

# A Discussion of Differences Between Hand Shao Yin and Hand Jue Yin Channel Indications

by Wang Hong Min

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## Abstract

The *Nei-Jing* cites indications governed by the Hand Shao Yin Heart Channel and Hand Jue Yin Pericardium Channel. The author developed an understanding of the indications governed by these two channels from an integration of Applied Channel Theory and modern medicine. Analysis of modern medicine's anatomical descriptions of the heart's structure, its connections with channels, and unique characteristics of the physiology and pathology and from clinical observation helped with the formation of this understanding. The author believes that detailed analysis of the findings from channel examination together with clear study of the mechanism of cardiac disorders provides acupuncture guidance in the treatment of heart disease.

**Key Words:** Hand Shao Yin, Hand Jue Yin, channel examination

Differentiation between the points of the Heart Channel and Pericardium Channel has been researched throughout the history of Chinese medical acupuncture. In Chapter 71 of the *Divine Pivot* it states, "the Yellow Emperor asks: why is the Hand Shao Yin channel the only channel without points? Qi-bo answers: the Shao Yin, is the Heart Channel. The Heart is the sovereign of the Five Zang and Six Fu; it stores Essence and Spirit. The Heart is solid and sturdy—pathogens are unable to invade it. However, if pathogens invade the Heart, then it will be injured. Harm to the heart leads to loss of Spirit, which results in death. Therefore, whenever there are pathogens that invade the Heart, they are in the collaterals of the Pericardium. The 'collaterals of the Pericardium' is the channel that governs the Heart. Hence, the Heart Channel does not have acupuncture points."

One can see that in the time of the *Nei Jing*, the indications of the Heart Channel and Pericardium Channel were not differentiated. According to the perspective "the Heart is the emperor," and from the philosophical-cultural belief that "others will protect the emperor from harm," the description of Pericardium Channel points to treat heart disease has over 2,000 years of history. Can the Heart

Channel treat its own disease symptom patterns? Is there a difference between the indications of the Heart and Pericardium channels?

An answer to these questions can be approached from two perspectives—a theoretical perspective, and from the standard textbook explanation. From these two sources, the indications for the Hand Shao Yin and hand Jue Yin channels are very similar and are related to the heart, chest, and psycho-emotional disorders, including illnesses related to the channel pathways. In addition, from recent clinical research there are reports that use both Heart and Pericardium channel points to treat heart disease. Rarely is further research conducted to distinguish between these channels.

Wang Ju-yi's descriptions of the unique structures of channels include the concept that each channel has its own specific pathway and that each channel is a crevice existing between different tissue layers. Channels are thus connected with a specific Zang-Fu, and have a related regulatory effect. Dr. Wang proved these concepts through continuous clinical application and the collection of large quantities of case studies.

The application of channel examination helps to distinguish between these two channels, since abnormal channel changes on the Hand Shao Yin and hand Jue Yin channels reflect different disorders. Channel examination clarifies the difference between the two channels, and clarifies the symptom pattern structures related to heart disease. Thus, proper differentiation will serve as an important guide in the future for the treatment of heart disease in clinical acupuncture.

In order to consider this topic from different perspectives, the author will conduct an analysis of the Heart Channel and Pericardium Channel – by analyzing the unique structures of these two channels and modern medicine's research on the heart's anatomy, physiology, and pathology. In addition, Wang Ju-yi's clinical case studies will be used as clinical evidence.

## 1. A Comparison of the Pericardium and Heart channel pathways

These two channels have connections with the heart, chest, and throat. The difference being that the Heart Channel's Divergent Channel "travels along the throat," and its Channel Sinew "binds with the chest," while the Pericardium Channel's regular channel "travels along the chest," its Divergent Channel "enters the chest," and "travels along the throat." Another main difference is the Heart Channel comes "from the heart system," "attaches to the throat" and connects with the

eye system," the Divergent Channel "travels along the throat, and emerges to the face."

It is a meaningful exercise to conduct a comparative analysis between the channel pathways to understand the disease symptom patterns, and the indication and actions of the points of these two channels.

## 2. Anatomy and Physiology of the Heart

The heart is a hollow viscera and the cardiac wall is comprised of three membrane layers—from the interior to the exterior they are the endocardium, myocardium and epicardium. The structure of the endocardium includes the endothelium, subendothelial layer, endothecium, and subendocardium. The subendocardium contains the branches of the heart's conductivity system. The endocardium protrudes in the internal cavity to form the heart valves, which prevents reversal of blood flow between the atrium and ventricle.

The myocardium is comprised of myocardial fibers; the muscle fibers have a rich supply of capillaries. A portion of the muscle fibers of the atrium release atrial natriuretic peptide, which has the functions of draining urine, releasing sodium, dilating the blood vessels and lowering blood pressure.

The epicardium is the part of the pericardium and is the serous layer. It is comprised of connective tissue and mesothelium. The epicardium is where the coronary arteries and veins are distributed.

From the heart's anatomy and physiology one learns that there is a physiological and functional relationship between the cardiac muscle's three layers and with the heart's rhythmic conductivity, the supply of blood to the myocardium, and the regulation of the pressure of the blood vessels. The endocardium and heart's rhythm has a corresponding relationship, while the vasculature system of the heart and the epicardium have a close relationship.

The anatomical and physiological structure of the heart is the foundation for heart disease, which helps in the analysis of the difference between indications of the Heart and Pericardium channels.

## 3. Common Heart Disorders

In clinical practice, the common heart disorders involve three main categories. The first category is related to a poor supply of blood to the myocardium (myocardial ischemia), which leads to symptoms of discomfort in the heart region and angina pectoris. This type of disorder is the result of a decrease in blood supply to the heart, which leads to a decrease in the supply of oxygen to the

heart. Energy metabolism of the myocardium is abnormal and is unable to support the normal functions of the heart. The most common cause of myocardial ischemia is coronary atherosclerosis, which causes stenosis of the coronary vessels or blockage.

The second category refers to the irregular rhythms of the conductivity of the heart, which can manifest as tachycardia, bradycardia, and arrhythmia. This can be a result of congenital heart disease, myocardial disease, heart valvular disease, or myocarditis.

The third category is related to heart valvular diseases. Seventy-five percent of rheumatic fevers can infect the heart, leading to possible injury of the myocardium, endocardium, pericardium, and heart valves. Rheumatic endocarditis can lead to valvular disease.

#### 4. Clinical results of the Heart Channel and Pericardium Channel

Analysis of the heart's anatomy and its pathophysiology reveals that the supply of blood to the heart has a direct relationship with the epicardium. In addition, the epicardium is the same as the pericardium, which in terms of channels belongs to the Hand Jue Yin Pericardium Channel. Abnormal heart rate and heart valvular disease are related to the endocardium, which belongs to the Hand Shao Yin Heart Channel.

From clinical observation, Wang Ju-yi discovered the Pericardium is related to the lack of supply of blood to the cardiac muscles (coronary heart disease, hypertension). In addition, channel examination also often finds abnormalities on the Hand Jue Yin Pericardium Channel for disorders related to the supply of blood to the cardiac muscles.

According to Wang Ju-yi's Applied Channel Theory, one must first examine the channels to discover which channel is involved with the disease. Once this is determined, points can be selected. In clinical practice, each individual case is complex and there are many causes of heart disease. One must meticulously examine the channels in order to derive a correct diagnosis, essential for achieving effective clinical results.

##### Case Study One

**Patient:** Mr. X, 50-year-old male. When Dr. Wang was lecturing at the People's University Hospital, a student suddenly felt chest oppression and had difficulty breathing. Channel examination found abnormal changes on the Pericardium Channel. The patient was advised to immediately have an

EKG, which revealed myocardial ischemia. PC-6 was needled, which achieved immediate relief.

Although there are many reports of the use of PC-6 to treat myocardial ischemia, this case emphasizes the important connection between the abnormal channel change on the Hand Jue Yin Channel and the clinical results. The results were not only immediate, but also illustrate the direct relationship between the Pericardium Channel and myocardial ischemia.

When there are abnormalities with heart rate (arrhythmia), heart valvular disease, or psychological disorders, oftentimes abnormal changes will be found on the Hand Shao Yin Heart Channel. The Hand Shao Yin Heart Channel is used to treat these disorders with effective results. Treatment of such disorders with Pericardium Channel points, on the other hand, has proven to be not as effective.

##### Case Study Two

**Patient:** Niva, 53-year-old female, Israeli. The patient suffered from sleep apnea and hypertension for six years. Her blood pressure was 150/100 mmHg. She had intermittent vertigo. Channel examination found abnormalities on the Foot Shao Yin and Foot Tai Yang channels. Her pulse was deep and thin, with a premature heartbeat.

**Point Selection:** HT-3, KI-10.

**Treatment 2:** Pulse diagnosis found the premature heartbeat had disappeared, the pulse was also stronger. The patient's blood pressure lowered to 130/90 mmHg.

The patient sought treatment for her sleep apnea and snoring. According to the physiological connections in Chinese medical Zang-Fu theory, this condition should be related to the Lung. However, channel examination found changes only on the Heart Channel. The patient also had an irregular heart rate, which was related to the Hand Shao Yin Heart Channel. The hand and Foot Shao Yin channel's He-Sea Points helped to regulate the communication between the Heart and Kidney. It regulated impairment of the qi mechanism of the Shao Yin Channel, and communicated the Fire and Water, which led to effective results. After five treatments, the patient's snoring and sleep apnea showed significant improvement, her blood pressure was 120/80 mmHg, and the vertigo did not recur.

Professor Wang has many clinical case studies of effectively treating patients suffering from similar symptoms. Is acupuncture effective at treating chronic and severe heart organ disorders? The following two case studies are examples of these types of disorders.

##### Case Study Three

**Patient:** Mr. Wang, 47-year-old actor. The patient had heart palpitations for two months as well as shortness of breath and difficulty breathing. He had a history of rheumatoid heart disease for over 20 years. Two months earlier, while filming for a television show, he suffered from fatigue, which led to heart failure and severe abdominal edema. Tests showed the patient had mitral regurgitation and heart failure. As an inpatient in a local hospital, he received diuretics that relieved his symptoms. He was advised to have a heart-valve replacement, but the patient preferred to try conservative treatment first. Channel examination found Hand Shao Yin, Hand Jue Yin, Foot Shao Yin and Foot Yang Ming channel abnormalities. There was edema in his ankles. His tongue coating was thick and greasy and his pulse thin and rapid. Point selection: HT-3, HT-7, KI-10, KI-3, ST-40.

**Treatment 2:** The patient's heart palpitation was significantly relieved, the edema in the foot also showed improvement. There was no significant change in his shortness of breath or tongue coating. Point selection was the same as the first formula, but with added ST-36.

**Treatment 3:** Tenderness at HT-3 was significantly reduced, and the patient's heart palpitations were almost completely relieved. The patient was also prescribed Chinese herbs – *Gan cao fu mai tang* – for two weeks, which helped his recovery. Two weeks later he was able to return to work.

The patient had heart valvular disease for over 20 years. Channel examination found changes on both the Shao Yin and Jue Yin channels. In addition to heart palpitations, the patient also felt pain at the anterior heart region. The reason for the myocardial ischemia was rooted in the valvular issue. Therefore, the Heart Shao Yin channel was selected as the main channel for treatment. When the patient received Western medical treatment, his condition was more severe with poor prognosis. However, through acupuncture and herbal treatments, the patient's symptoms improved quickly.

##### Case Study Four

**Patient:** Mrs. Sun, 56 years old. Her first treatment was in October 2010. At the time, she had chest oppression, heart palpitations, and arrhythmia. Ultrasound results revealed mitral stenosis and regurgitation. Western medical doctors advised surgery. Channel examination found Hand Shao Yin and Hand Jue Yin channel abnormalities. Channel examination found the problem was related to the Shao Yin and Jue Yin channels. HT-3, HT-7, and LU-9 were selected. Results were immediate and dramatic. Over one month's treatment her

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.<sup>1</sup> 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.<sup>2</sup>

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."<sup>3</sup> 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