

# An Interview with Dr. Wang Ju-Yi

By: Daniel  
Maxwell

Keywords:  
Acupuncture,  
Chinese  
medicine,  
channel  
palpation, Dr  
Wang Ju-Yi,  
acupuncture  
points, point  
location.

## Abstract

This article is a transcription of an interview with Dr. Wang Ju-Yi in Beijing in March 2011. The aim of the interview was both to transmit Dr Wang's deep understanding of Chinese medicine, and to clarify some areas of confusion amongst students and practitioners of acupuncture and Chinese medicine.

**D**r. Wang Ju -Yi was born in 1937 and has practised Chinese medicine - particularly acupuncture - for almost 50 years. In 1962 he graduated as a member of the first class of the Beijing University of Chinese Medicine. After three decades of clinical practice at the Xuanwu Hospital of Chinese Medicine in Beijing, he retired to edit the journal *Chinese Acupuncture (Zhong Guo Zhen Jiu)*. Since then he has continued to practice privately. In 2008, he published *Applied Channel Theory In Chinese Medicine: Wang Ju-Yi's Lectures on Channel Therapeutics* with Jason Robertson.

This interview was conducted towards the end of two weeks of clinical observation and lectures with Dr. Wang, in front of a small group of acupuncture practitioners from the UK. Unfortunately the printed word is unable to communicate the vigour and lucidity of Dr. Wang's delivery, or the good humour and generosity of spirit in which it was conveyed.

**DM:** Could you tell us something about your background and how you came to learn Chinese medicine? Was it different studying back then compared to how students typically learn today?

**WJY:** When I was about five years old my maternal grandmother suddenly became ill and, because she received erroneous treatment, she died. I was deeply affected by my mother's grief and told myself that one day I would study medicine. Later in 1946, when my mother was going through the menopause, she experienced a lot of bleeding. She sought out Western medical treatment, but the results were not good. Finally our family hired a reputable old doctor of Chinese medicine, and after just a few batches of medicinal herbs she got better.

In 1947 I was at primary school, and went on a school trip to the Summer Palace [in Beijing]. My mother had made me some new clothes, but they had very short sleeves. It was April and still quite cold, and of course one should not wear so little to go out and play in cold

weather. My mother didn't realise that I had slipped out wearing so little. We all travelled on the back of a pickup truck - there weren't many cars back then - and I got very cold on the way. By the time I came home, my whole face became swollen and covered with hives, such that I couldn't even open my eyes. And urticaria doesn't only involve wheals on the skin, they also occur on the internal organs. I took some Western medicine, but it didn't do anything, so I was taken to the same doctor who had treated my mother. After two days of treatment with herbal medicine, I got better. Before this I hadn't realised that there was a difference between the two systems of medicine, but after receiving this treatment I realised there was a big difference.

At the end of 1950, when I was at middle school, I was living in a school dormitory and eating lots of junk food. That winter I went down with typhoid fever. I was taken to the hospitals in my area and they all said the same thing - 'go home, there is nothing we can do'. At the time I lived in the Fu Cheng Men area. My mother took me to the private clinic of Dr. Yu Chao-Zhi, who was renowned for treating diseases of external medicine, and he was also fairly competent at treating diseases of internal medicine. He was very sympathetic and told me he would try his best to save my life. By that time I was almost in a coma. However, after one month of treatment with herbal medicine, I recovered. After the winter holidays had finished, I was able to go back to school and resume classes as normal.

All of these instances left powerful impressions on me regarding the effectiveness of Chinese medicine, although I still didn't understand the difference between Chinese and Western medicine.

My paternal grandfather and father were both very interested in Chinese medicine, although neither had studied it formally. My grandfather knew how to make herbal plasters, which he would give to people for free. My father was a language teacher. Back then books were hard to come by, so they would copy



Figs 1 & 2:  
Dr. Wang Ju Yi  
in interview

formulas from old books with a brush. With hindsight I realise that their interest probably influenced me to pursue the field of medicine. You could say that the reason I chose to study Chinese medicine was subconscious.

In the spring of 1956 when I left school, I visited different colleges to find out which one would suit me best. Around this time I was preoccupied with trying to figure out the mysteries of life and health – why people get sick and why they die – and I wanted to study medicine. I visited Peking University, where I attended a class on physiology. The lecturer was describing the chemical reactions that occur in the muscles of the arm when they contract. I remember saying to myself ‘So what! What does knowing this do for me and what would it do for my patients?’ [chuckles]. I was a little depressed after this - I knew that I wanted to study medicine, but this was not what I imagined.

In 1956 the government established the first four Chinese medicine schools. The summer after I left school, I shut myself away in the library reading books about Chinese medicine. Although I did not understand much – it was as if you would ask me today to read a book written in English – I liked looking at them. But in answer to your question, the teaching methods back then were not so different to today. When I eventually started to study Chinese medicine I still encountered many challenges. I liked Chinese literature, classical Chinese philosophy, and they all helped me to understand Chinese medicine.

**DM:** Do you have any Chinese medicine heroes - people who inspired you and illuminated your understanding of Chinese medicine?

**WJY:** We had a teacher of acupuncture, Dr Yang Jia-San. Whilst at university we slept on cold hard

beds, so that our backs were exposed to the cold. We would often get such bad lower back pain that we would be barely able to get up from sitting. We would also get frequent urination during the night. When I was an intern, I asked Dr. Yang if he could help me. I remember that he only needled one point – it was either Yaoyangguan [DU-3] or Mingmen [DU-4] – and I recovered. Dr Yang was very conscientious about his needling techniques.

Another incident that left an impression on me was when I first started studying medicine in 1956. That spring there was an outbreak of encephalitis B in Hebei province, Northern China. The onset of this disease is very rapid and its symptoms include fever that won't abate, projectile vomiting, coma, rapid breathing and sometimes pneumonia. It was very prevalent in children, and the mortality rate was high – 40 to 50 per cent. Because it was such a severe disease, the authorities turned to Western medicine - primarily antibiotics such as penicillin. Unfortunately it was not particularly helpful, and most people assumed that because of the severity of the disease Chinese medicine would also be ineffective. But because so many people were dying, the community got together and hired a renowned doctor called Pu Fu-Zhou. When he examined the patients, he identified their condition as a classic *Bai Hu Tang* [White Tiger Decoction] pattern, involving an excess of fire. Therefore he prescribed the medicinals Shi Gao, Zhi Mu, Jing Mi and Gan Cao. Many people recovered after taking this formula. Its effectiveness surprised even the Western doctors, who began to promote its use to treat this disease. The mortality rate dropped to less than 20 per cent. My fellow students and I were very excited and proud that Chinese medicine could treat such severe diseases. Even the doctors who had previously doubted or even actively opposed Chinese medicine started to keep this formula in their

cabinets for this condition. Because of this many students actually switched from studying Western medicine to study Chinese medicine. This one formula made us all very happy for a while. But the following year there was another outbreak of encephalitis B. Everyone presumed that *Bai Hu Tang* would be just as effective as the previous year, but unfortunately this time it did not work as well. Many people died and everyone was confused. They tried modifying the formula, by adding new herbs and increasing the dosages, but to no avail. Eventually they again sought the advice of Dr. Pu Fu-Zhou, and asked why the formula was no longer effective. He examined the patients again, but identified that the presentation had changed. This time the formula needed to be modified by adding Cang Zhu, because there was now dampness as part of the presentation. And just by adding this herb, the formula again became effective.

But I confess that during the six years of my Chinese medicine studies, I never considered that I would end up doing acupuncture. I thought that my hands and fingers were too awkward and clumsy, and that I wasn't cut out to be an acupuncturist. During my studies I remember being asked to needle Zhongwan REN-12 on a woman in her thirties, but I couldn't do it – I spent seven to eight minutes on it but the needle just wouldn't go in because the skin of her abdomen was so thick and hard. I was sweating and had such an uncomfortable experience that every time I was asked to needle someone I would make excuses, leave the classroom or just stay away from college.

**DM:** You emphasise the importance of the Chinese medicine classics. It is rare for Westerners to know the classics off by heart or read them in their entirety. Even if they do, it will usually be in translation. Do you think this limits one's ability to understand and practise Chinese medicine effectively?

**WJY:** You are right - if we don't read and understand the classics, we will be limited in our abilities to practise acupuncture. Because acupuncture is not a simple therapy - it requires rigorous theoretical support. This theoretical support comes from understanding the channel system. In fact, the reason my book has done so well in the West is probably because it is the first book to clearly explain the relationship between the channel system, disease and physiology. I hope we can work further to promote this understanding around the world. But this lack in the theoretical basis of acupuncture does not exist only in the West, but in China as well. Actually what I am teaching is not really that mysterious, complicated or hard to understand - after another year of studying and working with it, some of you will even be able to teach it in English-speaking countries. As long as you are not arrogant like some Western medicine practitioners, who deny that there is any truth to Chinese medicine and reject

the concepts that are slightly more difficult to understand and perhaps seem to contradict Western medical concepts. As long as you do not think like this, you should be able to understand and use what I teach it in your clinics to become better healers. You see, all the theory contained in the classics originally came from practice - from applying Chinese medical knowledge in diagnosis and treatment. The ancients had nothing to gain by deceiving us, whereas there are certainly modern writers who have less integrity - many articles in the modern era contain flaws and untruths.

**DM:** You clearly have great respect for the classics, to the point of saying, 'If the classics say such and such, it should be so'. Have you really found them to be so reliable? And are there parts of the classics that history has shown to be incorrect?

**WJY:** There are many concepts in Chinese medicine that we still do not fully understand - we need more time to study and comprehend them. There is of course the possibility that the writers of the classics got certain things wrong. They may have recorded things that by modern standards could be seen as impractical and not conforming to real life, due to historical circumstances of their time. That is, back then people thought and expressed ideas differently to the way we do today. In addition, their lifestyles were very different. For example, there is some clinical significance to theory of the stems and branches theory. Everyone is familiar with the ideas of circadian rhythms and the Chinese clock, in which the day is divided into 12 two-hour periods, each of which is associated with an internal organ. When applying stems and branches theory, however, one should not ignore the different lifestyles of during different time periods. Back when the classics were being composed, people would live in tune with the rhythms of nature – they would go to sleep when it was dark and get up when it was light. Living in tune with the laws of nature for a sustained period allows the zangfu to assume their natural rhythms, so that the biological clock runs efficiently, with each organ becoming more dominant or excited during its appropriate two-hour period. Nowadays, however, our lifestyles and biological rhythms do not necessarily conform to the time of the *Nei Jing*. For instance, if you fly from England to China, you will experience jetlag caused by a disruption of these rhythms.

It is also the case that some of the connections made in the *Nei Jing* can be far-fetched. In some cases it seems that they seem to have made links without a practical basis. For instance, five phase theory states that metal, the Lung, restricts wood, the Liver. Does metal really restrict wood? In clinical practice we do not see this happening. The Lung does not restrict wood. In fact, it is the reverse – when Liver qi is hyperactive it causes cough, and in such

cases it is wood that restricts metal. So the theories in the classics should not be blindly followed – they should be applied in clinic to test which are valid.

**DM:** Many people in the West have become dissatisfied with what is sometimes called TCM or eight-principle acupuncture. Some suggest that TCM acupuncture constitutes the ‘herbalisation’ of acupuncture. Is this system of acupuncture inherently flawed?

**WJY:** This is a good question. The eight-principle method of differentiation system came out of internal medicine – by which I mean Chinese herbal medicine. When I was originally studying acupuncture, I did not realise that acupuncture actually has its own unique method of pattern differentiation, which is different from the herbal way. In 1962 I made up my mind to establish a new way of looking at acupuncture therapeutics – the ‘acupuncture way’ of doing pattern differentiation. This is what led me to develop channel palpation and channel pattern differentiation – this encompasses the methods of how to select channels based on palpatory findings, and how to select points based on channel pathology. TCM acupuncture is not necessarily flawed, however, but is less able to bring out the full potential of acupuncture.

**DM:** So how does your method of channel palpation integrate with other methods of diagnosis such as the tongue and pulse? Do the different diagnostic methods lead to the treatment of the same channels? How do other practitioners obtain results with acupuncture without using channel palpation?

**WJY:** You can still get good results using eight-principle differentiation acupuncture. The main difference between acupuncture and Chinese herbal medicine is that pattern differentiation in herbal medicine is used to identify whether you need to - for example - clear heat, drain excess etc. Each herb has its own fixed specific intrinsic function - so that one herb might be tonifying, while another herb is draining. Each specific acupuncture point, however, can be used to either tonify deficiency or drain excess - depending on how it is used. This is the basic difference between acupuncture and herbal medicine. And this is why you can get results using eight principle pattern differentiation with acupuncture - because the points can be used in general ways. But such a method does not employ the points or channels very specifically.

Channel palpation can work together with pulse and tongue diagnosis. These diagnostic methods all look at different aspects of the body. For example, the tongue coating can tell us the state of the Spleen and

---

*You can get results using eight principle pattern differentiation with acupuncture - because the points can be used in general ways.*

---

Stomach, whilst the tongue body tells us about the state of yin and yang balance, and if there is dampness and phlegm. The pulse can give us an overall picture of the state of the body. But the channels are more specific, and by palpating them we can know directly which channel(s) are pathological. So, there really is no contradiction between channel palpation and the pulse and tongue [in diagnosis].

The knowledge of pattern differentiation in Chinese medicine is actually quite abundant, although many doctors don't know how to properly analyse signs and symptoms to arrive at an accurate diagnosis. In the old days people really knew how to do this, one example being the *Shang Han Lun*. For instance, take the symptom of sweating: it could be spontaneous sweating or night sweating; there might be sweating only on the head, or on the palms ... symptoms can be analysed in great detail. Or there are the different types of belching: some belches relate to the Spleen, some to the Stomach or the Liver, depending on how they sound. Or the different types of ringing in tinnitus – high pitched or low pitched, ringing that sounds like cicadas... If you really go deeply into pattern differentiation you can learn a lot.

Because of the problem of overpopulation in China today we have too many patients and not enough doctors. So we have doctors who use one hand to take the pulse and the other to write up the formula. Before they have even identified the pulse quality they have already written their prescription. This is like if you joined the army as one of the minions: in such a case because there are lots of you, you will be given a standard uniform to wear, but the authorities won't care much whether it fits you properly. But if you are a general they will send a seamstress to measure you up for your uniform.

**DM:** You seem to place great emphasis on palpating to identify tender points. What is the clinical importance of tender points?

**WJY:** It is not so much about which points the patient reports are tender, but more about what I feel under my fingers. The ideal situation happens when what I feel during palpation matches with what the patient reports – i.e. the point that the patient reports is tender is where I feel the most changes or abnormality. But sometimes the patient reports that a specific point is tender, but I feel that the point adjacent



to it has the most abnormal changes. So you should go on what you feel - this is more objective. What the patient reports is subjective and can be unreliable: patients have different thresholds of pain, and some are more sensitive than others. In addition some patients have channels that are slow to respond [due to pathology], and some others have channel confusion, which makes palpatory findings even more unreliable. So you can't necessarily go by the patient's report of tenderness.

**DM:** Some practitioners and systems of acupuncture do not emphasise obtaining deqi. Some practitioners just insert the needles and leave them without obtaining any sensation. It is said that the skilled practitioner should feel the deqi sensation themselves. But in your clinical work you seem to ask for plenty of feedback from the patient about what they are feeling during needling. You also emphasise the importance of having the needling sensation move along the channel when needling. Could you discuss this area?

**WJY:** Well, as an example if you needle Quchi [L.I.-11] it should go down towards the hand. If the needle sensation goes up towards the shoulder, this means either that there is a blockage distal to this point or that there is a relative deficiency further up the arm. So the reason I ask for feedback is to understand the state of the patient's channels and to confirm my understanding of their overall diagnosis.

**DM:** So the most important thing is what you are feeling under your fingers ...

**WJY:** Yes.

**DM:** And what is it that you feel?

**WJY:** Sometimes it is like a fish biting on a hook for a while, and then the feeling loosens - as if something grabs the needle and then lets go. You should bear in mind that some patients are afraid of needles, and they want you to stop doing what you are doing so they say 'Yes, yes I felt it!' [laughter].

**DM:** Some of your point locations are different to those typically taught. Given that these locations aren't in the textbooks, how should practitioners go about finding effective points?

**WJY:** Well, during examinations you should go by the book [laughter]. But when seeing patients, you should follow my method, although I do not mean any formal method as such. Point locations are not set in stone - you have to palpate. The point locations - including the cun measurements - described in the textbooks are actually

just standard approximations. Whether or not you can find a person who fits these standard guidelines is another matter. Each individual is different according to how the body develops through childhood and whatever congenital anomalies govern its structure. So how do we know where the points are actually located in an individual patients? You have to follow the junctions that you feel. Famous physicians throughout history have emphasised the importance of palpation when trying to locate points. At first when I started learning I did not palpate - I felt it was more convenient to follow the cun measurement system. However, I soon realised that with this method it was sometimes hard to get deqi and obtain the point's desired effects. If you locate points accurately you should see immediate results. The first time I realised this was when I was trying to locate Neiguan [P-6], the collateral point of the Pericardium channel and the command point of the Yin Wei vessel. The classics say this point affects the chest, stomach and heart, so for symptoms of chest oppression or difficulty breathing you should get immediate results with this point. I had a patient, a male in his forties, who had experienced difficulty breathing and chest oppression for two weeks. When I needled Neiguan [P-6], it produced a tingly needling sensation all the way down to his fingers, and the man's chest immediately loosened. I was surprised, and realised that the strong deqi sensation was associated with the clinical results. After I withdrew the needle I examined the point, and found that I had needled the point just proximal to a prominent vein, between the two tendons. From this experience I felt I had found the correct location for this point. However, I went on to discover that this vein varies in location - on some patients it can be more proximal or distal, or even not visible at all. But generally this vein is a useful guideline to obtain a good needling sensation. So we can't necessarily locate points accurately according to cun measurements - the ancients wanted us to locate points by feeling the junctions of the muscles, tendons and tissues. The cun measurements are just general guidelines.

You have seen me obtain good clinical results for back pain by needling Houding [DU-19], but perhaps you don't realise how many years it took me to work out how to locate it accurately. According to the books, Houding [DU-19] is located one and a half cun posterior to Baihui [DU-20]. Using this method I found that I would get inconsistent results. One day I realised that the point is actually located at the junction of the sutures of the skull, which form the shape of the Chinese character 'ren' [人, human]. So the anatomical landmarks on the skull can be quite different from person to person. On some people if you look for the point one and a half cun posterior to Baihui [DU-20] you will not be at this suture. Each point has its own individual characteristic anatomical structures, so it is necessary to know the exact structural makeup of the points to locate them accurately.

Many people don't realise that points shift depending on the development of the body. Because of this people have come up with many 'extra' points, thinking they have discovered a new point. But what they are really locating is a channel point that has shifted. So you will notice that I don't really use extra points. I will often write in my notes something like, 'the point that is below Shousanli [L.I.-10]', to denote that the point has changed its position. Also, the location of a point can vary on the same person from day to day. Today your Zusanli [ST-36] might be in one place, but tomorrow it might shift its location. Was it an English person who said, 'You never see the same river twice'? The same goes for channels. Because the body is always changing, the channels are always changing, and one sees clear shifts in the channels and points over time.

**DM:** Many people believe that when one is needling, energy is transmitted through the needle from the practitioner into the patient. Some practitioners feel that acupuncture treatment can be draining because of this. Have you found this to be the case?

**WJY:** [Chuckles] I have nothing to say about that... But I can say that when you are practising acupuncture and needling a point, you should be in a very calm state, and you should focus all of your attention at the tip of the needle. Only then will you have the right finger strength and technique. As far as patients draining my qi, I have never experienced this. When I was younger I was seeing more than 100 patients per day over a course of a few years. Back then I did not feel that my qi was being drained away by patients, although I was healthier then than I am now! If I do get tired, it tends to be a mental tiredness caused by thinking, analysing and trying to understand how to treat diseases, particularly severe or complex conditions. That is the only time I have felt some drainage of energy, but it was not directly through the needle to the patients themselves. I don't believe in anything that I can't see, and if such claims were true, you should be able to see the qi being passed to the patient – perhaps not the qi itself, but some sort of manifestation of qi transference, or the turbid qi of the patient being transferred to the practitioner. There should be some proof of this in some form or other. I am not denying the existence of such phenomena - there may be qigong masters out there who can transmit qi to their patients or remove their turbid qi, but so far I haven't met a qigong master who can prove this to me. But I repeat that when needling you should be very focused on the task at hand – only then can you apply the right kind of finger strength and technique, and be able to get good results from

*In order to be a good practitioner, you have to experience the points for yourself...*

treatment. I really don't like to see doctors talking on their mobile phones or doing other things whilst needling their patients...

**DM:** You have said that an acupuncturist who doesn't needle themselves cannot become a skilful acupuncturist. Could you explain this?

**WJY:** In order to be a good practitioner, you have to experience the points for yourself - experience needling them so that you know what kind of sensations or effects they produce. If you are an acupuncturist and you do not carry out 'experiments' on yourself - and you just want to experiment on other people - this indicates that you don't believe in what you are doing and are not taking it seriously, so that you won't be diligent in treating patients. For instance, a chef who always cooks for other people but never tries their own creations can't really become a good chef.

**DM:** You are into your 70s and still strong and healthy. I presume that you do not get up every day and do three hours of qigong and live on a vegan diet – so what is your secret for a long and happy life?

**WJY:** [Laughs] There is no secret. But I can make one suggestion – try to relax, take it easy. Don't pursue or engage in activities that aren't essential for your survival. I have seen a lot of people who get very anxious pursuing this and that, things that they feel they must do but don't actually need. I feel sorry for them. This is not right. In terms of my teaching, it is not that I am trying to get my name out there and become famous – I like doing this, it is my hobby and passion. Through my whole life I have just done what I like to do [chuckles]. This is the key.

**DM:** Thank you Dr. Wang.

### Acknowledgements

The author would like to thank Mei Li for her excellent translating skills, James Unsworth for his input into formulating questions, Jason Robertson for checking the final draft and Dr. Wang Ju-Yi for his openness and generosity. ■

*Daniel Maxwell* originally completed an MA at Cambridge University and then went on to study Chinese medicine. He is co-editor of *The Journal of Chinese Medicine* and director of the charity World Medicine.