when someone is possessed, I now practice looking into people's eyes on a regular basis.

My most recent learning about possession reminded me that the people we work with are always telling us what is going on with them. Often it takes time to hear them. That was the case for me with Anna. She came to me with serious physical problems. She had seen numerous Western doctors and had gone through seven surgeries in the recent past, since her husband had come close to having an affair. Their relationship was stuck in a hellish region

where they treated each other miserably and neither was able to leave. In her childhood with two completely dysfunctional alcoholic parents, she endured nightmarish experiences. When she wet her bed, for example, her mother locked her in the basement with rats. Through the years, she had done--and continued to do--various psychological therapies. She was in deep pain, searching for a way out.

The day I did the traditional diagnosis, I felt instant rapport with her. Her struggle to be a healthy woman was quite moving for me. I began treatment with a great deal of enthusiasm. It wasn't long, though, before I began to feel discouraged. Sometimes she seemed better after treatments; more often she felt no change or even felt worse. I couldn't figure out what was doing wrong. I tried absolutely everything—except the Seven Dragon treatment, of course! I didn't know what to do.

An opportunity arose for me to take Anna to a seminar where she would be examined by a master acupuncturist. I thought it might be helpful if I could see her from a completely different perspective. This teacher was extraordinary with her, showing himself as a deep and powerful healer. He examined her thoroughly for a total of about six hours. I learned a great deal about her from his wisdom. He taught everyone in the seminar how he would proceed with treatments for her. I used the suggestions he gave me that had meaning within my five-element context.

At first I was excited. She seemed to be experiencing some relief. But soon things were right back where they had been. Up to this time, she had been utterly faithful in her commitment to this treatment process. Now she began to question whether acupuncture could help her. I was dismayed and depressed. I decided it was time to suggest that she stop treatment. It felt unfair to keep her coming.

The morning after I made that decision, I awoke and sat bolt upright. I *knew* she was possessed.

The minute I had the thought, I was absolutely certain. I couldn't wait to do the treatment. And, of course, that was the answer. What has happened to Anna since then is nothing short of miraculous. The first thing she said when she came for her follow-up treatment was "I feel like the old me." Her symptoms are greatly alleviated, some almost gone. She is sleeping well for the first time in years. The relationship with her husband has altered dramatically. She ironically reported at one point, "He isn't the same person he was three weeks ago." They have since gone away for a two-week vacation, something they hadn't done for years.

These examples of possession were powerful teachers for me, helping me understand and appreciate this metaphor from our healing tradition. Our work is about transformation, helping people live their lives more fully. The Seven Dragons treatment is a unique tool in this work, allowing breakthroughs that otherwise would seem impossible.

As I write this article, describing my journey to understand the metaphor of possession, I see that I still have questions. I am excited by that. I feel that I am in the presence of a very powerful metaphor (one of many in the five-element tradition) and will continue to work with it and grow in my understanding for the rest of my days. That's why I love this work.

Vicki Pollard practices acupuncture in a small town in Maine. The founding president of the Maine Association of Acupuncture and Oriental Medicine, she is on the faculty of the Traditional Acupuncture Institute's graduate education program and the Worsley Institute of Classical Acupuncture.

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CLINICAL NOTE

THE MYSTERY OF AGGRESSIVE ENERGY

Jennifer Downs Flickinger, R.Ac., M.Ac. (UK)

The principle of Aggressive Energy is taught at the College of Traditional Chinese Acupuncture in Leamington Spa, England. AE is an "energetic pollution" with numerous possible causes. Usually it is brought on by a severe manifestation of physical or emotional stress. A test for AE involves placing needles superficially in the AEPs corresponding to the predominant yin official plus three needles inserted randomly in nonacupuncture points as a test for skin sensitivity. An erythema appearing around a set of needles indicates the presence of AE. In the treatment, it is necessary to allow the redness to disappear completely in order to be sure the AE has drained. Treatment without eliminating the AE can result in aggravation.

I am fascinated by the phenomenon of Aggressive Energy—when it appears and who shows it. This is a brief review of some experiences and insights from my practice.

A 36-year-old woman psychologist with a successful practice and a fairly balanced life comes for a Traditional Diagnosis. She is mainly interested in "balancing," feels fairly healthy in general, and has a good friend who has benefitted from treatment. Physical function is generally good; a few minor aches and pains. She is in a good relationship and relatively happy in her life. I am tempted not to test for Aggressive Energy. She had a hard time as a child, with tremendously unstable family dynamics. She survived, and after a great deal of self inquiry has become quite a strong person. Nonetheless, I check for AE as I routinely do with new patients, and find three officials with a very clear erythema, indicating the presence of aggressive energy.

It is amazing to see how people vary in how they cope with and relate to how they feel inside. This woman learned early on that it wasn't worth complaining. It was more traumatic to see the reaction of the family to her unhappiness and fears than to put the stress of it out of sight. She did this quite literally and as an adult carried a great deal of tension buried deeply. After that treatment and subsequent treatments she felt much better. She hadn't known that the inner tension she had learned to live with could be dispelled.

This example illustrates how elusive aggressive energy can be. Several other examples come to mind, particularly of those patients already in treatment who experience a severe shock or loss.

A 37-year-old man with a successful business and migraines as a main complaint has improved significantly

in treatment. He is a Fire Causative Factor (Wood within), runs his business like a general—very powerfully. When his father died quite suddenly, he was shocked and then devastated. This was quite apparent when I saw him for his next treatment. I tapped for aggressive energy and found it on IX (Lung) and V (Heart Protector). It cleared in about half an hour. Because the Heart Protector had been hit by AE, I tested I (Heart) for AE in the next treatment. (The Heart should not be tested at the same time as the other officials.) He had a small but distinct erythema on the AEPs of the Heart that lasted less than ten minutes. The aggressive energy had barely begun to affect the Heart. These treatments were some of the most significant in his experience. He felt a distinct relief of the intensity of emotional pain.

A patient was robbed at gunpoint. She came for treatment a week later still looking quite shaken. I checked IV (Kidney) for AE. Before I had taken my hand away from putting the needles in, she had developed an erythema the size of a quarter, which rapidly grew to silver dollar size. This took two hours to drain.

Sometimes a person is severely shaken by such obviously traumatic events. However, I have found it important to watch for a person's reaction to seemingly minor events.

A secretary who is very conscientious was upset about a work situation. Although it didn't appear to me to be a big issue, clearly it was for her. She is an Earth Causative Factor. Treatment was going quite well. A few weeks after the work incident, it seemed that she felt aggravated after treatment rather than better. I tested for AE. She had it on VIII (Liver) and XII (Spleen-Pancreas). Since then she has done beautifully and has changed how she

related to certain people and situations at work.

AE may also appear from excessive use of drugs or alcohol. When complicated by the presence of internal or external Devils, the AE may not drain at first. After the Devils treatment, it is necessary to retest for AE.

There have been times when I missed AE; when I discover it later, I review events around the time the person started to feel worse. Inevitably, something will emerge that could have brought it on.

Locating the AE points is obviously crucial to testing accurately. It is worth moving the needles several times to be sure point location is correct. I have found aggressive energy to be a major obstacle to healing. It forces us to refine our skills of diagnosis and also of point

location. I still find it very mysterious. The detection and draining of AE can make a world of difference in the course of treatment.

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EDITOR'S COMMENT ON AGGRESSIVE ENERGY

While Ms. Flickinger provides excellent insight into the clinical procedure and effectiveness of the aggressive energy treatment, in my mind clinical results always raise theoretical questions. Why is this treatment effective? How does it work? The following thought may provide a focus for further reflection.

1. Shallow needle insertion of long duration characterizes treatment for pain caused by local excess due to stagnation to sedate body functions. We may infer that a subjectively overwhelming trauma might create mild to serious microcirculatory inhibition and stagnation in particular. The nature of the trauma may determine the organ and particular body zone affected; i.e., death of a spouse to the Heart or Lung orbs. The result of circulatory inhibition would be a constant low level discomfort and dysfunction. The AE treatments' relaxing and draining characteristics may release this microcirculatory inhibition.

2. The shallow insertion in the area of the principle spinal nerves to major organs may give a mild stimulation to the functioning of the organ and its corresponding zone or meridian complex. A strong stimulation in the presence of pre-existing trauma might exacerbate the sensitivity.

3. The shallow insertion suggests an activation of the *Wei chi* (defensive energy) that moves just above and below the skin.

4. The *shu* points lie in the zone of the parasympathetic nerve ganglia and may stimulate a parasympathetic response. This would clearly explain why the treatment is effective in counterbalancing the extreme sympathetic activity induced by trauma.

5. Stimulation of the Bladder meridian, which is a *yang*

meridian, may stimulate *yang* generally, enabling the patient's active energies to overcome patterns of local stagnation or inhibition.

6. The presence of erythema on the acupuncture point when a nearby nonpoint shows none suggests that something other than skin sensitivity is causing the response. The points are undoubtedly reflex zones for specific organ and tissue areas. Disruptions in the target may account for the increased sensitivity of the reflex. The electrical conductivity of the point may change under certain conditions, accounting for the increased microcirculatory exchange when stimulated.

7. I have found that points other than *shu* points may develop erythemas when stimulated. These also may benefit with treatment. However, there is a clear theoretical and practical relationship between the five organ *shu* points based on Five-Element diagnostics. We have clinically corroborated the *K;o* cycle dynamic in the movement of toxic energy and find that the AE treatment corrects this perverse movement of energy. Ms. Flickinger points out that the character of the trauma does reflect in the presence of AE on corresponding points. These patterns of connection can be verified in the pulses.

8. I describe AE as treatment for environmentally induced neurosis. In my country practice I find that very few people have AE, even patients with a history of severe trauma. I believe that AE may develop among people who live more in their mental rather than physical environments: people who have high strung nervous systems and those who are braced with constant low level stress (especially from over-crowding) with consequent behavioral guarding.

William Wadsworth

Moxa Stick Usage

Sherry Smith, Lic. Ac.

Moxa sticks are used for treating local areas where there is coldness or an aching feeling. Aching generally indicates a deficiency whereas a stabbing pain would indicate too much energy in the area. Moxa would be contraindicated locally in a situation of too much energy or too much heat. Therefore, if someone has a low back ACHE, the stick may be used over that area

A moxa stick may be used for 15-30 minutes. A person may feel the warmth moving into her pelvis, down the legs, and into the feet. Discontinue using the moxa stick when the warmth reaches the feet, when the aching is relieved, or if the person becomes hot.

If a woman has dull cramps during her period the moxa stick may be used between the umbilicus and the pubic bone. The stick should be held about an inch above the skin and should be continually moved in circles or in a spiral motion. In the case of cramps, it can be done for 15-20 minutes or until the cramps are relieved. If the cramps are relieved and the blood begins to flow, it should not be done again.

In the case of a dull ache in the muscles, use the moxa stick for 15-20 minutes a day for a week or until aching is relieved. The moxa stick can also be used for infertility if the lower chow is cold. It can be used for 15-20 minutes the day before, the day of and the day after ovulation. It can then be used the following month if the woman has not gotten pregnant. Discontinue if the woman becomes pregnant.

For heating a large area, the moxa stick should be held approximately one inch above the area being treated moving the stick continually to allow the heat to penetrate and cover the area. Note that the area being treated will become red during the course of treatment. This is expected because the blood and circulation are responding to the heat. If, at any time, however, the person being treated becomes uncomfortable, discontinue the treatment immediately.

Though you may give a moxa stick to a patient for home use, caution her to have someone else do the treatment. A person using moxa on herself may become too relaxed, lose concentration and burn herself.

Observe the contraindications listed for moxibustion.

Forbidden Points

TO MOXA	
II	9
II	18
III	1
III	2
III	5
III	6
III	30
III	50
III	51
III	54
III	62
V	7
VI	4
VI	16
VI	18
VI	23
VII	15
VII	22
VII	33
VII	42
IX	3
IX	8
IX	10
IX	11
X	19
X	20
XI	1
XI	7
XI	8
XI	9
XI	10
XI	17
XII	1
XII	7
XII	9
CV	1
GV	6
GV	7
GV	15
GV	16
GV	17
GV	18
GV	25
GV	28

TO NEEDLE	
I	2
III	16
III	56
IV	11
V	1
	(Women)
VI	8
VI	19
VI	20
VII	3
VII	18
VIII	12
X	13
XI	17
CV	8
CV	17
GV	7
GV	10
GV	11
GV	17
GV	24

DURING PREGNANCY BY MERIDIAN		
II	7	6 th month
II	10	6 th month
IV	1	8 th month
IV	2	8 th month
IV	4	3 rd month
IV	7	8 th month
V	1	Women
V	6	4 th month
V	8	3 rd month
VI	4	3 rd month
VI	10	4 th month
VII	2	1 st month
VII	9	4 th month
VII	34	2 nd month
IX	7	6 th month
IX	11	7 th month
X	2	9 th month
X	4	1 st month
X	10	9 th month
XI	4	5 th month
XI	36	8 th month
XI	45	6 th month
XII	1	1 st month
XII	2	1 st month
XII	6	9 th month

DURING PREGNANCY BY MONTH		
VII	2	1 st month
X	4	1 st month
XII	1	1 st month
XII	2	1 st month
VII	34	2 nd month
IV	4	3 rd month
V	8	3 rd month
VI	4	3 rd month
V	6	4 th month
VI	10	4 th month
VII	9	4 th month
XI	4	5 th month
II	7	6 th month
II	10	6 th month
IX	7	6 th month
XI	45	6 th month
IX	11	7 th month
IV	1	8 th month
IV	2	8 th month
IV	7	8 th month
XI	36	8 th month
X	2	9 th month
X	10	9 th month
XII	6	9 th month

Meridian Names and Abbreviations

Meridian	Abbreviation	Number
Lung	LU, Lu	IX
Large Intestine	LI, Co	X
Stomach	ST, St	XI
Spleen	SP, Sp	XII
Heart	HT, Ht, He	I
Small Intestine	SI	II
Bladder	BL, UB	III
Kidney	KI, Ki	IV
Pericardium (Heart Protector)	PC, HP, CS, CX	V
Triple Heater (Triple Energizer)	TE, TB, TH, SJ	VI
Gall Bladder	GB	VII
Liver	LR, LV, Liv	VIII
Conception Vessel	CV, Ren Mo, Ren Mai	XIII
Governor Vessel	GV, Du Mo, Du Mai	XIV

Pulse Positions:

II	I	IX	X
VII	VIII	XII	XI
III	IV	V	VI

SI	HT	LU	LI
GV	LR	SP	ST
BL	KI	PC	TE

Bladder Meridian Numbering: 5E/TCM

5E	TCM
BL 1-35	Same
BL 36-49	BL 41-54
BL 50-54	BL 36-40

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Sharon M. Smith

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