Interview with Professor Wang Juyi, World-Renowned Acupuncturist: Part 1 of 2

James X Liu*
RMIT University

Introduction

Born in 1937, Professor Wang Juyi graduated in 1962 from the first class of the newly established Beijing Institute of Traditional Chinese Medicine (now the Beijing University of Chinese Medicine and Pharmaology). Professor Wang has been practising Chinese medicine for over 48 years. He worked as a doctor of acupuncture at the Beijing Hospital of Chinese Medicine for 22 years, then later served as president of the Beijing Xuanwu Hospital of Chinese Medicine for two years. He also served as professor, dean and chief editor of the China Journal of Acupuncture and Moxibustion (中国针灸) at the China Academy of Chinese Medical Sciences for twelve years. He worked as a doctor and professor in the United States for two years and has been a pioneer in developing a private Chinese medicine practice in the fast changing environment of modern Beijing for the last ten years. Since the late 1970s, he has had many teaching tours in major western countries and some third-world countries.

In 2008, he published *Applied Channel Theory in Chinese Medicine: Wang Juyi's Lectures on Channel Therapeutics* (王居易经络学讲演录 Wang Juyi *jing luo xue jiang yan lu*, referred to below as ACTCM 讲演录), co-authored with Jason D Robertson. This book has received favourable reviews and was awarded the 'Book of the Year 2008' by the German Scientific Society of Traditional Chinese Medicine NPO (DWGTCM).

Professor Wang specialises in applying classical channel theory to both diagnosis and treatment. Not only does he treat difficult and complicated cases effectively, he also treats commonly encountered illnesses with unconventional strategies. Professor Wang graciously agreed to be interviewed which was conducted over several sessions during the month of April earlier this year (2010) in Beijing.

The Questions

What made you choose acupuncture?

Firstly, let me answer why I chose Chinese medicine. I chose this field of study because of its magical effects! When I was a little boy, my mother suffered from metrorrhagia and metrostaxis. After trying a variety of treatments without good results, she was finally cured by a Chinese medicine practitioner. In fact, I myself was rescued from death by a Chinese medicine doctor! The 1950s were a tough time in China. During that time I contracted typhoid fever and had a very high temperature, profuse sweating, delirium and some internal bleeding. My mother brought me to a few western medicine hospitals and was told by many that it was a difficult case to treat. My mother, quickly running out of hope for my survival, visited Dr Yu Chaozhi on Yangrou Lane in central Beijing. To everyone's surprise, I recovered after taking Chinese herbal medicine for two weeks. As you can imagine, Chinese medicine therefore made quite an impression on me from my earliest years. As a consequence, when I registered for the college entrance examination in 1956, my first three choices were all colleges of Chinese medicine. At that time, China had only four colleges training doctors in Chinese medicine (*Editor's note:* it is only since the 1990s that a number of the major teaching institutes of Chinese medicine in China have been upgraded from college to university status).

After graduating I was sent to the Beijing Institute of Chinese Medicine to work as a researcher on acupuncture channels, while working at the same time as an acupuncturist at the Beijing Hospital of Chinese Medicine. At the time, I noticed that acupuncture did not seem to be guided by the classical theories of Chinese medicine. Some doctors treated patients mainly by finding sensitive (*ashi*) points. Some doctors treated patients mainly by acupoints drawn from their personal experience. Of course, they were successful in treating some disorders and could relieve some symptoms, but they rarely treated difficult and complicated cases effectively. When they encountered difficult and complicated cases (even some minor

* Correspondent author; e-mail: wodongacmclinic@gmail.com

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illnesses) and failed to get results quickly, they did not know how to explore other treatment strategies with their limited theories of Chinese medicine. On the other hand, there was an abundance of both opportunities and challenges for a young graduate at the time. Because of the state of the developing field and the evident opportunities, I resolutely chose acupuncture for my life's work. At that time, most of my other classmates chose internal medicine, gynaecology or paediatrics. Incidentally, I have a big anniversary coming up: in 2012 I will have practised acupuncture for 50 years.

In your opinion, what were the greatest achievements for acupuncture during the twentieth century?

I believe acupuncture has made five important achievements during my time. Firstly, the success of acupuncture anaesthesia made acupuncture known around the world. Secondly this led to eminent researchers such as Zhang Xiangtong, Han Jisheng and others who were able to discover and explain many of the details of the mechanisms by which acupuncture anaesthesia may work. Thirdly, Professor Zhu Zongxiang and his team demonstrated the physical reality of the channel pathways through a series of biophysical experiments (using sound, lasers and electroconductivity). Fourthly, the introduction of Chinese medicine into China's modern education system put acupuncture education on the fast track. And finally we have seen the more recent development of world-wide acupuncture research programs that use modern techniques and technology.

Could you please describe some of your most successful cases from the past 48 years and what inspiration you were able to draw from them?

I have several cases that stand out in my mind.

The first involved a 16-year-old male and occurred during the mid 1960s. The patient suffered from paraplegia caused by a haemangioma at the third thoracic vertebra. He had already been treated at a few hospitals in both Tianjin and Beijing before arriving at our hospital. In fact, he had undergone an unsuccessful operation in Tianjin. During the operation, a surgeon opened his back then decided not to continue because it was both too risky for the patient and difficult for the surgeon. He was told that his diagnosis was definite and that his disease was untreatable. Because of his youth, many people felt for this young man and a group of well-wishers actually carried him to the Beijing Hospital of Chinese Medicine. I was the first doctor to treat him. One interesting fact is that the boy's father concealed his diagnosis from me fearing that, if I knew the paraplegia was caused by a haemangioma of the vertebrae, I might refuse to treat his son as other hospitals had done. His father only said that, due to an encounter with cold, the boy suddenly lost the use of both legs. Usually a patient like this would be required to have an x-ray. However, as his father said that he only had 200 yuan borrowed from relatives and friends and that an x-ray fee would leave him without money for both treatment and accommodation, I decided to treat him anyway. To my surprise, the patient showed slight improvement from the first treatment. After one year of treatment, the patient recovered and began working in the fields as a healthy farmer. This case provides a good example of not relying too heavily on western medicine diagnosis and treatment. Of course, western medicine diagnosis and treatment often provides a good reference for Chinese medicine practitioners. Nevertheless, we must firmly use the theories of Chinese medicine to diagnose and treat disease. This is the only way to exploit the strengths of our modality in order to treat difficult and complicated cases effectively.

The second case I would like to relate occurred during the mid 1970s and involved a female patient. She presented with pain in the right elbow. After 2–3 treatments, the right elbow pain disappeared but she then began complaining of right knee pain. After a few treatments for the right knee pain, she then developed pain on the left elbow. This provides a typical case of what we term wind obstruction (Bi syndrome). During this early stage of my practice, I mainly used local acupoints and as a consequence followed the pain from one joint to the other. Eventually, I changed the treatment strategy and used LI4 *Hegu*, LR3 *Taichong* and SP6 *Sanyinjiao* to regulate qi and blood for the whole body without needling any local acupoints. The wandering pain was then cured after twelve treatments. LI4 *Hegu* rules qi, LR3 *Taichong* rules blood and SP 6 *Sanyinjiao* rules yin-blood. Together, these three acupoints regulate qi and blood throughout the body. When the blood circulates freely, the wind will disappear automatically. After that experience, I began using LI4 *Hegu* and LR3 *Taichong* as primary acupoints for the treatment of a wide variety of conditions, ranging from post-partum pain to jetlag. After reflecting on this famous pair clinically, I might summarise their functions thus: scattering external wind, extinguishing internal wind and tracking wind in the hundred joints to regulate the channels. Given these broad regulating effects for wind, you can see why the pair is so widely used in the clinic.

This case points out an interesting aspect of the theory of knowledge in Chinese medicine. Namely, we must move 'from the particular to the general and then from the general back to the particular'. Secondly, we must move 'from practice to "knowledge" and then back to practice'. Simply put, we must treat more patients, take careful notes and use this information to come up with theories of how the medicine works. Many may be tempted to move in the opposite direction, from theory to practice, without the crucible of clinical testing. This is less helpful. Only by working in this time-tested way can we constantly improve our clinical results.

The third case involved a female of Greek origin in the late 1970s. The patient suffered from early atrophy of the brain leading to memory loss, poor concentration, mood swings and general cognitive impairment. As many know, this type of condition can be quite difficult to treat. For this patient, I used two acupoints: HT5 *Tongli* and KI6 *Zhaohai* bilaterally. After 2–3 treatments her symptoms improved noticeably.

How did I find that these two acupoints can be effective for treating atrophy of the brain? I began with the hypothesis that the aphasia may have been caused by a small stroke. In acupuncture departments, aphasia is actually seen quite commonly. However, recovery with treatment is often very slow and is rarely complete. In fact, some patients eventually become completely mute. Aphasia is also commonly seen in other types of brain atrophy. This led me to think of Chapter 10 from the Divine Pivot which states, 'when the large collateral of hand *Shaoyin* is affected . . . if it is a deficient syndrome, the patient will not be able to talk. When treating, needle the HT5 *Tongli* acupoint, which is one cun behind the wrist.' We should also remember that prolonged or severe disease often affects the collaterals. From these concepts, I concluded that aphasia may be caused by a disorder in the collaterals of the heart and brain and that this is why HT5 *Tongli* (a luo collateral acupoint) is the acupoint recommended by the Inner Classic.

Now to the next point. Aphasia, especially logaphasia, is often a motor function disorder affecting the muscles of the tongue. The *yinqiao* vessel has a function of regulating muscle movement among multiple channel sinews in the yin areas of the body. This would include voluntary and involuntary muscles on the inside of the body. In addition, Chapter 28 of the Classic of Difficulties states that the *yinqiao* vessel 'reaches the pharynx and larynx'. Xu Feng's 'Complete Collection of Acupuncture and Moxibustion' says that KI6 *Zhaohai* 'dominates treatment of qi blockage in the pharynx and larynx'. Because of these ideas, I began thinking of KI6 *Zhaohai,* a acupoint which of course also communicates with the *yinqiao* vessel. So we can see that a review of classical discussions tells me that a combination of HT5 *Tongli* and KI6 *Zhaohai* will open collateral circulation of the heart and brain while harmonising the function of muscles along the path of the *yinqiao*. This line of thinking made me think of the acupoint pair for the treatment of aphasia (especially logaphasia) due to stroke. I had been using this pair since the late 1960s to treat aphasia, bulbar paralysis and choking with results that seem to be better than other acupoint prescriptions.

Currently, I use this acupoint pair even more broadly. It can be used for a wide variety of mental disorders with symptoms of mood swings, irritability, crying, inappropriate laughter, Alzheimer's disease or even insomnia due to a disharmony of heart and kidney. This case demonstrates that, when treating a difficult disease, we need to devote quite a bit of attention to finding answers from the classical texts. Ancient acupuncture classics such as the Divine Pivot, Systematic Classic of Acupuncture and Moxibustion and the many ancient acupuncture odes provide records drawn from extensive clinical research. Within these old texts, we may be surprised to find instructions for treating some quite difficult diseases. If my writing ACTCM 讲演录 has some benefit for those practising today, it is the result of studies and practice guided by ideas from the ancient acupuncture classics.

In your opinion, what are some issues that require attention in the current practice of acupuncture?

I think there are three points for attention at present.

The first is the underestimation of the value of channel theory. The second is a one-sided understanding of acupoint structure (location) and function. The third and final comment is the tendency among acupuncturists to neglect the care and protection of the channels which can then lead to channel exhaustion and confusion.

Can you say a bit more about the first point, 'underestimating the value of channel theory'?

We might say that the underestimation of channel theory has three aspects. The first aspect is the tendency to deny the physical presence and value of the channels. In China only a tiny minority of people deny the effectiveness of acupuncture. However, doubt about the classical system often comes from the fact that classical texts provide sometimes difficult to penetrate descriptions of the channels. For example, in Divine Pivot, Chapter 1, it states that 'the divisions [acupoints] are where the spirit qi [energy and blood] moves, exits and enters. They are not [the same as] skin, flesh, sinews and bones.' Sections such as this have led to a relatively large number of people doubting that the channels actually exist in a modern, anatomical sense. This doubtful mentality, or lack of confidence to the objective reality of the channels, actually prevents many people from understanding and internalising classical channel theory. In a clinical sense, it discourages them from using classical channel theory to analyse and overcome difficulties with diagnosis and treatment.

Here is a true story. In 1972, I went to Shandong Province to attend an academic meeting with three western medical doctors and two Chinese medical doctors. I palpated the channels of one of the train conductors during the trip. Upon examination, I found nodules on LI10 *Shousanli* and ST37 *Shangjuxu* bilaterally which were also very tender to touch. We suspected that he might have a problem with his large intestine and symptoms of diarrhoea or constipation. However, he

denied having any such symptoms and said that he had never had any problems with his digestive system. I told him that he might actually develop symptoms in the next day or so because a disease seemed to have just entered the channels. In other words, the channel changes had not yet developed into symptoms, which he could feel or see. The man wasn't satisfied with that answer though and walked away with an irritated look. A few hours later, however, we were still doing channel palpation for other people in the train when the conductor came running to us saying, 'You guys really are amazing! I've been on the toilet the last half-hour with severe diarrhoea. I never get hit with anything like that. It's pretty stunning that you knew before I even did that there was something wrong with my intestines!' The man sat down next to us and we palpated his large intestine channel again. This time, the nodules on his channels were less large and he reported less tenderness. This story points to an objective reality for channel theory. If we hadn't applied some very basic concepts from channel theory to his diagnosis, how could we have predicted that he had an unseen problem with his large intestine? If there are no channels in the body, then how can nodules and tenderness on LI10 *Shousanli* and ST37 *Shangjuxu* be woven into such a series of events?

The second aspect is the tendency to neglect channel theory during diagnosis. Using channel theory during diagnosis involves analysing a given case history while also performing a physical examination of the channels themselves (察经 *cha jing*). Now, most acupuncture doctors are comfortable with analysing case histories to draw conclusions regarding the cause, location, nature and pathomechanism of disease. The net result of this approach is often termed a *zangfu* diagnosis. However, performing a physical examination of the channels and then making a diagnosis based on the results of this procedure is more often ignored by most acupuncturists.

In Divine Pivot, Chapter 75, it says: 'Before using needles one must first scrutinise the channels to determine excess or deficiency. One must separate [take the pulse] and palpate. One must press and pluck. Observe how the channel responds and moves before continuing. [Only] then select corresponding channel(s) and acupoint(s) to treat and remove the disease.' The use of the terms 'must' and 'first' serves to emphasise the importance of palpating the channels as a necessary prerequisite to diagnosis and treatment. When the text asserts that, 'one must first scrutinise the channels to determine excess or deficiency', it is pointing to this approach as crucial for understanding the nature of a given disease in patients. The text describes specific techniques of 'separating, palpating, pressing and plucking' for channel examination. When palpating, one often finds what might be termed 'abnormalities' along the channel pathways.

In my text ACTCM 讲演录, I repeatedly emphasise the importance of channel diagnosis, explain techniques for channel diagnosis and describe more than ten categories of abnormalities one might find when performing physical examination of the channels. In general, I describe a clinical approach, which involves differentiating the channels based on careful palpation followed firstly by selection of a channel then finally, acupoints for treatment.

In my private practice, I examine the channels of all my patients. This not only provides more clinical data for diagnosis, it also seems to be more objective and reliable. This approach helps me to avoid the temptation to be subjective and one-sided in my diagnosis and thus tends to improve my diagnostic accuracy and curative effects.

For example, I treated a 60-year-old female who had suffered from frequent colds, asthma and cough for years, which had been getting worse during the last three years. Upon presentation, she had been coughing for a week. When the coughing was intense it usually led to the onset of an asthma attack. The coughing was accompanied by expectoration of foamy white phlegm. In recent days, the patient had been unable to climb flights of stairs or to walk for long distances. Abnormal changes found when examining channels included: a deep, hard nodule in the area around LU 6 *Kongzui* with a line of 'bamboo-like' hard painful nodules along the course of the entire lung channel. Another slightly larger and softer nodule was also palpated around LU5 *Chize*. All of the nodules had borders that were relatively undefined and felt slippery under the skin. There was also a narrowing and a tight sensation accompanied by tenderness beneath GV12 *Shenzhu*, and a very tender, soft nodule around BL12 *Fengmen*. All changes except GV12 were bilateral. My diagnosis: *Taiyin* disharmony with some underlying *Taiyang* deficiency. My acupoint prescription: GV12 *Shenzhu*, BL12 *Fengmen*, together with the acupoint pair LU5 *Chize* and SP9 *Yinlingquan*. The patient reported improvement in the chronic cough the day after the first treatment, which gradually improved over the weeks that followed. In the initial stages, the patient came for treatment twice weekly; after three weeks we began to spread treatments out, eventually once every three weeks to maintain good health. Without examining the channels and making channel differentiation, most acupuncturists might not have chosen these channels and acupoints.

Channel palpation also includes a visual inspection of collateral vessels. For example, one commonly finds changes in the two vessels under the tongue and in the vessels around BL 40 *Weizhong*. If the vessels under the tongue become stagnant and exhibit an increase in pressure, there is likely blood stasis in the channels of the head which leads to headaches, dizziness, high blood viscosity and an insufficient blood supply to the brain.

If the vessels around BL40 *Weizhong* turn blue, green or black and seem to also be under increased pressure, this may indicate stasis of qi and blood in the bladder channel of foot *Taiyang*. Symptoms in this case would include stiffness and soreness of the neck and pain in the low back. One of my students told me that he observed the vessels around BL 40 *Weizhong* in many young students when he worked as lecturer at RMIT University in Australia. He found that quite a number of these students had stagnant vessels around BL 40 *Weizhong* that looked blue, green or black. Not surprisingly, most of them complained of stiffness and soreness of the neck and/or low back pain. Distended green or black vessels around BL 40 *Weizhong* can be seen in some children around the age of ten. The earlier these abnormal vessels around BL 40 *Weizhong* appear, the poorer the prognosis is.

This student also mentioned that the vessels on the auricles could be used for diagnosis. For example, congestion or engorgement of the vessels in the lumbosacral vertebrae (auricular point) indicates low back pain, while congestion or engorgement of the vessels around the heart (auricular point) corresponds with heart palpitations, insomnia, irritability and restlessness. He felt that this was true more than 90% of the time.

The final aspect is the lack of rigorous application of channel theory during treatment. In current acupuncture circles, the application of channel theory to acupuncture treatment mainly involves the selection of a local point combined with some kinds of 'corresponding channel point'. This usually means adding acupoints from 'exterior–interior' paired channels or possibly acupoints from the eight confluence acupoints of the extraordinary vessels. Based on channel palpation, a careful differentiation of channel functions and 48 years of clinical acupuncture practice, I have broadened my clinical vision to include other aspects of channel theory. I found that the other parts of channel theory, such as same-name channel theory [e.g. *Taiyin* equates to lung and spleen], mother-son generating channel theory, controlling channel theory and Eight Extra Vessel theory, also have important directive functions in making acupoint prescriptions. In ACTCM 讲演录 we describe 38 acupoint pairs. Some of them were developed using the theories just mentioned. For me, after being tested and modified for years in the clinic, acupoints tend to fall into what I call 'acupoint pairs'. For example, LU9 *Taiyuan* and SP3 *Taibai*, PC7 *Daling* and LR2 *Xingjian* are examples of same-name channel pairs. Another favourite, LU5 *Chize* and KI7 *Fuliu* represent a five-phase mother-son generating channel pair. On the other hand, LU5 *Chize* and PC7 *Daling* are a five-phase controlling channel pair. LU7 *Lieque* and SP4 *Gongsun*, PC6 *Neiguan* and KI6 *Zhaohai* are both favourite Eight Extraordinary Vessel pairs. These acupoint pairs have outstanding therapeutic effects. One of my students told me that he cured a woman with stubborn menopause by using two acupoint pairs. He alternated between the PC7 *Daling* and LR2 *Xingjian* pair and the LU5 *Chize* and KI7 *Fuliu* pair. Originally, the patient had hot flashes 5–6 times a day, which lasted 3–4 minutes and were accompanied by sweating, severe headaches, irritability, restlessness and a rapid pulse. In addition, she had not responded to herbal treatment. After the fourth acupuncture treatment, all symptoms and signs disappeared. She had a total of ten acupuncture treatments and, six months later, she reported that the symptoms had not returned.

Can you say a bit more about the issue of many acupuncturists having 'a one-sided understanding of acupoint structure (location) and function'?

Many English acupuncture textbooks translate the term *shuxue* (腧穴) as simply 'point'. While the term is certainly useful as shorthand, it conveys a kind of one-dimensionality. The term may lead readers to consider acupuncture points as being defined only by surface location. To me, the use of the term 'point' runs counter to the original meaning of *shuxue* in the classical texts. The 'points' are actually multi-dimensional in the human body.

This term 腧穴 (*shuxue*) is composed of two characters. The first (腧 or 輸)) conveys a meaning of 'movement' or 'transport'. The second character (穴) describes a hole where qi might gather, but alone carries a meaning that implies a hole on the surface of the skin. Even in the Chinese language textbooks, we can see that the term has been reduced to the single character *xue* (穴). This necessarily puts greater emphasis on the idea that acupoints are fixed holes without three dimensions under the surface. My experience has been that we should locate the acupoints with an eye to the complexity of their local anatomical structure; taking note of not only surface landmarks, but also the subcutaneous tissue, muscles, tendons, vessels and nerves. This is to say that we should not become over-fixated on body surface (*cun*) measurements. For example, when locating ST36 *Zusanli* most textbooks describe a location 3 *cun* below ST35 *Dubi* and one finger-breadth lateral to the anterior crest of the tibia. Instead, I locate this acupoint in a space between the anterior tibialis muscle and the long extensor muscle of the toes, lateral to the tibial tuberosity. The use of the limited English term 'point' runs counter to the original meaning of *shuxue* in the classical texts. *Shuxue* are stereoscopic, three dimensional in the human body according to Chinese medicine. By locating like this, I think that it is closer to descriptions seen in texts such as the Yellow Emperor's Cannon of Internal Medicine (*Huang Di Nei Jing*), The Classic of Difficulties (*Nan Jing*), The Systematic Classic of Acupuncture and Moxibustion (*Zhenjiu Jiayi Jing*) and the Illustrated Classic of Acupuncture Points on the Bronze Man (*Tongren Shuxue Zhenjiu Jing*). Even more importantly, I

have found that by needling in this location, there is a better needling sensation, which corresponds to improved clinical effects with a minimum of needling pain.

Another example is GV20 *Baihui*. This acupoint is most often described as being located 1.5 cun posterior to CV21 (or 5 *cun* superior to the anterior hairline on the midline). I locate this acupoint in the center of the top of the head near the 'hair turns'. This may end up putting the acupoint a bit to the front, behind or even to the left or right in the depression where the patient feels tenderness with pressure. All acupuncture points on the head can be located in a similar way. At this point, I would go so far as to say that most acupuncture points are best located through palpation as opposed to cun measurement. Based on this concept, we have to palpate first to discern both the anatomical structure and positive reactions (tenderness) around each acupoint. By combining palpation-based location with an understanding of the channel on which the acupoint is located, its exterior or interior channels, mother or son channels, as well as the pattern of symptoms and signs, only then can we truly decide where the effective acupoints are located on a given patient. If you are interested, you can read ACTCM 讲演录 for more on this. Nearly all the successful cases described in that text are drawn from an approach which locates channels for treatment and individual acupoints through careful palpation.

Another issue has to do with the functions of the acupoints. Many practitioners limit their understanding to the 'indications' of the acupoints seen in textbooks. As many readers have likely found, this is not the whole story. For example, I notice that most textbooks advocate using GV4 *Mingmen* and SP4 *Gongsun* in cases of chronic diarrhoea. However, many find that they are not effective in some cases. This isn't necessarily because acupuncture won't work for these patients, but because the functional status of the governing vessel where GV4 *Mingmen* is located, and the foot Taiyin spleen channel where SP4 *Gongsun* is located, may influence the therapeutic outcome except syndrome differentiation, acupoint prescription, and needling techniques.

Here's an example. More than ten years ago, I treated a patient who had suffered from chronic diarrhoea for years. She woke in the early morning with 3–5 instances of diarrhoea most days while also experiencing a sensation of urgency. When looking at the approaches used by other doctors she had seen, I noticed that most used warming and tonifying formulae like *Si Shen Wen* (四神丸). With acupuncture, they focused on acupoints such as GV4 *Mingmen* and SP4 *Gongsun*. These treatments had not been effective. After examining her channels, I determined that the governing vessel, spleen and kidney channels were relatively normal. Instead, there were clear changes on the hand yang ming channel. Therefore, I decided to change the prescription and used LI10 *Shousanli*, ST36 *Zusanli* and ST25 *Tianshu*. The approach achieved surprisingly quick results and finally the patient was cured.

This case demonstrates the very simple concept that, if we can select acupoints from the most affected channel, we can often get therapeutic results, even sometimes getting results which patients call 'miracles'. This is because there is a direct link between diseased organ function and the acupuncture points themselves. Now, of course in many, many cases the so-called 'affected channels' include more than the channel associated with the diseased organ. Many patterns also involve exterior-interior, mother-son, controlling and same-name channels. Examination of the channels will go a long way toward giving an answer as to which channels are affected in a given disease pattern. The case study also tells us that the effectiveness of acupuncture points is relative and conditional. If one moves away from channel theory, then using acupuncture points becomes like an army without a leader or a weapon without control. Therapeutic results will be less than desired. Again, much more is said about the concept of observing, differentiating and choosing channels in ACTCM 讲演录.

Can you please discuss your third point for attention: The tendency of acupuncturists to neglect the care and protection of the channels, which can lead to channel exhaustion and confusion.

We hear some people assert that acupuncture treatments have no side-effects. I strongly disagree with such claims. The most commonly seen side-effect from improper acupuncture treatment is what I call 'exhaustion' or 'confusion' in the channels. The reasons for improper acupuncture are varied. Most often, improper treatments come from incorrect syndrome differentiation, an excess of acupoints used in a given treatment or over-stimulation. Many have noticed that patients who have never had acupuncture have a tendency to get quicker results. Of course, these patients are being compared with patients who have been previously treated with acupuncture on a regular basis. Some have also found that patients who come often may get decreasing levels of improvement as they get more and more treatments. Some have even claimed that non-Chinese patients tend to react more favourably to acupuncture treatment. This may very well be due to the fact that these types of patients have never had interference in their acupuncture channels and are thus less likely to have 'exhausted' channel systems.

In the 1980s, while I was lecturing in Mexico, I treated a female patient who presented with sciatica. She had previously received more than ten acupuncture treatments from other practitioners who used common sciatica acupoints such as GB30 *Huantiao*, GB34 *Yanglingquan* and KI3 *Taixi*. The outcome had not been successful. Initially, I thought it was due to inexact acupoint

location and poor technique. After completing my intake and examining her channels, I concluded that the patient's constitution (both qi and blood) were relatively weak due to the chronic disorder. It seemed that previous acupuncture treatments had been carried out too strongly and harshly, thus further weakening the patient's constitution. In other words, the patient's channel system was exhausted and confused. Because of this, I decided that, prior to addressing the pain, it was essential to first tonify and sooth the flow of qi and blood in order to balance and nourish. The initial three to four acupuncture treatments utilised LI4 *Hegu* and LR3 *Taichong* as primary acupoints to restore and invigorate qi and blood flow. During subsequent clinical visits, I noticed a gradual increase in sensitivity (*deqi*) at the acupuncture points which had previously been used for treating sciatica. For instance, while needling GB30 *Huantiao* in later treatments, the deqi sensation came comparatively quicker, while also radiating down to the toes. Most importantly, her response to treatment became gradually more positive.

This case taught me a lesson. Namely, when treating difficult diseases, particularly those with a lingering and chronic nature, we should investigate not only the symptom pattern, but also the status of the channel system itself. In particular, we should pay attention to any possible signs of exhaustion or depletion before delivering treatment. If there is a state of exhaustion or confusion, we should first regulate the entire channel system and only then address the original problem.