

## THE LIVING SYSTEMS OF ACUPUNCTURE CHANNELS<sup>1</sup>

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This two part presentation focuses on a *classical* style of acupuncture based on the *Neijing* (*Inner Classic*), which consists of *Suwen* (*Simple Questions*) and *Lingshu* (*The Spiritual Pivot*). Both of these classic texts were likely recorded during the 1<sup>st</sup> century B.C.E. While *Suwen* contains fundamental Chinese medical theory, which contributes substantially to our understanding of individual life, *Lingshu* is particularly important for acupuncturists. Yet, even though early references to *Lingshu* referred to it as *Zhenjing*<sup>2</sup> (*Acupuncture Classic*), contemporary clinical theory relies on only a small portion of the classic text's rich theory.

Proponents of modern acupuncture rely on the reputations of famous doctors from the past few centuries, who developed their clinical acumen while using various versions of contemporary *zangfu* (viscera and bowel) theory. Many contemporary writers and teachers seem to believe that since those great physicians knew the classics and used the post-Sung theory, we need not explore earlier ideas. Furthermore, since the texts of *Neijing* are riddled with inconsistencies, many scholars conclude that it must be based on less sophisticated perceptions and analysis than our modern understanding.

Twenty-five years ago Paul Unschuld<sup>3</sup> concluded that the heterogeneous nature of *Neijing* was a mark of its immaturity. While this influential Sinologist acknowledged the seminal role of *Neijing* in the genesis of Chinese medicine, he claimed *Nanjing* (*Classic of Difficult [Issues]*) “marks the apex, and also the conclusion, of the developmental phase of the conceptual system known as the medicine of systematic correspondence.”<sup>3</sup> Unschuld's failure to recognize the profound difference between these two classic traditions has misled an entire generation of western acupuncturists.

Most western clinicians who seek Chinese medical wisdom in classic texts have studied the well translated *Nanjing*. The explicit approach of *Nanjing* has rendered it much more approachable than the anachronistic teachings of *Neijing*. The systematic theory of *Nanjing* appeals to many practitioners, and it forms the foundation for clinical doctrines, ranging from several Japanese doctrines to the work of J. R. Worseley and his followers. On the other hand, the far more textured theory of *Neijing*, based on the five systems of channels and vessels, is almost entirely unknown among contemporary practitioners.

The classic texts of *Neijing* weave a sophisticated natural philosophy of individual life in health and disease, yet they don't give up their teachings easily. Sorting out the many mysteries of *Neijing* is a massive undertaking, suggesting that one can't possibly learn it thoroughly in an entire lifetime. I've chosen to focus on absorbing and learning to use the oral tradition of *Neijing*

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<sup>1</sup> An earlier and shorter version of this paper was published as “Exploring the Channel Systems” by Golden Flower Chinese Herbs in their biannual newsletter, Autumn 2010.

<sup>2</sup> As in the original preface by Huang Fumi (215-82) to his *Jia Yi Jing* (*The Systematic Classic of Acupuncture and Moxibustion*), pg. xxv.

<sup>3</sup> *Nanjing* (*The Classic of Difficult Issues*), pg. 3

interpretation taught (and notably not *explained*) by Jeffrey Yuen<sup>4</sup>. I've studied with Jeffrey for eighteen years, and consider him a human embodiment of *Neijing*. While he is generous in sharing the classic's teachings, he leaves them enigmatic so his students are challenged to sort them out, as cognitive training for sorting out the complex tangles of clinical presentations that patients may present.

Traditions of oral interpretation developed, and were generally kept as family secrets. Secrecy sustained each family tradition in at least two important ways. It allowed members to avoid conflict with the Imperial government, because they didn't espouse (or even share) ideas that differed from the official doctrine of the Imperial Academy of Medicine. While those officially sanctioned ideas became the basis for our current clinical doctrine, they're not the only important framework during the long history of Chinese medicine. Also, in a world before the ownership of intellectual property, secrecy maintained the unique competitive advantages of the family's system, thus securing the family's political-economic position in the larger society.

One may choose to follow the academic standard of eschewing ideas and interpretations that can't be found written in authenticated texts. While this approach to Chinese medicine may allow us to avoid introducing errors through accepting historically unfounded ideas, it also forsakes streams of interpretation that may lead to deeper understanding of the human condition and effective therapeutic strategies. It also ignores the long tradition of Chinese philosophy being more a matter of personal cultivation than interpersonal discursive argumentation. Further, I believe that a scholarly case can be made for the approach of my oral lineage, based on the history of Chinese natural philosophy. We take up that topic in the second part of my presentation.

I'm primarily a practitioner and a medical thinker, rather than a scholar. My scholarship has always been solely motivated by my quest to understand, and for many years "book study" has taken a back seat to clinical practice. My reading has also long followed the Chinese standard of leading to internal work. I think about ideas, rather than organizing them. I've been far more interested in learning to discriminate the dynamics of life, than accumulating information or clearly arguing a thesis. Cogency, and especially therapeutic value, have been my standards for evaluating what I've learned from Jeffrey Yuen's oral lineage, rather than historical certainty. In this case, since classical Chinese medicine is an *applied* natural philosophy, cogency is based on practical considerations in working with patients, as well as being an intellectual judgement.

## Cracking the Code: Understanding the Channel Complexes

The five systems of channels and vessels (*jingmai*) are introduced within the first thirteen chapters of *Lingshu*, including three versions of the primary channels, each with its own significance. Their delineation at the beginning of this fundamental acupuncture text clearly demonstrates their central role, both in maintaining the individual's vital function and differentiating the nature of diseases. My lineage considers the integrated function of all the systems included in the channel complexes combine to support individual human life.

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<sup>4</sup> Mr. Yuen is the 88<sup>th</sup> generation ordained master of *Yu Jing Huanglao Pai* (Jade Purity Sect of *Huang[di] Lao[z]* Practitioners). This Daoist sect considers medicine one of four "specialties" of concentration for its priests. He passes on his lineage freely, though not systematically.

Each channel complex consists of a primary channel with its associated “secondary channels:” channel sinew (*jingjin*), *luo*, and channel distinction/divergence (*jingbie*). These “secondary channels” support the primary channel in maintaining the continuous vital flow of post-natal *qi*, which arises from the individual’s polar exchange with the environment. All attachments tend to block smooth flow, so individuals are constantly challenged to either resolve or accommodate to these constantly created stagnating factors. The basic architecture of the channel systems that make up these complexes was presented within the first thirteen chapter of *Lingshu*:

- ▶ The channel sinews (*jingjin*) support continuous flow in the primary channels by stimulating their flow through the intrinsic internalization of physical movement in them, which is conducted by *wei qi*.
- ▶ The movement of *wei qi* in the sinews is conditioned, and generally limited by, the “holding patterns” of the channel distinctions (*jingbie*). Those limitations are the cost of being able to automatically respond to circumstances through how we’ve learned to be and act in the world. Yet, those habitually projected perspectives are then recapitulated by the experiences the individual comes across -- through the “lens” of those projected interpretations
- ▶ The channel divergences (*jingbie*) and the *luo* vessels then allow individuals to live -- by maintaining continuous flow, even without resolving stagnations based in their habitual stagnations. These “secondary channels” support the primary channels by absorbing, suspending and storing the unresolved byproducts of those attachment -- both to one’s:
  - point of view -- basis of the individual’s emotional stagnations, which are somatized (for storage in dormancy) into the blood
  - desired outcomes -- basis of the individual’s *qi* stagnations, maintained in the *jin*-fluids

Yet, contemporary students of Chinese medicine face enormous challenges learning from *Neijing*. For instance, while *Lingshu* presented these “secondary” vessels immediately after the primary channels were presented as a continuous cycle, the text doesn’t explain how they support the primary channels. Although the classic text suggests the “secondary” vessels have a fundamental role, it doesn’t articulate that role clearly, as would a modern textbook. Indeed, a strict and careful reading of the early chapters of *Lingshu* does not indicate that the *luo* and channel divergences (*jingbie*) support the primary channels by absorbing stagnation.

While this architecture was introduced early in the *Lingshu*, the vital function of storing unresolved pathogenic factors that have been displaced from the primary channels and suspended in physical humors. That process allows the primary channel to maintain the vital flow of post-natal *qi*, even while the individual’s life is challenged by influences that stagnate *qi* [the ability to act] and/or blood [the capacity and willingness to emotionally feel one’s experience]. Rather than clearly describing this process individuals use in coping with the vagaries of life, the classic text’s riches were encoded.

Decoding *Neijing* entails a massive project of hermeneutics. It includes exploring the significance of the sequence information is presented and the wide variety of symbolic ways that information has been presented in Chinese natural philosophy. *Neijing* is the *Internal Classic*, because it invites and challenges its students to contemplate internally its many conundrums, as well as being focused on the topics of individual life’s subtle internal dynamics.

Part of this analysis of the channels is based specifically on humans, or perhaps a few other animal species. I'm not sure what implications they may have for many of your veterinary patients; perhaps we'll have some informal discussions of this topic during the conference. One of the most obvious of these is that as bipeds, people use our upper and lower extremities very differently. Our legs carry us to engage our experience, and our arms allow us to handle and manipulate it. The channels represented in each of these pairs of extremities have different roles in maintaining individual life. Thus, *yangming* (see six divisions below) of the leg allows humans to stabilize in standing, and *yangming* of the arm allows us to physically grasp objects. The quadrupeds that are veterinary patients differentiate the use of their limbs very differently; which of these differences are reflected in the channels?

The historical process of transmitting medical teachings can help us understand the challenge contemporary practitioners face in trying to uncover classical acupuncture theory. During Western Han Dynasty (206 B.C. - 9 A.D.), when *Neijing* was recorded, training in medical texts included an experiential component that we don't recreate by simply buying a printed copy. Students were allowed to read (chant) the text aloud, and to **copy it by hand**. Receiving medical teachings also included oral and experiential instruction in applying those ideas to devise incisive treatment strategies for individual patients. Each patient became a laboratory -- a microcosm of *Dao*, which allowed practitioners to test and refine how they discerned blocks and devised strategies to facilitate their release.

One of the most important perceptions underlying this philosophical approach to Chinese medicine is that **grasping is a survival reflex**. All animals that live in air grasp empty *qi* (air), based in their grasping of an individual soul. This function is somatically expressed in modern TCM theory as the Kidneys (*jing*-essence) grasping Lung *Qi*. Most multi-system animals, including most fish, also grasp food and drink (physical inputs) and sense data (experiential inputs) internally to digest them into post-natal *qi*.

Human beings have an even more highly developed relationship with grasping, as our upper extremities are characterized by their ability to grasp objects to use as tools. This ability allows individuals to assert their points of view onto the world, accentuating that cornerstone of individual life. Anthropologists have associated our ability to grasp and use tools with our capacity for strategic thinking process based on their practical application, and ultimately the ability to grasp tools and an intention supports all manner of abstract thought.

Individual humans are born with their physical grasping reflex well established, long before they have fully "owned" their nervous systems. For instance, newborn babies will grasp small objects near their hands, even though for the first several weeks of life they exhibit "positive" Babinsky reaction, which in an adult would be a clear sign of a severe neurological disturbance. Humans, like most of your patients have a *yangming* survival nature, and the grasping conveyed by *yangming* is written into the core of their beings.

However, beyond physical grasping, people (and I'd say most animals) exhibit compulsive experiential grasping of their individual points of view. That grasped point of view is then unconsciously projected onto all experience. It plays a central role in both how individuals interpret and digest experiential inputs, and how they regard the outcomes of their actions. Thus, the individual's grasping of point of view plays a fundamental role in his or her tendency to stagnate both blood and *qi* (or *ying* and *wei*), respectively.

The process of accumulating unresolved pathogenic factors may be the most fundamental movement we work with in practicing Chinese medicine, though few recognize it. While these accumulations gradually restrict the individual's physical movement, they also allow individuals to maintain their vital physiological movements through the primary channels in the present, by displacing stagnations that would compromise continuous flow. Most individuals gradually give up their potential for movement by storing unresolved pathogenic factors in some of their physical space. This process allows individuals to maintain vital flow in the present, while also planting the seeds of future pathology.

Unresolved pathogenic factors accumulate, until the individual embodied spirit can no longer maintain them suspended in dormancy. Most individuals live out their days in this "accumulation mode," eventually their unresolved pathogenic factors overflow -- breaking out of dormancy, when the individual's embodied spirit is no longer willing or able to devote sufficient resources to maintaining them. Individuals experience this breakdown of dormancy as the "beginning" of their chronic, progressive, and degenerative "diseases of aging," though the pathogenic factors expressed through those diseases had been accumulating for many years.

Both modern TCM and western medicine provide options to **manage the expression** of this overflow, but neither addresses it directly. While those medical systems describe the expression of distress and seek to manage it with their respective treatment modalities, neither even considers the prospect of dredging out, reprocessing, and ideally **resolving** the accumulations at the core of the many pathologies of aging. Both systems lack a conceptual framework that can differentiate those diseases that arise from the long-term process of storing and accumulating unresolved pathogenic factors. On the other hand, this idea lay at the core of the five systems of channels and vessels, which provide the foundation of *Lingshu*-style acupuncture.

## Establishing and Maintaining the Vital Movements of Life

All movements of post-natal *qi* can be understood as combinations of the six canonical movements differentiated with the divisions of *yin-yang*. There are three *yang* divisions, which differentiate the individual's movements into the outside world; and three *yin* divisions, which differentiate the individual's internal movements:

1. *Taiyang* -- moving forward, letting go
2. *Shaoyang* -- rotating, choosing direction relating to the outside world (between in and out, or forward and back)
3. *Yangming* -- grasping, holding, internalizing, initial reaction to input (heat)
4. *Taiyin* -- making contact internally with inputs to process them into post-natal *qi*
5. *Shaoyin* -- processing experiential inputs and choice of internal direction (relationship with self)
6. *Jueyin* -- bring movement to stasis, imprinting emotions onto the blood (somatizing them) and binding them into one's being

Individuals express these six canonical movements through the upper and lower extremities to create the twelve meridians of post-natal *qi*. Each of these "meridians" (leg *taiyang*, arm *taiyang*, etc.) sustains its primal movement through the coordinated function of four channel systems. While the primary channels are aptly named, they cannot sustain smooth function without the systems of "secondary vessels." They are all vital for individual life.

The *yang* sinews are fully functioning before birth, yet physical movement in utero is very different from the movements of post-natal life. Among the obvious differences before and after birth, before birth the animation of the yang sinews is motivated solely by internal phenomena, rather than projecting the individual's intention into the world. Also, movement of the yang sinews is not communicated directly to the yin sinews in utero, as is one of its principles during (post-natal) life. In fact, while movement of the yang sinews in utero is an important sign of healthy growth, the closed environment of the womb precludes movement of the *yin* sinews, which ends with the excretion of waste.

The unborn fetus is directly connected to the clear source of his or her being, through the navel. At birth, that direct physical connection is severed, and the newborn swallows the "mud pill," which signifies the individual beginning to engage the process of generating post-natal *qi* from his or her own experience. The physical aspect of swallowing this mud pill initiates and entrains the downward movement of peristalsis. This allows the individual to consume food and drink and digest them into *zheng*-upright *qi*, from the "turbidity" created by interacting with the outside world rather than exhibiting the "purity" of direct connection with the source of one's being.

Of course, all parents know this descending valley is a tenuous process in newborns for many months. At first, as much seems to come up as went down. There is generally a fairly long period when all inputs generate *qi* stagnation in the baby's digestive tract. The newborn baby's recently polarized *yuan*-source *qi* comes out to support his or her interactions with the outside world. Yet, human babies have very sensitive digestive process, which generally needs a fair amount of support -- gentle patting on the back breaks up *qi* stagnations through the abdomen while it also facilitates *yuan*-source *qi* to disseminate out via the *sanjiao* mechanism through the back-*shu* points.

Eventually, the individual entrains these key functions of physical digestion, and they become part of how his or her *jing*-essence continues to come out to support post-natal *qi*. This particular habituation lay at the source of the individual's post-natal *qi*, and will continue to imbue the individual's core blocks and/or struggles onto the *qi* and blood (*wei* and *ying*) generated throughout life.

A baby's physical movements express the individual's *shen*-spirit, and generate physical *yang*. That yang is expressed through the individual's movements, and it also stimulates the nascent primary channels, which develop to be able to maintain the vital flow of the canonical movements of each of the six divisions into the extremities. The six divisions become twelve channels by distributing into the legs and arms. Those channels eventually develop sufficiently to manage the embodied spirit's vital functions, so the person can support his or her own life. Yet at birth, that architecture for maintaining individual life remains unformed.

Early in life, the individual's *jing*-essence comes out through the channel distinctions (*jingbie*) to support *wei qi* in conducting physical movements through external and internal sinews (*jingjin*). The movement of the sinews physically express the six canonical movements of post-natal life, and stimulate the nascent primary channels to grow and develop. These six canonical movements create the primary channels, and the rest of the channel complexes are created to serve the channels in maintaining the constant flow of these canonical movements.

The five systems of channels tell us several things about the functions of *qi* that are not included in the modern doctrine. In this case, “modern” refers to the entire period since the Bronze Man was erected (circa 980 AD), which codified this approach as the official one for channel theory and acupuncture. This theory affects acupuncture thinking in several important ways, by shifting focus away from:

- channel complexes in favor of points, which initiated a several hundred year empirical research program into the intrinsic functions of points
- discerning cumulative process of disease process toward classifying current manifestations (*zangfu* imbalances); it prioritizes managing the expression of distress, rather than getting to its roots and how it has progressed (including transformations, responses, etc.)

While the primary channels are named for their responsibility in regulating the individual’s moment-to-moment experiential and physiological process, the story of forming and suspending external and internal pathogenic factors was suggested by the sequence of primary channels in the first half of chapter 10 of *Lingshu*. This familiar continuous sequence demonstrates their role in continually sustaining individual life the:

- Lungs open to sensation
- Large intestine holds and forms raw sense data into perceptions
- Stomach internalizes both physical and experiential inputs and reacts to them
- Spleen digests those inputs and spreads *qi* to the four extremities, embodying what one has internalized
- Heart finds meaning from digested experience
- Small intestine conveys that meaning of one’s place in the world through the interior and into the blood, providing spiritual feedback
- Urinary bladder conveys that feedback down to the kidneys (which store *jing*-essence), where it either clarifies or obscures one’s sense of being
- Heart protector projects one’s sense of being onto experience (as a consistent/sane personality) by imprinting emotions onto the blood
- *Sanjiao* disseminates *jing*-essence to support post-natal *qi*, including maintaining unresolved pathogenic factors in dormancy
- Gall bladder somatically “chooses” either to suspend unresolved pathogenic factors or to expend *jing*-essence in expelling previously suspended pathogenic factors in a healing crisis
- Liver is the repository of the residue of this process, storing it, and conveying it into the lungs in sensing the world by “conditioning” the individual’s *wei qi*

The *luo* were introduced in the second half of that chapter to absorb those unresolved pathogenic factors, because the primary channels must remain free to flow continuously. The text notes that the *luo* are the channels among the five systems that are visible. We interpret that to imply they absorb blood stagnations displaced from the primary channels, where those blocks would overtly threaten vital function. When individuals are unwilling to resolve emotional conflicts by releasing their point of view, those internal pathogenic factors are diverted into the *luo*.

Besides internal pathogenic factors, individuals are challenged in their inability to adapt to influences around them -- external pathogenic factors. Perverse wind enters through the external terrain (*couli*), where it may profuse out to the skin (especially influenced by wind) or allowed to penetrate into the sinews (carried inward especially by cold). The pathogenic process of perverse wind was discussed in *Shang Han Lun*, which remains important because perverse wind is such a common phenomena. While perverse wind doesn't enter the primary channels until it has advanced far into the interior, blockages in the upward and outward profusion of *qi* through the sinews are expressed directly into the primary channels, because they receive their (post-natal) *yang* from the sinews.

Both internal and external pathogenic factors (besides perverse wind) can be displaced into either the *luo* or channel divergences. This process allows individual's to live, by focusing on "new" circumstances and events, without having to resolve every previous issue. Unresolved stagnations can be suspended and held dormant for an extended period:

- *luo* absorb stagnations (of blood and fluids) that are deflected upward from the primary channels, which taxes *wei qi* in keeping those stagnations suspended
- channel divergences (*jingbie*) absorb stagnations (of *jing*-essence, blood, fluids, *qi*, and *yang*) that are deflected downward from the primary channels; this process progresses by the individual disinvesting *yuan*-source *qi* from relevant experiences; these stagnations settle deeply into the individual's embodiment, generally accumulating around a core interpretation from very early in life that has been left unresolved and consequently projected (unconsciously), by those very same reservoirs through their function as channel distinctions (*jingbie*), back onto experiences throughout one's life.

While unresolved pathogenic factors may transform and even fester, suspended material generally remains dormant until the individual no longer flows sufficient "upright" (*zheng*) post-natal *qi* over or around previously incipient accumulations to sustain the **appearance** of health.

The channel distinctions and divergences (*jingbie*) were presented in chapter 11 of *Lingshu*. They are deep channels that support the primary channels by containing the individual's deeply held interpretations of experience. As channel distinctions, they project individual point of view onto current circumstances and events, and they allow individuals to train (habituate) muscular activation patterns. As channel divergences, they contain unresolved pathogenic factors displaced from the primary channels, instead of allowing them to penetrate into the *yin* of *yin* (the *zangfu*) by diverting them into the *yin* of *yang*. The joints and bone, including the teeth as many generations of horse traders have known, are the external repository of unresolved pathogenic factors.

The sinews convey the individual's ability to move physically. The *yang* sinews express movement through the (outside) world; the *yin* sinews conduct physical material through, and thereby more deeply into, the interior. The movement of *qi* in the sinews has been conditioned by the channel distinctions, and in turn it conveys activation (post-natal *yang*) into the primary channels. This function accounts for the therapeutic value of cultivating *qigong* exercises, because facilitating post-natal *yang* as *wei qi* allows the embodied spirit to preserve source *yang*.

The eight extraordinary vessels contain *jing*-essence, and convey it to provide a dynamic foundation for this entire process. They polarize *yin* and *yang*, and support the unfolding of an individual's life, by expressing *jing*-essence into experience. The eight extraordinary vessels allow individuals to internalize physical and experiential inputs to derive meaning from them

(second ancestry), and create alignments to support survival, including by suspending and storing unresolved stagnations (third ancestry). Psychologically, individuals divert and suspend unresolved emotional blocks through suppression and repression (denial), somatically by embedding them into physical humors to store.

The *luo* and channel divergences (*jingbie*) can both absorb external and internal pathogenic factors. We can frame their respective roles absorbing the internal stagnations of emotion, with contemporary psychological language. Those unresolved experiences with a clear target, which are generally suspended into blood, leaving them potentially available to the individual's conscious awareness are **suppressed** into the *luo*. On the other hand, unfulfilled experiences that reside more deeply within a person's being, and their targets are not available to the individual's conscious awareness. These are embedded somatically into various *yin* humors, and **repressed** into the channel divergences (*jingbie*).

### Using the Code: A Method for Transformational Healing

Individuals who grasp compulsively at their points of view regarding outcomes, or their emotional reactions to events and circumstances, cultivate *qi* and blood stagnations, respectively. While the embodied spirit can divert these stagnations from the primary channels, so they don't immediately obstruct the continuous flow of the primary channels to maintain individual life, the person's capacity to absorb such unresolved blocks is limited. This "accumulation mode" continues until the embodied spirit undertakes a profound transformation of healing, which entails the individual's fundamental shift to release or expel previously suspended and stored pathogenic factors.

These healing transformations can be volatile, sometimes filled with resistance characterized by various symptoms of the struggle some "patients" exhibit during this transformation. Some people naturally express the personality's point of view in calling them "healing crises," though from the embodied spirit's perspective they are movements toward liberation. As long as there is life, the person has the opportunity to heal. Perhaps one of the reasons for this is that health care is framed as a "consumer good" that patients choose, generally from the perspective of their personalities which generally seek to return to the "normal" life they knew while they were maintaining dormancy.

The individual's grasping and compulsive projection of previously formed interpretations onto current circumstances and events might seem a "bad" thing, because it eventually leads the individual into progressive or degenerative disease. Yet, it's also functional and even necessary for allowing individuals to live "normal" lives by engaging, internalizing, and reacting to a wide variety of experiences. The individual's learned and habituated reactions to experience allows him or her to process many experiential inputs quickly, based on previous experience. How else would people keep up with their busy lives? Indeed, letting go of these core interpretations is so challenging that many cultivate it as a spiritual practice. Were it not so challenging, people would not have to practice "beginner's mind" so intently.

This grasping at previous interpretations of key aspects of life leads to projection of those interpretations onto current circumstances and events. Unless individuals focus considerable attention and willingness toward releasing the individual's central interpretations, they will become the foundation of that individual's current experience. In this way, the attachments one contains in the channel distinctions (*jingbie*) are projected into current experience, and often

recapitulated directly into the channel divergences (*jingbie*). The *jingbie* contain those unresolved pathogenic factors in the flesh and joints -- outside of the *zangfu*, where they would interfere with the vital functions that maintain life.

Osteo-arthritis arises from the individual's successful displacement of stagnations away from the *zangfu* to the external anatomy. While we consider it a pathology, it also prevents a more serious (life threatening) pathology. Osteophytes grow through the embodied spirit's successful diversion of previously unresolved pathogenic factors through the channel divergences (*jingbie*) from the primary channels and/or *zangfu*. That stagnation is embedded into the external anatomy's version of *jing*-essence, which are the bones and joints. Indeed, the ubiquity of this condition testifies to both the individual's accumulation of unresolved pathogenic factors, and their being successfully displaced away from the primary channels, where they would threaten the continuous flow of vital function.

Modern clinical acupuncture doctrine is based on stimulating the points of the primary channels, as they exhibit an external/internal relation with the *zangfu*. This is only one of three ways that the primary channels are presented in the early chapters of *Lingshu*, though it becomes fundamentally important for modern Chinese medical theory is based on the *zangfu* (vital and hollow organs). Modern differential diagnosis is based on how the *zangfu* generate, distribute, and manage the physical humors that conduct life (*qi*, blood, fluids).

Practitioners of modern Chinese medicine (TCM) learn to differentiate excesses and deficiencies of those humors relative to one or more of the *zangfu*, and formulate treatment strategies that counter those manifest imbalances. Most diagnostic patterns reference *zang* which contain influences, rather than *fu* which convey them through the individual. The primary channels function as extensions of the *zangfu*, and are treated with acupuncture or moxibustion to address their imbalances.

Our contemporary clinical doctrine relies especially on the external-internal relationship between each primary channel and the *zang* or *fu* for which it is named. The waterway imagery for the command points suggests that each channel begins at its *jing*-well point at the distal end of a digit and flows into the interior at the *he*-sea point. Each primary channel functions as a separate collection of points that affect the *zangfu*. Among other functions, that intrinsic flow accounts for the therapeutic actions of acupuncture and moxa.

This fundamental idea has substantial precedent throughout the history of Chinese medicine. It appeared in the earliest medical writings that have been discovered, among excavated findings from the *Mawangdui* site during the early 1970's. It was also the first version of the primary channels presented in the *Lingshu* (*Spiritual Axis*). These trajectories imply that *qi* arises from each individual's interactions with the world through the extremities, and is carried into the *zang* or *fu* for which it is named and its "elemental" paired *zang* or *fu*. Subsequent research identified several primary channels that communicated with one or more other *zangfu*; these connections exhibit both physiological and therapeutic interactions.

Together the primary channels sustain moment-to-moment physiological process, in part by regulating the function of the *zangfu*. Yet, contemporary clinical doctrine doesn't address *how* they maintain "normal" function (*zhengqi*) in the context of life's many challenges (aka internal and external pathogenic factors). While *Lingshu* suggested that the primary channels function through the combined agency of the "secondary" channels, during the past thousand years the

channel systems have been relegated to the background. That shift has allowed the emergence of points as the central focus of acupuncture.

Several historical developments contributed to the continuing dominance of this conceptual framework. During the Tang Dynasty (618-907), there was an increasing therapeutic focus on managing the vital humors (*qi*, blood, and fluids). Early in the Northern Song Era (960-1115) doctors of the Imperial Academy of Medicine codified the roles of each *zangfu* in managing those humors. Chinese medical theory increasingly focused on regulating the *zangfu*, and that role of the primary channels. The Bronze Man was commissioned by the Imperial government and erected in the capitol (circa 1026), which further codified this model of the primary channels as the conceptual framework of acupuncture.

The rise of mechanical printing during this period dramatically increased the availability of both classical texts and more recent commentaries. While this advance helped spread knowledge of Chinese medicine, it also contributed to a gradual shift in the nature of research and scholarship. Zhu Xi (1130-1200), an important neo-Confucian thinkers of this period, emphasized painstakingly careful empiricism<sup>5</sup>, which lead to several centuries of research on individual point functions. Eventually, great compendia, such as the *Zhenjiu Daquan (Summary of Acupuncture and Moxibustion, 1439)* and *Zhenjiu Dacheng (Great Successes of Acupuncture and Moxibustion, 1601)*, were compiled to organize the results of that research.

Students of acupuncture are now expected to absorb large amounts of historically accumulated information about points, while some modern acupuncturists question the reality of channels. However, devoting point indications and prescriptions to memory does not guarantee that a practitioner can stimulate points to express their listed functions. Acupuncture is a craft, which practitioners cultivate through practice, and thereby learn to treat patients effectively. It restores health by shifting how the individual conducts and manages the vital circulation of *qi*. It's a dynamic interaction that elicits response, rather than a mechanistic process that applies a procedure to effect a particular function.

There are several widely accepted reasons that accurately applied acupuncture treatments may not stimulate lasting resolution of a specific patient's condition. Both the duration of a patient's condition and his or her failure to change certain life style habits contribute to each individual's response to treatment. One popular guideline for determining a prognosis for patients with long-term conditions projects that many individuals require one month of regular treatments for every year they've had a condition. This practical recommendation implies that many individuals with long-term conditions **habituate** to and/or **accumulate** their conditions, rather than developing them directly from present time pathogenic factors.

While individuals may develop diseases from single intense episodes of shock, fright, or rage, internal pathogenic factors generally accumulate to develop eventually into overt pathology. Likewise, a single exposure to wind, cold, damp, or heat sometimes lead to disease, and frequently precipitate a seminal block, but external pathogenic factors frequently accumulate. The primary channel must maintain the constant flow of *qi*, so incipient stagnations must be displaced from them. Individuals are generally unaware of the process of suspending and storing unresolved internal and external pathogenic factors, which can accumulate in **dormancy** for many years.

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<sup>5</sup> *A Source Book in Chinese Philosophy*, pg. 610

This process of suspending unresolved pathogenic factors works temporarily, until the embodied spirit no longer conducts sufficient *zheng*-upright *qi* over or around accumulated stagnation to sustain normal function. Symptoms that emerge from dormancy are supported by the habituated and/or accumulated stagnation that had previously been suspended. While such symptoms emerging from the interior may temporarily respond to treatments with the primary channels, they generally return and persist. What might happen if one focused treatment on the storing function, rather than the overt expression of distress?

Modern acupuncture theory doesn't help answer that question. Practitioners learn to treat manifest imbalances of the *zangfu* with the primary channels. They manage the moment-to-moment flow of *qi*, but don't provide a framework for differentiating, and designing treatment strategies to address, the process of accumulating incipient pathogenic factors. During its long history, Chinese medicine has grown from its roots as a natural philosophy exploring the nature of life and healing into a clinical system focused on differentiating the **expression** of disease.

The historical Chinese quest to ease people's suffering begins with some basic "philosophical" perceptions about how individuals live. Each patient becomes a "laboratory" of *Dao* (in the microcosm of individual physiology) for learning to read and therapeutically engage subtle and varied dynamics of the living being seeking to preserve life. Compulsive grasping and the challenge to learn to more clearly differentiate experiences in various way are endemic to life. We are each provided with the "secondary vessels" to assist the primary channels, by storing unresolved pathogenic factors, so the individual can continue practicing these central life challenges.

The wisdom received from this oral interpretation of *Neijing* recognizes that most progressive and degenerative diseases emerge from previously unresolved pathogenic factors that had been suspended and stored in the interior, rather than developing immediately from current time pathogenic factors. The five systems of channels and vessels, together with specialized methods for treating them, offer contemporary practitioners an important framework to understand their patients' challenges and devise treatment strategies. Rather than follow the thousand year tradition of the Chinese Imperial Academy of Medicine, which limited acupuncture theory to the primary channels as extensions of the *zangfu*, perhaps we should explore the other systems presented in *Lingshu*, in part by learning from oral lineages of interpretation.

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