

symptoms were stable, and she was able to carry on with her normal lifestyle.

Conclusion

The above case studies reveal that our previous understanding of the Heart Channel and Pericardium Channel, from both a theoretical and clinical basis, has not been clear. This includes the understanding of their pathways and connections, including their different physiological and pathological symptom patterns. Only through detailed channel examination can we further develop our understanding of the mechanisms of heart disease. Our clinical results will improve, which will greatly strengthen our confidence in treating severe illnesses. As each individual's case and disease pattern is different, my understanding and thinking of this question is still deficient. I hope that along with my fellow acupuncture colleagues we can work together to discuss and refine our understanding.

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The Tail Wags the Dog: Developments in Oriental Medicine Outside China and a New Beijing Phenomenon

by Jason D. Robertson

As others in this issue have mentioned, a group of students, scholars, and government officials met for three days last August in Beijing. The meeting, perhaps intentionally scheduled on the 'warmest days' of the traditional lunar-solar calendar, explored various aspects of the work of professor Wang Ju-yi (王居易). One of many interesting aspects of this unusual gathering was the prominence of foreign nationals in what would normally be a quintessentially Chinese event. After all, the symposium was called as a means of broadening and deepening research into a very ancient Chinese concept – that of acupuncture channel theory.¹ On the first day of the event, the vice-minister of health for the Beijing Special Administrative Zone gave a speech that directly addressed the unusual make-up of the gathered crowd:

"Approximately five years ago, those of us at the Beijing Ministry of Health began hearing reports about this retired doctor who had a constant flow of foreign students coming to his clinic. Given his evident popularity, we wondered why we hadn't heard much about Professor Wang. This was my first encounter with what can only be termed the "Wang Ju-Yi Phenomenon." This phenomenon seems to be a naturally occurring response to some very significant ideas and techniques. In fact, the very presence of many foreign acupuncturists is the reason we are here today. We have been stimulated by their interest to catch up in learning from and documenting Dr. Wang's work. If we're not careful, it may be that Chinese students will someday have to go abroad to study acupuncture of this type!"

The reasons for the Dr. Wang 'phenomenon' are varied and have been long-developing but might be succinctly described as part of an international movement to raise the importance of palpation as a core diagnostic tool in the practice of acupuncture. It is Dr. Wang's opinion (based on research into classical texts) that palpation along channel pathways can be found in the earliest records of acupuncture practice. This would be in contrast to the more common so-called 'TCM' approach to acupuncture wherein diagnosis is made mainly by the asking of questions and palpation of the radial

pulse. Because of the TCM model, in many modern Chinese acupuncture clinics, points are chosen without careful palpation of the body surface. In addition to palpation, Dr. Wang also strongly advocates an integration of the physiological model/qi transformation (气化 qìhuà) described in classical texts when considering treatment strategies. Thus the size, texture, and depth of palpated changes along particular channels helps to shape acupuncture protocols designed to effect physiological shifts best understood by the six-level model most commonly associated with the Treatise on Cold Damage (伤寒论 Shāng hán lùn). This is obviously a complex subject.²

In any case, I would propose that the phenomenon of groups of non-Chinese students flocking to a small private clinic in Beijing is part of a larger international trend arising from the excellent manual techniques developed in Japan, Europe, and the US during the last half-century in particular. Foreign students seem to recognize in Dr. Wang a natural link to what they know to be a more embodied acupuncture. In many of these systems of acupuncture outside of China, the channels and points have long been a discernable reality to be felt with the hands. Of course, this was also likely the case for countless generations of practitioners in pre-modern China. It is this broad trend of growing interest and skill with manual diagnosis, and Dr. Wang's place within that trend, that I would like to address in the following pages.

The Development of Dr. Wang Ju-yi

Wang Ju-yi has had an envious position as both an observer of and participant in the major trends of 20th-century Chinese medicine. A graduate of the very first class from the Beijing College of Traditional Chinese Medicine in 1962, Dr. Wang was trained by some of the early luminaries of the modern era. Studying herbal formulas with doctors like Jiāo Shù Dé (焦树德) and acupuncture with Wāng Lè Tíng (王乐亭) he was fortunate to experience Chinese medicine in the era just before the development of what we now call "TCM."³ In other words, he is a product of that short time in the late 1950s and early 1960s when acupuncture was taught by practitioners with roots in family lineages that included a firm foundation on classical texts; when herbs and acupuncture were taught together in China. While giving credit to this unique education, Dr. Wang continues to maintain that his greatest teachers have nevertheless been patients. As Dr. Wang himself recounts, "In those early days after graduation, I still often read the classical texts and had no idea what they were talking about! Only upon reading and re-reading in the presence of actual clinical cases did certain

concepts finally clarify; sometimes decades later.” Therefore, like many practitioners during that period in China, he was thrown into very busy clinics mainly armed with a latent but well-founded understanding of classical theory and a large collection of point protocols for common ailments.

By the early 1970s Dr. Wang was working in a very busy Beijing hospital treating hundreds of patients each day with the help of a cadre of nurses. He mentions this as crucial to his understanding of channel palpation. Of course he notes that it was impossible to palpate each patient thoroughly in that environment. During that decade, he began instead to slow down and focus more carefully on those patients who weren’t responding as expected to treatment. In those cases, he gradually began to discern a clear efficacy for palpating along the channels in the search for other treatment options. What began as a gradual appreciation for the determination of *ashi* (tender) points evolved into a more complex understanding by the 1980s. By the 1990s when I met Dr. Wang, he had begun to describe his understanding of the physiological process described in the *Inner Classic* (内经 *Nèi jīng*) *Classic of Difficulties* (难经 *Nán jīng*) and *Systematic Classic* (甲乙经 *Jiǎyǐ jīng*). During this period, Dr. Wang began to conceive a way of teaching these two aspects of his clinical approach. Consequently, the last 15 years have seen Dr. Wang more and more clearly elucidate how diagnosis can be informed by a classical understanding of how the body works (theory) in conjunction with a very careful analysis of a wide variety of palpated changes in the channels (practice). This is an ongoing process of development that continues to the present day in a busy Beijing teaching clinic. In fact, this ongoing process seems to constitute a form of research, wherein concepts from classical texts are tested in a modern clinic to determine efficacy. We will return to his research model as well as the influence of larger global trends upon his work below.

Dr. Wang and Japanese Acupuncture: A Conversation Waiting to Happen

As mentioned earlier, the phenomena of foreign students in a Beijing clinic has some roots in palpatory traditions that have grown outside of China. Because many modern non-Chinese approaches to the subject have emphasized palpation, acupuncturists around the world seem at home with Dr. Wang’s more hands-on style of practice. Interestingly, we have recently seen that the influx of students from abroad has served to help generate interest in Dr. Wang’s work in his own country. Another reason for this is the fact that Dr. Wang has written relatively less for current

Chinese journals and has instead focused most of his career on clinical work.⁴ Nevertheless, he is certainly familiar with scholarly debate and seems quite ready in recent years to more thoroughly engage both his own domestic audience and that from around the world. With this in mind, I hope to briefly provide my own impressions of how Dr. Wang’s approach might be understood in the broader context of diagnostic palpation. At the outset, although an ardent student of every palpation-based diagnostic approach I encounter, I am certainly very much a beginner in every approach save that of my teacher.

In my own studies, I was fortunate to study with the senior Japanese acupuncturist Koji Ichihashi. In contrast to other teachers I had at the time, Dr. Ichihashi was decidedly more palpation-focused. His technique, described as the Kurumadani school involved very light palpation of individual points in the search for reactive places to treat with the needle. As a person who was always much more in my head than my hands, I found Dr. Ichihashi’s teachings to be both difficult to grasp and highly interesting. Over time, I became moderately proficient at the type of palpation he advocated. Thus armed with an interest and some basic skills in palpation, I began a private practice for a few years in the US before returning to China to begin my studies with Dr. Wang. My reason for bringing up my own story up in this context is because I believe my experience to be relatively typical for modern students of acupuncture outside China. Namely, we come across approaches to acupuncture (often derived from the Japanese model) which emphasize palpation in diagnosis but find these approaches to be in conflict with the TCM model. At the same time, we find in the Japanese model an approach that sometimes draws less from the complex interactions implied by the channel system and more upon protocols and the needling of indurations (结 *jié*) and *ashi* points. In more recent years, I have been teaching in Europe and have found a similar pattern. It seems to me that much may be gained by integrating the very extensive experience of Japanese acupuncture with Dr. Wang’s exploration of palpation styles from classical texts in the modern clinic.

To that end, it may be helpful to compare two terms from the Inner Classic that may help us to contrast the palpation styles of Dr. Wang and Japanese practitioners. The 73rd and 75th chapters of the *Divine Pivot* (灵枢 *Líng Shū*)⁵ introduce two relevant diagnostic terms. The first is *qīe* (切) and carries a meaning not dissimilar to the English word “slicing.” In modern medical terminology the character has come to mean “to press,” as in “to separate the flesh with the tips of one’s fingers.” In modern Chinese texts, this character is often used

to describe the technique for observing the condition of the radial pulse. However, the term also seems similar to that being described by Japanese practitioners who are very carefully noting differences in texture within different layers in the body from superficial to deep during palpation. It might be said that the precision of Japanese palpation is slicing the flesh into relatively superficial layers that can each be separately evaluated.⁶ On the other hand, when Dr. Wang looks to the classics, he instead emphasizes the term *xún* (循) in his descriptions of his primary palpatory technique. In English, this second term means something like “to go along.” Consequently, while Dr. Wang certainly presses and examines the texture of changes at important points, he particularly emphasizes a fluid movement along the entire channel from the well points (井 *jǐng*) at the fingers and toes up to the sea (合 *hé*) points at the elbows and knees. In addition, there is an emphasis in Dr. Wang’s palpation style on palpation of the deeper layers within the channels. He describes palpation at ‘three layers’ from very shallow to quite deep but seems to truly derive some of the most interesting information from what might be called a ‘mid-level’ depth within the fascia. It seems to me that the two palpation strategies may actually provide different information. In my own experience, when palpating along the entire channel, certain small changes in texture and general tone appear which may be missed when ‘slicing’ in the more ‘vertical’ Japanese approach.

A second area of conversation might involve the role of classical physiology in choosing points for needling. Simply put, Dr. Wang does not always needle points that have palpable change. Instead, channels are considered within the context of palpation, asking of questions, pulse, and tongue. After integrating the various diagnostic information into a ‘pattern’ (证 *zhèng*), a channel is chosen for treatment. Only after the above considerations are points finally chosen for treatment based on their functions (source points, cleft points, river points, sea points, etc.). It often happens that points chosen for treatment will also have some kind of palpated irregularity – but not in every case. To be clear, in Dr. Wang’s descriptions of point ‘functions,’ he is describing something quite different from than that seen in modern ‘TCM’ style texts. Instead, he returns to the *Inner Classic and Classic of Difficulties* for ideas which he then tests in the clinic for efficacy and deeper understanding. This seems to be another area of interesting contrast between Dr. Wang’s approach and the Japanese model as I have encountered it.

Thus both the linearity/horizontal emphasis of Dr. Wang’s palpation and the place he puts palpation in the clinical encounter (as part of diagnosis

before treatment) seem in contrast to many styles of Japanese acupuncture. It is my belief based on more limited experience with Japanese styles that much can be learned by sharing and cross-pollinating these traditions. In particular, it is my belief that much may be missed by failing to appreciate the significant layering within superficial points which the Japanese model has refined. Although certainly beyond the scope of this article, there is also much more to explore by considering applications of modern osteopathic/cranial palpation in the context of the classical channel system.⁷

A New-Old Model for Acupuncture Research

In conclusion, I might propose that there is still much research to be done into clinical applications of classical concepts and that palpation has a role to play. While acknowledging the very important work of researching the nature of channels and the effects of acupuncture with modern equipment and a scientific approach, we must not forget the sensitivity of the human hands. To my knowledge, no modern equipment can approach the breadth of possible palpated changes that can be perceived by the hands of a trained practitioner. In other words, how can we deny what we can clearly feel and describe even when it cannot be explained with modern theory and equipment? For Dr. Wang, all classical concepts should be considered in the context of real patients. Only when those theories yield notable results for modern complaints should they be integrated into student training. He therefore envisions his Beijing clinic as a kind-of research and teaching institute wherein the senior practitioner brings ideas forward from readings in the classics that are evaluated by treating patients in the presence of students. Results are observed, recorded and evaluated for broader application. In this process, palpation of the channels is a tool nearly as crucial as evaluating what the patient reports. In other words, palpated findings along the entire channel will change as the pattern evolves.

Returning finally to the broader picture, it seems that we are in a period of great opportunity for the field of acupuncture. No longer confined to more narrow definitions of 'Chinese,' 'Japanese,' or other styles of practice, we see some sophistication finally developing in diagnosis and treatment all over the world. As primary sources of information become more readily available in non-Asian languages, we even see the beginnings of interesting debate concerning the classics themselves. The so-called 'Dr. Wang Phenomenon,' wherein students from abroad begin to influence trends of study in mainland China is just one example of how the

ideas of Oriental medicine are exerting powerful cross-currents amongst a dedicated host of worldwide practitioners. Most notably in this case, is an emerging dedication to developing acupuncture styles that demand palpation skills. This is a relief for those of us who have been confused by the more cerebral styles seen during the 20th century wherein point functions and treatment strategies seemed to draw more from elaborate theoretical constructs than an appreciation of physiology under the fingertips.

Notes

1. In translating Dr. Wang's term for the type of acupuncture practice he advocates, 经络医学 (jīng luò yī xué), we have preferred to use the English term "Applied Channel Theory." A more literal translation would be "Channel-Collateral Medical Study." However, after considering Dr. Wang's focus on bringing classical texts to life through clinical application, the chosen English phrase seems closer to the implied meaning of the original Chinese term. Secondly, although sometimes less common, we have preferred to use the term 'channel' instead of 'meridian' as a translation of 经络 (jīng luò). Given the abundance of water-metaphor in the classical discussion of acupuncture mechanisms, it seems more fitting to use a more aqueous English term.
2. For an exploration of the theories of Wang Ju-Yi please see: Wang, Ju-yi, Robertson, Jason D, *Applied Channel Theory in Chinese Medicine* (王居易经络医学讲演录 Wángjūyì jīng luò yī xué jiǎng yǎn lù), Seattle: Eastland Press, 2008.
3. The former Beijing College of Traditional Chinese Medicine (北京中医学院 bēi jīng zhōng yī xué yuàn) later changed its name to the Beijing University of Traditional Chinese Medicine (北京中医药大学 bēi jīng zhōng yī yào dá xué). In 2007, the university quietly dropped the term "Traditional" from its English name while maintaining the same Chinese name. It continues to be acknowledged as one of the primary schools of Chinese medicine in the People's Republic.
4. For a complete collection of the articles Dr. Wang has written in Chinese, please see the "Articles" section on www.channelpalpation.org.
5. (官能and 刺节真邪).
6. For an excellent discussion of this technique in Japanese palpation separating flesh into layers, please see *NAJOM* Volume 20, Number 59 (pp.3-11).
7. For those interested in exploring this type of

palpation, I would highly recommend studying the palpation style taught by Dan Bensky, Chip Chase, and Marguerite Dinkins in various seminars around the world.

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