

The Treatment of Epilepsy According to Applied Channel Theory

By Wang Ju-Yi, translation and commentary by Jonathan Chang

Abstract

This article is an excerpt from a manual that was written by Dr. Wang Ju-Yi in 1976 for a three-month teaching course in Mi Yun County, which was at that time a rural district on the outskirts of Beijing. The participants included local Western medical doctors, traditional Chinese medicine (TCM) doctors and 'barefoot doctors' who were being trained in Chinese medicine. Dr. Wang discusses the treatment of epilepsy based on five years of experience specialising in the treatment of this disorder. At that time, Dr. Wang was 39 and had been practising for over 15 years. From a historical perspective, this was written at a time when Dr. Wang was developing the foundations of his Applied Channel Theory system (for more information see *Applied Channel Theory in Chinese Medicine* by Wang Ju-Yi and Jason Robertson, Eastland Press, 2008). Within the article, one can see some of his commonly used point pairs based upon his understanding of channel qi transformation. However, there is no direct mention of channel examination. Approximately eight years after this manual was written, he published his first article on channel examination to a wider audience (Wang Ju-Yi [1984]. A Discussion on the Unique Aspects of Symptom Pattern Differentiation in Clinical Acupuncture, *Beijing Journal of TCM*, 4, pages 24-46). Dr. Wang continuously refined his understanding of Applied Channel Theory up until his passing in August 2017. To help readers understand the point pairs and clinical cases, commentary has been added by the translator based on Dr. Wang's understanding of channel theory from the last few years of his life.

 Epilepsy (*diān xián* 癲癇) refers to a specific group of symptoms with a unique clinical presentation. These symptoms include sudden onset, loss of consciousness, muscle convulsions and repeated flare-ups. In Chinese medicine, it can be placed within the category of *xián* (seizure) disorders, which describes the symptom patterns associated with epilepsy.¹ In historical times, dating back over two thousand years, the *Nèi Jīng* (*Inner Classic*)

recorded the clinical presentation of epilepsy. For example, in *Líng Shū* (*Divine Pivot*) Chapter 21, there is a description of an illness that presents with the following symptoms: 'strong/violent spasms, seizures and dizziness, the legs are unable to support the body.'² This description highlights the four main unique symptoms of epilepsy: sudden collapse, loss of consciousness, convulsions affecting the entire body and repeated occurrence of the disorder. The understanding

of the aetiology, pathology and treatment of epilepsy was summarised and discussed in accordance with the level of knowledge at that time. Over the centuries, throughout Chinese medical history, treatment of epilepsy was continuously developed. In the 16th Century, the Ming Dynasty doctor Sun Yi Kui's³ classic *Chì Shuǐ Xuán Zhū* (*Pearls of Wisdom from the Crimson Sea*)⁴ has a systematic summary of the aetiology, pathology, different categories, disease differentiation, diagnosis, treatment and prognosis of epilepsy.

From the Qing Dynasty up until 1949, the introduction of Western science impeded the development of Chinese medicine. However, Chinese medical practitioners remained industrious and steadfast in their continued research into the treatment of this disorder from a traditional Chinese medicine (TCM) perspective. Medical research is ongoing, as knowledge of this disorder continues to improve.

1. Clinical presentation of epilepsy

In modern medicine, epilepsy is classified according to clinical symptoms: grand mal seizure⁵ (generalised tonic-clonic seizures relatively similar to the TCM concept of *xián* 癲); petit mal seizure (or absence seizures, similar to the TCM concepts of *xián* 癲 and *huǎng hū* 恍惚 [disorientation]); psychomotor seizures (or complex partial seizures, similar to the TCM concept of *diān kuáng* 癲狂 [withdrawal-mania]); and focal seizures (similar to the TCM concepts of *chì zòng* 瘈瘲 [convulsions] and *jìng*⁶ 瘳 [rigidity and spasms]). Since grand mal seizures are the most representative presentation of epilepsy, and the most dangerous for patients, the focus of this article will be on grand mal seizures.

1.1 Classic symptoms

This classic set of symptoms are related to generalised tonic-clonic seizures, more commonly known as grand mal seizures. There is a sequence to the clinical presentation of epilepsy. First there are prodromal symptoms, followed by loss of consciousness, collapse, then convulsions. In the final stage, there is postictal sleep and recovery.

1.1.1 Prodromal phase: After a patient has experienced a number of seizures, often there is an awareness of an aura – a premonition of a seizure. There is a wide variety of aural presentations. According to patients the sensations recur before each seizure. For instance, there can be feelings of numbness and tingling, fear or strange sensations related to sight, smell, sounds and emotions. In addition, there can be motor-related aura symptoms, such as twisting of the body or sudden running. Some auras have a specific



Dr. Wang Ju-Yi at the Beijing Hospital of Chinese Medicine (1973)

location, which is helpful for diagnosis.⁷ Duration of the aura can range from a few seconds to a split second, which typically means patients cannot prepare themselves for the seizure. This can lead to external trauma. Patients that have seizures during sleep are often not aware of the presence of an aura.

1.1.2 Loss of consciousness, tonic-clonic (convulsion) phase: After the aura, there is rapid loss of consciousness, followed by collapse to the floor. Some patients might express an 'ictal cry', while others will not have this kind of vocalisation. Muscles in the entire body will continuously contract; however, tension and contraction of the muscles will generally not be distributed evenly. The respiratory muscles can have convulsions (cyanosis of the lips and face can be observed), while there can also be pupil dilation and clenching of the jaw with the potential of biting the tongue or inner part of the cheeks. After a few seconds or a minute, this evolves into sudden convulsions, during which each muscle group will contract rhythmically, which can lead to muscle strain. In some cases, contraction of the urinary bladder or abdominal muscles may result in urinary and/or faecal incontinence. However, convulsions to the respiratory muscles will improve, generally lasting for one to three minutes. In some dangerous instances seizures last longer or there will be repetitive seizures that occur close together. After the tonic-clonic phase, the patient will usually enter the postictal sleep phase.

1.1.3 Postictal sleep phase: During this phase, the patient does not react to stimuli to the skin (poor reflex). This is a drowsy phase, which lasts from ten minutes to a few hours. For some individuals, there can be confusion due to impaired consciousness, which can often overlap with psychomotor seizures (complex partial seizures). After the patient regains consciousness, there can be fatigue, muscle soreness and pain, headaches and temporary amnesia.

1.2 Non-classic symptoms

In Chinese medicine, symptom patterns related to seizures (*xián zhèng* 痫证) relate to the classic presentation mentioned above. Other types of epilepsy can be categorised under different Chinese medical groupings, as follows:

1.2.1 Convulsions (*chì zòng* 瘈瘲):⁸ This describes local convulsions of the limbs. In some cases there will be a sequence to the convulsions, such as starting from the hand, then moving to the wrist, forearm, shoulder, neck and all the way up to the head. The majority of patients will not lose consciousness. *Chì zòng* are related to the modern term focal seizures.

1.2.2 Disorientation (*huǎng hū* 恍惚): Characterised by temporary loss of consciousness without convulsions. The patient will present a blank stare, with a brief loss and return of consciousness. This type of seizure is not a complete grand mal seizure, and is considered a petit mal seizure.

1.2.3 Visiting hostility (*kè wǔ* 客忤): This is primarily seen in children. It describes brief convulsions in the muscles of the entire body; it can also be considered a type of petit mal seizure.

1.2.4 Withdrawal-mania (*diān kuáng* 癡狂): This describes mental impairment, presented by suddenly walking away in social situations, inability to recognise familiar people and unexpected behavioural changes. Afterwards, the patient will have no recollection of the episode. This presentation of withdrawal-mania is a type of epilepsy and is also known as epileptic psychosis. It has the unique presentation of occurring intermittently or cyclically. In addition, it is different from psychological disorders of depression and mania.

2. Diagnosis of epilepsy

A cyclical nature to the flare up of seizures is a classic presentation of epilepsy, thus a reliable diagnostic sign. In Chinese medicine

it is thought that *xián* have a prenatal cause associated with the mother suffering from fright during pregnancy.⁹ This explanation has its own reasonable logic. Some types of epilepsy may not have a clear cause. However, for secondary epilepsy, which can be traced to a clear cause, analysis of the aetiology is useful when considering treatment and determining the prognosis.

In Chinese medicine it is thought that *xián* have a prenatal cause associated with the mother suffering from fright during pregnancy.

2.1 Categories for the aetiology of secondary epilepsy

In modern medicine, the aetiology of secondary epilepsy is divided into the following categories: changes to the brain such as inflammation, obstruction to the circulatory system, brain tumour and external trauma. Other potential causes include external toxins, infant developmental disorders, cerebrovascular disorders and endocrine disorders. In Chinese medicine, the pathology is categorised into four main categories of wind, phlegm, fire and blood stasis. These categories have an important role in guiding treatment, especially when proceeding with symptom pattern differentiation.

2.2 Prognosis

Epilepsy has a decent prognosis, however, it is difficult to treat the root of the disorder. There are two circumstances to which attention should be paid:

1. During the seizure, the patient might suffer from external trauma. In severe cases, there can be head trauma, which can be life-threatening. If the seizure occurs while in water, there may be even graver consequences. As a result, patients should be advised of the potential dangers.
2. For extended seizures (status epilepticus), lack of oxygen can lead to death. In a clinical setting, one must be aware of this potential. In cases where there is continuous high seizure frequency or a grand mal seizure a few minutes after loss of consciousness, aside from attentive care (i.e. in hospital), specialists should be consulted.

3. Treatment of epilepsy

Current treatment of epilepsy is divided into different categories. In some cases, the focus is on removing the cause of the disorder. For example, surgery can be performed when there is a brain tumour. Another approach is to focus on controlling the flare-up of the seizures, such as through the prescription of anti-convulsant and sedative medications.

3.1 Treatment according to symptom pattern differentiation

According to clinical experience, treatment of epilepsy is based on the analysis of different symptom patterns, which

are divided into three main categories. The application of acupuncture, moxibustion and Chinese herbs as listed below should be done in a flexible manner.

3.1.1 Rising Gall Bladder fire: In cases of acute epilepsy, where the patient has symptoms of irritability, tinnitus, red eyes, with a wiry pulse and a bitter taste in the mouth.

Point selection: SJ-5 (*wài guān*), GB-41 (*zú lín qì*) and GB-20 (*fēng chí*).

Herbal prescription: Modification of *Qīng Dǎn Huā Xián Tāng* (Clear Heat in the Gall Bladder and Transform Seizure Decoction): Qing Dai (Indigo naturalis), Meng Shi (Chloriti Lapis), Zhu Ru (Bambusae Caulis in taeniam), Fa Ban Xia (Pinelliae Rhizoma), Long Chi (Fossilia Dentis Mastodi), Zhu Dan Zhi (pig bile).

[*Commentary:* According to channel theory, Gall Bladder fire is related to heat in the *shào yáng* channel system. Dr. Wang's understanding of the *shào yáng* is mainly based on his understanding of the triple burner (*sān jiāo*). The hand *shào yáng* triple burner is the pathway for source (*yuán*) qi. For qi to circulate normally, the pathways have to be clear. When there is disharmony of the *shào yáng*, these pathways are not clear, which can cause qi stagnation. Prolonged qi stagnation can eventually lead to fire. *Shào yáng* fire rises upwards, causing symptoms of irritability, tinnitus, red eyes and a bitter taste in the mouth. As a result, points to clear *shào yáng* fire can be used, such as SJ-5 (*wài guān*) and GB-41 (*zú lín qì*). For this category of patients, one would also expect to find palpable changes along the *shào yáng* channels.]

3.1.2 Wind-phlegm closing the orifices: In cases where there is excess phlegm, a strong constitution, a thick tongue coat and a strong pulse.

Point selection: Four gates [LI-4 (*hé gǔ*), LIV-3 (*tài chōng*)], REN-12 (*zhōng wǎn*) and ST-40 (*fēng lóng*).

Herbal prescription: Modification of *Qīng Xián Wán* (Clear Seizure Pill): Hei Bai Chou (Semen Pharbitidis), Zhi Shi (Aurantii Fructus immaturus), Zhu Ya Zao (Gleditsia sinensis Lam), Shen Qu (Massa medicata fermentata), Fa Zhi Ban Xia (Pinelliae Rhizoma), Bai Fan (Alumen).

[*Commentary:* From a channel theory perspective, this

pathology is attributed to the *yáng míng* and *jué yīn* systems. Dysfunction of the *yáng míng* function of digesting water and grains and releasing faecal matter can lead to the formation of phlegm. This phlegm can become trapped in the luò-connecting vessels, which obscures and blocks the spirit-clarity (神明 *shén míng*). REN-12 (*zhōng wǎn*) and ST-40 (*fēng lóng*) are a point pair to transform phlegm and strengthen the Spleen-Stomach. The *jué yīn* system is related to the cultivation and circulation of blood. If there is blood deficiency, this can generate internal wind, which can cause convulsions. The Four Gates includes LIV-3 (*tài chōng*) – a point that cultivates Liver blood, with LI-4 (*hé gǔ*) – a point that moves qi. Paired together they ignite the movement of qi and blood in the body. As blood is cultivated and moved, it extinguishes internal wind. Upon channel examination, one would also expect to find palpable changes along the *yáng míng* and *jué yīn* channels.]

3.1.3 Blood and qi stagnation: In cases where there is body pain, a dusky tongue and a rough (*sè*) pulse.

Point selection: HE-7 (*shén mén*), SP-6 (*sān yīn jiāo*), REN-15 (*jiū wěi*), REN-4 (*guān yuán*).

Herbal prescription: Modification of *Huā Yū Dìng Xián Tāng*

(Transform Blood Stasis and Stabilise Seizure Decoction): Wu Ling Zhi (Trogopterori Faeces), Pu Huang (Typhae Pollen), Xiang Fu (Cyperii Rhizoma), Yu Jin (Curcumae Radix), Gui Zhi (Cinnamomi Ramulus).

[*Commentary:* At first glance of this pathology, practitioners of Applied Channel Theory would normally first consider regulating either the *shào yáng* or *jué yīn* channel systems, which are generally associated with qi stagnation and blood stasis respectively. However, in this symptom pattern there are no clear signs of Liver qi excess or Liver blood stasis, such as a wiry pulse, irritability or hypochondriac pain. There are perhaps some symptoms that are missing from the symptom pattern listed, which makes it difficult to gain a clear understanding of the pathology. Although the dusky tongue indicates blood stasis, it is not stated whether it is a pale-dusky tongue or a purple-dusky tongue. A pale-dusky tongue can be related to yang qi deficiency meaning the blood circulates more slowly, while a purple-dusky tongue can indicate blood stasis from qi stagnation. The rough pulse can be due to either qi and blood stasis or blood deficiency. A deficient and rough pulse will feel weak, while qi stagnation and blood stasis will present a rough

and strong pulse.

Analysing the herbs, points and channels recommended here can help us to understand Dr. Wang's thinking here. The herbal formula has the main functions of transforming blood and moving qi. However, the points selected, though having the functions of moving blood, are more tonifying in nature, suggesting he is treating excess and deficiency together. Dr. Wang focuses on regulating the hand *shào yīn* and foot *tài yīn* channels. The *shào yīn* system is comprised of the Heart and Kidney channels, and one of its primary functions is the circulation of source (*yuán*) qi. Source qi originates from the foot *shào yīn* Kidney, while Heart qi acts as a pump that promotes the movement of both source qi and blood. When source qi circulates, it warms the entire body, but also moves yin-blood within all of the yin *luò*-connecting vessels. When there is Heart qi deficiency, the Heart does not adequately move blood, which results in blood stasis. As a result, a patient can present with body pain, a dusky tongue and a rough pulse. Blood stasis can lead to poor nourishment of the sinews, leading to convulsions; poor circulation of blood can also affect the spirit-clarity leading to loss of consciousness. HE-7 (*shén mén*) calms the spirit, and since it is also a source point, it tonifies the Heart qi. As Heart qi becomes stronger, the Heart is better able to pump blood, which releases stagnation within the yin *luò*-connecting vessels.

To understand this point prescription we should remember that the Heart and Spleen have a unique relationship. The *shào yīn* system, through its circulation of source qi and promotion of yin-blood in the yin *luò*-connecting vessels, helps to warm and nourish the Spleen, while on the other hand Spleen channel points can replenish Heart qi. Here a foot *tài yīn* Spleen channel point, SP-6 (*sān yīn jiāo*), is paired with HE-7 (*shén mén*) as it invigorates and cultivates blood. REN-4 (*guān yuán*) is also added to help tonify blood. REN-15 (*jiū wěi*) is the front-mu point of the Conception (*Rèn*) vessel, and has the functions of transforming blood stasis and phlegm.

Channel examination would of course help to identify which channel is most involved, as abnormal channels will have palpable changes along their pathways. For this pattern, we would expect to find changes along the hand *shào yīn* and foot *tài yīn* channels.]

Blood stasis can lead to poor nourishment of the sinews, leading to convulsions; poor circulation of blood can also affect the spirit-clarity leading to loss of consciousness.

3.2 Acupuncture point combinations that can reduce seizures

1. Nocturnal seizures: KID-6 (*zhào hǎi*) and LU-7 (*liè quē*).

[Commentary: This is an extraordinary vessel point pair that combines KID-6 (*zhào hǎi*), which connects to the Yin Motility (*Yīn Qiāo*) vessel, with LU-7 (*liè quē*), which not only connects to the Conception vessel, but is also the *luò*-connecting point of the hand *tài yīn* Lung channel. According to Dr. Wang's understanding, the Yin Motility vessel regulates the rhythmic movements of the internal organs, and since KID-6 (*zhào hǎi*) is also a Kidney channel point, it has the effect of facilitating communication between the Heart and Kidney. Thus, KID-6 (*zhào hǎi*) can calm the spirit. The Conception vessel governs the yin of the body by directing movement of all of the yin channels and vessels. During the period between dusk to dawn, yin becomes more abundant, gradually increasing until it reaches its peak between 11pm and 1am. Seizures that occur during the night when yin is more abundant are due to disharmony of the distribution of yin impeding nourishment to the sinews and spirit. Pairing a Yin Motility vessel point with a Conception vessel point has the general functions of regulating and nourishing yin, calming the spirit and clearing deficiency heat. Therefore, this point pair can be selected to treat nocturnal seizures.]

2. Daytime seizures: SI-3 (*hòu xī*) and BL-62 (*shēn mài*)

[Commentary: This is another extraordinary vessel point pair. Pairing SI-3 (*hòu xī*) and BL-62 (*shēn mài*) regulates the Governing (*Dū*) and Yang Motility (*Yáng Qiāo*) vessels. From dawn, yang increases until it reaches its peak between 11am to 1pm. Disharmony with the distribution of yang in the body, including circulation of yang qi to the sinews, can lead to seizures. The Governing Vessel governs the distribution of yang qi throughout the body. The Yang Motility vessel regulates the rhythmic and coordinated movement of the yang sinews. Disharmony of yang qi, which includes symptoms of collapse and convulsions, can be regulated by treating the *Dū* and *Yáng Qiāo* vessels. When combined together, SI-3 (*hòu xī*) and BL-62 (*shēn mài*) unblock and regulate the Governing vessel, benefit the

marrow, calm the spirit, warm yang, and nourish/lubricate the channel sinews. As yang qi is harmonised, it can help to treat daytime seizures.]

3. Stumbling and falling: DU-1 (*chāng qiáng*) and DU-20 (*bǎi huì*)

[Commentary: DU-1 (*chāng qiáng*) is the Governing vessel luò-connecting point. It has the functions of unblocking the loo-connecting vessels of the Governing vessel, draining dampness, and calming and sedating the spirit. DU-20 (*bǎi huì*) has function of helping yang qi rise, particularly in cases of sinking qi causing a tendency to stumble and fall. When there is collapse from qi sinking, these points can be used to raise yang upwards while also unblocking the luò-connecting vessels of the Governing vessel, including to the brain.]

4. Severe seizures with slow recovery time: REN-1 (*huì yīn*) and KID-1 (*yǒng quán*)

[Commentary: For severe seizures with signs of deficiency, the foot *shào yīn* Kidney channel is selected due to its role in storing essence and producing source qi. KID-1 (*yǒng quán*) is the jing-well point of the foot *shào yīn*. It has the functions of reviving consciousness, unblocking the orifices, descending counterflow qi and returning yang. REN-1 (*huì yīn*) is the point where the Conception, Governing and (Penetrating (*Chōng*)) vessels meet, and is indicated to treat seizures. It has the functions of reviving consciousness, returning yang, and unblocking and draining the lower jiao.¹⁰]

5. Insomnia with many dreams and fright: HE-7 (*shén mén*), P-6 (*nèi guān*) and SP-6 (*sān yīn jiāo*)

[Commentary: This pathology includes Heart and Spleen disharmony with additional constraint in the hand *jué yīn* luò-connecting vessels. Heart and Spleen pathology refers to the Spleen not replenishing post-natal qi and blood, with deficiency Heart fire rising upwards. Heart-Spleen disharmony leads to insomnia with much dreaming, as well as the person feeling easily startled. HE-7 (*shén mén*) is the source point of the hand *shào yīn* Heart channel, while SP-6 (*sān yīn jiāo*) is the meeting point of the three foot yin channels. HE-7 (*shén mén*) replenishes Heart qi, cultivates blood and calms the spirit, while SP-6 (*sān yīn jiāo*) fosters blood and promotes the movement of blood. Together the pair tonifies the Heart and Spleen, fosters blood and calms the spirit. Adding the hand *jué yīn* luò-connecting point P-6 (*nèi guān*), which also connects to the Yin Linking (*yīn wéi*) vessel, unblocks the *jué yīn* luò-connecting vessels and calms the spirit. Combined together, these points can treat

insomnia with dream disturbed sleep.]

6. Mental block (absence seizure): DU-20 (*bǎi huì*), REN-12 (*zhōng wǎn*), REN-6 (*qì hǎi*), ST-36 (*zú sān lǐ*).

[Commentary: These points can be used in cases where there is qi deficiency with failure of qi to rise upwards, leading to lapse in awareness or a blank stare. REN-6 (*qì hǎi*) as the Sea of Qi tonifies qi, while DU-20 (*bǎi huì*) encourages the movement of yang qi upwards to the head. ST-36 (*zú sān lǐ*) paired with REN-12 (*zhōng wǎn*) helps to replenish post-natal qi and blood.]

7. Infant convulsions, ‘visiting hostility’: P-7 (*dà líng*), SP-6 (*sān yīn jiāo*), SJ-18 (*chì mái*)

[Commentary: ‘Visiting hostility’ (*kè wǔ* 客忤) is an unusual term and is described in the *Dictionary of TCM* (People’s Medical Publishing House, 1995) in the following way: ‘This can occur when a child’s spirit is not stable. When the child hears a sudden sound, or suddenly encounters a person, or suddenly sees an object, it can cause fright and crying.’ It involves constraint in the hand *jué yīn* Pericardium channel leading to an unstable spirit with symptoms of fright and convulsions.

In terms of the point selection for this pattern, P-7 (*dà líng*) is a unique source point. Compared to other yin channel source points, which are generally used to tonify, P-7 (*dà líng*) has the function of clearing constrained heat in the hand *jué yīn*. For infants who have constrained heat in the *jué yīn* leading to spasms and ‘visiting hostility’, this point that can be considered to clear heat. Paired with SP-6 (*sān yīn jiāo*), which has the functions of cultivating and moving blood, it can calm the spirit. This point pair is different from HE-7 (*shén mén*) and SP-6 (*sān yīn jiāo*), namely in that the pair P-7 (*dà líng*) and SP-6 (*sān yīn jiāo*) is used to treat signs of Pericardium heat, such as irritability. Channel palpation can help to determine if the hand *jué yīn* or hand *shào yīn* channel should be used. Finally, the *Zhēn Jiǔ Jù Yīng* (*Gathering Blossoms of Acupuncture and Moxibustion*) states that SJ-18 (*chì mái*) is indicated to treat children when there are seizures from fright and convulsions.¹¹]

8. Seizures with withdrawal-mania: Four Gates [LI-4 (*hé gǔ*) and LIV-3 (*tài chōng*)], DU-26 (*shuǐ gōu*), KID-1 (*yǒng quán*).

[Commentary: The Four Gates have the functions of igniting¹² the movement of qi and blood in the body. Through its regulatory effect on qi and blood, this pair can help extinguish symptoms of internal wind, such as

convulsions. As the patient also has signs of withdrawal-
mania, KID-1 (*yǒng quán*) and DU-26 (*shuǐ gōu*) are used
to calm the spirit. KID-1 (*yǒng quán*) revives consciousness
and opens the orifices, while also encouraging counterflow
qi to descend. DU-26 (*shuǐ gōu*) has the actions of opening
the orifices and sedating the spirit.]

9. Chronic seizures, weak constitution, seminal emission:
BL-15 (*xīn shū*), BL-23 (*shèn shū*), *Yāo Qí* (腰奇),
BL-11 (*dà zhù*).

[Commentary: Back-shu points have the general functions
of warming yang and moving the qi of their related organ.
BL-15 (*xīn shū*) has the functions of pacifying the Heart
and calming the spirit, while BL-23 (*shèn shū*) tonifies the
Kidney and strengthens source qi. Pairing these two points
together helps the Heart and Kidney to communicate. As
they also warm yang, the two points are effective at treating
cases of Kidney yang deficiency and *shào yīn* disharmony
causing chronic seizures against a background of weak
constitution and seminal emissions. *Yāo Qí* is an extra point
located along the Governing vessel on the sacrum two *cùn*
proximal to the coccyx. It has functions of clearing the mind,
and is indicated to treat seizures.¹³ The *Zhēn Jiǔ Jù Yīng*
(*Glorious Anthology of Acupuncture and Moxibustion*) states
that BL-11 (*dà zhù*) can treat sinew spasms and withdrawal
mania,¹⁴ while the *Zhēn Jiǔ Zī Shēng Jīng* (*Acupuncture and*
Moxibustion Classic on Nourishing Life) states that it treats
convulsions.¹⁵]

10. Chronic seizures, weak constitution, irregular
menstruation and seizures during period: BL-15 (*xīn*
shū), BL-20 (*pí shū*), BL-23 (*shèn shū*), BL-31 (*shàng*
liáo), BL-32 (*cì liáo*) and SP-6 (*sān yīn jiāo*).

[Commentary: This point combination uses points along
the foot *tài yáng* channel,
with a focus on back-shu
points and points related
to the lower jiao. As the
symptoms refer to chronic
seizures and a weak
constitution, back-shu points are selected to warm and
strengthen the Heart, Kidney and Spleen. The main points
are BL-15 (*xīn shū*) and BL-23 (*shèn shū*), which facilitate
communication between the Heart and Kidney, and BL-20
(*pí shū*) to strengthen the Spleen. Strengthening the Spleen
replenishes post-natal qi and blood and thus nourishes the
Heart and Kidney, which is essential when there are seizures
during the period. SP-6 (*sān yīn jiāo*) is added to regulate
the menses by cultivating and invigorating blood. BL-31
(*shàng liáo*) and BL-32 (*cì liáo*) disperse cold and dampness

from the lower jiao, which also has the effect of regulating
the menses.]

4. Clinical cases

Case 1: Wang, age 6

Initial visit: November, 1971.

According to his parents' description, half a year ago
the patient had a cold with fever, during which he had a
grand mal seizure. Since recovering from the cold, he had
experienced grand mal seizures one to two times per month,
with petit mal seizures occurring frequently in between. At
a local hospital he underwent an electroencephalogram
(EEG) examination, which revealed abnormalities
consistent with epilepsy. He was diagnosed with idiopathic
epilepsy. Medication was unable to control the seizures.

Current symptoms: Poor sleep, wakes up easily throughout
the night. Often at night he suddenly screams in fright and
wakes up crying. In the daytime he is irritable and agitated,
with a short temper. He also suffers from constipation. Red
tongue. Thin and rapid pulse.

Symptom pattern differentiation: Excess heat in *jué yīn*.

Point selection: SJ-5 (*wài guān*), GB-41 (*zú lín qì*), GB-20
(*fēng chí*), P-8 (*láo gōng*) and LIV-2 (*xíng jiān*).

[Commentary: This patient exhibited signs of excess, such
as a short temper, constipation, red tongue and rapid pulse.
Excess heat in the *jué yīn* can present itself in its interior-
exterior paired *shào yáng* channel. In this case, the method
of using both the interior and exterior paired channels
was applied. SJ-5 (*wài guān*) and GB-41 (*zú lín qì*) clear
heat in the *shào yáng*, while P-8 (*láo gōng*) and LIV-2 (*xíng*
jiān) clear heat constrained in the *jué yīn*. Even though
there is no mention of
channel examination, one
can assume that the patient
would also have presented
with abnormal changes
along the *shào yáng* and *jué*
yīn channels.]

After 12 treatments, the grand mal seizures were under control

After 12 treatments, the grand mal seizures were under
control, and did not flare up. At night, the patient's eyelids
were not closed fully (which exposed the whites of his eyes).
Occasionally, he had sweating, twitching in the fingers and
petit mal seizures. During this time, REN-12 (*zhōng wǎn*),
ST-40 (*fēng lóng*), BL-20 (*pí shū*) and ST-36 (*zú sān lǐ*) were
selected. After 10 treatments, the patient was able to sleep
soundly, and did not experience any seizures.

[Commentary: Points were changed to regulating the *yáng míng*, as signs of *jué yīn* / *shào yáng* heat had significantly decreased. More specifically, the *yáng míng* was treated by selecting REN-12 (*zhōng wǎn*) and ST-40 (*fēng lóng*) - a classic point combination to transform phlegm. In addition, BL-20 (*pí shū*) was selected to strengthen the Spleen and transform dampness. ST-36 (*zú sān lǐ*) regulates the foot *yáng míng*, strengthens the Stomach and helps with constipation.]

He continued to have vexation and was easily excitable. For example, after watching a movie he would have difficulty falling asleep. Points were changed to HE-7 (*shén mén*), P-6 (*nèi guān*), SP-6 (*sān yīn jiāo*) and ST-36 (*zú sān lǐ*), with the purpose of cultivating blood and calming the spirit. The patient was also prescribed herbal pills, to achieve a slow and gentle regulation. The patient was monitored for a year, during which he did not experience a seizure. In addition, his EEG returned to normal.

[Commentary: As the patient still had signs of vexation, points were selected to calm the spirit, with the main points being HE-7 (*shén mén*), P-6 (*nèi guān*) and SP-6 (*sān yīn jiāo*). Unfortunately there is no mention of the herbal formula that was prescribed.]

Case 2: Ms. Li, age 22. Worker at the 6-1 Shoe Factory

Initial visit: October 1971

In August 1970, after losing her temper, the patient started to suffer from amenorrhoea. Two months later she experienced her first grand mal seizure. In May 1971, her period returned. However, since the return of her menses, she had one or two grand mal seizures two to three days after each period. In addition, she experienced two or three petit mal seizures daily, with associated symptoms of aphasia and lapse in awareness (blank stare).

Current symptoms: Irritability, anger, increased white leucorrhoea, lower abdominal distention (with a sinking feeling), and a bitter taste in the mouth. Thin and white tongue coat. Deep and wiry pulse.

Symptom pattern differentiation: Liver qi constraint and binding. Wood constraint has transformed into fire, which has generated phlegm.

Point selection: P-6 (*nèi guān*), LIV-3 (*tài chōng*), LIV-14 (*qī mén*), REN-12 (*zhōng wǎn*) and ST-40 (*fēng lóng*).

[Commentary: The patient presented with signs of

constraint in *jué yīn*, such as irritability. Points to release *jué yīn* constraint were selected, such as P-6 (*nèi guān*) to promote movement of blood within the *jué yīn* *luò*-connecting vessels. As the patient also had signs of deficiency (with a deep pulse), LIV-3 (*tài chōng*) was used to cultivate Liver blood. LIV-14 (*qī mén*), which is the front-mu point of the Liver, was used to dredge the Liver. In general, front-mu points have the function of dredging and dispersing accumulation in their related organs. When there is stagnation in the organ, the related front-mu point can be considered for treatment. In addition, the patient had symptoms of internal dampness, such as increased leucorrhoea. When dampness accumulates, it can lead to the formation of phlegm. As a result, REN-12 (*zhōng wǎn*) and ST-40 (*fēng lóng*) were selected. Excess phlegm can block the *luò*-connecting vessels and prevent clear qi from rising upwards, thus obstructing the orifices and adversely affecting spirit-clarity. Even though channel examination was not mentioned, there would likely be related changes on the *jué yīn* and *yáng míng* channels.]

After one treatment cycle, her irritability, leucorrhoea and lower abdominal distention were reduced. However, the petit mal seizures still occurred two to three times per day.

Methods of unblocking the channels, transforming blood stasis, benefiting qi and transforming phlegm were used to treat her seizures that were associated with her menstrual cycle and dysmenorrhoea.

Point selection: REN-12 (*zhōng wǎn*), ST-40 (*fēng lóng*), REN-4 (*guān yuán*) and SP-6 (*sān yīn jiāo*), herbal tonics were also prescribed.

[Commentary: As signs of *jué yīn* constraint decreased, exhibited by a decrease in irritability, the point selection was switched to focus on regulating the menses and clearing phlegm. The chief point pair was REN-4 (*guān yuán*) and SP-6 (*sān yīn jiāo*), which cultivate and invigorate blood, thus regulating the menses. Again, unfortunately the herbal formula is not mentioned.]

The patient was treated for a year, after which all of the symptoms disappeared, with no grand mal or petit mal seizures. Three years later, there was a follow-up call, and the patient reported that she had not experienced a seizure during that time.

5. Additional point combinations

1. Dredging wind and sedating the spirit: In cases where there are frequent convulsions, consider selecting LI-4

(*hé gǔ*), LIV-3 (*tài chōng*) and DU-26 (*shuǐ gōu*).

[Commentary: The Four Gates pairing - LI-4 (*hé gǔ*) and LIV-3 (*tài chōng*) - ignites the circulation of qi and blood in the body, which has the effect of extinguishing internal wind. It can thus be used to treat convulsions, which are a sign of internal wind. DU-26 (*shuǐ gōu*) has a sedating effect and can open the orifices.]

2. Expelling phlegm and strengthening the Spleen: In cases where there are convulsions with additional symptoms of drooling with excess phlegm and saliva, consider selecting REN-12 (*zhōng wǎn*), ST-40 (*fēng lóng*) and DU-20 (*bǎi huì*).

[Commentary: REN-12 (*zhōng wǎn*) and ST-40 (*fēng lóng*) is a classic point combination that transforms phlegm and strengthens the Spleen and Stomach. DU-20 (*bǎi huì*) has the function of raising yang. Dr. Wang would typically use DU-20 (*bǎi huì*) in cases of prolapse, such as Stomach or uterine prolapse. In later years, Dr. Wang preferred to use DU-21 (*qián dǐng*) to help raise clear qi and descend turbid qi.]

3. Releasing constraint and calming the spirit: For cases where there is distention in the chest and stomach, Heart vexation and irritability, and convulsions, consider selecting P-6 (*nèi guān*), LIV-3 (*tài chōng*), SP-9 (*yīn líng quán*) and DU-20 (*bǎi huì*).

[Commentary: The main point combination here is P-6 (*nèi guān*) and LIV-3 (*tài chōng*), which is a *jué yīn* point combination. The foot *jué yīn* Liver has the function of filtering blood, while the hand *jué yīn* Pericardium 16 moves blood via the pumping action of the Heart muscle. As a system, the *jué yīn* has a close relationship with the movement and cultivation of blood. It also has the overall functions of fostering yin and calming the spirit. P-6 (*nèi guān*) is the *luò*-connecting point of the hand *jué yīn*, while it also connects to the Yin Linking (*Yīn Wéi*) vessel. It unblocks the *luò*-connecting vessels in the chest, which allows blood to circulate in the small *luò*-connecting vessels in this region, thus alleviating pressure in the chest. In addition, P-6 (*nèi guān*) promotes movement of blood to and harmonises the Stomach. It also calms the spirit. LIV-3 (*tài chōng*) is the source point of the foot *jué yīn*. It has the actions of tonifying and cultivating Liver blood. When paired together, P-6 (*nèi guān*) and LIV-3 (*tài chōng*)

calm the spirit and unblock the chest. As *jué yīn* blood is regulated, it can improve convulsions. SP-9 (*yīn líng quán*) is the he-sea point of the foot *tài yīn* Spleen. It can transform dampness and thus relieve abdominal distention.]

4. Descending fire and clearing Heart fire: In cases where there is restlessness/irritability due to rising fire, with dizziness and convulsions, consider selecting HE-7 (*shén mén*), REN-15 (*jiū wěi*) and KID-1 (*yǒng quán*).

[Commentary: This is primarily a *shào yīn* channel point combination that uses HE-7 (*shén mén*) paired with KID-1 (*yǒng quán*). The foot *shào yīn* Kidney is the origin of source qi due to its connection with the Gate of Vitality *mìng mén*. In order for source qi to circulate, the pumping action of the Heart is required. The circulation of source qi has a warming effect on the body, and since it is yang in nature it moves and disperses yin. This circulation of yang qi and dispersal of yin means that the *shào yīn* system can also drain fire, clearing the Heart and dredging and unblocking the *yin luò*-connecting vessels. The relationship between the

Heart and Kidney channels can also be described in terms of their fire-water relationship. When the Heart and Kidney are not communicating it can lead to either stagnation or deficiency in the *shào yīn*.

If there is yin deficiency,

Heart fire can rise upwards. As the source point of the hand *shào yīn* Heart channel, HE-7 (*shén mén*) calms the spirit. It is also the earth point on a fire channel, and can thus clear deficiency fire that rises upwards, allowing it to return to the *dān tián*. KID-1 (*yǒng quán*) is the jing-well point of the Kidney. It has the actions of reviving consciousness, opening the orifices, clearing the Heart, and returning yang to the *dān tián*. Paired together these two points can descend Heart fire. REN-15 (*jiū wěi*) is the front-mu point of the Conception vessel. It is specifically indicated to arrest epilepsy and calm the spirit. In addition, it has the actions of transforming blood stasis and phlegm. HE-7 (*shén mén*) paired with REN-15 (*jiū wěi*) was a combination Dr. Wang would use to treat Heart seizures¹⁷ with additional symptoms of loss of consciousness and a blank stare. In such cases channel palpation should reveal changes on the *shào yīn* channels.]

5. Transforming blood stasis and unblocking the *luò*-connecting vessels: In cases where there are prodromal symptoms of tingling and numbness in the limbs or focal seizures, consider selecting SJ-5 (*wài*

HE-7 (*shén mén*) paired with REN-15 (*jiū wěi*) was a combination Dr. Wang would use to treat Heart seizures...

guān), GB-41 (*zú lín qì*), GB-20 (*fēng chí*) and SP-6 (*sān yīn jiāo*).

[Commentary: The primary points here are a *shào yáng* and Extraordinary vessel point combination. SJ-5 (*wài guān*) and GB-41 (*zú lín qì*) are used in cases where qi stagnation in the *shào yáng* is transforming into fire. Qi stagnation can also lead to the formation of blood stasis, which can cause symptoms of tingling and numbness in the limbs. However, in this scenario, there should also be signs of excess (based on the use of SJ-5 and GB-41 which are more commonly used to clear excess). Therefore, this kind of tingling and numbness is not due to blood deficiency but more likely qi stagnation in the *shào yáng* developing into wind-heat, which could lead to convulsions. Clearing *shào yáng* heat has the additional effect of transforming blood stasis (as qi moves, blood moves). SP-6 (*sān yīn jiāo*) is added to cultivate and invigorate blood.]

6. Regulating yin and yang: In cases where the interval in between seizures is long, and other associated symptoms are not clear. The following two point combinations are not used at the same time, but separately (i.e. alternate between the two): 1) To cultivate blood and calm the spirit: HE-7 (*shén mén*), P-6 (*nèi guān*) and SP-6 (*sān yīn jiāo*); 2) To dredge and guide the qi dynamic: SI-3 (*hòu xī*), BL-62 (*shēn mài*) and REN-6 (*qì hǎi*).

[Commentary: The combination HE-7 (*shén mén*), P-6 (*nèi guān*) and SP-6 (*sān yīn jiāo*) has already been discussed above. SI-3 (*hòu xī*), BL-62 (*shēn mài*) and REN-6 (*qì hǎi*) are more focused on regulating qi, while HE-7 (*shén mén*), P-6 (*nèi guān*) and SP-6 (*sān yīn jiāo*) are more focused on cultivating blood. SI-3 (*hòu xī*) and BL-62 (*shēn mài*) are *tài yáng* channel points and also an Extraordinary vessel point combination. Since the *tài yáng* channel is yang in nature, it has the functions of warming yang and benefiting qi. REN-6 (*qì hǎi*) is a common point to tonify qi.]

7. Sedate seizures and stop convulsions: In cases where there is a high frequency of seizures and collapse, consider selecting DU-1 (*chāng qiáng*) and REN-1 (*huì yīn*). Needling these points can help to extend the interval between the onset of the seizure and loss of consciousness, and thus reduce the chance of external trauma. It can also result in better control of grand mal seizures. However, these points should not be needled for a prolonged number of treatments.

[Commentary: In Dr. Wang's lectures on the luò-connecting points, one of his favourite digressions was on the functions

of DU-1 (*chāng qiáng*). Over a long period of using this point, he discovered that many of his patients reported that the duration of their epilepsy aura was extended, which gave them more time to prepare themselves before they collapsed to the ground and lost consciousness. Some patients, while at home, would be able to lie down on their beds before the seizure; in the past they would have immediately collapsed wherever they were at the time. Dr. Wang had patients with various injuries from their seizures. For instance, one patient had fallen on top of a coal stove in her courtyard house, which led to a severe burn to her face. When needling these points in the clinic, Dr. Wang would not retain the needle. He would only stimulate the point until there was a gentle sensation travelling along the Du vessel in the coccyx region. REN-1 (*huì yīn*) is the first point of the Conception vessel, while DU-1 (*chāng qiáng*) is the first point of the Governing vessel. Together they can regulate the Conception and Governing vessels, thus regulating yin and yang in the entire body. More specifically, REN-1 (*huì yīn*) revives consciousness and returns yang.]

Conclusion

In recent decades, great inroads have been made in the understanding of epilepsy from both the theoretical and clinical perspective thanks to all the research conducted. However, since epilepsy is a complex disorder, with many variables and changes in the presentation of its clinical symptoms, there are a vast number of potential approaches for treatment. As a result, research must be continued in order to achieve satisfactory clinical results.

[Commentary: For a number of years, I had heard Dr. Wang lecture on the treatment of epilepsy. However, during the first five years I had apprenticed with him, he did not have any patients with this disorder. Finally (to my great excitement), in November 2013 he had a 43 year old male patient who had been suffering from seizures for over a year. The main symptoms prior to each seizure were heart palpitations and pressure in the chest, followed by loss of consciousness. The patient was found to have changes along all of the yin channels, along with a change at DU-9 (*zhì yáng*) (a thick stick-like change along the left side of the spinous process of the seventh thoracic vertebra). Dr. Wang first treated *tài yīn* using LU-6 (*kǒng zuì*), LU-7 (*liè quē*) and SP-4 (*gōng sūn*). These points had the effect of dispersing Lung qi and unblocking the luò-connecting vessels in the chest, to help with the feeling of pressure in the chest. In addition, LU-7 (*liè quē*) and SP-4 (*gōng sūn*) are an Extraordinary vessel point combination that regulates the Penetrating and Conception vessels, controls counterflow qi (upwards to the chest) and regulates yin

nourishment (particularly in the chest). DU-9 (*zhì yáng*) was also needled, with the needle inserted parallel to the stick-like change, to unblock stagnation in the chest. In the week between the first two treatments, the patient did not experience a seizure, although he reported feeling irritable and having palpitations. Dr. Wang believed there was qi and blood stagnation in the chest, which he treated by switching to regulating *jué yīn*. P-7 (*dà líng*) and LIV-2 (*xíng jiān*) were the main points used to clear heat constraint in the chest, while HE-7 (*shén mén*) was added to calm the mind. Over the course of treatment, which continued until April 2014, the patient did not suffer from any further seizures and his chest oppression and palpitations disappeared. The change at DU-9 (*zhì yáng*) also shrunk in size. This case was during the latter stage of Dr. Wang's career, when he had refined a much deeper understanding of his system. For this case he integrated all aspects of Applied Channel Theory, including channel examination, channel theory and point pairs. The case reveals the beauty of Chinese medicine, especially in terms of the flexible application of theory to conform to the patient's unique presentation.

In this article, common pathologies related to epilepsy are discussed, such as *shào yáng* fire, wind-phlegm and qi-blood stagnation. However, whilst common, they do not reflect all of the possible pathologies that can cause seizures, nor should the point prescriptions listed be followed rigidly. As practitioners, the intricate nature of each patient's pathology informs the complexity of each individual case. Application of channel examination, and its integration with channel theory, can help practitioners come to a more succinct analysis of the patient's condition. I believe that Dr. Wang would hope that this article might inspire practitioners to develop a clearer understanding of the treatment of epilepsy. However, I also believe that he would not want practitioners to see the points listed as point prescriptions. Grasping the patient's symptom patterns and integrating these with findings from channel examination can guide us in determining when to use the above-mentioned point combinations. Translating this article has been a reminder to me that to reach Dr. Wang's level of excellence, one has to have the mind of a scholar blended together with a deep well of clinical experience.] ㊦

AUTHOR BIOG

Endnotes

1. Wang Ju-Yi (1976). *Five Lectures on Acupuncture and Moxibustion, TCM Training for Western Medical Doctors in Miyun County, Beijing*, pp. 47-59, 王居易. 《针灸治疗学五讲》. 北京市密云县西学中讲讲义.
2. 《灵枢·寒热病》：“暴挛痲眩，足不任身……”.
3. 孙一奎, Ming Dynasty doctor (1522-1619).
4. 孙一奎 (1584) 《赤水玄珠》.
5. This article was written in 1976, when it was common to use the grand mal and petit mal terminology to describe seizures.
6. *Jing 痉* refers to a disorder that generally presents the symptoms of tightness of the posterior part of the neck, tightness of the back, clenched jaw, convulsions of the limbs and opisthotonos (arched-back rigidity).
7. For instance, for acupuncture practitioners, the location of the aura can be related to a specific region in the body, channel or acupuncture point.
8. The *Clarification of the Theory of Cold Damage (Shāng Hán Míng Lǐ Lùn 《伤寒明理论》)* explains that *chī* refers to tightness in the sinews, while *zòng* describes the sinews being relaxed. When there is tightness, it leads to contraction, while relaxation leads to comparative extension. (痠者筋脉急也，痲者筋脉缓也；急者则引而缩，缓者则痲而伸。或缩或伸，动而不止者，名曰痲痲。)
9. 《素问·奇病论》曰：“人生而有病痲疾者，……病名为胎病，此得之在母腹中时，其母有所大惊，气上而不下，……故令子发微痲疾也。”
10. Functions of REN-1 were from Yang Jia San's textbook on *Acupuncture Point Theory*, Shanghai Science and Technology Press, 1986. (《针灸腧穴学》杨甲三，上海科学技术出版社，1986年).
11. 《针灸聚英》：“痲脉 ……小儿惊痲痲”.
12. Dr. Wang liked to say that the Four Gates ‘ignites’ or ‘jump-starts’ the circulation of qi and blood in the body, like starting a car engine.
13. Description from Yang Jia San (1986). *Acupuncture Point Theory*, Shanghai Science and Technology Press: Shanghai. (《针灸腧穴学》杨甲三，上海科学技术出版社，1986年).
14. 《针灸聚英》：大杼僵仆不能久立 ……筋挛痲疾。
15. 《针灸滋生经》：大杼治痲痲。
16. Dr. Wang believed that the hand *jué yīn* Pericardium was related to the heart muscle and coronary vessels.
17. ‘Heart seizures’ are characterised by heart vexation, pressure in the chest, restlessness, shortness of breath, sticking out the tongue involuntarily and a red face.