Channel Examination: The Faithful, Unfailing Guide in the Clinic

by Jonathan Chang

Advisor: Wang Ju-yi

Not too long ago, at the end of a fruitful day at the clinic, Dr. Wang Ju-yi smiled to us in satisfaction and said, "this is how knowledge is accrued, step by step, one patient at a time." When I reflect on the past five years that I have spent studying with Dr. Wang, my understanding of Applied Channel Theory (经络医学) was acquired in the same way, one day at a time, a slow immersion into and absorption of what is one of the pillars of Chinese Medicine. Interspersed within this gradual absorption of knowledge were eureka moments that would be like mini-fireworks of inspiration, and sudden sparks of clarity.

Dr. Wang has a 50-year head start; he is a trailblazer, who has paved an enlightened path for us all to follow. Before any of us can begin to consider furthering Applied Channel Theory, we must all first master and grasp its fundamental theory and methods. Since it is such a comprehensive system, my focus will be on one aspect – channel examination.

When I first began my studies with Dr. Wang, I wrongly assumed that channel palpation was the only diagnostic method of channel examination. Over time, I gradually came to understand that channel palpation is one of five methods, and that used together they can inform diagnosis and treatment.

The five methods are as follows:

1. **Observation** (审视): Observation is integral to channel examination. It is commonly used for patients suffering from various skin ailments, to help determine the excess or deficiency of the condition. A recent 31-year-old female patient suffered from a carbuncle in the right groin region as a result of a possible Staph A infection contracted after sexual intercourse with her partner. Careful observation revealed a pale red and swollen carbuncle. Pus had expectorated a couple of days prior to her treatment. Information gleaned from observation indicated it was a yin-natured carbuncle (阴疮).

2. **Channel Palpation** (循推): Channel palpation involves the careful palpation between the tissue crevices that comprise the channel pathways. One must carefully press and glide along the pathways and feel for changes such as nodules and lumps, tightness or softness. This is essential to understanding the physiological and pathological state of the body. For the carbuncle patient, the location of the lesion was in the groin region, where many channels pass through. Channel palpation helped determine which channel was involved. Dr. Wang found changes on the foot jue yin channel, with a significant nodule at LR-5 （蠡沟） on the right leg, which was associated with the location of the carbuncle.

3. **Pressing** (按压): Dr. Wang often uses pressing and the application of pressure, such as on the abdominal and epigastric regions, including the front mu points. With the aforementioned carbuncle case, Dr. Wang also pressed her LR-14 (期门) – the front mu point of the liver, and found hypersensitivity on her right LR-14. This finding corroborated with the channel palpation findings that showed abnormalities on the right foot jue yin liver channel, and thus, further supported the diagnosis.

4. **Pulse Palpation** (切侯): Palpation of the superficial arteries in the body, not only at the location of the typical cun, guan, and chi pulses, helps to differentiate between excess and deficiency. For the carbuncle patient, she had a deep pulse – a sign of deficiency.

Thus, after gathering all of this information via channel examination for the carbuncle patient, Dr. Wang decided to treat the foot jue yin Channel. Initially he considered needling LR-2 （行间） to clear heat, but after reconsideration of the pulse diagnosis and yin nature of the carbuncle, it did not exhibit any yang nature symptoms of excess, such as heat, pain, or itchiness. Selection of the source point was more appropriate. Dr. Wang needled the source point LR-3 (太冲) on the affected side to help with the healing process of the wound, along with LR-8 （曲泉）on the affected side to regulate the jue yin channel's qi mechanism. To our surprise, immediately after removing the needles the patient's carbuncle had shrunken in size. Such immediate results confirm the validity of the diagnosis and treatment. After a few more treatments regulating the right foot jue yin channel, the carbuncles did not reoccur.

5. **Feeling temperature/moisture** (扪抚): This method involves feeling for moisture and temperature, but was not applied on the carbuncle patient. Recently there was a patient suffering from dizziness as a result of hypertension. At first glance the patient appeared to exhibit a constitution of excess. Upon feeling the temperature of his feet, which Dr. Wang found to be cold, and the presence of a deep pulse, a deficient constitution was revealed. This led Dr. Wang to select source points of the affected channel for treatment.

Altogether, the application of all five methods of channel examination is essential to achieving a clear diagnosis of the patient's condition, which serves to help the practitioner select the most effective treatment plan.

Once the channel examination methods are properly understood, the next step is interpretation of channel changes – a difficult mental undertaking that requires a firm and thorough adeptness of channel theory. I learned from Dr. Wang that it is imperative to isolate the chief symptom. Once the chief symptom is pinpointed, try to determine which of the abnormal channels are involved with the chief symptom pattern. Do not veer too far away from the treatment of the chief symptom. Do not fall into the slippery slope of simultaneously treating all of the patient's symptoms and each channel change.

The following four case studies illustrate the importance of channel examination in the clinic. These four cases, on the surface, are shao yang headaches, but with channel examination and theory as a guide, the diagnosis and treatment differ for each case.

Since I had treated a few patients successfully by regulating the shao yang channel, I became confident in my understanding of shao yang channel pathology. For example, I treated a patient with right-sided temporal migraine headache for two months. I believed the shao yang channel was involved as the location of the headache was on this channel. In addition, the patient had a short temper, photophobia, and a burning sensation in his right eye. Channel palpation found a nodule on the right-side GB-43 (地五会), which confirmed my hypothesis. After five treatments to clear heat in the shao yang channel with SJ-5 and GB-41 as the chief points, the patient was relieved of his symptoms. In time I learned that my understanding was still in its infant stages, and my grasp of channel qi transformation was still in a beginner level.

The next three cases are of patients I observed Dr. Wang treat at his clinic in Beijing, which served to deepen my understanding of shao yang/jue yin channel qi pathology.

The first was a 59-year-old female who suffered migraines for over 40 years, manifesting as throbbing pain on the left-temporal side. The headaches occurred in the afternoons after her siesta and were accompanied by nausea and vomiting. Channel palpation revealed changes on the hand and foot jue yin and shao yang channels. Throbbing headaches are often related to the jue yin channel, as the hand jue yin channel governs "vessels"(主脉所生病者). He needled PC-7 （大陵), PC-6 (内关), LR-3 (太冲), and GB-4 (颔厌) all on the left side. After two treatments her headaches did not reoccur.

Her headaches were a result of qi deficiency in the jue yin channels, which led to the paired shao yang channel also being deficient in qi. A combination of the source points and collateral points of the jue yin channel promoted the movement of source qi to the collaterals of the jue yin Channel.

Another 29-year-old female patient suffered from migraines for over 20 years on the right temporal area. These manifested as a throbbing pain, which would worsen in cold weather or from fatigue. Aside from local tenderness in the temporal region, channel palpation only revealed changes on the jue yin channels in the distal parts of the limbs. I was surprised to learn that even though she had a shao yang headache, she had no changes on the distal pathways of the shao tang channel. Dr. Wang needled PC-3 (曲泽), LR-8 （曲泉）, LR-3 （太冲） bilaterally, and GB-20 （风池）, and GB-4 （颔厌） on the right side. He diagnosed her problem as cold constraint in the jue yin channel, which impacted the "transport-pivot" functions of its paired channel, leading to shao yang headaches. The he sea points of the jue yin channel promoted the movement of its qi mechanism, thereby dispersing the cold. After a few treatments her headaches were significantly improved.

In these two cases, although the shao yang channel was involved, the root of the illness was in its interior-exterior paired jue yin channel.

In late spring of this year, Dr. Wang treated a 34-year-old female patient who suffered from headaches for six years. When she reported that her headaches were on the top of her head and included the temporal regions, with associated symptoms of nausea and vomiting, I immediately assumed jue yin-shao yang channel pathology was involved. Upon more detailed questions, the location of the headache was mainly in the forehead region, related to the yang ming channel, but included the shao tang temporal region. In addition, the headache manifested itself as a feeling of oppression. Channel palpation found significant changes on the tai yin and yang ming channels, with lumps from ST-39 to ST-36; the GV-22 area was soft and sponge-like, which the patient reported was the source of the headache. She also complained of constipation that was relieved only by taking a daily herbal tea laxative, also reflecting yang ming channel pathology.

From Dr. Wang's understanding, this patient's headache was a result of tai yin and yang ming channel pathology – tai yin channel qi was not rising and yang ming channel qi was not descending. In turn, tai yin impairment created poor fluid transformation, leading to a creation of phlegm, and hence, resulted in yang ming headaches and vomiting. Pathology of these channels impacted the normal functioning of the shao yang channel and its ability to "pivot-transport," resulting in temporal headaches. Dr. Wang needled GV-22 (囟会) to raise clear qi, CV-11 （建里） and ST-40 （丰隆） to transform phlegm and strengthen the spleen, and ST-37 （上巨虚） to regulate the yang ming. The patient's forehead headaches and vomiting were relieved. Over the course of the treatment the temporal headaches, though not the focus of the treatment, also were relieved.

These four migraine cases all involved the shao yang channel, but the treatment plan varied for each individual as their headaches either involved different channels, or involved different pathologies of the same channel. One was related to excess heat in the shao yang, the second to deficiency in the jue yin, the third to cold constraint in the jue yin, and the last one was related to a disharmony between the rising and descending of qi within the tai yin-yang ming channels. Treatment was guided by findings from channel examination, linked with the symptom patterns, and also by an understanding of channel qi transformation. Channel examination and the proper interpretation of the channel changes are essential to achieving exceptional clinical results.

The revival of Applied Channel Theory is still emerging with many opportunities in the future for further and continued refinement. At its present state it is a complete system: that is essential to clinical practice. What is important for the practitioner is to be patient, with steadfast perseverance, and through one's clinical practice to develop, step by step, an understanding of Applied Channel Theory. One of the initial steps is to fine-tune an excellent proficiency in channel examination: the moment this is achieved the practitioner is well equipped to march forward and combat disease.

***Jonathan Chang** is one of Dr. Wang Ju-yi's official apprentices. In 2008, he began his studies with Dr. Wang, and since his graduation in 2012 from the Beijing University of Chinese Medicine he has been Dr. Wang's full-time assistant. In the near future a book of Dr. Wang's recent case studies compiled and analyzed by Jonathan Chang and Li Mei with commentary from Dr. Wang, will be published in both Chinese and English.*

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