

Point-Pair Synergy: An Example of Theory and Practice in the Treatment of Immune Disorders

Abstract

This article explores the possible physiological mechanisms engaged by the point pair *Chǐzé* LU-5 (尺泽) and *Fùliū* KID-7 (复溜), and the use of this point pair in the treatment of autoimmune conditions. The approach to acupuncture therapy described is firmly based in classical Chinese medical theory, in which diagnosis based on channel palpation is combined with channel theory and the concept of point pairs to produce a flexible approach to clinical practice. In order to explain the classical Chinese medical theory relevant to the treatment of autoimmune conditions, the relationship between the Lung, Kidney and defensive qi is discussed - a discussion which touches on many other structures within the classical physiological model.

Introduction

It might be argued that the most recent period of concerted innovation in the history of acupuncture was marked by the publication 400 years ago of Yang Ji Zhou's (楊繼洲) *Great Compendium of Acupuncture and Moxibustion* (針灸大成 *Zhēn Jiū Dà Chéng*). First presented in 1601, Yang's work represents the final stage in the process of collection and synthesis that characterised acupuncture during the Ming dynasty (1368-1644 CE).¹ This work became the core textbook for acupuncture practitioners until the middle of the 20th century. With this text and others of the classical era, students learned largely through the recitation of memorised 'odes' (賦 *fù*). Characterised by a rhythm akin to the rhyming couplets of English poetry, this literary device served to facilitate the assimilation of information by students at a time where written texts were a luxury not all could attain, due both to their cost and limited availability.

While the 20th century has seen a veritable explosion of the availability of written texts on acupuncture, some of the core concepts inherent in foundational texts such as the *Great Compendium* have been lost. One example of this is the tendency of the odes to describe the treatment of representative symptoms with pairs of points. In order to maintain conciseness and rhythm in the odes, more complex patterns were narrowed down to single symptoms, and two or more points were often listed for treatment. For Ming dynasty readers, the representative symptom would be shorthand for a pattern of disease, which would necessarily be defined by other concomitant signs and symptoms. The idea that diagnosis of disease involved the careful analysis of symptom patterns was by that time a core tenet of Chinese medicine.² Unfortunately, most texts written during the 20th

century removed these patterns from acupuncture when they began to list individual points for treating specific symptoms. This tendency to list points to treat symptoms served to simplify acupuncture practice, but in the process disconnected it from its foundation in the living, dynamic system of channel theory.

In order for the modern practitioner to more deeply appreciate the mindset of the authors of classical texts, it is important to bring certain aspects of classical channel theory back into the clinic. The following article will highlight three features of this process:

- I have argued in other articles that early acupuncture practitioners used palpation as a diagnostic tool far more than modern textbooks describe.³ In contrast to the approach often used by modern practitioners wherein points are palpated to look for precise location just before needling, it seems that many early acupuncturists were palpating the channels as a fundamental part of their diagnosis. By palpating along the pathways, we can more readily discern problems with entire channels. This can then be combined with information from other signs and symptoms to create a channel-based diagnosis.
- As noted above, when proceeding from diagnosis to treatment, texts such as the *Great Compendium* tended to list points in pairs instead of singly. The concept that synergistic pairs might have greater effects than the use of single points provides an extremely useful clinical strategy. By thinking of points in pairs, we can avoid the tendency to create acupuncture formulas by simply combining individual points based on their unique 'functions'. Instead, we can affect the entire channel system through the strategic combination of points from multiple channels.

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Point pairs send a clear message to the channel system.

- In order to truly bring this process to life, whenever possible we must draw our treatment strategies from an understanding of the complex physiological processes traditionally described in Chinese medicine. In other words, point-pair combinations are most effective when based on an understanding of how multiple channels interact in the process of physiology.

As an illustrative elucidation of the preceding concepts, this article will explore the physiological mechanisms likely engaged by the point pair *Chǐzé* LU-5 (尺泽) and *Fùliū* KID-7 (复溜). By considering the clinical expression of a single point prescription and its use in some autoimmune conditions, an approach to acupuncture therapy will also be described. It should be emphasised that the goal of this presentation is not to advocate the use of this point pair in all cases of autoimmune disorder. On the contrary, the aim is to provide an example of how flexibility in thinking can be developed by combining the concept of point pairs with both palpation and classical theory. Once familiar, this approach can be applied to a variety of other complex disease patterns. The first step involves paying careful attention to diagnostic details in order to accurately discern the appropriate patterns in our patients. In fact, the exploration of classical theory described here was initially inspired by clinical observation. Having noticed a pattern of palpated changes on certain channels and the effectiveness of *Chǐzé* LU-5 and *Fùliū* KID-7 in some cases of immune dysfunction, I became interested in what our fundamental texts might say about the role of multiple channels and organs in immune physiology. Once begun, this palpation-inspired exploration led to some interesting insights into some of our most basic theoretical assumptions.

Palpation and point pairs

Channel palpation and diagnosis, an approach advocated by Beijing professor Wang Ju-yi (王居易), is not new in the history of Chinese medicine.⁴ While palpation along channel pathways is crucial to Dr. Wang's diagnosis, when it comes to treatment, the core of his strategy lies in the concept of point pairs. As described above, the use of points in synergistic pairs is quite common throughout the history of Chinese medicine.⁵ Nevertheless, the use of pairs of points as an acupuncture 'formula' is often little-emphasised in modern education. Instead, when devising our clinical strategies we tend to think of the 'functions'

of each individual point. The use of point pairs allows for the creation of a formula which serves to focus the treatment in a particular channel (or channels). Other assistant points may of course be added, but these secondary points serve only to fine-tune or localise the general theme initiated by the original pair. Needed either contra-laterally or bi-laterally, point pairs send a clear message to the channel system. The process of focusing the treatment principle using a two-point prescription allows for a logical process of determining what works and what does not when treating a complex pattern. If one finds after a few treatments that a given pair is not helping the patient, then one at least knows that a specific approach does not help. In the experience of the author, when re-evaluating strategy, it is crucial to return to palpation. Without using this (or other) tools to re-evaluate the diagnosis, changing point pairs indiscriminately is akin to throwing darts at a board blindfolded. Such a deductive approach - of integrating palpation with an appreciation of point-pair synergy - can facilitate the development of a strategy which best fits the patient.⁶ Of the point pairs he often uses, one of Dr. Wang's favourites involves the combination of *Chǐzé* LU-5 with *Fùliū* KID-7.

The point pair *Chǐzé* LU-5 - *Fùliū* KID-7 is one of the most useful in acupuncture. From a five-phase perspective, the pair involves the combination of a water point on a metal channel (*Chǐzé* LU-5) with the metal point on a water channel (*Fùliū* KID-7). The pair thus seems to facilitate a linking of these two phases, which have a mother (metal) - child (water) relationship. This idea provides a useful starting place from which to understand their effect. The clinical effectiveness of this pair raises the obvious question as to the nature of the Lung-Kidney relationship in classical texts, and how this might further inform clinical strategy. Namely, what more can we learn that might help us to determine exactly when this pair is likely to be effective or, on the other hand, which kind of patterns might lead us to consider treatment with other channels? We are all familiar with the idea that the Kidney helps the Lung by 'accepting' or 'grasping' qi (納氣 *nà qì*).⁷ Many think of this as an active process in which the qi of the Kidney actually grabs and pulls qi downwards, so as to facilitate the natural descending (降 *jiàng*) of the Lung. A consideration of a series of statements in the *Inner Classic* (內經 *Nèi Jīng*) not only points to 'accepting' as the best translation of this term, it also gives some surprising insights into the roles of other channels and organs in this aspect of physiology. By following this trail, a better understanding of the mechanisms and appropriate clinical application of the *Chǐzé* LU-5-*Fùliū* KID-7 point pair can be found.

The Lung-Kidney and defensive qi (衛氣 wèi qì)

Classical anatomy and defensive qi

The discussion of the Kidney and Lung in the *Inner Classic* is more complex than some textbooks might have us believe. Most importantly, when one begins to delve into their relationship, it becomes impossible to take a view of the physiology involved which only includes these two organs. Of course, in a system in which everything is related, this is always the case. However, in the case of the Lung and Kidney the *Inner Classic* describes a relationship that can only be fully understood by considering other structures within the classical model. For example, the second chapter of the *Divine Pivot* (靈樞 *Líng Shū*) states that, 'Shaoyang is associated with the Kidney; the Kidney rises to connect with the Lung and [the Kidney] thus commands both organs.'⁸ Here we have a few concepts that are not generally described in modern texts. Namely, that the Kidney is associated with Shaoyang (as opposed to Shaoyin) and is said to somehow 'command' (將 *jiāng*) both that channel and the Lung. The Ming dynasty author of the *Classified Classic* (類經 *Lèi Jīng*), Zhāng Jīng Yuè, asserts that this section of the *Inner Classic* is describing a relationship wherein the Sanjiao in particular (a Shaoyang organ) has a crucial role to play in the Lung-Kidney relationship.⁹ Zhang also reminds us that the Sanjiao channel, like the Kidney channel, has a branch that spreads across the Lungs in the chest. The physiological implications of this three-organ system are complex and are woven into the concepts of both defensive qi and fluid metabolism in the classical model. For example, we might remember that the Sanjiao is a major pathway of fluids in the body while the Lung and Kidney play a fundamental role in fluid metabolism. Thus the fluids within the Sanjiao are the medium through which the Kidney commands the Lung. Consequently, some problems with the Lung-Kidney relationship may come from a lack of free movement in the pathways of the Sanjiao. We will see later how expanding upon these ideas can both inform our treatment strategies for defensive qi pathology, and help us to analyse palpated findings along the channel pathways.

Chapter 17 of the *Divine Pivot* has some other interesting things to say about the relationship of the Lung, Kidney and Sanjiao. In the process, it adds another layer to the discussion above. Most of us are familiar with the saying that the Lung is associated with the skin and, in other chapters of the *Inner Classic*, this is stated fairly forthrightly.¹⁰ However, *Divine Pivot* 17 asserts that the relationship of yin organs with aspects of the surface anatomy is mediated by their paired yang organs:

The fluids within the Sanjiao are the medium through which the Kidney commands the Lung.

'The Lung unites with the Large Intestine; the Large Intestine links to the skin. The Heart unites with the Small Intestine; the Small Intestine links to the vessels. The Liver unites with the Gall Bladder; the Gall Bladder links to the sinews. The Spleen unites with the Stomach, the Stomach links to the flesh. The Kidney unites with the Sanjiao and Bladder; the Sanjiao and Bladder link to the interstices and fine hairs.'¹¹

Note that this section associates the Kidney not with the bones but instead with the interstices (腠理 *còu lǐ*) and fine hairs at the surface of the body. More is said about this subject in a somewhat difficult passage later in the same chapter, where the relationship of the Kidney to the bones is highlighted and then immediately followed by an analysis of the structure of the 'Sanjiao-Bladder':

'The Kidney links to the bones. The dense 'pattern-spaces' [*mì lǐ*] and thick skin [is where] the Sanjiao-Bladder is thick. The open-loose spaces [*cū lǐ*] and thin skin are where the Sanjiao-Bladder is light. [Where the] interstices [*còu-lǐ*] are dredged, the Sanjiao-Bladder is relaxed-loose. [Where the] skin is tight and there are not fine hairs, the Sanjiao-Bladder is tight. [Where/when] the fine hairs are beautiful and open, the Sanjiao-Bladder is straight [in place]. [Where/when] there are few fine hairs, the Sanjiao-bladder is knotted.'¹²

What should we make of this passage? In a modern sense, it seems to be saying something about the quality of the fascia and connective tissues within and just below the skin surface. The 'looseness' of these tissues implies an open circulation of nutrition and fluids that give rise to abundant hairs (think of the fine fuzz of hair seen on the arms of a child). In this section, the Sanjiao-Bladder is thus associated with the quality and health of the tissue just under the surface of the skin - a quality which is easily palpated. If we take the two passages above together, it seems that the *Inner Classic* is implying a direct resonance between these tissues, the Kidney and the bones - as if the Kidney is connecting through from the very depth of bones all the way to the hairs on the skin via these other structures. Not only that: because both the Bladder and Sanjiao are pathways for fluid circulation, their ability to maintain proper texture and function depends on stimulus from the Kidney. These sections of the *Inner Classic* also bring

to mind the idea in Chinese medicine which asserts that external pathogens can move into the body when the surface is not properly maintained, i.e. when the interstices do not open and close properly. Might this also therefore be somehow connected with Kidney function?

The source of defensive qi

Having established a more precise description of the structures associated with defensive qi, we turn our attention to a section a few chapters later in the *Divine Pivot*, where an assertion is made that is at odds with some modern textbooks:

'The Yellow Emperor states: I would like to hear about the movements of constructive-defensive; from where do they come and go?

Qi Bo states: Constructive comes from the middle burner, defensive comes from the lower burner.'¹³

[*Divine Pivot* 18]

The assertion that defensive qi arises from the lower burner is immediately followed by a statement about the Sanjiao:

'The Yellow Emperor asks: From where does the Sanjiao emerge?

Qibo replies: The upper burner emerges from the upper aspect (mouth) of the stomach and goes upward with the throat; it links [through] the diaphragm to spread throughout the chest...' ¹⁴

The order and rhythm of the text is important here. Having just asserted that defensive qi comes from the lower burner, the text reminds us that the Sanjiao also spreads across the chest. Once more the theme of the Sanjiao connecting the Lung and Kidney is repeated - this time in the context of defensive qi. The passage stating that defensive qi comes from the lower burner has inspired debate for at least 1000 years. In general, one can trace a shift in thinking over the centuries from an emphasis on the lower burner as the source of defensive qi to a more generalised (but still debated) acceptance in many modern texts of the upper burner as its source. The pivot of this change seems to be around the Ming dynasty when the text cited above, the *Classified Classic*, made a concise argument in favour of the lower burner:

'The root of a person is basically essence and qi. Qi is yang and yang must arise from yin. Essence is yin and yin must arise from yang. Constructive basically belongs to yin and must come from the Lung then move downwards. Defensive is basically yang and must come from the Kidney and move upwards. This

is what is meant by "defensive comes from the lower jiao"'.¹⁵

Those advocating the upper burner as the source of defensive qi assert that the section cited above draws from an *Inner Classic* text which has been corrupted over the centuries. This is a plausible argument given that the Chinese characters for 'lower' (下) and 'upper' (上) are extremely similar. One might imagine a copyist in the fourth century misplacing a line in an important copy of the *Inner Classic*. In fact, another lesser-known Han dynasty text from the *Inner Classic* tradition, the *Great Simplicity* (太素 *Tài Sù*), makes this argument all the more plausible when it states that 'constructive comes from the middle burner and defensive from the upper burner'.¹⁶ Furthermore, other sections of the *Inner Classic* describe a warming qi that emanates from the upper burner and travels to the surface, which some associate with defensive qi.¹⁷ This is the gist of the argument taken up by later authors who coalesce around the idea that the upper burner (and thus the Lung) is more associated with defensive qi.¹⁸

It should be acknowledged that this article is not attempting to comprehensively explore the equally fascinating and physiologically important discussion of the interplay of constructive-defensive in the *Inner Classic*. Chapter 18 of the text is wholly devoted to the subject. Titled 'The Arising and Return of Constructive-Defensive', this chapter states that:

'Humanity receives qi through grains. Grains enter the Stomach and are transmitted by the Lung. The five zang and six fu organs all use [this] received qi. Its clear [aspect] becomes the constructive while its turbid [aspect] becomes defensive ... Therefore Taiyin rules the inside while Taiyang rules the outside.' ¹⁹

The assertion that the source of both constructive and defensive involves the assimilation of post-natal grains also, of course, necessitates consideration of the Spleen-Stomach. This chapter describes constructive and defensive as a kind of yin-yang pair. Constructive is described as moving inside the vessels, and the active (turbid) nature of defensive leads it to the outside of the vessels. Like qi and blood, the two draw from one another. In the case of the skin and associated structures discussed above, a healthy glow must come not only from the Lung-Kidney axis but also from an abundance of blood generated by the Taiyin Spleen. Thus Taiyin rules the generation of constructive-defensive on the inside, while Taiyang rules their opening toward the outside. Consequently, even if the Kidney is the source of defensive qi, it is certainly fortified by the assimilation of post-natal qi by the Taiyin Lung and Spleen.

Autoimmunity and defensive qi

At the outset of this section, it should be acknowledged that there is some risk in a discussion which posits defensive qi as an analogue to the immune system. A modern biomedical term is rarely, if ever, equivalent to a given concept in classical Chinese medicine. This is especially true when discussing autoimmune conditions because in effect these involve the body attacking itself. This is hardly within the traditional conception of defensive qi as a protector against external invasion. Nonetheless, we can benefit from modern research which indicates that the system which protects us from external pathogens is often involved in these more 'internal' patterns of disease. Unfortunately it is beyond the scope of this article to document the many parallels between the modern understanding of the immune system and the classical discussion of defensive qi outlined above. As a brief example, consider the fact that the specialised cells of the immune system ultimately originate from stem cells in the bone marrow. It is in the bone marrow (and thymus) that young lymphocytes are presented with self-antigens that educate the immune system regarding what is foreign and native in the internal environment. This information comes from all over the body into the cells of the bone marrow. It therefore connects the depth of bones to the skin, lungs and digestive system - all places where the division between 'self' and 'non-self' is particularly porous. Of course, this concept of the division between the outside and inside of the body is much more complicated than this in both modern and Chinese medicine. In Chinese medicine, this idea of the divide between inside and outside is thought to be mediated by the Shaoyang Sanjiao - that is, the Sanjiao mediates the process of communication between the Kidney and the surface of the body. To do so, the complex structures of this vast organ must always be free-moving and open.

To summarise the argument so far, the sections cited above from the *Inner Classic* are saying something about the relationships between what we might loosely term 'immunity' (defensive qi) and a variety of structures and organ functions. From the very depth of the bones to the surface of small hairs, the Kidney links through the Sanjiao to the Lung. These relationships can be broken down into three parts:

1. Lung-Kidney

In the context of defensive qi, this is ultimately a relationship of root and branch. It might be clearer to state that the Kidney is the source of defensive qi while the Lung is the source of its distribution. However, like the root and branches of a tree, the *Inner Classic* seems to be asserting that the relationship

From the very depth of the bones to the surface of small hairs, the Kidney links through the Sanjiao to the Lung.

goes both ways. This relates directly to the concept mentioned above that the Kidney 'accepts' qi from the Lung. Much in the way that the bone-based stem cells of the immune system receive information from all over the body about 'self-antigens' there is a need for the Kidney to link through a complex array of structures, all of which significantly affect the quality of defensive qi. This may be the relationship alluded to in *Divine Pivot* 17 when, immediately following the statement that 'the Kidney links to the bones' there is what at first glance seems to be an incongruous jump to a description of connective tissues and skin and a statement about the interstices and fine hairs on the skin surface.

2. Kidney-Sanjiao

The relationship between the Kidney and Sanjiao is literally pivotal. When considering the six channel levels of Taiyin, Shaoyin, Jueyin, Taiyang, Shaoyang and Yangming, one should note that the channels associated with the Kidney and Sanjiao are both described by the *Inner Classic* as 'pivots' (樞 shū). In other words, the Shaoyin and Shaoyang channels are both said to pivot between the other two yin and yang levels respectively. As pivots in the body, they are places of crucial movement and sources of metabolic fire. When there is a deficiency of Kidney yin (Shaoyin) giving rise to heat, it often manifests in the Shaoyang pivot (Sanjiao and Gall Bladder channels). This type of heat falls under the concept of ministerial fire (相火 xiāng huǒ) in Chinese medicine.²⁰

Note that while both the Kidney and Sanjiao are associated with metabolic fire/source qi, both are also rooted in water. The Kidney is known as the lower source of water while the Sanjiao is likened to a passageway or ditch.²¹ It is interesting to note that modern clinicians often assert that autoimmune conditions tend to involve a deficiency of Kidney yin.²² Taking this concept one step further, we might think of a complex autoimmune condition as one in which yin deficiency has affected not only the Kidney but also the pathways of the Sanjiao. If the Sanjiao is charged with maintaining the connection of the Lung-Kidney axis, then damage to yin will affect the ability of the Kidney to receive information from the rest of the body. Thus the two-way relationship just described between the Lung and Kidney breaks down. In a modern sense, this might lead to a compromise in differentiating 'self' from 'non-self' in autoimmunity.

Movement of turbid qi through the Large Intestine allows the Lung qi to float upwards and outwards - much like the effect of shedding weight from a hot air balloon.

Namely, if the Kidney is not connected clearly with the Lung and other structures, defensive qi becomes misguided.

3. Lung-skin

The relationship between the Lung and the skin is well-established in Chinese medicine. Nevertheless, its mechanism might be clarified by considering the section from the *Inner Classic* quoted above, which states that 'the Lung unites with the Large Intestine; the Large Intestine links to the skin.' This seems to be asserting that the Lung first connects downward to the Large Intestine, and then moves toward the surface of the body via its paired yang organ. It should be pointed out again that the *Inner Classic* asserts that defensive qi comes from the lower burner and, despite what most commentators have since claimed, the text does not specify the Kidney. As we often associate the skin, or at least the interstices, with defensive qi, another part of the picture seems to come into focus. The most convenient way to understand this aspect of the relationship is by considering the mechanism of the formula *má xìng shí gān tāng* (Ephedra, Apricot Kernel, Gypsum, and Licorice Decoction). This formula is often used in cases of wheezing, phlegm, thirst and fever. At the Chengdu Hospital of TCM, this formula is regularly used in the paediatrics department for children with pneumonia accompanied by constipation. The doctors there clarify that the intestines are not moving before prescribing this formula.²³ The apricot kernel (Xing Ren [Armeniacae Semen amarum]) in the formula is particularly useful because of its ability to moisten the intestines and descend Lung qi. By moving downwards to the Large Intestine, the Lung is thus opened up. This mechanism is also described in the 35th chapter of the *Classic of Difficulties* (難經 *Nàn Jīng*), which describes a balance between the movement of yin turbidity through the intestines and the maintenance of the clarity of the internal environment that is necessary for the Heart and Lung organs to function properly. In other words, the text is describing a balance between upper and lower burners. Thus the health of the Large Intestine is yet another crucial participant in the outward effusion of defensive qi. Movement of turbid qi through the Large Intestine allows the Lung qi to float upwards and outwards - much like the effect of shedding

weight from a hot air balloon. This movement leads to a luxuriance of qi in the skin.

How should we interpret this received argument and, more importantly, what can it tell us that might be clinically useful? Many of us know that certain formulas which target the Kidney are used in conditions involving autoimmune patterns while, at the same time a 'defensive qi' formula like *yù píng fēng sǎn* (Jade Windscreen Powder) seems to have a decidedly Taiyin Spleen-Stomach focus. It is at this point that the three points described at the beginning of the article come together as a cohesive approach. Fortified with an understanding of the complexities of classical defensive qi physiology, we can bring ourselves back into our hands by palpating. An analysis of palpated changes then helps us to determine which patients are most likely to benefit from the *Chízé* LU-5 - *Fùliú* KID-7 pair.

Channel palpation in autoimmune disease

In the experience of the author, palpating channel pathways in the clinic tends to show a common pattern of changes in many autoimmune patients, involving changes in three of the six levels of the channel system:

Taiyin

As might be expected, many patients with, for example, seasonal allergies have lumpiness along their Lung channels, especially in the zone between *Chízé* LU-5 and *Kōngzùi* LU-6, and around *Jīngqú* LU-8. These same areas also present with similar changes in more complex autoimmune diseases. As one would expect, when dampness and heat are part of the clinical picture, the Spleen channel becomes involved. In such cases the areas of *Gōngsūn* SP-4 and, to a lesser degree, *Yīnlíngquán* SP-9 can become congested. When there is a deficiency of Taiyin leading to under-assimilation of post-natal qi, one often finds a hollow-feeling or a small bubble in the area of *Tàibái* SP-3.

Shaoyin

In cases of autoimmune dysfunction, one finds palpable changes along the Kidney channel more often than the Heart. The most helpful area to palpate is the region on the medial leg between *Tàixī* KID-3 and *Fùliú* KID-7.

Shaoyang

Many patients who have inflammation throughout their bodies tend to present with bumpiness along the distal aspect of the Sanjiao channel. In particular, the area between *Sānyángguò* SJ-8 and *Wàiguān* SJ-5 can feel as if one's thumb is moving over an ungraded road,

or there may be significant thickening of the fascia around *Wàiguān* SJ-5 and *Zhīgōu* SJ-6. In some cases we might think of such changes being an indicator of deficiency heat arising from damaged yin in the other 'pivot' (Shaoyin), as described above. In others, it is indicative of stagnation in the sinew vessels of the Shaoyang areas of the upper back and neck, and thus careful clinical distinctions must be made. In general, when reflecting serious internal inflammation, the changes tend to be bilateral.

For any given patient, the relative involvement of these three channels can vary considerably. Palpation of the channels is therefore crucial to determining the best treatment. For example, in chronic systemic patterns involving heat throughout the body, one might expect the Sanjiao to be involved. However, one occasionally finds on palpation that the channel is completely unremarkable. In these cases, one must consider the possibility that the heat is deeper (often in the internally-paired Jueyin channel). On the other hand, some patients who have chronic seasonal allergies have relatively minor changes along their Lung channels. In these cases, palpation reveals instead that the Shaoyang Sanjiao and Gall Bladder channels are much more involved. At times, especially in very weak patients, it is difficult to find any helpful changes along the channels at all. For these patients, it is as if the channel system is simply not able to mount a response. In many cases however, the pathodynamic tends to revolve around these three channels and their associated organs.

Chǐzé LU-5 and *Fùliū* KID-7

In light of the information presented above we can begin to consider how best to use the *Chǐzé* LU-5 - *Fùliū* KID-7 point pair. The effectiveness of this pair for a wide range of defensive qi patterns must be evaluated in the context of the Lung-Kidney-Sanjiao-skin relationship described above. As stated earlier, this is not by any means the only pair used in the treatment of these very complex conditions. Insight into the question of when to use this point pair is provided in the *Classic of Difficulties*. Keeping in mind that *Chǐzé* LU-5 is the he-sea point of the Lung channel, we should note that the 68th chapter describes he-sea points as treating 'qi counterflow and diarrhoea' (氣逆而瀉 *qì nì ér xiè*). Thus the well-known ability of this point to clear heat draws from the mechanism described above regarding *má xìng shí gān tāng* (Ephedra, Apricot Kernel, Gypsum, and Licorice Decoction). *Chǐzé* LU-5 facilitates a reversal of upward counterflow of Lung qi so that it moves in its proper downward direction. The downward movement of Lung qi stabilises the function of the Large Intestine. Next, consider that *Fùliū* KID-7 is the jing-river point of the Kidney channel. The same chapter from the *Classic of Difficulties* describes jing-river points as treating 'wheezing, coughing, heat and cold' (喘咳寒熱 *chuǎn ké hán rè*). *Fùliū* KID-7 is well known in classical

texts for helping to stabilise the exterior by regulating sweating - which indicates an affinity for the skin. Thus both the five phase associations of these two points (as described earlier) and the directions from the *Classic of Difficulties* point to a tendency of these points to facilitate the Lung-Kidney connection. More specifically, the pair has been found to be particularly useful in cases where there is a deficiency of yin (of the Lung and/or Kidney) leading to an improper autoimmune response. Another way of expressing this is that communication between the depth of Kidneys and the skin surface is compromised due to problems with fluid metabolism.

Channel palpation can help us to determine when this pair might be most effective. The most important determining factor seems to be the nature of palpated change in the area of *Fùliū* KID-7. When there is significant deficiency of the Kidney accompanied by inflammation, the area of *Fùliū* KID-7 becomes swollen, full and often quite painful. Sometimes one may feel a kind of oedematous pillow-shaped swelling in this area. The more obvious the change, the more likely that *Chǐzé* LU-5 and *Fùliū* KID-7 will be helpful. On the other hand, when this area of the Kidney channel is unremarkable, one might explore some of the other theoretical implications described above by palpating carefully.

Thus the development of a treatment strategy for various autoimmune conditions might involve the use of the *Chǐzé* LU-5-*Fùliū* KID-7 point pair. However, if we consider the ways that these organs interact with the Sanjiao, Spleen and Large Intestine, we might find ourselves resolving to use unexpected, but effective, combinations of points from other channels. The key is to bring the channel system to life in one's own mind while keeping one's hands on the patient. Once one begins palpating, one never knows what might be found.

Conclusion

The process by which theory, palpation and historical texts can be used to shape clinical strategy - as demonstrated by this article - might be summarised as follows:

1. The most important prerequisite for developing flexibility in the practice of acupuncture involves paying attention to what one is feeling with one's hands in the clinic. Chinese medicine requires that each of us develops diagnostic skills using our own senses - this is the foundation upon which every clinical encounter must rest. The history of Chinese medicine provides a wealth of strategies for developing awareness of our patients through self-cultivation, and hard-won technologies for interpreting and categorising information which we can see, feel, sense and smell. No matter which approaches we choose to emphasise, this is always the starting place.

2. Some kind of relationship with a textual tradition is required, through which we can test, evaluate and develop the provisional conclusions we constantly draw from the patterns we perceive in our patients. This is the process described above, in which a noted pattern of changes along the channels of patients with immune dysfunction led to mining the *Inner Classic* for insight. This text and its associated commentaries throughout the centuries thus provide a theoretical foundation for first understanding and then expanding upon classical theory in the modern clinic.²⁴
3. Once we are familiar with the system described in foundational texts, we can begin to innovate. Such innovation is at the root of the frustrating answer we may have received when we ask our teachers, 'Which point do you use to treat X?'. When the question is asked, many experienced practitioners begin to run through a variety of patterns that might give rise to the symptom or disease in question. Their answer thus often begins with the phrase, 'Well that depends...'

Most importantly, the flexibility of thought gained by using this process for our most difficult patients will improve clinical results. Not only that, it allows us to use the strengths of our tradition so that we do not move towards a future where specific points are always indicated for certain diseases. Instead, future protocols may suggest three or four channels commonly involved in a given complaint ... followed by a reminder to figure it out for oneself. ■

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Endnotes

- 1 The process of systematisation in the Ming began with the 1439 publication by Xu Feng (徐鳳) of the *Complete Works of Acupuncture and Moxibustion* (針灸大全 *Zhen Jiū Dà Quān*), was continued by Gao Wu (高武) in the 1529 text *A Collection of Gems in Acupuncture and Moxibustion* (針灸聚英 *Zhen Jiū Jù Yīng*), and culminated with the 1601 publication of the *Great Compendium*.
- 2 For example, the 610 CE Sui dynasty text *General Treatise on the Causes and Manifestations of All Disease* (諸病源候論 *Zhū Bīng Yuán Hóu Lùn*) by Chao Yuan Fang (巢元方) is a compilation of over 1700 diseases types, all categorised by careful differentiation of diseases using symptom patterns in the way espoused two hundred years previously in the *Treatise on Damage by Cold* (傷寒論 *Shāng Hán Lùn*).
- 3 For a more detailed overview of palpation as a diagnostic process please see Wang, J.Y. & Robertson, J.D. (2007). "Channel Palpation". *Journal of Chinese Medicine*. 83, 18-24.
- 4 Ibid. p.18
- 5 For example, in the *Great Compendium* (針灸大成 *Zhen Jiū Dà Chéng*) a favorite section of Dr. Wang's is the Ode to 100 Symptoms (百癥賦 *Bǎi Zhèng Fù*). This ode, which contains many excellent point pairs, was originally found in *A Collection of Gems in Acupuncture and Moxibustion* (針灸聚英 *Zhen Jiū Jù Yīng*).
- 6 For a detailed introduction to Dr. Wang's most common point pairs please see chapter 20 of Wang, J.Y. & Robertson, J.D. (2008). *Applied Channel Theory in Chinese Medicine*. Seattle: Eastland Press.
- 7 Maciocia prefers 'grasp', Wiseman chooses 'absorb' and Eastland Press advocates 'accept'.
- 8 少陽屬腎，腎上連肺，故將兩臟。(靈樞本輸) (*shǎo yáng shǔ shèn, shèn shàng lián fēi, gù jiāng liǎng zàng*).
- 9 Specifically, in the *Classified Classic* (類經 *Lèi Jīng*) discussion of this section of the *Inner Classic*,

- Zhāng Jīng Yuè states that, 'Amongst the organs [this mention of Shaoyang] corresponds to the Sanjiao, often called the orphan organ.' (脏腑有相合三焦曰孤府 zàng fǔ yǒu xiāng hé sān jiāo yuē gū fǔ)
- 10 For example, *Divine Pivot* chapter 5 (經脈) describes a more direct relationship between the Taiyin Lung and the skin.
 - 11 肺合大腸，大腸者，皮其應；心合小腸，小腸者，脈其應；肝合膽，膽者，筋其應；脾合胃，胃者，肉其應；腎合三焦膀胱，三焦膀胱者，腠理毫毛其應
 - 12 腎應骨，密理厚皮者，三焦膀胱厚；羸理薄皮者，三焦膀胱薄。疏腠理者，三焦膀胱緩；皮急而無毫毛者，三焦膀胱急。毫毛美而羸者，三焦膀胱直，稀毫毛者，三焦膀胱結也。
 - 13 黄帝曰：愿闻营卫之所行，皆何道从来？岐伯答曰：营出于中焦，卫出于下焦。
 - 14 黄帝曰：愿闻三焦之所出。岐伯答曰：上焦出于胃上口，并咽以上，贯膈而布胸中，.....
 - 15 盖人之所本，惟精与气。气为阳也，阳必生于阴；精为阴也，阴必生于阳。故营本属阴，必从肺而下行；卫本属阳，必从肾而上行。此皆卫出下焦之意。《类经·胃气运行之次》
 - 16 黄帝曰：愿闻营卫之所行，皆何道从行？岐伯答曰：营出于中焦，卫出于上焦。The *Huáng Dì Nèi Jīng Tàì Sù* (黄帝内经太素) attributed to Yáng Shàng Shàn (杨上善) is one of the four extant *Inner Classic* texts. The text, thought to have been written around 650 CE was lost for 12 centuries only to resurface when a copy was located in a temple in Japan in the 18th century. Besides the more famous *Líng Shū* and *Sù Wèn*, the fourth of these *Inner Classic* texts is known as the *Míng Táng* (明堂). The quote regarding the source of defensive qi comes from a chapter titled *On Constructive and Defensive Qi* 《黄帝内经太素·营卫气》
 - 17 See 《内经》中，《灵枢·五味》、《灵枢·痲疽》、《灵枢·平人绝谷》、《素问·调经论》. For an excellent article highlighting important points along the path of this upper burner/lower burner debate see Dong, S.P. & Zhang, N. (2004).

- "On the *Divine Pivot* discussion of Defensive Qi Emerging from the Upper Jiao". *Journal of The Beijing University of Chinese Medicine* 3, 19-20. (董尚朴 张暖. 从《灵枢》原文论证卫出于上焦 《北京中医药大学学报》2004年第3期19~20页)
- 18 See, for example the *Classic of Holding to the Center* (中藏經 *Zhōng Cāng Jīng*) attributed to Hua Tuo (华佗) from the Eastern Han (25-220 CE), the *Arcane Essentials from the Imperial Library* (外台秘要 *Wài Tái Mì Yào*) by Wang Tao (王涛) in the Tang dynasty (618-907) and *Essential Prescriptions Worth a Thousand Gold Pieces for Every Emergency* (备急千金要方 *Bèi Jī Qiān Jīn Yào Fāng*) by Sun Simiao (孙思邈) in the Song dynasty (960-1279).
 - 19 人受气于穀，穀入于胃，以傳與肺，五臟六腑，皆以受氣，其清者為營，濁者為衛，營在脈中，衛在脈外...故太陰主內，太陽主外
 - 20 For a more detailed discussion of ministerial fire please see pp.128-132 in *Applied Channel Theory in Chinese Medicine*.
 - 21 *The Explanation of Collected Medical Formulae* (醫方集解 *Yī Fāng Jí Jiě*) by Wang Ang (汪昂) in the Qing dynasty (1682) is the origin of the oft-quoted 'Lung is the upper source of water, Kidney is the lower source of water' (肺為水之上源，腎為水之下源). Thus this phrase is reasonably recent in the history of Chinese medicine. On the other hand, the concept that the Sanjiao is a 'ditch' comes from chapter 8 of *Basic Questions* (素問 *Sù Wèn*) which states that, 'The triple burner has the office of ditch design; the water pathways issue from it' (三焦者，決瀆之官。水道出焉).
 - 22 For an excellent discussion of the theory that Kidney deficiency is at the root of many autoimmune patterns see: Hou, W.Z., Xu, G.P. & Wang, H.J. (2011). *Treating Autoimmune Disease with Chinese Medicine*. London: Elsevier
 - 23 Author's clinic notes August 2002 from the paediatrics department at the Chengdu University of Chinese Medicine with Dr. Su Shu Rong.
 - 24 For many, the most helpful commentary is cited above - *The Classified Classic of Zhang Jie Bin*.