Channel Palpation and the Utilisation of Classical Theory

Abstract

Six level channel theory, most commonly associated with the herbal classic Discussion of Cold Damage (傷寒論 Shāng Hán Lùn), also lies at the core of traditional acupuncture theory. This article explores a unique technique for testing the applicability of such classical theory during acupuncture practice, which is drawn from the palpatory diagnostic approach of Professor Wang Ju-Yi (Beijing). The acupuncture system advocated by the late Tung Ching-Chang (Taiwan), for example, often utilises six-level theory to create effective acupuncture prescriptions. By combining knowledge of this popular acupuncture approach with careful palpation of the channels, greater precision of diagnosis and treatment can be achieved. By combining classical theory with manual diagnosis, acupuncturists can resolve even the most complex pathologies. Two case studies are included to illustrate the method in practice.

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A common dilemma for acupuncturists involves the role of classical channel theory in the modern clinic. Many acupuncturists study basic channel theory during school, but then find that their clinical practice involves the use of a collection of individual points for treating specific conditions. When a patient arrives and describes their presenting condition 'X', the practitioner often begins thinking of all possible points which might 'treat X'. In other words, points take primacy over channels. The following article demonstrates how careful palpation of the channels during diagnosis can allow the powerful tool of classical channel theory to improve clinical results.

A secondary issue for many acupuncturists is the sheer number of theoretical approaches available. When using channel theory to create point prescriptions, one is often unsure as to which theoretical model to bring into play for a given patient at a given time. Varying schools of thought abound in the mind of the 21st century acupuncturist. We practice at a time when previously isolated schools of thought interact and cross-pollinate in a way never before seen in the history of Oriental medicine. Not only can we now sample from the vast textual tradition of our medicine, we also benefit from the lively debate and dialogue between approaches from different cultures and even different historical periods. Far from purists, many of us instead become eclectics. This is not necessarily a flaw, however; each thread passed from previous generations to the mind of the modern practitioner can weave into a tapestry of a unique clinical vision. Such is the hallmark of 21st century practice, where clinical approaches in the field vary significantly as practitioners integrate the various concepts provided by different teachers and texts.

Nevertheless, where to begin? One obvious answer to the dilemma of choosing the best theoretical prism[1] for a particular patient is to place one's hands on the patient to look for clues. An excellent technique for gaining diagnostic information from the patient involves the palpatory techniques of Dr Wang Ju-Yi (王居易). An introduction to these techniques was outlined in JCM Issue 83.[2] In the current paper a uniquely modern use for these techniques as a means of analysing classical theory will be proposed. First, however, the theory to be analysed will be outlined.

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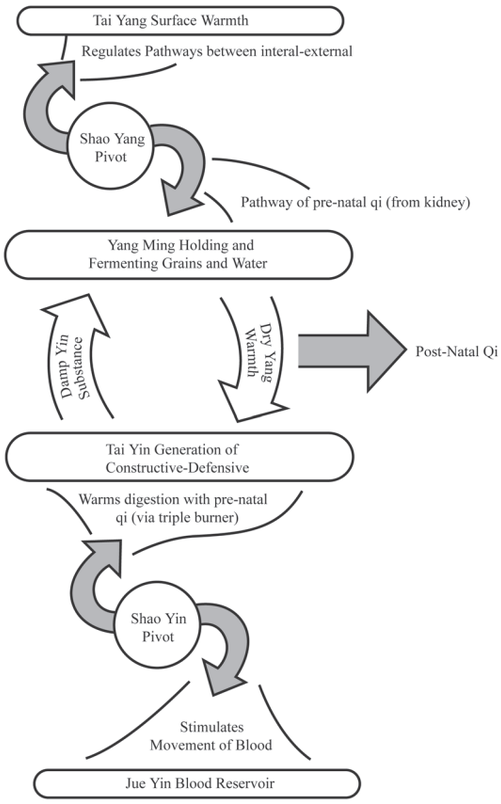
Practitioners of Chinese medicine are likely to be familiar with the six level structure of the herbal classic *Discussion of Cold Damage* (傷寒論 *Shāng Hán Lùn)*. In this text disease is categorised using the terminology of channel theory. For example, external invasion (especially by cold) is described as first affecting the Tai Yang. Tai Yang disease then gives rise to what we term the *guì zhī tāng* (Cinnamon Twig Decoction) 'pattern' (證 *zhèng)*. This categorisation of pathology into patterns associated with channels is equally applicable to acupuncture. In order to properly utilise this type of thinking for acupuncture, we must return for a moment to the *Inner Classic* (內經 *Nèi Jīng)*.

Tai Yang	Small Intestine/Bladder	Rules opening (開 kāi) to the outside	Metabolises Cold
Shao Yang	Triple Burner/Gall Bladder	Rules the yang pivot (樞 shū)	Metabolises Summerheat
Yang Ming	Large Intestine/Stomach	Rules uniting (闔 hé) to the inside	Metabolises Dryness
Tai Yin	Lung/Spleen	Rules opening (開 kāi) to the outside	Metabolises Dampness
Shao Yin	Heart/Kidney	Rules the yin pivot (樞 shū)	Metabolises Fire
Jue Yin	Pericardium/Liver	Rules uniting (闔 hé) to the inside	Metabolises Wind

Table 1: **The functions of the channels according to the *Inner Classic***

Figure 1 (right): **The six level model provides a means for seeing the channel system as a dynamic and interactive whole**



The clinical importance of understanding the natures of the six channels is discussed in the *Divine Pivot* (靈樞 *Líng Shū)* section of the *Inner Classic*. The first lines of the fifth chapter begin with something of a soliloquy by the court physician Qi Bo, in which he asks questions and then provides his own answers. The relevant section involves a discussion of how one's approach to disease might change depending on the season. At the end of the section, Qi Bo summarises his approach to treatment based on climate and finishes with an admonition:

"You must begin by considering the relative amounts of yin and yang as the situation presents in order to determine tonification and draining. Unusual qi has entered the channels and if you can't help the organs [i.e. treat the condition] it is because you don't understand what the roots and junctions are about! You don't understand the yin and yang organs and how they move by opening, pivoting and closing. Yin and yang might be failing and you wouldn't know where to start!"

This outburst by Qi Bo is one of conviction and serves to emphasise two of the fundamental concepts of channel theory. The first involves the concept of 'roots and junctions' (根结 *gēn jié)* and is a reference to the channels and their 'junctions' - the acupuncture points. In short, the ancient text asserts that in order to approach the complexity of the human body, one must first try to perceive the way it is woven together by channels and punctuated by discreet points of collection.[3] The concept is then introduced that the organs and channels 'open, pivot and close'. In other words, the six channels each have a particular way of moving within a unified system. Within this system, the more external yang levels have three parts: one opening towards the outside, a second pivoting in the middle and a third closing and uniting inwards. The three internal yin levels function in a similar way. The organs of the body then function within the larger framework of the six levels in a dynamic balancing act. Each level weaves two organs together as a metabolic duo charged with maintaining a particular aspect of classical physiology. A review of other sections of the *Inner Classic* provides a summary of the natures of the channels as follows (see Figure 1).

One obvious - but often overlooked - aspect of using six level channel theory in acupuncture is the fact that organs with 'same-name' channels have a particular resonance and synergy with each another. The Lung and Spleen, for example, are both *Tai Yin*, and thus using points on the Lung and Spleen channels together constitutes a powerful clinical strategy. An

excellent example of this would be the combination of the he-sea points *Chīzé* LU-5 and *Yīnlíngquán* SP-9 to regulate the metabolism of dampness in the body. Another common example is the use of the shu-stream point pairing *Hòuxī* SI-3 and *Shùgǔ* BL-65 in cases of stagnation and pain along the pathway of the *Tai Yang* channel due to cold. There are many similar examples to be found in classical texts, where paired points from channels of the same name broaden and strengthen the effects of a given treatment.

Another way that effective point prescriptions can be created involves considering the physiological resonance of channels that 'move' in a similar way.[4] One might ask, for example, whether it is possible to combine points from the *Tai Yang* and *Tai Yin* channels, based on the fact that the *Inner Classic* asserts that both channels have an 'opening' direction? Is it possible to take advantage of the similarities in physiological tendency of the yin and yang channels to improve clinical results?

Answers to these questions can be found by reconsidering a few commonly used points in light of this theory. For example, possibly the most commonly used point-pair in the modern clinic is the 'Four Gates' (*Hégǔ* L.I.-4 and *Tàichōng* LIV-3). Students and practitioners are often at a loss to explain the evident broad effects of this pair to calm, reduce pain and smooth emotional instability. Why should a Large Intestine channel point be combined with a point from the Liver channel? Would it not, in theory, be more effective to smooth Liver function by pairing *Tàichōng* LIV-3 with a Pericardium channel point (same-name) or possibly a Gall Bladder channel point (internal-external pair) to synergise their effects? In light of the assertion in the *Inner Classic* that the *Yang Ming* and *Jue Yin* both 'close', however, we might better understand the type of physiological resonance initiated by these two points. The natural tendency of *Jue Yin* to 'close' inwards - the function of calming, resting and nourishing the blood - harmonises with a similar function of *Yang Ming* in the yang aspect of the body. Thousands of patients each day would agree that this seems to be empirically true for the Four Gates point pair.

The tendency of channels that move in a similar way to affect each other can be used as a context to analyse the physiological effects of other commonly-used points. Practitioners often wonder why the point *Lièquē* LU-7 is listed in classical sources as the 'command point' (總穴 *zǒng xué)* of the head and back of the neck. When one looks at the pathway of the Lung channel, one sees an internal part of the main channel that goes to the throat, but no part of the channel that travels to the neck or back of the head. When one considers that *Tai Yin* (of which the Lung channel is one aspect) and *Tai Yang* (which travels through the neck and back of the head) both 'open' to the outside, however, a clearer understanding can be formed of both why and how *Lièquē* LU-7 might affect the neck and back of the head. Further insights regarding the apparently idiosyncratic traditional uses of many other points can come from the open/pivot/close aspect of the channel system. Consider the use of *Nèiguān* PC-6 (a Jue Yin point) to harmonise and calm the Stomach (a *Yang Ming* organ) or the use of *Qūchí* L.I.-11 (a *Yang Ming* point) to clear heat from the blood in dermatological patterns (a *Jue Yin* Liver function). Another example from Chinese medical dermatology involves the use of *Wěizhōng* BL-40 to treat skin conditions such as eczema and psoriasis. This involves using the *Tai Yang* Urinary Bladder to treat a part of the body largely associated in Chinese medicine with the functions of the *Tai Yin* Lung. In addition, multiple points on the *Shao Yang* San Jiao channel can be used to treat excess-type ear pathologies, while the other 'pivot' channel *Shao Yin* (via the Kidney) is associated more with deficient-type ear conditions. Of course the pathways of both channels travel to the ears; nevertheless, open/pivot/close theory can help us not only to understand the balance of local physiology, but also facilitate the formulation of more sophisticated multi-channel point prescriptions.

"In order to approach the complexity of the human body, one must first try to perceive the way it is woven together by channels and punctuated by discreet points of collection."

Other traditions of acupuncture also place particular emphasis on this method of choosing points for treatment. For example, many practitioners and students are familiar with 'Tung-style acupuncture' as advocated by modern teachers such as Dr Wei-Chieh Young, Richard Tan and Susan Johnson.[5] In the text *Tung's Acupuncture* Dr Wei-Chieh Young states that, 'the Five Zang Extra Relationship Theory (open/pivot/close) is the most outstanding, widely used, and essential aspect of Master Tung's acupuncture.'[6] Dr. Young mentions many points that utilise this relationship and how open/pivot/close theory explains their clinical effectiveness. One example is the use of two points located very close to *Chīzé* LU-10 - known as *Chong Zi* (22.01) and *Chong Xian* (22.02) - to treat pain along the Bladder channel in the neck and upper back. As with *Lièquē* LU-7, this involves using the *Tai Yin* hand channel to treat conditions found on the *Tai Yang* foot channel. Master Tung also advocates the use of a point on the San Jiao channel

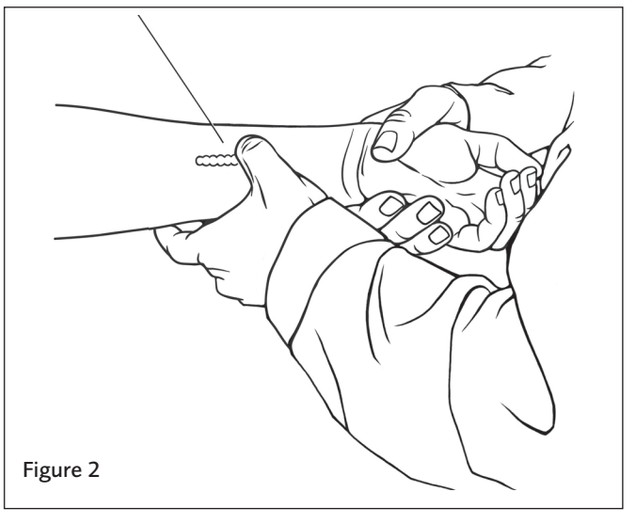


Figure 2

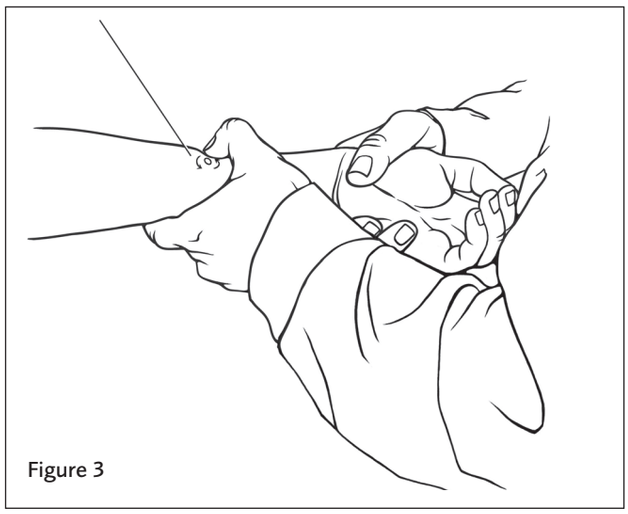


Figure 3

Zhong Bai (22.06, 0.5 cun proximal to SJ-3 *Zhōngzhǔ)* to treat lower back pain due to Kidney deficiency. This is an example of using the two 'pivots' of the channel system - *Shao Yin* and *Shao Yang*. Another Tung-style point takes advantage of the two pivots by using the Heart channel to treat a condition often associated with the Gall Bladder. In this case the point *Yan Huang* (11.23), located on the little finger (Heart channel), is used to treat yellowing of the eyes in cases of jaundice. For hernias on the Liver channel, Tung style acupuncturists often advocate the use of the *Jian* points (11.01 to 11.05) found on the index finger (Large Intestine channel). Here again one is using the resonance of *Jue Yin* and *Yang Ming* as channels that 'close' inwards. There are many, many more examples of the use of open/pivot/close/theory in this tradition.

"This technique simply involves palpating along the courses of the twelve channels to determine which channel has the most change."

As stated above, many practitioners today draw from various theoretical prisms in clinic and thus sometimes have trouble discerning which approach to use on a particular patient. The sheer wealth of our knowledge can lead to confusion. In the experience of the authors, the palpation techniques developed by Professor Wang Ju-Yi are very helpful for surmounting this difficulty. In the most basic sense, this technique simply involves palpating along the courses of the twelve channels to determine which channel has the most changes. Dr. Wang considers relevant 'changes' to include areas of flaccidity or increased muscle tone, nodules, small areas of graininess, thickening in the fascia and/or string-like lines along and across channels. Developing the sensitivity to determine relevant changes takes practice. Nevertheless, most practitioners can almost immediately begin to feel some of the more distinct changes present along a patient's channel pathways. Although not the subject of this article, it should be pointed out that Dr. Wang further subdivides the types of changes found on the channels and their likely diagnostic significance. In other words, the shape, size and texture of the channel changes can influence one's interpretation of any palpatory findings.

Figure 2: When palpating along the course of the channel, Dr. Wang advocates using the side of the thumb in a smooth movement along the pathways of all twelve channels distal to the elbows and knees. These areas - where the five-transport points are located - are where the channel qi grows as it moves from the tips of the fingers or toes towards the organs in the trunk of the body. One might find nodules, thickened fascia, graininess, softness or other changes along the pathways of the channels involved in a patient's pattern.

Figure 3: Once changes have been found along a channel, Dr. Wang often carefully palpates further, determining the exact shape, texture and size in order to further categorise what the changes may mean. For a more detailed discussion of Dr. Wang's channel palpation technique, please see JCM 83 (available for free download at www.jcm.co.uk - see Sample Articles).

For many practitioners, finding a channel with significant palpable changes can be a huge help in determining the appropriate channel for treatment. More specifically, if one is able to determine an affected channel by linking signs and symptoms

(the 'pattern') with the palpated changes, one can then choose points along that channel. For example, if a patient with a cough has significant palpated changes along the Pericardium channel, this would guide the practitioner towards *Jue Yin* as the nexus of treatment. This type of approach reduces the pool of possible points for a given patient. Eventually, as one considers other aspects and functions of the channel system, the choice of channel for treatment becomes something of a therapeutic dialogue with a living system. Turning the oft-used modern approach on its head, the practitioner thinks *first* of which channels to treat, and only then of the appropriate points to use on that channel. Once one has determined a channel for treatment, points advocated by different theoretical prisms along the affected channel can be considered.

However, considerations of classical channel theory might lead to needling points along channels other than those with the most obvious palpable changes. A fairly simple example of this would be needling a yang channel in cases where there is an excess pattern and clearly palpable changes on the paired yin channel. In such cases, the channel with obvious changes (the yin channel) has an excess pattern which is best cleared by treating a channel without any obvious palpable change (the yang channel). Dr. Wang often uses this type of approach and cites channel theory as his guide to what might at first seem like an unlikely point prescription. In fact, it is this very tendency of Tung-style acupuncture - needling points on channels not normally associated with a given symptom - which inspired us to utilise Dr. Wang's diagnostic approach as a way of determining which energetic prism to apply for a given patient. In the course of using this very effective diagnostic tool, we also came to a deeper understanding of what the *Inner Classic* means when it asserts that if you "don't understand the yin and yang organs and how they move by opening, pivoting and closing, yin and yang might be failing and you wouldn't know where to start!" A few case studies will help to explain how palpation helps to clarify theory:

Case study one

A 41 year old female presented in clinic complaining of right lateral and posterior shoulder pain of three months duration. The pain had started slowly and did not seem to arise from a particular injury. She had difficulty abducting her arm in both the lateral and posterior directions. The pain was worse in the morning and after sitting for long periods at work. Focal areas of pain were described by the patient at both *Jiānliáo* SJ-14 and *Nàoshū* SI-10; she also reported the presence of 'a deep achy sensation in the joint'. Her pulse was slippery overall and wiry at both middle (*guan*) positions. Her tongue was slightly swollen with a slightly thick sticky coat.

Channel palpation revealed tightness all along the *Shao Yang* San Jiao channel on the forearm, with focal nodules palpable in the area of *Sìdú* SJ-9. There was also an area of multiple 'bubble-like' nodules around *Tàichōng* LIV-3. Two to three cun distal to *Chīzé* LU-5 there was a tender thickening of the fascia with multiple soft nodules, while the Spleen channel manifested both tightness and tenderness in the area around and below *Gōngsūn* SP-4. The Small Intestine *Tai Yang* channel had no significant palpable changes.

The presentation of this patient provides an example of a common dilemma for the modern acupuncturist: which are the best points to choose for the common symptom of shoulder pain? In the broadest sense, we often find ourselves determining which of the three yang channels of the arm is most likely to help. If one peruses any modern acupuncture text, one finds a great deal more points indicated for shoulder pain than might conceivably be needled on a particular patient on any given day. If one takes other non-TCM approaches into account, the choice can become dizzying. For most of us, the obvious next diagnostic step involves palpating the patient. In this case, the patient seemed to have areas of both tightness and pain along at least two channels of the shoulder, with pain at both *Jiānliáo* SJ-14 (*Shao Yang*) and *Nàoshū* SI-10 (*Tai Yang*). Palpation of the distal channels in this case seemed to point to a likely solution. It is quite common in patients with shoulder pain to find an area of tightness with nodules around and distal to *Sìdú* SJ-9 when the *Shao Yang* channel is involved. Because of this finding, the following treatment was used:

Diagnosis: Local qi and blood stasis in the *Shao Yang* Triple Burner channel
Treatment: *Zhīgōu* SJ-6 and *Jiānliáo* SJ-14 on the right (affected side) with *Yánglíngquán* GB-34 on the left. In order to balance the *Shao Yang* aspect of the treatment, internally-paired *Jue Yin* points were also used - *Nèiguān* P-6 on the left and *Tàichōng* LIV-3 on the right.
Outcome: The patient reported one week later that the pain in the shoulder had improved 'a bit' for two to three days, but had then returned.

Whilst it is sometimes the case that patients with shoulder pain do not improve as quickly as we expect, in this case it was determined that the initial diagnosis may have been incorrect. After reconsidering the original palpated changes during the second visit it was determined that the shoulder pain likely involved *Tai Yang*. Initial channel palpation had revealed no significant changes along the *Tai Yang* Small Intestine (or Bladder) channels. Nevertheless, there were a significant number of changes along the *Tai Yin* channels. Initially, it had been assumed that the changes on the Lung and Spleen channels were reflective of the patient's constitution, given her slightly overweight body-type, slippery pulse and swollen tongue. One often finds that musculoskeletal injuries may involve a

particular channel while there are concomitant underlying imbalances involving other organs and channels. In the first visit, the changes palpated along the *Tai Yin* channel had thus been set aside while the *Shao Yang* changes were viewed as most likely to be involved in the current chief complaint. At this point, a different theoretical prism was used to view the patient.

Revised diagnosis: In consideration of the assertion in the *Inner Classic* that both the *Tai Yang* and *Tai Yin* channels 'open' to the outside, it was determined that this was a case of '*Tai Yang*-*Tai Yin* disharmony'.
Treatment: *Kǒngzuì* LU-6 was needled on the right (affected) side and *Gōngsūn* SP-4 on the left. To balance the *Tai Yin* treatment, the *Yang Ming* point *Qūchí* L.I.-11 was needled on the left and *Tiáokǒu* ST-38 was needled on the right.
Outcome: The patient reported one week later that the pain in the shoulder had improved '90 per cent'. The same treatment was repeated once more and the patient was told to report back if the pain returned in the future.

This case provides a reasonably clear example of how distal channel palpation can be used to re-evaluate a less than optimal outcome. The effectiveness of the open/pivot/close model to inform the choice of channel for treatment is also highlighted. In other words, one can begin to see how the use of Lung channel points on the same side as a *Tai Yang* channel shoulder pain might constitute effective treatment. Kǒngzuì LU-6 was chosen due to its category as a xi-cleft point; xi-cleft points are often chosen in cases where there is some aspect of blood stasis (where pain is worse in the morning and after sitting). *Gōngsūn* SP-4 was added as a collateral point to invigorate the micro-circulation (the collaterals) of *Tai Yin*. *Qūchí* L.I.-11 was used for its ability to strongly move the paired *Yang Ming* channel, and *Tiáokǒu* ST-38 was an obvious distal *Yang Ming* point due to its empirical use for shoulder pain.

A second *Tai Yang*-*Tai Yin* case shows how this line of thinking might be utilised for more complex internal medicine conditions:

Case study 2

A 58 year old female presented in clinic with a six month history of coughing blood and concurrent left hip pain radiating down the left leg. The cough had started after catching a cold and had developed to include the expulsion of dark red to black blood throughout the day. She also experienced shortness of breath on exertion. A CAT scan had revealed small nodes (dark areas) on the right lung. The reason for coming to the acupuncture clinic, however, was for treatment of the hip pain, which radiated down the back of the leg and produced numbness in the left foot.

The patient had previously received a total of five operations to address her back pain (three were successful for several years but the two recent surgeries had failed) and was taking both methadone and gabapentin daily. Nevertheless she still woke up at night from the pain and was consequently extremely fatigued. She reported constipation caused by her pain medication, which was somewhat relieved through the occasional use of oral laxatives. She also experienced chronic acid reflux and described mild depression and resentment due to being fired from her job on account of her poor health. The patient had previously had a benign tumor removed from her kidney and also had a small aneurism in one of her cardiac arteries. Due to the fact that she had yet to meet with her doctor and had not received a Western medical diagnosis for the cough, Chinese herbal medicine was not used.

Her pulse was thready overall and more wiry at the middle (guan) positions. Her tongue had a dark-red body with a dry coat, and had enlarged dark vessels underneath. Channel palpation revealed a visible dark area on the forearms, with nodules of medium firmness and rough edges in the area of *Kǒngzuì* LU-6. Small, firm, pea-like nodules were palpated at both SI-3 *Hòuxī* and SI-4 *Wàngǔ*. Finally, a round, firm nodule was palpated at *Jīnggǔ* BL-64.

Channel palpation confirmed the involvement of the *Tai Yang* channel in this patient's pathology. Nodules at the source points (*Wàngǔ* SI-4 and *Jīnggǔ* BL-64) indicate that the diagnosis would likely include deficiency. The dark area and nodules at *Kǒngzuì* LU-6 highlights the presence of qi and blood stasis in the *Tai Yin* Lung channel. In general, the relatively firm texture of all the palpated changes (combined with the appearance of the tongue) indicates the importance of blood stasis in the pathology of this patient.

Open/pivot/close theory highlights a possible link between the two main symptoms. The patient had experienced several surgical operations on her back over many years, which likely both weakened and caused blood stasis in *Tai Yang* (Urinary Bladder channel). Considering the open/pivot/close relationship of *Tai Yang* and *Tai Yin*, the inability of *Tai Yang* to 'open' seems to have begun to affect *Tai Yin*. The presence of long-term *Tai Yang*/*Tai Yin* weakness left the patient susceptible to an invasion of wind-cold, which could not be resolved. In addition, sadness and depression has further exhausted the Lung and has contributed to the development of blood stasis and a serious cough, which finally began to produce bloody exudate.

Diagnosis: Qi and blood stagnation in the *Tai Yang* channel leading to deficiency and blockage in *Tai Yin*.
Treatment Principle: Stop bleeding and cough by opening the Lung channel and tonifying *Tai Yin*. Stop low back

and leg pain by moving qi and blood in the *Tai Yang* channel.

Treatment: The following treatment was used once per week for three weeks: bilateral *Kǒngzuì* LU-6 (even technique) and *Tàibái* SP-3 (tonifying technique). In addition *Hòuxī* SI-3 was needled on the right side and *Shùgǔ* BL-65 on the affected left side using even technique. On the third treatment in this series *Wěizhōng* BL-40 was bled using a cup.

Outcome: After three treatments, the patient's lower back pain had reduced by 50 per cent and the radiating pain down the back of the leg had resolved, but she now reported pain radiating down the front of the leg (*Yang Ming* channel). The patient was also surprised to report that her cough had decreased by '60 per cent', with 90 per cent less blood. A few days before returning, however, the patient experienced an emotional trauma that caused both the cough and bleeding to increase once again. In particular she was likely to cough blood with any sudden exertion such as laughing. At this point her tongue had changed and was less dark but continued to have a very dry coating. In the meantime, her medical doctor had deferred diagnosis of her cough until a bronchioscopy could be conducted. Upon further questioning, the patient revealed a long history of anger and sadness that had not been discussed on the first visit.

Revised diagnosis and treatment: After reflecting on the changes in her symptoms, a new diagnosis was considered. The *Tai Yang* pathology now appeared to be resolved but the *Yang Ming* channel was producing symptoms (the pain radiating down the front of the leg). The cough appeared to be exacerbated by emotional trauma and it was thus posited that the Liver was overacting on the Lung. *Jue Yin* involvement was further suggested by the sudden (wind-like) quality of the bleeding.

Careful palpation of the channels revealed two firm nodules on the Liver channel in the area of *Xíngjiān* LIV-2 and *Tàichōng* LIV-3. The darkness of the skin and nodules continued to be evident around *Kǒngzuì* LU-6. Dr. Wang has noted a clear tendency of changes involving blood stasis in the chest to coincide with long areas of tightness or hard nodules in the medial forearm. In this case, the change was most clearly palpated at *Kǒngzuì* LU-6. There is a common clinical tendency of blood stasis-related changes in this area to 'spill over' into the *Jue Yin* Pericardium channel and vice-versa. It should be noted that both *Xī mén* P-4 and *Kǒngzuì* LU-6 are found in a similar zone of the arm and are both xi-cleft points (often associated with blood pathologies according to Dr Wang). In light of these considerations and the palpated changes, the diagnosis now shifted to involve the *Jue Yin* channel and the five-phase concept of wood overacting on metal.

Treatment again utilised open/pivot/close theory. Points from the Tung system *Ling Gu* (22.05) and *Da Bai* (22.04) either side of *Hégǔ* L.I.-4 were used, both because they are indicated for back pain and because of the resonance between *Jue Yin* and *Yang Ming* (see discussion of the Four Gates above). The treatment principle of dispersing the Liver and tonifying the Lung continued for eight more treatments (six treatments weekly and the last two bi-monthly). During this stage, a large nodule became more evident at *Xī mén* P-4 and thus the point pair *Xī mén* P-4 and *Lígōu* LIV-5 was also woven into treatment. The patient's cough and lower back pain continued to resolve.

In the final stage of treatment the internal-external aspect of *Shao Yang* was used to sedate *Jue Yin*. This represents the clinically effective approach of using the yang channels to sedate excess arising in the paired yin channels. In this series of treatments the points *Jiānliáo* SJ-14, *Zhong Bai* (Tung point 22.06) and *Yánglíngquán* GB-34 were added to the *Jue Yin* points while *Kǒngzuì* LU-6 and the other *Yang Ming* points were left out. Because the patient's response to these treatments was less significant, however, the Shao Yang points were dropped in favour of the above-mentioned *Yang Ming* (Tung point) strategy for the final two treatments.

"It is through palpating the channels that we can more precisely choose the best theoretical paradigm from which to select channels and points."

By the end of treatment, the patient had no coughing or bleeding and her back pain had resolved. Her medical doctor stopped her treatment as the bronchioscopy was clear and the nodules in her lung had disappeared. At her last visit the nodule at *Xī mén* P-4 had resolved, while the nodule at *Kǒngzuì* LU-6 was smaller but still present. This scenario would be described by Dr. Wang as a situation where the channels themselves may hold memories or 'scars' of disease even long after the pattern has actually resolved.

This second case demonstrates how the use of palpation can hone diagnosis and guide strategy during a long and varying course of treatment. To summarise, the changes on the *Tai Yang* pointed to the use of source points on that channel to help benefit the *Tai Yin* Lung. In other words, *Tai Yin* was strengthened through *Tai Yang*. Given the patient's emotional history in conjunction with the trauma experienced

mid-treatment, *Jue Yin* later became an important aspect of the treatment of her cough. This was confirmed by the palpated changes, which became more evident at *Xī mén* P-4 in later visits. Open/pivot/close theory provides a theoretical window through which we can understand why *Yang Ming* treatments to sedate *Jue Yin* yielded better results than the use of *Shao Yang*. Finally, it is important to note that acupuncture was the only modality utilised to treat her cough, and that neither Chinese herbs nor other Western medications were prescribed.

Conclusion

The case studies presented in this article demonstrate how channel palpation can be used to help choose an effective paradigm to inform our clinical strategy. As stated earlier, the milieu of modern training often provides multiple theoretical approaches for evaluating and treating our patients. It is through palpating the channels that we can more precisely choose the best theoretical paradigm from which to select channels and points. It might also be pointed out that, for the authors of this paper, channel palpation has provided a means of more clearly understanding the complex pathomechanisms frequently presented by modern patients. Palpation can provide a verifiable means for determining whether a given theoretical model has clinical merit. Finally, it provides a means for slowing down and using our hands to look for clues about how to proceed from the best source available - the patients themselves. ■

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Endnotes

1 The term 'theoretical prism' denotes the ability of Chinese medicine to look at a given patient presentation from a variety of angles. For example, as herbalists, we might approach a complex patient using the diagnostic vision and treatment strategies of the *Discussion of Cold Damage* (傷寒論 *Shāng Hán Lùn)*. On the other hand, if deemed appropriate, we might look at the same pattern through an alternative 'prism' – that of the *Systematic Differentiation of Warm Pathogen Diseases* (溫病條辨*Wēn Bìng Tiáo Biàn)*. The goal is to find the prism most suited to explain the presenting pattern. The same might be said for the practice of acupuncture as described in this paper.

2 For a more thorough discussion of Dr. Wang's understanding of channel theory and palpation as a diagnostic tool, see Robertson, J., D., Wang, J. Y. (2008). *Applied Channel Theory in Chinese Medicine*. Seattle: Eastland Press.

3 The term translated here as 'junction' implies a coming together at a point of time - there is a pause for collection of qi and blood at each point.

4 One might wonder what exactly is meant by the assertion that there is a 'physiological resonance' between two channels that open, pivot or close. A thorough exploration of this concept is beyond the scope of the current article. In *Applied Channel Theory in Chinese Medicine*, Dr. Wang provides some interesting illustrations of functional parallels between *Tai Yin-Tai Yang, Shao Yin-Shao Yang* and *Yang Ming-Jue Yin*. It seems that there are themes at each aspect. To summarise these themes risks over-simplification. Nevertheless, in the broadest sense it might be said that the 'open' channels/organs metabolise dampness and create healthy fluids, the 'pivot' channels/organs provide and transport the stimulus of physiological fire while the 'close' channels/organs bring nourishment inwards to the blood.

5 One of the earliest examples of this style of acupuncture in English can be found in the text *Master Tung's Acupuncture* by Miriam Lee. Of relevance to the current discussion, Richard Tan - an advocate of that system - describes what we are calling the 'open/close/pivot' relationship as the '*bie jing*-branching channel system' aspect of the channel system. It is one of the five core theoretical approaches he advocates for choosing channels for treatment.

6 Young, W., C. (2005). Trans. Ting Y., F. and Liu Z. *Tung's Acupuncture*. Taipei, Taiwan: Chih-Yuan Book Store, p. xxxiv (introduction)