Tracking the Dragon

Advanced Channel Theory

An Acupuncture Text

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Published by Fastpencil, Cupertino, CA

First edition: 2010
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# Tracking the Dragon

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Introduction

Originally, this book was written as a class text for students of Asian medicine who had already completed at least one year of study. Knowledge of the channel locations, acupoint locations, and basic terminology, including at least one system of “pattern” diagnosis, was assumed.

Since then, some beginning students and even readers with no background in Asian medicine have expressed gratitude for the explanations and demystifications in this book – but they have requested the inclusion of some basic, starter information.

Now, with the addition of point location/channel Qi maps at the back of the book and some acupuncture theory basics, and beginner can get up and running: feeling channel Qi by hand, using the findings to make diagnoses.

“Pattern diagnosis” refers to the Asian tradition of combining information from a patient’s pulse, tongue, and other physical presentations, plus a patient’s symptoms, into one of the official patterns. Various systems, or “schools” of pattern diagnosis abound; the systems include Eight parameters, Six Levels, Five Elements, and Zhang-Fu, to name just a few. Each system uses its own collection of patterns. Many practitioners use patterns from several schools.

Once a practitioner has settled on the official pattern that best describes the patient’s condition, he then uses the appropriate acupuncture, moxa, massage, lasers, magnets, or herbal treatment that is recommended for all people with that pattern.

But whether the practitioner is using acupuncture needles, moxa, herbs, Tui Na, or Medical Qi Gong to treat the pattern, and whether the pattern is expressed in terms of “hot and cold,” “Yin and Yang,” “Wood Attacking Earth,” or “Jue Yin level Fire,” the underlying goal is always the same: restoration of channel Qi to its correct flow.

A very brief definition of channel Qi
As westerners, we first learn in high school physics that moving electrical currents create electromagnetic fields and electromagnetic waves. As a corollary, we learn the reverse is also possible: waves can create currents. The sequence in which we are taught these ideas influences our thoughts regarding matter and waves. We tend to look at tangibles, and consider their invisible, inherent wave properties to be side effects. This thinking is backwards.

To understand the ancient thinking behind Asian medicine, and to understand modern physics, we must reverse the preferred sequence of these ideas: we must think first, that waves can create currents; then, energy in currents can transform back into waves.

The ancient theories hold that, at the moment of initiation of the universe, what we now call the “Big Bang,” all creation was purely vibratory, purely waves. Some waves condensed into matter. More exactly, the energy in waves transformed into the energy in currents. Or we might say, the energy in those waves condensed into energy formats that manifest as moving electrical units and other quantum bits. This charged movement constitutes currents. More simply, “waves can make currents.”
This idea matches perfectly with our modern “string theory” of physics, which holds that all materially existing subatomic components (quantum particles) are made up of tightly coiled bits of vibrations. All matter is derived from vibrations, or waves. When matter dematerializes, it shifts back into a state of pure vibration.

As westerners, we tend to think that the chemistry in living systems creates any electrical currents that might be detected coursing over the surface of the cells, or streaming along the connective tissue. These currents, in turn, might be “giving off” waves. To understand Asian medicine, we must think more correctly: waves are forming the currents. The currents, in turn, create, sustain, and guide the cellular chemistry. The chemical behavior, in turn, creates further waves.

We cannot feel, by hand, the specific electromagnetic movement patterns (waves and electrical currents) that define and create each of the types of atoms. We cannot feel, by hand, the larger currents that flow in highly specific patterns over each cell’s surface, directing the inner-cellular chemical processes. But in large organisms, we can feel, by hand, the highly specific routes of the relatively huge currents formed by the billions of iterations of extra-cellular currents, currents that flow near the external surface of the organism. We call these routes The Channels.

For the most part, when we speak of the channel Qi that is found in all living systems, the energy that allows living systems to seemingly defy entropy and remain stable in the face of environmental changes, we are speaking about the moving currents that direct all biological processes. But to better appreciate channel Qi, we must also think of it as the waves that create those currents and the currents. To even more accurately describe channel Qi, we can say that it is made up of currents and the waves of thoughts and emotion that create and drive the currents and the waves given off by the chemical structures that are derived from and which stabilize those currents.

And to be still more accurate, channel Qi is one more thing: channel Qi is not only waves and material currents derived from the waves, it is the energy absorbed or released in the transition from wave energy to matter (electrons), and back again.

The locations at which wave energy converts to matter – or the reverse, where matter converts back to wave energy – are known in ancient Chinese philosophy as pivot points. These are the places where energy pivots back and forth between vibrational energy and formed components of matter (electrons and other subatomic bits) at any given point in time.

According to ancient Asian physics, creation, in order to appear real, needed three parts: wave (known in Sanskrit as Om, or in Chinese as Da [Great] Om, also pronounced Tao), matter (Anu, often translated as “atom”), and the location (Desa) of the transition between wave and matter at any given point in time (Kala).

In Chinese theory, the vibrational, or wave, basis for a thing’s existence, or you might say the idea of a thing’s physical existence, is referred to as its “Heavenly,” or Yang (closer to God, closer to the origin) aspect. The quantum bits that create the seemingly “real,” or “material” version of that idea are referred to as that creation’s “Earthly,” or Yin (further from God, further from the origin) aspect. The Pivots, the sum of the locations at which, at
any given instant in time, wave energy transitions into matter, or “pivots” back into pure vibration, is the third part of the system.

As an aside, “The Dragon joins Heaven and Earth” is a not uncommon expression in Chinese. The expression has many applications, including the idea that man’s physical body resides somewhere between the skyey Empyrean and the soil of planet Earth. (This is sometimes rephrased as “Man stands between Heaven and Earth.)

Another common application interprets Heaven as man’s soul, Earth as man’s body, and the Dragon as the dynamic that, for the short span of a man’s life, binds the two.

The application of the Heaven/Dragon/Earth metaphor to the three parts of channel Qi – electrical waves, electrons (and related “formed” matter of quantum physics), and the transitional Pivots that exist “between” them – is particularly apt – and may very likely be the metaphor’s historical foundation.

Given this understanding, the sum of the pivot points in living systems, pivots that occur between the waves of “Heaven” and the chemical basis of “Earth,” the sum of which is known as the flow of Channel Qi, can metaphorically be referred to as The Dragon.

I believe this may be the original understanding of the Heaven/Dragon/Earth expression.

If our eyes beheld truth, we would see that matter is constantly flashing in and out of existence at a nearly infinite number of locations, at the interface with the intangible surface that, in western science, has recently been named “the ether.” Throughout the universe, the transition points between waves and matter, the individual pivots, are locationally determined by the same Consciousness that created Vibrations in the first place. The sum of the locations of the individual pivots over any specific period of time (anything from nanoseconds to eons) provides the basis for the seeming movement of all electrical currents during that time span. Given the popular use of the Chinese expression, “The Dragon joins Heaven and Earth,” the name for this third aspect of creation – the movement in currents, the phenomenon that lies between wave and matter over time is the movement of the Dragon.

In large living systems, such as humans, this movement aspect of the Dragon can be felt, as it travels in its highly specific pathways, near the surface of the organism. What we call channel Qi are the areas in living systems where the movement aspect of current is in a feel-able, detectable format.

Again, in an organism, its pure vibrations (what a Westerner might call the Platonic Ideal) are referred to as Heaven. Its formed, seemingly “real” matter, ranging from electrons and subatomic particles to the chunky protons, is referred to as Earth. The seeming movement of the electron portion of the Earth aspect, created by transitions between wave and matter, or you might say “the flow of The (collective) Pivots,” “the currents,” or the Dragon, is the channel Qi. If the organism is large enough, its currents of channel Qi are so large that we can feel them.

The vibrations that bring forth the universe are created by Consciousness. The transitions from wave to matter and back again, and the movements of currents thus created, are directed by Consciousness.
The flow of a human’s channel Qi is directed and influenced by a combination of Consciousness, the human’s consciousness, the matter-based molecules in his body such as DNA, and his highly specific original vibrations, or fractal waves, the fractal waves that define each human being. These extremely subtle “defining” wave patterns, patterns unique to each individual, exist before conception, and continue to exist after death. These individual wave patterns, or vibrations, are all subsets of the Universal vibration, from which all formed parts (material existence) of the universe are derived.

Western science is just beginning to propose the relationship between vibrational-, or wave-, physics and humans. In *The Elegant Universe*, by Brian Greene, the author proposes: “humans are, in fact, 3-D holographic projections of two-dimensional [wave] data.” In other words, the waves come first. Matter is an illusory derivative.

This is not a new concept. Twenty six hundred years ago, the philosophers of ancient India were writing and teaching these concepts in universities at Nalanda and Taxila. Traveling scholars from around the world were welcomed. Many famous Chinese scholars carried these ideas back to their homeland, where they contributed to the thriving philosophical debates of the Hundred Schools period of Chinese history, a period that preceded the violent, 221 BC “unification” of China.

**Where is the channel Qi?**

In living systems, currents of channel Qi bathe the surface of every cell. From the moment of conception, a specific pattern of electrical flow over the outside of the cell wall directs all cellular activity, including DNA expression. The specific pattern of this extracellular channel Qi flow is directed primarily by the wave-based Idea of the organism, and secondarily by the electromagnetic influence of the DNA molecule and other structures within the organism.

So long as the channel Qi of a cell is flowing over the surface of the cell in its correct pattern, that cell is alive. In any living cell, or any living system, it is the invisible wave energy and the wave’s directing of the movement of the organism’s channel Qi that allows the cell, or the living system, to exist in seeming defiance of entropy.

When the channel Qi ceases to be influenced by the Idea-wave patterns (Divine Consciousness), and merely flows mechanically, in the pattern defined by proximity to its cellular chemistry or the surrounding chemistry, the cell is dead. Its chemical structure may still exist, but the organism is dead, and its structure is subject to entropy.

As the cells of a multi-celled organism increase from their original single cell, the channel Qi patterns continue to flow in highly specific patterns over the cell walls, electromagnetically directing every process that occurs within the cells. As the growing cell cluster increases in size, alterations in the surface-to-volume ratio of the organism and other alterations due to changes in mass and shape cause derivative variations in the fractal flow patterns of the organism’s channel Qi. These localized variations in the flow of channel Qi, in turn, trigger localized alterations in DNA expression. These alterations allow various cells to assume different roles.

In multi-celled organisms, in addition to the streams of current that run over the surface of each cell, the compoundings of the original fractal, or “Mother,” pattern of channel Qi also flow over the exterior of the entire organism.
Even when an organism vastly increases in size, iterations of the currents that direct individual cells continue to influence and maintain the currents that traverse the exterior of the organism. These exterior currents can become huge — in humans, these currents are large enough to be detected by hand. These currents that flow over the exterior of the organism (or, more accurately, just under the skin), serve to both reflect and direct the individual, cellular currents.

As stated before, in Asian medicine, we refer to these large, exterior (just under the skin) rivers of current as The Channels. The flow patterns of human channels are highly standardized: the mathematical formula (a non-linear equation) theoretically (according to modern physics’ Chaos theory) derivable from the fractal that underlies the highly specific flow patterns seen in humans might even be considered a definition for the structural design of an embodied human.

In large organisms, the channel Qi flow patterns in the exterior channels influence the channel Qi flow patterns at the cellular level. The cellular channel Qi flow patterns help maintain the external channel Qi flow patterns. These mutual influences provide stability to the organism. An organism’s body can be influenced by external events such as weather, food, physical impact, and so on, via changes in the large rivers of channel Qi that occur from exposure to these events. These changes are then transmitted to the smaller streams and rivulets of channel Qi, and then to the channel Qi that traverses each cell. These changes in cell-level channel Qi flow then exert a changed influence over cellular chemistries and structures.

At the same time, the large rivers of channel Qi are kept stable in spite of external influences, by virtue of the billions of cellular contributions of channel Qi wave signals: iterations that are held in place fairly well by virtue of the highly stable molecules of DNA and other cellular structures.

From jellyfish to great blue whales, this external-internal communication occurs between rivers of currents large and small, that is to say, the large currents of channel Qi in the close-to-the-surface channels and the small currents that bathe each cell.

The effect of these mutually resonant currents on cellular chemistry and functions and the effects of external influences on the currents and the stabilizing effect that cellular chemistry has on the channel Qi — all working together — are the basis for homeostasis.

Homeostasis is an organism’s ability to respond to externals, while maintaining a high degree of structural and electrical constancy despite external fluctuations. We tend to think that homeostasis refers to the stability of the body’s chemistry. In fact, homeostasis is the underlying-stability-amidst-change that occurs in the body’s waves and currents and chemistry. Ultimately, the thing that does not change easily, the anchor that keeps the organism alive despite changes in the environs, is the underlying, unchanging wave idea behind the creation of the organism.

**Errors in the flow of channel Qi**

The underlying cause of all human health problems is a disruption, or glitch, in the flow of the channel Qi.

Errors in the rivers of channel Qi can be brought about by external influences such as injury, illness, extremes of weather, toxins, and so on. Errors in channel Qi can also be brought about by what Chinese medicine refers to as “internal influences”: thought waves
created by (self-generated) emotionalism (the Seven Pernicious, or negative, Emotions). Whatever the cause, errors in the rivers of channel Qi flow will immediately cause erroneous signals in the electrical instructions that flow to every cell in the body. These errors may result in wrong DNA expression and the subsequent malfunctions of cells and organs, and can even influence the mental state.

**Treating the errors**

The larger, coalesced, “external” streams and rivers of current lie close to the surface of the organism, and can therefore be easily manipulated using metal needles, magnets, lasers, Qi Gong (mental discipline of the currents), and so on.

All forms of Asian medicine are based, ultimately, on correcting glitches that develop in the flow of the large rivers of channel Qi. We use our methods of medicine to restore the large rivers of channel Qi flow to the “standard patterns” for humans: the patterns that are most perfectly aligned with the original wave patterns that define the Idea of “Human.”

By restoring or maintaining the correct flow patterns of the largest rivers, the smaller bifurcated streams of channel Qi and the tiny, cellular streams of channel Qi are also restored to or maintained in the manner of current flow that reflects those specific waves that define us as healthy humans.

**Resurrecting the art of working with channel Qi**

During the most recent dark ages, which spanned the years from approximately 650 BC to 1750 AD, actual knowledge of a person’s channel Qi flow was considered to be unknowable except to the great intuitive masters of medicine. These masters were able to discern the exact locations of any channel Qi disruptions. They could rectify these glitches by manipulating channel Qi at the exact point at which it was going astray. They had no need whatsoever of formulaic “patterns” to suggest treatments that possibly might be useful.1

As for the non-masters, during these dark times, even if a less-than-intuitive doctor could detect the movement of channel Qi, the comprehension and analytical skills required for assessment and correction of any disruptions were not available to most people. Hence the development of formulaic, cookbook style collections of one-size-fits-all treatments, based on the various schools of pattern diagnosis: everyone with a certain pattern should be treated the same way. The earliest of these patterns were codified in the Chinese medical classic, the *Nei Jing*.

**The Nei Jing**

The preeminent gospel of Chinese medicine is *Huang Ti Nei Jing (Golden Emperor’s Classic of Medicine)*, a tome comprised of two parts: *Su Wen* (Simple Questions) and *Ling Shu* (Divine Pivot).

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1 For more information on dark ages, higher ages, and the cyclical nature of human materialism, and spiritual and mechanical comprehension, please read *The Holy Science*, by Swami Sri Yukteswar Giri (1855-1936), published by Self-Realization Fellowship. In this succinct book, by translating directly from ancient Vedic texts, the author provides the dates and confirming historical manifestations for the current cycle of Dark and Golden Ages. He also explains the reasons for the errors in calculation that crept in near the beginning of the most recent dark age, yielding incorrect numbers, including those that say we are still in the most recent dark age.
More commonly referred to simply as “the Nei Jing,” the long-revered classic was compiled during the dark ages (recent research suggests a compilation date of approximately 240 AD – approximately five hundred years after the unification of China). All subsequent traditional Chinese medical research has used the Nei Jing as its foundation material. When one refers to “the classics” of Chinese medicine, one is referring to the Nei Jing, unless other specific books are mentioned.

At the time the Nei Jing was compiled, much of the Chinese understanding of what we now call quantum theory and string theory, which is to say, the understanding of the physics of channel Qi, had already been lost.

The assemblers of the Nei Jing threw together all manner of profound spiritual aphorisms, residual concepts of the medicine of a higher age, the new, dark-ages pattern diagnostics, some budding medical superstitions, and misunderstandings inherent in a darkening era. They tied this mishmash together with sharp, thinly veiled criticisms of the long-dead, self-proclaimed “Golden” Emperor.

The first part of the Nei Jing is written in dialogue format, with the “Golden” Emperor who unified China in 221 BC asking questions, and the legendary medical sage Chi Bo answering.

If one understands the spiritual points being made in the Nei Jing, the book can be read as both a medical book, a spiritual guide, and a criticism of those who lack spiritual understanding, including the Emperor. In the Nei Jing, this Golden Emperor, who in real life had been a military despot who, for political reasons, had the scholars and philosophers buried alive in mass graves, is delightfully portrayed as an ignoramus, asking about, but unable to comprehend, the medical and spiritual knowledge of the wise doctor/philosopher who patiently answers his questions in phrases that simultaneously convey spiritual truisms with barbed criticisms of the Emperor.

However, for many centuries, the Nei Jing has been taken – by many of its readers – as a straightforward medical treatise: the spiritual aphorisms are completely ignored; the Emperor’s dull-witted “contributions” to the dialogue are assumed to be intelligent and appropriate. Possibly because of the dialogue format, and unable to appreciate the odd bits of irony and even sarcasm, many scholars of the dark ages assumed that the book had been written by the Emperor himself. Even today, the book is often attributed to the Golden Emperor – a military dictator with no background in medicine.

Despite this somewhat common and enduring misapprehension, scholarly works, those of today and those dating back at least as far as the eleventh and twelfth century (works of philosopher/historians Cheng Hao and Zu Xi, respectively), provide firm evidence that the Nei Jing is a compilation assembled hundreds of years after the Emperor’s death.

Today

We have long since emerged from the most recent dark age, the age in which the Nei Jing was compiled. Today, most would-be medical practitioners not only can feel channel Qi and any channel Qi disruptions, they have the intelligence to figure out how to exactly correct the specific disruptions in a person’s channel Qi flow.

However, “official” recognition of the art of working directly with channel Qi has been squirming around uncomfortably for over a century. In an effort to appear “scientific,”
many modern individuals, and even the 20th century Chinese government, have dismissed the very idea of channel Qi, deeming it on par with the many other weird medical superstitions that developed during the most recent dark age.

Channel Qi is not one of the weird superstitions. It is the underlying basis of Asian medicine. Its use in medicine historically precedes the use of any and all of the pattern systems. The many diagnostic “patterns” of Asian medicine are simplifications created on behalf of people who could not feel channel Qi or understand the implications of incorrect channel Qi flow.

The various schools of pattern diagnoses were created during the dark ages. The patterns were an attempt to give generalized recipes and mnemonic devices to medical practitioners who would be “working in the dark.”

The time has come to resurrect a science of medicine that uses easily accessible, feelable currents to modify and correct the billions of cellular currents that go awry during poor health, sickness, and pain.

This book provides simple instructions that allow any student of Asian medicine to build upon the generalities of pattern diagnoses by adding the highly specific knowledge yielded by detecting the actual flow of channel Qi in a patient: by tracking the patient’s dragon.

The practitioner of this medicine will be more successful if he combines his present-day, Asian medicine pattern theory training – which provides a wonderful vocabulary, and which remains indispensible if one is working with herbs – with the ancient, higher-age approach to medicine: directly detecting the flow of channel Qi, and performing treatments based on the idea of rectifying any errors in that flow.

As channel Qi glitches are repaired, the errors in the seemingly real, “physical,” components of the body, components made up of condensed wave energy that resonates with the channel Qi wave energy, are also rectified.

The stunning, almost instantaneous, body-wide, physiological changes that can occur in response to correctly performed treatments of Asian medicine occur in response to rectifications of incorrectly flowing channel Qi. Oppositely, treatments that do not restore channel Qi to its correct flow do little, if any, good.

Merely adhering to generalities of pattern diagnosis gives a health practitioner a hit-or-miss chance at correcting aberrant flow of channel Qi. That’s no longer good enough. The dark ages have ended. We can, once again, provide medical treatments that directly correct irregularities in channel Qi: corrections that then resonate with and correct the body’s structure and chemistry.

In order to do this, we must be able to detect errors in the flow of channel Qi. Only by knowing exactly what the channel Qi is doing and where it is flowing, by tracking the dragon and thus detecting errors in its movement, is a health practitioner likely to obtain remarkable results with any degree of consistency.

A higher age has dawned. It is time, once again, to practice medicine based on the movement of energy: based on making straight the way for the Dragon that joins Heaven and Earth.
“It is by virtue of the twelve channels that human life exists, that disease arises, that human beings can be treated and illness cured. The twelve channels are where beginners start and masters end. To beginners, it seems easy; the masters know how difficult it is.”

Chapter one

Feeling Channel Qi

Feeling channel Qi is easy.

This book gives instruction in learning how to feel channel Qi, how to use that information to form a most accurate Asian Medicine diagnosis, and how to plan an appropriate treatment.

Feeling channel Qi in the hand

It can be extremely difficult to detect the flow of channel Qi in one’s own body without simultaneously altering the flow as you go. Therefore, it is best to practice feeling the channel Qi of a friend or a fellow student.

It can be easiest, in the beginning, to feel channel Qi in the center of your palm, at acupoint P-8, by holding the center of the palm over a channel.

The palm should be held about one inch above the friend’s skin. The hand should not touch the skin. The friend may remain fully clothed: clothing does not interfere with the perceptions of channel Qi. The energy emitted by channel Qi passes through clothing in the same way that radio waves pass through the wall of a house.

Fig. 1.1 The bulls-eye shows the location of P-8, pronounced “P-eight” or “Pericardium eight.”


diagram

The “twelve channels” is a reference to the twelve, large, easily feel-able “primary” channels. Maps of these twelve channels are included at the back of this book.

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Good channel locations on which to begin your practice are the lower leg portion of the Stomach channel, the arm portion of the Large Intestine channel, and the torso portion of the Ren channel. These sections of channel Qi don’t crisscross with other channels, and your friend can be comfortable, lying supine.

Fig. 1.2 The patient is lying down on a treatment table (or “couch,” in England). The center of the practitioner’s palm, acupoint P-8, is centered above the Ren channel. The hand is held about half an inch above the skin (or clothing, if any). The arrow shows the correct direction for channel Qi flow in the Ren channel. The hand may be stationary, or moving with or against the direction of channel Qi flow.

If the practice buddy has had any surgeries, severe injuries, or psychological issues that relate to the above-mentioned channels, either choose some different channels to practice on or choose a different friend. For example, a friend with a C-section scar may have moderately-to-severely reduced channel Qi flow in her entire Ren channel. It might be easier to work on her Large Intestine channel, instead – unless she also has a history of dislocated shoulder.

**Step one: noticing the two directional sensations of channel Qi**

Start by placing the palm of your hand over your friend’s ST-36.

Let your hand linger for a few moments over ST-36. Don’t do anything with the energy in your hand. Be passive. Notice whether or not your hand notices any sense of a faint tingle, or even a faint movement, as if the idea of a gentle trickle of electrically charged air is moving against the palm of your hand.

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1 The drawing gives a general idea for locating acupoint ST-36. A person with no background in acupuncture point location may wish to go online to learn the exact locations of specific acupoints: simply search for ST-36 or Stomach 36. All acupoints mentioned in this book can also be found on the channel maps at the back of the book.

An excellent but expensive book on the subject, with beautiful, clearly detailed diagrams of channels and exact acupoint locations, is Peter Deadman’s *A Manual of Acupuncture*, Eastland Press, Seattle.
If this is your first attempt at feeling channel Qi, you will probably feel nothing at all. That’s fine. You are actually feeling something, but you have not yet learned to recognize the sensation as anything significant.

Next, let your hand move slowly down the Stomach channel, towards the ankle: “downstream” from ST-36.

Relax your arm as you let the palm of your hand float down the path of the channel. Keep the palm of your hand about an inch or so away from the skin, hovering in the air, as you pass the center of your palm over the path of the channel.

Don’t spend too long: only use three or four seconds, no more, going from the knee to the ankle.

Keeping the palm of the hand about an inch or less above the surface of the skin, bring the hand back up the Stomach channel at the same speed, moving “upstream,” until you come to ST-36 again.

While you may not have noticed anything that you can refer to as “Qi flow,” you may have noticed that your palm felt a difference between moving it downstream (with the flow of channel Qi) and moving it upstream (against the flow of channel Qi).

If you did not feel anything different between how your palm felt when moving downstream as compared to upstream, repeat the above exercise twenty or thirty times.

If, after doing this twenty or thirty more times, you still do not feel any difference in the sensation visited against your hand while moving your hand slowly upstream and downstream, an inch above the channel, you were probably making the most common mistake: you were trying to push some internal force of your own onto the patient. You cannot hope to feel the patient’s channel Qi if you are trying to force your own thoughts, energy, or will onto the patient.
Feeling the air

If you can’t feel anything different between moving your hand one direction along a channel’s path compared to moving it the other direction, try this: hold your hand up in the air. Notice if you can detect, on your hand, the faint movement, if any, of the air in the room.

Notice this: while attempting to detect the movement of air with your hand, you never use your hand to “push” energy at the air. Instead, you wait quietly to notice any faint rustling that passes over the palm of your hand. This is the same type of perception used for feeling Qi: you let the outgoing energy in your hand become passive while you heighten your observational powers of the incoming energy.

If you become convinced that there is no air movement whatsoever in the room, try blowing gently across the palm of your hand: let a faint stream of breath pass over the side of your palm, crossing from your thumb over to the little finger. Notice the sensation.

A student who can feel channel Qi right from the start does not need to spend any time blowing on his hand. The experiments with feeling air do not demonstrate what channel Qi feels like. The experiments with feeling air are only presented as a tool for learning passivity. This can be helpful for students who are accustomed to “feeling” the world around them by pushing on it.

Common errors

Pushing on a patient’s channel Qi

In my years of teaching, I’ve noticed that some students with a strong background in physical therapy or massage therapy have a very difficult time feeling Qi, in the beginning. When I let them practice on me (while I amp up the applicable sections of channel Qi as much as possible, to make it highly “feel-able”), I sometimes notice an ugly sensation being perpetrated against my own channels by a few of these students. The genuine irritation to my own channels causes me to sometimes snap at them, “Stop that!” Sadly, in this situation, some students have been
more proud of their ability to have “done something” energetic than they have been chastened by having done something incorrect.

I suspect that some students are so accustomed to pushing on patients instead of letting their hands passively “feel” the patient, that they can’t help themselves: they force their own Qi onto patients instead of feeling the patients’ channel Qi.

In a similar vein, those of my students who have been taught, incorrectly, that “medical Qi Gong” consists of tampering with a patient’s channel Qi flow – as opposed to teaching the patient how to perform the Qi Gong exercises which might heal or restore the patient’s own channel Qi – often have a very hard time feeling and respecting the patient’s channel Qi flow. Instead, some of these students seem determined to influence the patient’s channel Qi, rather than “merely” notice it.

If your past training lies in this direction, or if you learn from the world by pressing on it instead of letting it come to you, practice trying to make your hand’s presence become invisible to your friend, as if you can feel him, but he can’t feel you. This may help.

**Drugs**

When teaching classes for the general public in which I have taught how to feel channel Qi, I have noticed that some people who are taking antidepressant medications have had difficulty in feeling channel Qi. I have no idea if there is a relationship between the medication and the inability to feel channel Qi. I only mention the observation. For the most part, my general-public students, very often people with no experience in medicine, let alone acupuncture or bodywork, have had no problems quickly learning to feel channel Qi.

**Using the fingertips**

Another common impediment to learning is using the fingertips instead of the palm of the hand. It is much easier to recognize the directional feelings of channel Qi at the center of the palm of the hand. Of course, channel Qi can be felt with any part of the body, and once you get good at it, a patient’s channel Qi can – and should – be felt from across the room, the moment the patient enters the treatment room. (Please be aware, to do so at any other, non-clinic, time may be a transgression of professional standards. It is just as foul to secretly spy on someone else’s channel Qi flow, as it is to, for example, read other people’s personal mail.)

But for beginners, I highly recommend using the palm of the hand, held above the surface of the skin, at a distance that ranges from a quarter of an inch to two inches.

Aside from these errors and exceptions, most students can start feeling the difference between “to” and “fro” channel Qi within about fifteen minutes. It may
require several months to be able to feel channel Qi while holding your hand in one place, above a random acupoint. But learning to feel the difference between the sensations of moving downstream and upstream along the channel’s path is the thing that is easy: it’s also the thing that’s of greater importance.

**What am I trying to feel? Describing the “feeling” of channel Qi**

My students have described in many ways the sensation that feels “different” when going upstream (*against* the flow of channel Qi), as compared with going downstream (*with* the flow).

Some of my favorites are as follows:

“When I go upstream, it’s like rubbing velvet *against* the nap; downstream feels like rubbing velvet with the nap.”

And from another student: “When I go downstream, it’s like rubbing velvet *against* the nap; upstream feels like with the nap.” (Note: this is the opposite of the first observation.)

“Downstream feels cool; upstream feels warm.”

And the opposite from another student: “Downstream feels warm; upstream feels cool.”

“Upstream feels more prickly; downstream is smoother.”

And of course, “Downstream feels more prickly; upstream is smoother.”

“Upstream feels weirder”

“Downstream feels weirder.”

And so on. You get the idea: when attempting to describe, in words, a new, purely sensory experience, such as the sensation of channel Qi, metaphors differ, opposites abound. When a person, in striving to describe something inexplicable, describes it by comparing it to something else, the words don’t necessarily help. This lack of cogent description doesn’t really matter. All that really matters is that you learn to focus on the “something” that feels different depending on which way your hand moves. However you describe it is fine – just so long as you can tell a difference between upstream and downstream.

What channel Qi *really* feels like is the electromagnetic side effect of a moving electrical current.¹

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¹ I will not enter into the fray of current (so to speak) discussion as to whether or not the channel Qi is moving along a substrate that is fluid, fixed, or fascial (with fascia being the leading contender at present). Nor will I divert into the ongoing discussion as to what molecule, if any, carries the moving electron through the substrate. Popular ideas include nitrous oxide, oxygen, blood, “no carrier,” and so on. Let us just say that flowing channel Qi has properties *similar* to those of an electrical current, including the propensity to follow the path of least resistance, and the ability to be encouraged by the presence of a voltage differential (as demonstrated by the effectiveness of using gold and silver acupuncture needles – or even stainless steel, or even the micro-differentials formed by even the tiniest physical manipulation of body tissues, such as acupressure or Tui Na).
This moving current is the “Dragon” of Asian medicine, the moving dynamic that joins “heaven and earth.” The channel Qi in all living systems is the sum of the places where electromagnetic waves and fields (the unseen energy of the vibratory realm: heaven) are directed, by consciousness (ideas, life force instructions), to transition back and forth, as needed, into currents of electrons (formed, tangible matter: earth).

The current-like sensations given off at the more concentrated areas of the channels are palpable, even at a distance.

For purposes of this text, the “distance” referred to is “approximately an inch away from the skin.”

Sensations cannot be described in words – they can only be compared to other sensations. For example, one cannot describe the taste of an orange to a person who has never eaten an orange, so that the listener can say, “Oh. Now I know what an orange tastes like.” For that matter, one person might say “Oranges are sweet” and the next person might say “Oranges are sour.” Opposite descriptions, and both somewhat correct!

If three people tried to describe the taste of an orange, one person might say “bright and refreshing,” another might try “acidic like a lemon, only sweeter,” and a third might say, “slightly pulpy, but squirty with juice.” But for a fact, despite their best descriptive efforts, the listener will have no idea whatsoever of what an orange tastes like.

Each student must experience for himself/herself what channel Qi feels “like.” But in the end, it doesn’t really matter what it feels “like.” The important thing is to be able to feel it.

Very often, after about ten minutes of slowly moving his hand back and forth over the channel and noticing the difference between the upstream and downstream sensation, and then just holding the hand in one location while the Qi runs past his hand, the student blurts out, “I think I could feel this before, but I didn’t know that it was something with a name!”

Yes. Channel Qi is very easy to feel.

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1. The currents created by the various waves are made up of electrons, photons, and other wave-derived subatomic particles. However, for the purpose of brevity and simplicity, the rest of this text will refer to all these current components simply as “electrons.”

2. The channel Qi of some patients who are taking high levels of anti-depressant, anti-anxiety, or anti-parkinson’s medications may give off a weird, writhing, static sensation, instead of a somewhat straight line. Students have sometimes described this jumbled signal as being like snakes or like bugs crawling around just under the skin.
On the other hand, students often have the opposite response: “I think I’m feeling something, I think, but I’m not sure it’s channel Qi; I’m afraid I might just be imagining that I’m feeling something.”

**Building confidence**

To help those students who are doubtful of their ability to feel channel Qi, I sometimes have students feel the channel Qi of a patient during “rounds” at the school’s clinic. In “clinical rounds,” the licensed instructor treats the patient, while up to five students observe at close range. In clinical rounds, we can ask the students to participate in a minimal manner: feeling the pulse and/or observing the tongue.

If, during rounds, I silently notice that a patient’s channel Qi has an obvious blockage, I might make use of the situation in order to help students gain confidence in their channel-Qi detection skills. I don’t tell the students that one of the channels is awry. I innocently name two of the channels, and ask the students to quickly run their hands upstream and downstream, over the paths of those two channels, just for practice. I also ask that, if they notice anything curious in the channels, they silently make note of it in their charts.¹

I may even casually remind the students to always maintain a professional, reassuring expression on their faces, and not linger too long while observing tongue, pulse, and channel Qi. My real motivation in asking them to keep a poker face is that I don’t wish them to “give anything away” to their fellow students. As I remind the students to make a quick note on their own student copies of the patient’s chart about the condition of the channel Qi flow, the patient has no idea that I am requesting anything out of the ordinary.

Then, after inserting needles or other appropriate treatment for the patient, the students and I congregate in the discussion room. There, I ask the students to place their notes on the table. I ask the students to take turns going around the table, telling their classmates what they thought of the channel Qi, as supported by their notes.

And then, amazing to the students, they discover an unexpected, and highly comforting, uniformity of student observations! All the students will have felt the exact same “something curious” or “something wrong” at the exact same place. Even the students who, days earlier, had meekly protested, “I’m not sure; I don’t think I can feel Qi; I don’t know what I’m doing,” have to admit – they felt “something is different” or “wrong” at the exact same location as their fellow students also felt that “something is different” or “wrong.”

¹ Teachers who are using this book as a text, who do this experiment, should be sure to remind their students to emit *no* outgoing energy from their hands. They must use utterly passive hands: observing, not seeking. Otherwise, an unthinking student might exert force on the patient’s channel Qi, altering it. Once he’s done this, it may take several minutes for the patient’s channel Qi to revert back to its starting point – so the rest of the students will be feeling the effects of the pushy student instead of the patient’s true situation.
Ch. 1 – Feeling Channel Qi

Sometimes I have to repeat this group experiment two or three times before the most self-doubting student is willing to admit that he or she is indeed feeling Qi – or is at least feeling the same thing that everyone else is.

The curious thing is that these students don’t need to have been “following” the flow of Qi, necessarily (a skill described later in this chapter). They were just moving their hands up and down a channel, trying to notice if they could feel anything. And despite their doubts, they all felt the same thing, and could identify one specific area as “wrong.”

While some students might never get the opportunity to experience the above “group” response, the very fact of this easily obtained uniformity in self-doubting students should serve to encourage every student to trust what he feels.

If you doubt your Qi-feeling ability, practice, practice, practice. For some people, as much as thirty minutes of practice is necessary.

If, after ten or fifteen minutes, you truly feel no difference at P-8 when moving your hand one direction along a channel, and then the opposite direction, don’t worry about it. Try feeling channel Qi on a different person. Sleep on it. Sometimes we need a little sleep to process new sensations. The next day, try again. Practice a little every day, and very soon, you will be able to notice the difference between going with the flow and going against the flow.

**Step two: associating the two different sensations with channel direction**

Once you can feel a difference when you move your hand above the channel Qi, first one direction, and then the other direction, associate those feelings with what you already know about the “correct” direction of channel Qi flow.

For example, you already know that the direction of the Large Intestine channel flow goes from the wrist to the shoulder. Therefore, the way that the channel Qi feels to you when you move your hand slowly over the path of the Large Intestine channel from the wrist to the shoulder, is going “with the flow.” No matter what words you might use to describe the actual sensation, the wrist to shoulder direction is “going with the flow.” We are assuming, of course, that your friend is healthy and has no history of significant injuries along the path of this channel.

Oppositely, the way that the channel Qi feels in the Large Intestine channel when you run your hand in the opposite direction, from the shoulder to the fingers, is how channel Qi feels when you are “going against the flow.”

“With” the flow and “against” the flow will feel the same in all people. If you can teach yourself to identify a sensation as being “with” the flow, you will be able to

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1 If you are not familiar with the directions in which the channels are supposed to flow, look for the arrows on the channel maps at the back of this book.
recognize this same sensation in anyone when your hand is moving “with” his flowing channel Qi.

**Step three: going with the flow**

Once you have learned to recognize the sensation of channel Qi that is going “with the flow,” practice letting your hand be carried along by this sensation. *Forget* about the sensations that occur when your hand moves *against* the flow. Those were just training devices.

When you let your hand move at the same speed and direction as the energy that is traveling “with” the flow, your hand will be moving in the same direction as the channel Qi.

By following the flow of current with your hand, and comparing the flow with the healthy, normal paths you learned in school or in this book, you will be able to tell if the channel Qi is flowing correctly or if it is flowing sideways, out of the channel’s normal path, into another channel or into a divergent channel. You will be able to tell when a channel is running backwards, also called “running Rebelliously,” which is to say, in the opposite direction of the pattern you learned in school.

**Practicing passivity**

Let your hand feel that it is being pulled along by the energy that is moving “with the flow.” Or you might think of this as matching the movement of your hand with the movement of the energy that you can feel. But letting your hand be pulled by the energy is far easier, and more accurate.

If your ability to be a passive observer is good, you might even feel pleasure, like the sweet in-the-moment feeling of drifting in a canoe, as your hand is “carried along” by the channel Qi under your hand.

**A dance example of “following energy”**

A good “following” dancer is able to abandon any preconceived notions as to where the leading partner is going to go. By cultivating perfect relaxation with regard to where the movement is going, the “following” dancer is able to float around the dance floor, “carried” by the leading partner. In our busy lives, it can be pleasant to just follow, pleasant to *not* be in charge, for a moment or two, now and then.

In much the same way as the dancer, the dragon tracker, by perfect abandonment of any intention for where his hand might be led, other than to keep it parallel to the surface of the patient’s skin, might begin to feel as if his hand could be being carried along by the patient’s channel Qi.
Practice

Practice feeling channel Qi, back and forth, on several channels, on several healthy people. Then, practice letting your hand be carried along by the channel Qi flow on as many people as you can. The more you do this, the more you will feel comfortable with the idea that your hand can move “with the flow.” Once you know how it feels when you’re going with the flow, you can let your hand float along above the channel Qi anywhere on a patient’s body. As you compare the direction of your hand’s movement with what you know to be the correct pathways of channel Qi, you will be able to see your hand move in a “wrong direction” when a channel is flowing aberrantly.

Assessment

For example, if your hand is resting over a patient’s Ren channel, and you feel your hand being carried up to Ren-13 and then being carried over to the Liver channel, you can be certain that something is amiss.

Or, if you are resting your hand over the patient’s Du channel and your hand is carried a short way up the spine and then propelled up into the air, away from the body, the patient has a problem.

Again, no matter how you might describe the sensations of moving channel Qi, all that really matters is that you learn to 1) discern the direction in which the channel Qi is moving (going “with” the flow), and 2) learn to let yourself be carried by the flow of that channel Qi. After you can feel and follow the direction and route in which channel Qi is flowing, you can compare that direction and route with the correct pathways.¹ That comparison is the assessment.

More practice

If you aren’t sure what is meant by “follow the Qi with your hand,” put your hand close to your mouth. While blowing as gently and slowly as possible across the palm of your hand, move your hand at the same rate of speed as the breath. Breathe very slowly, and try to move your hand away from your mouth at the same speed as your breath. When your hand moves at the exact same speed and direction as your breath, you don’t perceive the moving air of your breath. Let your hand get the full length of your arm away from your mouth as it moves at the same speed as the breath. Imagine that the energy in the breath is pushing your hand along.

¹ If you’ve forgotten or never learned the directions for the flow of the channels, you can use the maps in this book or use any basic text that shows the location of the numbered acupoints. In most cases, the numbering sequence of the points shows the direction of the channel Qi flow. The overall direction of the channel Qi flow usually goes from the smaller-number point towards the larger-number point. For example, if the channel Qi is running from ST-36 to ST-45 (the numbers going from smaller to bigger), it’s running the right direction in that segment. If it’s running from ST-42 to ST-36 (numbers getting smaller), it’s running the wrong way.
Next, bring your hand close to the mouth again. Blow across your hand again, in the same way, but do not move your hand. You can again feel the movement of the air passing over your hand.

You have now experienced two styles of “feeling” the breath. You detected the speed of the breath by noticing the rate at which your hand is “moved along” by your breath and you experienced the sensation of having the breath move against your hand. In the first case, with the moving hand, you have felt both the direction and speed of the breath. In the second case, when you left your hand in one position and let the air move across it, you also felt the direction and speed.

Feeling channel Qi can also be accomplished either by allowing one’s hand to be carried along by the flow channel Qi, or by holding the hand in one place and noticing the feeling of channel Qi moving across the hand.

I fear I’m making the learning seem far harder than it really is. Most of you won’t need to blow on your hands.

The most important thing to remember is: “don’t think about it.” As soon as you start getting all logical on yourself, you can’t be paying attention to your perceptions.

For example, consider the experience of listening to music: if you are busy thinking about what you are feeling, or describing to yourself how you feel when you listen to musician Jimi Hendrix, you will be missing the Jimi Hendrix Experience. Feeling channel Qi isn’t thinking about sensations: it’s having a direct experience of energy.

**Thinking, or not**

Of course, as soon as you do know how to feel channel Qi, you might then have to think about what you felt coming from your patient’s channels. For example, if Qi was running the “wrong” way, or not running, you might need to ask yourself “Why?” Later chapters will help you answer this question. After you’ve felt the channel Qi, you will need to think about what the sensations might mean in terms of diagnosis and treatment. But while doing the actual feeling of channel Qi, don’t be thinking about what the channel Qi is supposed to be doing.

Again, for most people learning to feel channel Qi, all they need to do is practice moving their hands back and forth over a few channels. When they do this long enough, whether or not they know what Qi “feels like,” they do eventually feel a difference between the two directions. The difference is caused by running the hand either with, or against, the current of channel Qi. It doesn’t matter what words the brain comes up with to “define” the experience. All that matters, in the beginning, is that you are able to notice that some gentle force is moving in the patient, and it feels different when your hand moves “with” it than when you move “against” it. After
that, practice letting your hand be carried along by the sensation that moves “with” the channel Qi – and notice where the sensation leads you. It will lead you along the paths, right or wrong, that the channels are taking.

**The width of the channels**

Channel widths vary. For example, the Stomach channel is fairly thin, less than an inch wide, as it passes over ST-41. But in the vicinity of ST-36, the channel can be more than three inches wide, in an adult. When you are following the flow of Qi with your hands, you will notice that sometimes there is a narrow “line,” only a quarter inch wide, or so, where the Qi feels strongest. This line, in many cases, will follow fairly closely the Traditional theoretical “line” created by the sequentially numbered acupoints. In some places where channel Qi runs in a very wide path instead of a narrow path, it can be harder to feel the movement of the channel Qi.

For example, on the relatively wide band of channel Qi in the portion of the Urinary Bladder channel that flows down the back, the channel is wider than the two parallel rows of acupoints that run down the back. The medial points follow the area of decreased electrical resistance along the medial border of the channel, and the lateral points define the area of decreased electrical resistance along the lateral border of the channel. The relative width of this channel spreads the channel Qi somewhat thinly over the back. This channel width can make the channel Qi harder to detect, in this area, than the flow in a narrower channel – for the beginner.

In general, when trying to ascertain “where” the Qi is going, just do your best. Until you feel confident, you can start off by tracking the imaginary “line” that connects the “dots” of the acupoints.

**Case studies**

**Case Study #1**

**Restless leg at night**

(The following case study took place in clinical rounds. The students were very new at feeling channel Qi. They had been instructed in feeling channel Qi the week before, for a period of fifteen minutes before starting rounds. I do not know if any students had done any practicing at home. I know that a few of the students had done no practicing at all. I only mention this so that the reader will understand how quickly, and with how little practice, the students had mastered the art of feeling channel Qi.)

Female, age 58, came into the clinic for increasing restless leg syndrome, at night, in her right leg. She was otherwise very healthy and fit.

Tongue and pulse diagnoses showed nothing remarkable. Although an intuitive pulse master might have been able to detect the source of her restless leg...
problem, there was *nothing* in the pulse reading to suggest a diagnosis. Her bearing was athletic and her demeanor cheerful.

While standing on the right side of the patient, while feeling her pulse, I noticed a channel Qi disruption. I hadn’t used my hands to feel her channel Qi; I just became aware of a sensation of blockage in the lower right quadrant of my torso. (Feeling ambient channel Qi gets easier, the more you attune yourself to it.) I asked all the students to, one at a time, run their hands very quickly over her left *and* right stomach channels, from approximately ST-19 down to ST-36 – while making sure to not influence her channel Qi in any way.

I innocently asked the students then and there if they’d noticed anything, and where. They gleefully answered as if with one voice, “There!” They were all pointing at an area a few inches below her navel, on the right side. Quickly considering the most likely reason for the blockage, given the location, I asked the patient if she’d had her appendix taken out.

“Yes,” she replied, “but that was years ago; I was a child.”

I answered, “It feels to all of us as if something right here (I pointed) is preventing energy from getting into your leg. It’s most likely the scar tissue from the appendectomy. May I take a look?”

She bared the abdomen in the suspect area. Right where we’d all felt the blockage, she had a moderately thin, quite long, indented scar running perpendicular to the Stomach channel. The students gave little gasps of excitement. They’d been able to pinpoint a Qi blockage!

I explained to the patient, “Scar tissue, like rubber, is non-conductive: electrical currents can’t pass through. May I insert some acupuncture needles through the scar to see if you can get some energy moving along the surface of the metal needles, moving the energy *through* the scar tissue?”

I told her that I didn’t usually like to needle scar tissue on a person who’d never had acupuncture before. Unlike some styles of acupuncture, needling scar tissue is often very painful. I gave her the quickest possible version of the flashback sensations and surgical memories she *might* re-experience when the needles penetrated the scar, and asked her if she was willing to let me try it.

She was game.

The main point of this case study is to demonstrate the uniformity of my student’s experience. Be encouraged by this.

As an aside, to make this case study clinically relevant above and beyond the issue of feeling channel Qi, here’s the conclusion: one week later, the patient returned to the clinic. Her restless leg syndrome was greatly reduced. Her symptoms had decreased the first night after the treatment, and continued to improve.
During the second treatment, I needled through the appendectomy scar again, placing the needles in slightly different locations from before, but still passing the needles through the keloid tissue at a right angle to the line of the scar. This second time, the sensations she experienced were more like the normal sensations associated with acupuncture.

Case study #2

Wrist treatment sends channel Qi to opposite foot

The following case study occurred in my private practice. A female, age 60, retired semi-professional golfer, came in for wrist pain. She had sprained her right wrist a few weeks before, and now she was slicing all her drives off the tee. I palpated the right wrist. Several carpal bones were displaced. I did some very gentle, Yin-type, Tui Na (Chinese medical massage/manipulation), and the bones slid nicely back into place. I could have sent her home, knowing that the next surge of channel Qi through the Large Intestine channel, at 5:00 the next morning, would give the wrist the energy it needed to keep the bones in place. Instead, I decided to be on the safe side, and inserted a needle at right-side LI-4 to immediately increase the Qi flow through the wrist, thus strengthening the positioning of the restored carpal bones.

In just over two seconds (three seconds is about average for channel Qi to travel from LI-4 on one side of the body, to ST-45 on the opposite side of the body, following a needle insertion), she felt something in her toes on the left side. She asked me why the left side of her leg and her toes had tingled. I replied, “The side of the leg right here?” pointing out the path of the left Stomach channel on the lower leg. I continued, “And is it the second and third toes on the left side?”

She expressed surprise at my seeming prescience, but she agreed that I was exactly correct. I explained that the wrist needle was bringing up to speed the energy level in a current that flows up the arm to the face (Large Intestine channel), crosses over to the other side of the face, and then, on that other side, streams down the face, neck, torso and leg to the second and third toes (Stomach channel). She was pleased to know that her perceptions made sense according to Asian medical theory.

She asked why she’d felt the tingle during this treatment; in the past, she’d been needled at LI-4 and had not noticed anything subsequent in her opposite leg and foot.

I explained that her wrist injury had been causing significantly diminished energy flow in the Large Intestine channel. This, in turn, was causing significantly diminished energy flow in the Stomach channel on the opposite side.

She was a very healthy person. Ordinarily, there was enough channel Qi in her channels that she did not notice the difference when a slight increase pulsed through the system in response to a needle at LI-4. But because she had been walking around, for a few weeks, with a considerable insufficiency in those two channels (because of
the wrist injury), she was able to feel the change when a full measure of channel Qi coursed, once again, through channels that had been depleted.

I gave her an example that one of my professors had given to me. “If a cup is full, and you put more tea into it, the extra will spill over the sides. You still have only one cup of tea. Your amount of tea has not changed. But if your cup is empty, and someone pours tea into it, you will have a changed amount of tea. You can tell that you have something more than before.”

My patient was an athlete, and keenly aware of how her body felt. The sensations that she reported to me, and the sensations that many other patients have reported to me, have contributed to my appreciation for and personal knowledge of channels: channels do exist; they follow specific pathways.

More to the point, observant patients such as the one discussed above can sometimes feel channel Qi flowing in the locations described in the classic texts, even when they don’t know to expect it.

This case study makes this point: the conformity of the sensations experienced by patients, together with the matching sensations that we can feel with our hands, serve as a confirmation that we are not “just imagining” the existence and sensations of channel Qi.

Self doubt

Probably the biggest impediment to using channel diagnostics is self-doubt. A novice may doubt that the sensations he is experiencing are the “real thing.” But after overcoming the initial bout of thinking that feeling Qi is going to be very hard, most people can very easily feel channel Qi if it’s running in the expected pattern. The real problems with self-doubt usually arise in cases where a patient’s channel Qi is weak, missing altogether, running backwards, or attacking another channel.

I’ve worked with students and colleagues who do an excellent job of diagnosing channel Qi aberrations when the blockages are pretty straightforward. But these same practitioners, when confronted with something unexpected or unprecedented in their experience, suddenly don’t trust what they’re feeling.

Even colleagues who’ve been practicing this work for a few years will suddenly be hit by self-doubt when the signal behaves very strangely. They sometimes assume, in these cases, that they’ve lost the ability to feel channel Qi. In such cases, it’s far more likely that the problem (the inability to feel the channel Qi at some particular location) is coming from something going on with the patient, not the practitioner. Still, self-doubt does crop up easily.

Some of the self-doubt may arise from the fact that we are dealing with something unseen and most of us grew up thinking that feeling energy was impossible. As long as we think that we’re doing something that borders on the impossible, we are holding the door wide open for self-doubt.
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Not so amazing, really

What we are doing when we feel channel Qi is not really that amazing. Many perfectly “normal” jobs require a similar level of sensory discretion.

For example, a musician, tuning his instrument, is listening for sound variations occurring at hundreds of vibrations per minute. If a violinist’s A string is tuned to resonate at 443 beats per minute instead of the tuning fork’s 440, he needs to be able to hear the irregular beat generated by the difference, and correct it.

It is said that Mozart once noticed more than one hundred notes and/or rhythmic variations in some bird’s simple cry – a bird song in which I probably would have heard three notes and two rhythms.

Likewise, some visual artists can discern extremely fine gradations of color that most people cannot see. I’ve seen people who work in a house-paint store matching color swatches with an astounding speed and accuracy.

A tea taster can differentiate flavors that most palates don’t know exist.

These skills are impressive, but we do not doubt that they exist. Because we have been raised to think these enhanced levels of job-related sensory perception are perfectly reasonable, we don’t doubt that such attunement is possible.¹

In our job, we work with channel Qi. After practicing acupuncture for even just a year or two, most of us can easily feel when an inserted needle goes from “connected to nothing” to “connected with something.” When this happens, we say we’ve “Got the Qi.” There’s nothing really amazing about our ability to do this. This skill is only recognition of a sensation to which we’ve become attuned. There’s nothing amazing about it.

When we are feeling channel Qi by hand, from an inch or so away from the skin, we are only noticing the exact same sort of energy that we can easily learn to recognize when the channel Qi pulls on a needle. We’re just feeling it from a little farther away, without the medium of the needle.

Channel Qi is not a freakishly difficult thing to feel. In fact, when I run my hands over a patient and explain that I’m looking for an energetic glitch, I’m surprised at how often my patients say something along the lines of, “Well, I should

¹ One of my favorite examples of “what is possible” occurred when a nine year-old girl stayed in the room while I treated her nineteen year-old sister. The younger girl had never heard of acupuncture, and had no expectations whatsoever. After the treatment, I asked the young girl if she’d enjoyed herself. “Oh yes!” She replied, “The best part was watching the blue-green light arcing between those [left and right side] needles down by her ankles.”

She pointed to the needles at left- and right-side SP-6. I’d never seen that light, although I’d heard of it. I just smiled and said, “Yeah, that’s really cool.” I have to wonder, if I didn’t already know that it’s impossible to see that light, would I be able to see it, too? If students didn’t start off with the knowledge that feeling channel Qi is nearly impossible, would they be able to feel it with more confidence?

And, leaping to a completely different subject, this anecdote also demonstrates why channel Qi is often referred to in the Nei Jing as “color.”
hope so.” These patients are not surprised that I can feel channel Qi. They expect it. I’ve had patients who’ve said to me, “When I was out of town, I went to an acupuncturist who couldn’t even feel channel Qi! Can you believe it?”

We expect a violinist to know how to tune his violin, even though most of us do not have the sensory skills needed for such a job. Our patients have the right to expect us to know how to feel when we have “Got the Qi” or when channel Qi is flowing the wrong way, even if most people aren’t used to noticing channel Qi.¹

**Looking ahead**

Direct perception of the channels is often the most accurate and elegant method of forming an exact medical diagnosis and treatment plan. All of the “pattern” diagnoses of Asian medicine, ranging from Five Elements to Eight Parameters, are, at root, labels for pathologies that are set in motion, and maintained, via aberrant flow of channel Qi.

Channel Qi is the leader of the Blood, the leader, or driver, of all physical manifestation. Channel Qi is an electrical manifestation of waves set in motion, originally, by consciousness. These channels, in turn, generate physical manifestations (atoms and molecular structures) and the power to drive them into the correct behaviors. Channel Qi drives both the Yin (matter) and the Yang (energy) of our bodies, both the organs and their functions. All health issues that involve Yin, Yang, Qi, or Blood, or the Five phases of channel Qi can be most elegantly detected and treated by working directly with channel Qi for diagnosis and treatment.

In the realm of Asian medicine, the exact knowledge of where a patient’s channels actually are, and the quality of the movement, held up against the knowledge of where and how they are supposed to be flowing, can often tell a health practitioner the exact nature of the patient’s problem and, therefore, the exact treatment. Detecting the flow of channel Qi provides this exact knowledge. Almost anyone can learn to detect the flow patterns of channel Qi.

As the masters pointed out in the *Nei Jing*, “To beginners, it seems easy.”

It is easy to detect the sensations of a patient’s channel Qi and thereby derive an extremely accurate diagnosis and treatment plan.

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¹ Acupuncturists are not the only medical professionals that make use of the signals produced by channel Qi. Many chiropractors, naturopaths, osteopaths, craniosacral therapists, and even MDs take advantage of their ability to consciously or unconsciously feel the various signals and static created by incorrect channel Qi flow, and thus improve their diagnoses and treatment outcomes. What separates acupuncturists from these other professionals is that our medicine is based on the movement of channel Qi. If we fail to consciously work with these forces, we aren’t actually practicing Asian medicine: we are guessing as to the underlying problem based on “pattern” generalities, and treating semi-blindly.
As an aside, the hard part referred to in the Nei Jing, the part of channel work that masters “know is difficult,” is a spiritual goal not directly related to the practice of doctoring others. This “difficult” part of channel work is the attainment of complete control of one’s own consciousness, which then gives the ability to consciously regulate one’s own channels – holding the channels, and therefore the body, in pathways of perfect health in spite of pathogens, climate, injury, or toxins. At the highest level, one can control one’s own channels to the extent of consciously altering the body’s energetics in order to enter the breathless state, in which one’s energy and awareness can be consciously directed to leave and re-enter one’s own body at will, and/or manifest other masteries of the physical realm. The masters recognize that this aspect of “knowing the channel Qi,” which at the highest level involves complete surrender of ego, can be very difficult to master.

Again, the easy part is learning to detect the flow of channel Qi in patients, and using that knowledge to determine an elegant and effective medical treatment. Even a beginning student can arrive at a highly accurate diagnosis and effective treatment plan by noticing errors in a patient’s channel-Qi flow pattern.

Sensing the flow of channel Qi requires only that one learns to recognize the distinct physical sensations emitted by the flow of channel Qi. Any person who is able to feel the sensation of gentle wind on his cheek, or who can tell the difference between the sensation of rubbing velvet one direction when compared to rubbing it the other way, should be able to quickly master the art of tracking the flow of channel Qi in a patient.

Then, if he knows the correct patterns of channel Qi flow, as described in the classics, he can quickly recognize if, and in what manner, the Qi flow in a patient is aberrant.
By observing changes and movements, one can detect the secrets of nature in order to know the essential aspects of diagnosis, its yin and yang. ” \(^1\)

Chapter two

Case study examples: Wood Attacking Earth

This chapter and the next will provide introductory case studies to show how knowledge of a patient’s channels can be crucially helpful: why the exact location, vigor, or direction of channel aberrations can bring exactitude to a diagnosis and treatment plan.

The cases in this chapter feature Wood Attacking Earth: a very common diagnosis.

Before starting on the actual case studies, the following introduction points out a few problems that can arise from the “pattern” methods of diagnosis. The subsequent case studies then illustrate how these specific problems can be answered via channel diagnosis.

Introduction: A stab in the dark

Why are the patterns that we learn in school sometimes insufficient to provide a specific treatment plan? Why are they inherently ambiguous?

Consider the extremely common pattern of Wood Attacking Earth.

“Wood attacking Earth” means, literally, that channel Qi flow in the Gallbladder channel and/or the Liver channel (the two Wood channels) is so blocked or distorted that it is flowing into (attacking) the Stomach and/or Spleen channel (the two Earth channels).

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\(^1\) Su Wen, chapter 13-7, from A Complete Translation of Nei-Jing and Nan-Jing translated by Henry C. Lu, PhD; International College of Traditional Chinese Medicine of Vancouver, 2004; p. 114.

The word “movement” refers here to the movement of channel Qi – the actual movement of energy in the channels. The word “changes” refers here to the pulses.

As noted throughout this chapter of the Su Wen, moving channel Qi is Yang. Channel Qi is the real deal, the source of the body’s energy. Like the sun, which is the source of all Earth’s energy, and is therefore called Yang, the energy flowing in the channels is also a source of energy – also Yang.

In comparison, the pulse is Yin, like the moon. The moon merely reflects the energy of the sun: the pulse merely reflects what a person is doing, at any given moment, with his body’s energy. The pulse has no true energy of its own. Thus the pulse, like the moon, is Yin – not the true, generative source, but merely a reflection. The pulses can change in the blink of an eye, in response to thoughts, activity levels, and mood.

But the main reason for including this quote is to encourage the self-doubting student. This quoted line from the Su Wen part of the Nei Jing confirms that “movement,” the actual flow of Qi in the channels, can be assessed (“observed”). Learning to assess the flow of channel Qi is do-able, even simple.
From a purely *symptomatic* standpoint, Wood Attacking Earth means that something to do with Gallbladder channel- or Liver channel-related problems, ranging from suppressed or frustrated emotions all the way to viral hepatitis or gallstones, is causing trouble in Stomach channel- or Spleen channel-related systems, systems that range from regulation of appetite and metabolism to application of muscle strength.

If a practitioner of Asian medicine has decided that, based on tongue, pulse, and symptoms, a patient’s problem is Wood Attacking Earth, he must then decide if he needs to eliminate the problem via sedating, strengthening, or “harmonizing” the Liver or Gallbladder channels, or by strengthening or “harmonizing” the Stomach or Spleen channels.¹ Or yet again, he might need to resolve the issue by strengthening the Heart, or even Pericardium channels – in hopes of thus calming the Liver channel. So many options for such a common diagnosis! Which is the “right” option? Is there such a thing as the “right” option?

**Where’s the logic?**

In-school students of Asian medicine sometimes complain that, although many of their teachers clearly have a keen, intuitive sense of what is exactly wrong in their patients’ various presentations of Wood Attacking Earth – sedating one patient or tonifying another – they often treat each patient a little differently, even when the patients supposedly have the same pattern, which is to say, the same diagnosis. The teachers do not always explain how or why they choose different treatments for people with the same patterns. Sometimes a teacher gives a beautiful explanation, but it usually only holds up for that one case, and does nothing to teach the student what to do when he confronts that same pattern in another patient.

These excellent doctors just seem to “know” which treatment approach to use in the various cases of Wood Attacking Earth. Sometimes they needle Liver points, or points along the Heart or Spleen channel, or points on all three channels, or something altogether different. The teacher might prescribe Xiao Yao Wan because the diagnosis is Wood Attacking Earth, or he might use Xiao Chai Hu Tang – for the same reason. However, if the teacher is pressed to explain his process of differentiation from one Wood-Attacking-Earth patient to the next, the teacher often falls back on, “It’s a ‘Wood Attacking Earth’ treatment.”

These teachers often have a hard time conveying their Insight Method to their students. The learning barrier may come from many sources, ranging from the traditional silence in matters of intuition, to Chinese political pressures for the medicine to be uniformly prescriptive (non-intuitive), and all the way to linguistic conflicts.

¹ “Harmonize” means, simply, “make the channels run in their correct paths, in the correct direction, and with the correct vigor.” When the channels are running correctly, that is to say, the channels are running in the correct directions and in the correct locations, then and only then are their exquisitely balanced flow patterns “in harmony.” When the channels are running correctly, then the *physiological* Yin and Yang aspects of the body are automatically balanced.
Excellent practitioners, now and back when I was in school, tend to justify their diagnostics to students by repeating, over and over, the name of the pattern. They iterate, “It’s Liver Attacking Spleen,” or “It’s Wood Attacking Earth,” as if these repetitions will bring insight. Instead, they often bring education by rote: technical terms, without depth of understanding – and no way for the student to know why, in multiple cases that all manifested the same “pattern,” different treatments were used for each case.

Again, the best doctors, who treat one patient with a wiry pulse and pale tongue very differently from how they treat the next patient with a wiry pulse and pale tongue, may try to explain their diagnoses and treatments in terms of refinements of symptoms, pulse, or tongue. But as every student knows, these justifications after the fact fail to explain how the student can learn to anticipate treatments in new situations.

Or oppositely, many teachers are unable to explain why some famous doctors treat every patient with the exact same treatment, regardless of diagnosis – and often get good results. (More about this later.)

Making it even harder to learn about diagnostic skills from this type of ineffective teaching, many students, and many long-term practitioners, aren’t even confident in their pulse-diagnosis skills, let alone intuitive about diagnostics.

For these students and practitioners, even determining that Wood is Attacking Earth, based on pulse, may depend on an uncertain sense that the Liver pulse is “maybe wirier than it should be”, or the tongue seems a bit “maybe more purple than it should be.”

When the diagnoses of these would-be masters are shaky to begin with, their selection and application of an acupuncture treatment plan is very often a literal stab in the dark.

In comparison, consider the diagnostic approach in this chapter’s case studies. Both cases feature Liver Qi stagnation and Earth deficiency: ostensibly, Wood Attacking Earth.

Case study #3

Liver Qi Attacking Spleen channel on the leg following Wind-Heat

Male, age 54. His symptoms, over the last five weeks, ever since having a brief bout of “stomach flu,” have been lack of appetite, frequent and very loose stools, increasing lassitude, and depression. The Liver pulse was slightly wiry, and the Spleen pulse was slightly weak. The tongue had teeth marks, a slightly purple tone overall, and the tongue muscle itself seemed a bit tense, or “tight.”

These findings suggested to me that I might do well to start my channel Qi investigation by looking for something amiss in his Liver channels.

Quickly running my hands over his Liver channels, keeping my hands about an inch above his clothing, I felt an area on his right lower leg, between LIV-5 and LIV-6, where Liver channel Qi stopped moving up the path of the Liver channel. Instead, Liver channel Qi was shunting medially over into the Spleen channel. There was almost no Liver channel Qi...
flowing in the leg portion of the Liver channel beyond this pathological “divergent” point
where the Liver channel Qi flowed over into the Spleen channel.¹

As an aside, there was some Qi in the Liver channel on the torso. The Ren channel
serves as an auxiliary provider of channel Qi flow for all the channels. Even if the channels
are blocked somewhere else along their path, they can pick up some amount of channel Qi
from the Ren. In the case of the Liver channel, it picks up some channel Qi in the vicinity of
Ren-3 and Ren-4. There are other auxiliary sources of channel Qi throughout the body as
well. Therefore, evidence of channel Qi at the beginning and end parts of a channel does not
mean that the length of the channel is unobstructed. To ascertain if the entire length of the
channel is flowing, you must check the entire length of the channel.

I moved my hand quickly over his feet and ankles, checking the channel Qi flow in
his Spleen channel for confirmation that his Spleen channel was being “attacked” by the
Liver channel. The channel Qi from SP-1 through SP-6, and on up to the point where the
Liver channel was dumping into the Spleen channel, was moving slowly. Because the
Stomach channel Qi on the foot was running fine, and able to exit the Stomach channel and
flow toward the Spleen channel at SP-3, the slowdown and weakness in the lower part of the
Spleen channel was not coming from insufficiency of channel Qi flowing into the Spleen
channel. This was not, primarily, a deficiency problem.

The Spleen channel was receiving a moderate supply of channel Qi from the Stomach
channel, and yet the Spleen channel wasn’t running very well between Sp-1 and Sp-6.
Consider:
1) The symptoms had started just after the patient had a Liver-attacking illness.
   (Although the patient had called it “stomach flu,” the symptoms he described
were a good fit for mild hepatitis.)

¹ A “pathological” or “unhealthy” divergence is one that occurs in response to some injury,
ilness, or emotion, as opposed to the healthy (classic) divergences, which occur instantly in response
to the constant changes of physiological need.

Healthy divergent channels are segments of channel Qi that flow differently from the
Primary-channel, and Du and Ren pathways that we learn in school. The flow patterns learned in
school show the route of channel Qi when a person is awake, is physically relaxed, and is mentally in
utter parasympathetic (relaxed, no fear) mode. In other neurological modes, such as sleep, sympathetic
mode, or dissociation, or even when, in parasympathetic mode, specific physical activities require
extra energy in a specific location, routings of channel Qi flow are significantly altered to
accommodate the immediate physiological needs of that mode or that activity. These automatic,
healthy alterations in channel Qi routing are called divergences. These healthy divergences are usually
short-term, and occur in response to immediate needs for energy during the various neurological
modes. They are also standardized: the healthy divergences are very similar from one person to the
next.

Unhealthy divergences can also occur. Unhealthy, non-standard divergences can arise in
response to injury, illness, or mental and emotional challenges. These divergences will be unique to the
challenged person’s physiology for the duration of the challenge. These divergences are pathological.
They disrupt the healthy flow of normal, (Primary, Du, and Ren) channel flow patterns. So long as
these pathological divergences are in place, the Qi no longer “goes through.” When Qi cannot go
through, “pain” (which means “less-than-optimal health condition”) follows.
2) Exterior-Wind (pathogen-borne) illnesses that attack the Liver often impede the flow of Qi in the vicinity of LIV-5 or –6.

3) No foot or ankle injury, which might have caused a slow-down in channel Qi on the foot part of the Spleen channel, was apparent (using Tui Na to examine the foot and ankle).

And most important of all, the channel flow itself was providing hard cold proof of what was going on:

4) The Liver channel Qi was pouring into the Spleen channel part way up the lower leg.

Therefore, the most likely cause of the slowdown in the foot and ankle portion of the Spleen’s channel Qi was the intrusive flow of Liver channel Qi into the Spleen channel – set in motion when the Liver channel Qi became stymied in the vicinity of LIV-6 during his recent illness. This would also account for the lack of channel Qi in the Liver channel from LIV-6 on up.

As suggested by his symptoms, and proved by the detection of divergent flow of Liver channel Qi into his Spleen channel, it was indeed a clear-cut case of Wood Attacking Earth.

Fig. 2.1 The pale shading shows the Spleen channel. The darker shading shows the Liver channel. The zig-zag lines in the Liver channel show the site of the blockage. The dashed lines proximal to the blockage show what would have been the correct path of the Liver channel, a path that is now empty.

SP-6, where the Liver and Spleen channels meet, is shown merely to help the reader orient to the channels.
But in addition to knowing it was a case of Wood Attacking Earth, which I’d been able to guess from his symptoms and pulse, I now knew where the Wood was attacking from: just past LIV-5, on the left leg.

Since the Spleen channel had plenty of channel Qi flowing in it, albeit the wrong type, a beginning student may wonder why this patient was manifesting symptoms of “Spleen deficiency” (loss of appetite, loose stools, lassitude) as well as Liver channel stagnation and deficiency symptoms (depression, lassitude).

It is true that the Spleen channel had plenty of channel Qi. But it had the wrong type of channel Qi. Proximal to the point where the Liver channel Qi was flowing into the Spleen channel, the Spleen channel was loaded predominantly with Liver channel Qi, not with Spleen channel Qi.

Five kinds of channel Qi

Channel Qi is not “one size fits all.” The currents that make up the channel Qi consist of five distinct types of currents – derived from five distinct types of vibratory phenomena. All five types of currents are present in every channel, but the ratio of the five types varies from one channel to another. These five types of currents are related to the theory of the Five Elements. ¹

¹ In the Yin, or materially discrete aspect of channel Qi energy, the units that make up the currents are electrons. These electrons move in one of five different movement patterns. The same forces that make up the currents, when considered in terms of the vibrations from which the electrons are derived (their Yang aspect), also occur in five different forms: different densities.

Although five types of vibrations, also known as Elements or Phases, exist, all the vibratory forms are derived from the first, most basic form of vibration: sound waves. The other types of vibrations (also known as Elements, or Phases) are four, successive condensations of the preceding type(s) of vibration. Sound waves, and the electrons created by them, constitute the first Element. In ancient Vedic lore, which greatly precedes Chinese Taoist philosophy, and from which Taoist philosophy was derived, this Element is known as Ether. The other four elements, Air, Fire, Water, and Earth, are compressions, or condensations, of Etheric vibrations.

If one’s awareness is oriented towards the repulsion aspect of the sound wave (as opposed to the electromagnetically attractive aspect), the wave appears to generate electrons with a particular type of movement. Each of the other four types of vibrations, as well, if perceived from the repulsion aspect, creates vibration-related patterns of electron movement. In all, the five types of vibrations yield five types of electron movement.

The currents that flow through our bodies are made up of both vibratory motion and the electron-aspect of that vibration. Our perspective determines whether or not we perceive ourselves, and/or all matter, as pure vibration, pure matter, or something in between.

The manifestations of the first Element, sound waves, are formed by the vibratory waves emitted by pure thought. (By the way, thought waves are not the same things as the crude, electromagnetic brain waves generated by our neural activity.) The vibrations of this first Phase, or first Element, are referred to in some world scriptures as “The Word.” For example, in the New Testament book of John, chapter 1, we read that, “In the beginning was the Word.” In the Hebrew scriptures, Genesis1:1, this phase of creation is referred to as the “Spirit [consciousness, or thought] of God moving over the face of the waters [vibrations, or waves].”
Although, in Vedic lore, this element is named Ether, in Chinese medicine, this element might be called Wood. This Element is the most closely related to self-expression and the expression of consciousness. However, the Vedic understanding does not equate this Element with the Liver, eyes, and other correspondences that Asian medicine attributes to the Wood element.

While the ancient Vedic texts do associate each of the Elements with different sensory capabilities, directional movement, physiological functions, organs, and so on, the more ancient Vedic correspondences only rarely match up with the Chinese correspondences – the latter being only loosely based on Vedic science, and developed during the dark ages.

The reason for the lack of correspondence between the Vedic and the Chinese Five Element systems is historical: the Vedic elements are based on the actual physics involved in creating the illusion of changeable matter out of the indivisible and infinite. This physics was written up during a higher age. Although we know that this material was written down as long ago as 1600 BC, some historians consider the philosophy to have been codified much earlier, possibly as long ago as 6,000 BC.

Much later, the Chinese developed the Taoist precepts (the proposed dates for this range from 403 to 222 BC) and, probably around the same time, incorporated the idea of the Five Elements into medicine. Along with many other long-established Vedic principles, they adopted the name “Five Elements” or “Five Phases” from the Vedic system. However, they developed new, metaphorical meanings for these terms.

The Vedic understanding of the Five Elements held that the Elements are created in a linear fashion, with the sound wave being the basis for the formation of denser waves of feeling, known as Air, or feeling/awareness/Love. These waves of Air can condense further into waves of light, known as the Element of Fire. Vibrations of light can, in turn, condense further still, into the vibrations that form electrons with a more limited movement patterns that allow the electrons to clump together: the Element of Water. Finally, in the Fifth Element, which is to say, in the most dense, highly compacted format of sound vibration, electrons move in the particular, stodgy, manner that allows matter to appear solid. This element, in the Vedas, is referred to as Earth.

Oppositely, when solid matter ceases to exist and reverts back to wave form, its breakup releases, sequentially, vibrations of all the five types: all five forms are present in solids. Solids are not made up of one particular type of vibration: electrons in solids are made up of sound vibrations that have condensed through each of the other four phases until the ensuing vibrations, and the electrons produced thereby, are relatively constrained.

On the other hand, when the matter (electrons) formed by vibrations of pure sound (the Element of Ether) reverts back into wave form, only sound occurs – no feeling of movement, light, liquids, or solids, are released. In vibrations of the purely Ether type, the other four Elements are not present.

In other words, the Five Elements are sequential, not circular. The Five Elements are like nesting dolls. The outermost doll is Ether. The inner dolls are denser, tighter derivatives of the outer doll. These dolls must be created and stored sequentially: they do not describe a creative circle.

However, in the dark ages, the Chinese deemed all five of the elements to be metaphors for physical phenomena – hence the minimal number of parallels between the Vedic and the Chinese systems of “Five Elements.”

When the Chinese decided that the Five Elements were circular, and referenced them to physical aspects of nature, the highly scientific correspondences described in the Vedas (relating each Element to an organ’s dominant energy pattern, to a particular sensory function, to a direction such as upward or inward) no longer made any sense.

Based on studying both the Chinese and the Vedic, it appears that some of the ancient correspondences were retained by the Taoists, but shuffled around and redistributed amongst the elements in a way that sort of made sense from a very naturalistic point of view.
Most significantly, the latter-day Chinese, in trying to make sense of the Five Elements during a darkening age, did not understand that Five Elements, and the transitions between them, are constituents of a universe with a definite Beginning and End. The waves that create the various electron movements condense to bring about the progression from an unmanifested idea of a universe, all the way to the seeming world of matter. Then, when attraction-based perception alters the point of reference, the waves are able to uncompress: matter reverts back again into unmanifested idea.

Instead, incorrectly assuming that everything that was, always was, and always would be, and that the universe was inherently constant, albeit ever-changing, the faulty assumption was made that the Five Elements created each other in an unending circle (not a series of wave events of increasing density). For this reason, and many other reasons, the correspondences of the Vedic Five Elements and the correspondences of the Chinese Five Elements do not match up very tightly.

As an aside, one of the many reasons that the Illustrious Buddha incarnated at approximately 500 BC, one hundred and fifty years into the most recent dark age, was to bring his message of “Getting off the wheel, or circle,” of matter-based consciousness. An avatar, he came to Earth when circular philosophy, despite its essential message of hopelessness, was becoming increasingly dominant. By telling his followers that they could “get off the wheel, or circle,” inherent in matter-oriented living, he was reminding them to get in touch with the peaceful, non-material waves of energy that can carry a person back to the Origin (as opposed to the tension-sustaining electrical currents and matter). He was trying to remind us of the possibility of riding these waves to the infinite (not circumscribed), eternal (not circular), ever-new Joy, a joy unaffected by the physical cycles of higher and darker ages – or the fleeting cycles of nature.

The following is a brief comparison of the Vedic and Chinese correspondences to the Elements. The quasi-relationship between Ether (Vedic) and Wood (Chinese) has already been mentioned.

In the Vedas, the second Element is referred to as Air: in Chinese medicine, this phase is called Fire. In the Vedas, this element is composed of condensed sound waves that create the illusion of movement and the feeling of (awareness of) movement. The body’s primary organ for processing the waves and electrons created by these waves is the heart and pericardium. In the Vedic system and in the Chinese system, the heart is the organ most closely associated with the second element, which is to say, the element that “follows” Ether/Wood.

Ether and Air, the first two types of vibrations and their corresponding electrical currents, play a crucial part in creating the human body via their performance in the currents of channel Qi. These two types of vibrations enter the body at conception and make up the vibrational energy constituent of the “straight and narrow” energy path in the spine that includes the spinal chakras. This particular manifestation of vibrational energy, anciently known as Zhong Qi, or “Upright” Qi, is the Qi that drives the Du and Ren channels, in particular. From the Du and Ren, this type of channel Qi is distributed throughout the primary channels, being condensed, as needed, into the denser forms of vibrations and electrons. The energy in this spinal (Zhong Qi) system enables a living system to seem to resist entropy, gravity, and the laws of thermodynamics. This energy cohesively shimmers away from the body at death.

Again, the waves and electrons of these first two Elements, though unmanifested as physical matter (matter in which electrons get paired up with other subatomic bits such as protons), nevertheless flow in the channels of living systems and constitute two of the five different kinds of channel Qi.

The next three phases, or elements, have waves that are much denser. The third Phase, or Element, is found at the etheric boundary where electrons (paired somewhere in the universe with matching protons) pop in and out of nearly perceptible (material) existence.

This Phase is associated with atoms in a gaseous state. In Vedic philosophy, this element is called Fire, and corresponds with locomotion (the dynamic movement of created particles at the etheric
interface), color (the electromagnetic light waves and photons that are emitted during wave-current transformations), the eyes (which perceive the colors), upward, expansive movement (typical of fire and gases), and with assimilation (ideas becoming tangible).

Compare the above third-element Vedic correspondences with the Chinese Elements: in Chinese medicine, locomotion is associated with the Earth element, the eyes are associated with Wood, upward expansion is associated with Metal, and assimilation is associated with Earth. As noted earlier, the Vedic system is a description of the actual physics of the forces involved, and it does not match up with the Chinese system of cyclical nature metaphors. So, for the purposes of comparison, and in the absence of a clean match up, I’ll say, only somewhat arbitrarily, based on the locomotion aspect, that the Vedic element of Fire is mildly related to the Chinese element of Earth.

I only expounded on these associations with the third Element as an example to illustrate my assertion that the correspondences for the elements in the two systems, Vedic and Chinese, do not match up very tightly.

The fourth phase has vibrations of even greater density, and electrons that are firmly associated with various other electrons, forming the atoms of liquids. The Vedic name for this phase is Water. Medically, this phase is associated with reproduction and the genitals. The Chinese element associated with reproduction is also called Water, but is considered to be a precursor of Wood, rather than a third derivative of Wood.

The fifth Phase, or Element, refers to the extreme denseness of vibrations that create the electron behaviors and currents that occur in solid matter. The Vedic name for this element is Earth. This element is medically associated with smells and elimination – the nose and the rectum. The Chinese name for this phase is Metal.

Again, everything that appears to have a solid, physical existence is using all five types of waves and the five types of currents that are generated by these waves.

For further reference, the five elements are referred to, in Sanskrit, as the Pancha Tattwas (Five Elements, or Five Electricities) or collectively as the mahatattvas (Great Electricities).


For further information on the antiquity of Vedic philosophy and the regular, well-documented transmission of Vedic lore, including Buddhist teachings derived from the Vedas, to many Chinese scholars, many sites on the Internet are available.

As an interesting aside, string theory, once cutting edge, then discredited, then re-credited, requires five different types of strings (types of vibrations) to account for observed quantum behavior. The five phases of vibration/currents, historically referred to as the Five Elements, may turn out to be the five necessary differentiations of strings. Historically, this would mean that mankind is rediscovering the original meaning of the Five Elements – right around the same time that most educated humans are once again able to appreciate that matter is, in fact, an illusion. Considering that the higher understanding of the Five Elements was lost at about the same time that mankind was no longer able to understand the delusive nature of matter, this rediscovery adds further weight to the ancient argument that humanity’s capacity for experiential knowledge (like all artifacts in the material universe) is cyclical in nature, and that a dark age of the mind truly did exist.

Finally, and more to the point, each of the various channels is supposed to be predominantly one type of current. For example, the Liver and Gallbladder channels, which are referred to as Wood channels, are supposed to be predominantly filled with Ether-type, sound wave-derived electron
For example, the type of current that should be dominant in Wood channels is derived from causal, or thought-based vibrations. This type of current is very different from the denser electromagnetic waves that should predominate in Earth channels.

So when the Wood-type blend of currents flows in the Spleen channel, an Earth channel, as it did in this case study, it’s a problem.

The predominance of the wrong type of channel Qi in any channel’s route can cause dysfunction of the cellular and organ functions that are directed by that channel. Therefore, in this case study, even though there was plenty of channel Qi flowing in the patient’s Spleen channel after the Liver channel surged into the Spleen channel just past LIV-5, the channel Qi in the Spleen channel was predominantly the wrong kind. The Spleen channel had become loaded, predominantly, with Liver, or Wood, channel Qi.

Or, to put it most simply, Wood was attacking Earth.

Important note: from this point on, this text will refer to the currents of channel Qi as if they are made up solely of “generic” electrons. The reader will always bear in mind that wave energy and various forms of condensed electrical energy also exist in the channels. However, for purposes of brevity, together with the fact that nearly all of our treatments, except for comfort and counseling, address the electrical behaviors of the channel Qi, channel Qi will be described as if it was constituted from basic electrical forces, as studied in high school physics.

Treatment

I placed a needle into the Liver channel just past the location at which Liver channel Qi was shunting into the Spleen channel. Which is to say, the needle was inserted “downstream,” or “proximal,” or even “closer to the LIV-6 side of the divergence than the
LIV-5 side of the divergence.” In other words, I placed the needle at a point in the Liver channel that should have had channel Qi in it, but which didn’t.

I stimulated the needle. The needle functioned like a lightning rod, quickly attracting Liver channel Qi back into the correct path of the Liver channel. I soon felt the tug on the needle suggesting that Liver channel Qi had started flowing in its own pathway again.

At this point, I checked the Spleen channel Qi down by the foot. It was already picking up in tempo and vigor. I felt farther up the leg, making sure that the Liver channel Qi was now moving freely all the way to LIV-14. I even checked to make sure that I could feel channel Qi emerging at Lung-1; I wanted to be sure that Liver channel Qi was making it all the way through the chest and re-emerging by the clavicle, as it should.

The channel Qi was now “going through,” as we say in Asian medicine. No other needles were called for.

Almost immediately, the patient felt better. He volunteered, “Something’s changed.” Several days later, in a follow-up phone call, he confirmed that he was feeling like his old self.

In terms of a western diagnosis, the area around LIV-5 and LIV-6 is often disrupted by pathogens that cause liver inflammation or, as we say in doctor-speak, hepatitis. The patient’s “flu” symptoms, five weeks earlier, did match those of a mild form of Exterior-Wind (pathogen-based) illness moving Interior and Attacking Liver or, in this case, hepatitis.
In this patient, though the pathogen-induced portion of the illness was essentially over, Wood was continuing to attack Earth in the vicinity of LIV-5 and LIV-6 from mere habit. By directly treating the “attack site,” the channel Qi flow was easily corrected – the patterns of the related health problems ceased.

Case Study #4

Wood Attacking Earth with emotional content

The following case study may seem more complex. However, it describes one of the most common patterns seen in our all-purpose acupuncture clinics in the United States. Although the principles may seem convoluted at first, just read through the case study for the overall sense of what is happening to the channel Qi flow. If you work regularly in a general-health clinic, within a few weeks of perusing this seemingly complex case study, you are certain to see a case in your clinic that will perfectly match the common scenario described below.

Liver Qi attacking Stomach channel in the torso

Female, age 52. The patient had experienced a mild “stomach flu” four weeks earlier. She still had stomach discomfort, especially after eating, loss of appetite, frequent loose stools, acid indigestion, burping, depression and lassitude. She also had a wiry Liver pulse and weak Spleen pulse. Her tongue was pale, very slightly purple, and indented with teeth marks. Her diagnosis, based on pulse, tongue and symptoms, was Wood Attacking Earth, but quick scan of her channels using my hands showed a very different pattern than that described in the preceding case study.

Channel Qi flow observations

The Liver channel Qi of her legs and torso was flowing correctly from her feet, up the legs, and even up so far as mid-torso, but it was not making it up to LIV-14, in the ribs. (Please refer to the map of the actual path of the Liver channel, at the back of the book.) Instead, a few inches inferior (closer to the feet) to LIV-14, the Liver channel Qi was flowing medially, into the Stomach channel. Stymied channel Qi will flow into whatever nearby pathway offers an opening with lower resistance. If the Liver channel is blocked, the Liver channel Qi (some of the most dynamic, powerfully driven channel Qi in the body) will flow into whatever nearby channel offers the least resistance. The powerful Wood-type channel Qi that predominates in the Liver channel can easily overwhelm the more modestly energized flow of channel Qi in a neighboring channel.

1 I put the words “stomach flu” in quotes on behalf of the readers who know that “flu,” technically, is short for “influenza,” or “an infection settling in the lungs.” However, the phrase “stomach flu” has become part of the vernacular. Patients often use the words “stomach flu” to refer to problems ranging from the rapid onset of food poisoning to the long-term gut discomfort of hepatitis, and even the butterflies in the stomach caused by emotional stress. In the above case studies, quote marks indicate that the patient referred to his own problem as “stomach flu,” even though medical students know, technically, there is no such thing.
Her **Stomach** channel, which is supposed to flow downwards, towards the feet, was being flooded with upward flowing, head-bound, Liver channel Qi.

This surging of upward moving Qi was making palpable turbulence in the part of the Stomach channel that is superior (towards the head) from the point at which the Liver channel was dumping into it. In other words, because Liver channel Qi was flowing into the Stomach channel in the vicinity of ST-20, the Stomach channel Qi coming down from the head was not able to get past the attack location; below ST-20, very little Stomach channel Qi was present in the path of the Stomach channel. Very little Stomach channel Qi was flowing down through the torso, towards the feet.

Also, channel Qi in the chest portion of the Stomach channel that runs from ST-7 to ST-20 was moving in whorls – and its overall direction was **upwards**: towards the head! The channel Qi in the Stomach channel was being propelled upwards by the vigorous, headward-moving, Liver channel Qi. In the area below ST-20, the downward flowing Stomach channel Qi was deficient – hard to detect by hand.

Meanwhile, what about the Liver channel at LIV-14, and the Liver channel’s path deep into the chest, emerging at LU-1?

Feeling for channel Qi at LU-1, there was no channel Qi to be felt: the Liver channel Qi was not getting through the chest and emerging at LU-1. Of course it wasn’t – The Liver channel Qi was busy flowing sideways into the Stomach channel.

To summarize thus far: the Liver channel was attacking the Stomach channel at ST-20. The Stomach channel was therefore moving erratically in the area superior to ST-19, and was very weak (deficient) in the area inferior to ST-20. The Liver channel was *not* detectably flowing deeply into the chest and emerging at the surface again at LU-1. The Lung channel Qi flow was undetectable, deficient, at LU-1.

Now, we must consider the underlying cause of this very common pattern. Very often, the troublemaker, in these cases, is unrest, or tension, in the heart or pericardium.

To understand this, a bit of preliminary information about the role of the heart and pericardium is in order.

**The Fire element’s influence on the channels in the chest**

The electromagnetic fields of the heart and pericardium inform the Liver channel, as it flows nearby (“deep into the chest, beneath the Stomach channel”) as to the manner (directions and amounts) in which Liver channel Qi should distribute itself upon exiting from the chest.

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1 The words heart and pericardium are *not* capitalized here, because they refer to the physical organs. When an organ name is capitalized, it refers to the Asian “organ system,” a system that includes channels, physiological functions, and the organ itself. For example, a protozoa does not have physical organs of heart, kidney, and stomach, but it does have functions of Heart (internal cellular movement), Kidney (reproduction) and Stomach (digestion).

In general, when a word in this text is unexpectedly capitalized, the word is being used to represent an Asian medicine concept, rather than the usual English sense of the word.
Fig. 2.3: A peaceful heart: the pericardium, represented by the circle around the heart, is open wide, relaxed, peaceful.

The Liver channel (indicated with the darkest shading) passes near to the heart when it flows deep into the chest. If the heart is at peace, the Liver channel Qi converts into Lung channel Qi (the medium shading) after passing by the heart.

The Stomach channel (the lightest shading) is shown traveling down the torso. The over-the-breast portion of the Stomach channel, which passes close to the surface of the skin, is not shown, thus allowing us to see the Liver channel, which travels more deeply inside (indicated by dashed lines), directly beneath the pectoral part of the Stomach channel.

If a person is calm, the electromagnetic fields of the heart and pericardium will project an “everything’s OK” signal. When the Liver channel Qi passes deep through the chest in the presence of an “OK” signal, most of the Liver channel Qi flows back up to the surface of the skin at LU-1, and thence down the arms, following the Lung channel. Only a very small amount of Liver channel Qi diverts up to the vertex, and is distributed to various locations in the brain and to the eyes.

But if the heart is wary (in sympathetic, fight-or-flight mode), the heart and pericardium give off a different signal. This wary signal resonates with the channel Qi of the Liver channel in a way that causes much more of the Liver channel Qi to flow to the head. When a person is fearful, he diverts more Qi to the brain and eyes. And therefore, as the head gets more channel Qi than usual, the Lung channel gets less than usual.
Fig. 2.4 Mild emotional stress or fear: the pericardium is tightening up around the heart.

Notice that the Ren channel provides a “backup” supply of channel Qi to the Lung channel when more of Liver channel is being diverted to the vertex. The Ren channel Qi flows somewhat deeply (indicated by dashed lines) as it approaches the arm and flows into the Lung channel. Although you will be able to feel Lung channel Qi in the arm in this situation, you may not be able to feel any channel Qi in the near-clavicle points of LU-1 and LU-2, where the end of the Liver channel is supposed to transition into the beginning of the Lung channel – close to the surface of the skin.

In yet another possible scenario, if the heart emotions have been deeply traumatized, the heart and pericardium may give such an altered electromagnetic signal that the Liver channel, or most of the Liver channel, will be unable to pass through the chest. In this case, when the Liver channel Qi is significantly blocked, or “stagnant,” the Liver channel Qi will spill sideways, diverting into whatever nearby channel offers the least electrical resistance.
Fig. 2.5 A High degree of emotional stress or fear: the pericardium is tightened around the heart. The tightness may cause palpitations (awareness of the physical sensations of the heart-beat). The electro-magnetic signals from the heart signify “danger.” The darker zigzag lines being given off by the heart are meant to illustrate a higher level of fear or anxiety than the milder zigzags in Fig. 2.4. The electro-magnetic field being given off by the heart creates a form of blockage, indicated by the double row of zigzag lines, obstructing the normal flow of Liver channel Qi. The degree of blockage depends on the degree to which the signal has been modified by stress of fear.

Note the various confusions that ensue in the Stomach channel: The darkest shading, signifying Liver channel Qi, is running sideways into the Stomach channel, and then flowing upwards via the path of the Stomach channel that runs over the pectoral area. This upward flowing Liver channel Qi in the Stomach channel can create an unsettled sensation in the stomach (burping, indigestion, acid reflux, and even the sensation of butterflies, or as it is called in Chinese, “Running Piglets.”) At the same time, the lower part of the Stomach channel, below the point of attack, has been drawn with no shading in it, showing that it is nearly devoid of Stomach channel Qi. If the pectoral portion of the Stomach channel had been shown, it would be a jumble of Stomach channel Qi and Liver channel Qi, trying to flow both up (Liver) and down (Stomach) at the same time – with the Liver channel usually winning out.

Although the illustration suggests a neat “attack” point, the truth is messier. The decrease of Stomach channel Qi in the lower part of the Stomach channel will serve as a convenient “hollow” into which channel Qi can flow from other areas on the stymied Liver channel. After the initial attack creates diminished flow in portion of the Stomach channel inferior to the attack point, Liver channel Qi may well “spread out,” attacking the Stomach channel from ST-19 or -20 all the way down the inferior end of the torso at ST-30. In the abdomen, the Liver channel and Stomach channel traverse much of the same turf. In the front torso of a healthy person, the Stomach channel flows closest to the surface of the skin, the Liver channel just below it, or “deeper.”

Even if the heart is feeling peaceful, if Stomach or Spleen channel Qi is deficient somewhere, the Liver channel may well flow into the deficient areas – areas of lowered resistance.
Ch. 2 – Case studies: Wood Attacking Earth

If the heart is fearful or anxious, the “worried” route of Liver channel Qi will be triggered. Some portion of Liver channel Qi will flow to the vertex, but the main path, towards the Lung channel, will encounter a blockage: heart-generated high resistance. The Liver channel Qi will be unable to flow to the Lung channel. Instead, the stymied portion of the Liver channel Qi will flow into the path of least resistance or, as we say in Asian medicine, “Attack” whatever nearby channel happens to be the weakest.

To sum up, emotional tensions have an effect on signals generated by the heart or pericardium. These, in turn, influence Liver channel behavior at the point where the Liver channel passes near to the heart, deep in the chest.

A pathological “divergent” path

Getting back to the case study, I could feel with my hand that the patient’s Liver channel Qi was flowing “sideways,” into her Stomach channel, via a spontaneous, non-standardized, which is to say, pathological, divergent path. I started looking for the location at which the Liver channel was getting dammed up – the blockage that was causing the divergence.

Suspecting heart and pericardium, I let my hand move slowly up the patient’s Ren channel. The Ren channel was barely moving, and stopped cold between Ren-14 and Ren-16. Channel Qi wasn’t flowing at all through the heart/pericardium alarm points on the Ren channel.

Next, still curious about the heart and pericardium condition, I felt for the Qi flow in her wrists, in the Heart and Pericardium channel areas. The Pericardium channel’s Qi flow was nearly non-existent. Because her Pericardium channel was very deficient, I wondered if the actual organ of the pericardium was being stressed (was deficient in Qi), and if so, why? Had there been physical damage to the pericardium tissues? Were there injuries along the Pericardium channel? I didn’t know. Another possibility for this pericardium deficiency was that maybe the Liver channel wasn’t providing enough channel Qi to the pericardium.

As an aside, the Liver channel, in addition to being influenced by the heart and pericardium, when it flows deeply into the chest, is also a major supplier of energy to the chest. In other words, the Liver channel itself helps provide vigor to the physical heart and pericardium. In this case, the Liver channel was no longer flowing deeply into the chest. I had to wonder if her Liver channel diversion was one reason for her pericardium channel Qi weakness.

In summary, we were looking at a somewhat complex, but fairly common situation: her Liver channel could not flow past the “I’ve been traumatized” signal in the chest emanating from the heart and pericardium. Then again, the pericardium channel might be deficient because the pericardium organ was receiving so little Liver channel support. Or, making it all the more interesting, the deficiency in the pericardium might now be the reason for the “trauma” signal being transmitted by the heart and pericardium – a signal that, in turn, was inhibiting the flow of Liver channel Qi through the chest! Which came first? Did it
matter? Meanwhile, the Liver channel was shunting into her Stomach channel. Her channels were certainly not harmonized.

And what of the repercussions of these channel aberrations? Because the Liver channel Qi was dumping into the Stomach channel, the Stomach channel Qi was not able to flow the length of the body as it should, invigorating the legs and feeding the Spleen channel. This was inhibiting healthy digestion, and the energy that derives from healthy digestion (Earth, and particularly, Spleen energy).

Diagnosis

My thinking ran like this: most likely, when the patient’s “stomach flu” caused the initial weakness in her Stomach channel, the pathogens and its toxins also caused a bit of extra work for her Liver. Her “stomach flu” may have even been a mild type of liver-attacking pathogen, a mild form of hepatitis. Or not.

Prior to her “stomach flu” episode, she’d had ongoing, low-grade emotional stress. This admitted stress had evidently not been strong enough to significantly impede the flow of healthy Liver channel Qi. But when the Liver channel Qi was weakened by the pathogen, the Liver channel Qi was no longer vigorous enough to get past her usual emotional (pericardial) block. Instead, it began flowing into the nearest channel that offered less resistance than the chronically somewhat-blocked path through the chest.

Because her stomach was mildly weakened by the bug, her Stomach channel Qi was temporarily less vigorous than usual. This weakness in the flow of her Stomach channel Qi created a condition in which it was easier for the Liver channel to flow in the path of the Stomach channel than it was for the Liver channel to get past the somewhat-impeding “I’m not completely OK” signal coming from the pericardium.

Even when weakened, Liver channel Qi, like all channel Qi, will follow the path of least electrical resistance. Under these conditions – a skittish pericardium and a weak Stomach channel – Liver channel Qi will find it easier to flow into the route of the Stomach channel than to flow in the “normal” Liver channel route that flows nearby the pericardium on its way to the clavicle, at LU-1.¹

¹ The subject of electrical flow following the path of least resistance merits further discussion. But for now, in this quick footnote, it might be of interest merely to consider how modern scholars of Chinese medicine have given much deliberation to the translation of the ancient character that refers to what we, in English, call “acupuncture points.” Many scholars feel that the word “hole,” or “emptiness,” best satisfies the meaning of the ancient, Chinese character.

But a better translation for the “acupoint” character might possibly be “hole: point of no resistance,” or “point of less resistance.”

As channel Qi flows through the body, it travels from one point of low resistance to the next. Research shows that, unlike, say, “trigger points,” which are points of increased electrical resistance, the classic acupoints are points of decreased electrical resistance. That is to say, as channel Qi flows from one acupoint to the next along the course of the channel, it follows the path of least resistance. We might choose to say that channel Qi flows from one “hole” to the next, but if we speak in terms of “path of least resistance,” it keeps the same meaning as “hole” and makes much more sense given our modern appreciation of electrical systems. With this translation, we can understand more easily why the channel systems can go awry: when pathologies occur, which is to say, when channels are blocked, creating resistance, and channel Qi then flows in an aberrant manner, the channel Qi still flows.
With this new state of affairs – her Liver channel diverting into her Stomach channel – her digestion was thrown for a loop. The Liver Qi was upsetting the downwards flow of the Stomach’s peristalsis – to say nothing of it filling the upper part of the Stomach channel with the wrong direction and type (wrong Element) of electron movement.

Then, with decreased energy because of impaired appetite and digestion, paired with a decrease in the amount of Liver channel Qi being delivered to her heart and pericardium, she didn’t have the emotional, love-of-life energy needed to address her fairly mild, chronic emotional problems. She became depressed, with low appetite, and fatigue.

Now, based on channel movement (channel theory), her diagnosis was Wood attacking Earth with Fire deficiency. Was this channel diagnosis supported by her symptoms? Yes.

Lassitude and lack of appetite: these were very possibly caused by the lack of Stomach channel Qi and the ensuing Spleen channel Qi deficiency (Stomach channel Qi exits into, or “feeds” the Spleen channel). This looked like a case of “pain” (lassitude, loss of appetite), due to channel Qi not “going through.”

Burping and indigestion: where the Liver channel was “attacking” the Stomach channel, it was causing the backwards and somewhat chaotic flow of Stomach channel Qi between St-7 and St-18. This chaotic Qi flow was preventing the normal flow of peristalsis: instead, the patient had burping and indigestion.

Depression: the diversion of the Liver channel Qi, which was taking a hairpin turn into the Stomach, meant that the Liver channel couldn’t flow in the manner it flows best: rapidly and smoothly, with no resistance, from the feet to the clavicle, flowing easily past the heart. The ensuing slowing and lack of smoothness in the Liver channel as it careened into the Stomach channel was preventing the patient from feeling that creative, energetic zest for life that comes when the Liver channel runs rapidly, and smoothly, at the peak of its form.

Yes, the patient’s symptoms could certainly be explained by this conglomeration of channel Qi confusions.

Inertia

Once channels start running in an aberrant manner, they might stay that way. If the altered, aberrant patterns are electrically stable enough, they can persevere indefinitely. A body at rest, or in motion, will tend to stay at rest, or in the same motion, until force is applied that alters its state.

On the other hand, if the signals from the heart and mind are correct and strong enough, they can correct any aberration.

In this patient, given her constant, though mild, levels of stress, her pathological channel divergences and ensuing weaknesses might have stayed that way indefinitely. Without treatment, or some sort of alteration in attitude, lifestyle, or shock, her Liver channel might easily have continued flowing into her Stomach channel indefinitely – even for the rest of her life.

according to the laws of physics: it still follows the path of least resistance: Like water, it flows to the nearest low spot, or “hole.”
The patient hadn’t developed the rare presence of mind and heart to recognize intuitively that her channels were running amok. Without a life-style change, brain wave change, some appalling, life-threatening, or otherwise intrusive event, or some form of medicinal shock such as acupuncture, magnet or laser therapy, or chemical medicine such as herbs, her channels could have continued like this for a long, long time.

In summary, her basic diagnosis was Wood Attacking Earth. More specifically, her Liver channel was being blocked at the heart or pericardium, causing the Liver channel to attack the Stomach channel, just a few inches below LIV-14. In addition, she could have been diagnosed with pericardium deficiency, Stomach and Spleen deficiency, and Liver deficiency.

In terms of root causes, it looked like one of those “which came first, the chicken or the egg” situations. So I stopped wondering about “initial cause.” Whether the “flu” or some emotional crisis was the start of this jumbled state of affairs, all the incorrect channels – Liver, Pericardium, Stomach – had to be restored to health.

Where should I begin to treat the patient?

**Treatment**

The treatment would have to move Liver channel Qi past the pericardium. If successful, this restoration, or “harmonization,” would restore energy to the pericardium, and bring an end to the Liver channel’s divergence into the Stomach channel.

Before moving Liver channel Qi through the chest, I inserted needles at right- and left-side LU-1 (Lung-1). I was soon going to get the Liver channel moving past her pericardium. When it did, I wanted the needles at LU-1 to act like lightening rods to make most of the Liver channel transition into the Lung channel – as it does in a relaxed, healthy person. If I didn’t start by inserting needles at LU-1, there was the risk of all the newly released Liver channel Qi getting past the pericardium and flowing up the Liver channel’s vertex pathway, to the head. This could potentially give her a powerful head-ache or make her feel edgy.

I tried stimulating the needles that I’d inserted at LU-1 but got no response in the needles. As noticed already, LU-1 was essentially a Qi-free zone. Still, with these needles in place, some of the Liver channel Qi might be attracted to them – once it was able to get past the obstructive signal, or “knot” in the chest.

I next inserted needles on the wrists, at HT-7 and P-6, to act as lightening rods to carry channel Qi into these channels when the Liver channel did start to flow through the chest. This would give an energetic boost to the heart and pericardium.

Then, I inserted the most re-directing point of the treatment, LIV-14. I immediately began rhythmically stimulating the pairings of LU-1 with LIV-14, first on the left side, then on the right, then left, then right. I stimulated each pair, thus encouraging the flow of channel Qi up through the chest from LIV-14 to LU-1. The needles at the clavicles soon picked up the faint trickle of energy that was now being forced, via the needles, to move past the pericardium. I checked for a sense of returning energy in the Pericardium channel and Heart channel points that I’d needled. A bit of Qi sensation now tugged back at me when I gently felt for channel Qi in the needles in the wrists.
To make a big surge in the Liver channel, now that the “Qi-directing” needles were in place and evidently working, I inserted needles at GB-41.

The Gallbladder channel runs from the head down to the feet. In a healthy, relaxed person, Gallbladder-41 is the point on the foot from which much of the Gallbladder channel Qi usually flows over into the Liver channel. Any remaining Gallbladder channel Qi flows down to the lateral toes where it either moves medially across the tips of the toes and into the Liver channel at LIV-1, or else grounds out, as needed.¹

In this patient’s case, the needles into GB-41 seemed to perk up the amount of channel Qi in the Liver channel. This increase in Liver channel Qi further activated the needles at LIV-14. With my hand running along the length of the patient’s Liver channel, keeping my hand about an inch above the patient’s clothing, I felt the channel Qi flow in the Liver channel. The amount of channel Qi in the Liver channel had increased noticeably. As, once again, I very gently moved the needles at LU-1 the tiniest bit, in an up and down direction, I began to feel a good increase in the “tug” on the needles. Channel Qi was flowing better now, from LIV-14 to LU-1.

I checked the wrists. The amount of channel Qi flow in the wrists had picked up further.

Most importantly, within a few moments, the Liver channel stopped flowing into the Stomach channel. At the same time that the Liver channel stopped flowing medially into the Stomach channel, the Qi flow into the LU-1 needles surged. The entire length of the Stomach channel also began flowing easily, and in the correct direction.

In summary, the treatment primarily involved restoring the flow of Liver channel Qi through the depths of the chest. This, in turn, ended the Liver channel’s divergence into the Stomach channel. This cessation allowed the Stomach channel Qi to automatically resume its correct flow. At the same time, the pericardium and heart were invigorated because the Liver channel, the “liveliest” channel, the “channel of the blue-green dragon,” was once again flowing past the heart and pericardium.

Almost immediately, the patient felt more relaxed. A few days later, a follow-up phone call found the patient feeling stronger. Her appetite had returned, her digestion was fine, and she was emotionally “smoothed out.”

¹ Many acupuncturists needle LIV-3 to create a surge in the Liver channel. Some of my teachers prefer to use GB-41 when giving a nudge to the Liver channel: if the Liver channel is badly blocked, needling LIV-3 may just cause pain and increase the amount of Liver channel Qi that is being misdirected – while doing nothing to straighten out the Liver channel Qi. By using GB-41, we can increase channel Qi at the point where channel Qi becomes available to the Liver channel. The body can then decide how much channel Qi should go into the Liver channel, and how much should ground out in the toes. The body gets to decide how much it needs, rather than having a surge forced directly into the Liver channel at LIV-3. As one teacher who preferred GB-41 to LIV-3 said to me, “The Liver doesn’t like to be pushed around.”
Reviewing the above two case studies

Without using channel diagnosis

Using only symptoms and/or tongue and pulse, a diagnosis of “Wood attacking Earth” could justifiably been given to both these cases. The diagnosis would have been correct, so far as it went. In both cases, the Liver channel, known as “Wood,” was attacking (flowing sideways into and disrupting) the Spleen channel or the Stomach channel, both of which are known as “Earth.” Also, in both cases, the Liver Qi was stagnant – blocked up at some point along its channel, and therefore, shunting into some other channel.

But the diagnosis of Wood Attacking Earth or Liver Qi Stagnation does not tell the beginning practitioner what treatment to choose, or how to immediately know if he’s successfully treated the condition. Consider the first case study in this chapter (case study #3) – where channel Qi was diverting from the Liver channel into the Spleen channel down on the lower leg. If the patient in case study #3, above, had received the treatment of case study #4, with needles inserted into the Heart and Pericardium channels at the wrists, and at LU-1, LIV-14, and GB-41, the Liver channel Qi might very well have continued attacking the Spleen channel on the leg. The patient’s condition would not have improved.

Oppositely, if the patient in case study #4 had been needled between LIV-5 and LIV-6, which was the treatment from case study #3, the torso portion of the Liver channel would have continued diverting into the Stomach channel’s path. Again, the patient’s condition would probably not have improved.

The “informed guess” treatment

In many cases, a beginning student, confronted with a condition that suggests either a pattern of Wood Attacking Earth or a pattern of Liver Qi Stagnation, performs a “treatment” by needling LIV-3 and LI-4 or some other “harmonizing” treatment. The more famous two- or three-point combos of acupoints, also known variously as “Four Gates,” or, “When in doubt, Harmonize,” sometimes work. They work because acupuncture stimulation at these strong “collecting” points is capable of sending a relatively large surge of current through the Yang Ming system (which includes the Stomach channel) and the Jue Yin system (which includes the Liver). (Some doctors prefer Lung or Spleen (Tai Yin) points, instead of Yang Ming, in combo with the Jue Yin for their basic harmonizing treatment. Either way, it works:

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1 Unlike the more general term “Wood Attacking Earth,” the pattern known as “Liver Qi Stagnation” or even “Being Woody” is most often understood to mean the type of situation described in this chapter’s second case study: an emotional blockage creating restriction in the area of the pericardium which, in turn, prevents the Liver Qi from passing through the chest easily. In these cases, the Liver Qi becomes somewhat “knotted,” or “stagnant,” in the torso as it wends its way into a less-than-ideal pathway.

When I was first studying Asian medicine, my fellow students and I, with an insouciance born of beginner’s knowledge, often tossed about the term “Liver Qi Stagnation” for any Liver- or emotion-related problem. None of us really knew what the term meant: we certainly hadn’t learned yet how to track down the underlying cause – the real diagnosis.

Now I ask my clinic students, before they start a patient’s treatment, to explain to me why, as a side effect, the Liver Qi in the torso has become stagnant. A good diagnostican may implicate pericardium, heart, pathogen, scar tissue, or whatever is applicable, in explaining why the Liver Qi has become stymied.
the channel Qi is joggled loose from its incorrect path, and resumes flowing in the correct, or “harmonized” manner.)

The defibrillator method of acupuncture

This surge-based treatment works along the same principles of a heart defibrillator. A heart defibrillator does not reset the super-fast, steady-state, fibrillating heart to a predetermined slower pace: it shocks the heart into a completely random, highly charged state. The hope of the person wielding the defibrillator is that, when the patient’s heart falls back down into some steady state, the heart will chance into the particular steady state that is most healthy: seventy beats a minute instead of, say, seventy times three. Of course, sometimes, after applying the defibrillator, the heart shifts into a steady state that is still not optimal – maybe one hundred and forty, or two hundred and ten. If so, the defibrillator is applied again. Eventually, if defibrillated (destabilized) enough times, odds are good that the heart will chance into the more peaceful rate of approximately seventy beats per minute.

Until the heart settles down, by chance, into a healthy, which is to say, “slow” steady state, we can keep applying the defibrillator, destabilizing the system in the hopes that it will eventually settle back down into the system we want. It’s not an exacting treatment, but it is a treatment, of sorts. Sometimes we get lucky, and it works.

An all-purpose Four Gates-type treatment for Wood Attacking Earth works in very much the same way as a defibrillator: by stimulating the strongest acupoints we’ve got for the channels that apparently aren’t happy, which is to say, by creating a surge of energy that powers through the Wood and Earth systems, we cause them to surge, and possibly, jump out of their pathological flow patterns, just for a bit. After the initial shock, as the channel Qi settles back down, the odds are somewhat good that the channel Qi will resume flow in the correct pathways – no matter where they were prior to the jolt. After all, when in a state of physical and emotional health, the correct pathways do present the path of least resistance.

And yet, as many acupuncture students have learned, Four Gates only works sometimes. Four Gates is a “shake ‘em up” treatment that doesn’t necessarily get rid of an underlying glitch. It is an attempt to power-through a snafu in the hopes that “everything will be all right in the end if we startle the system violently enough.”

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1 The heart’s electrical rhythms are usually in what is called a “steady state.” A steady state electrical rate is a rate that can be maintained easily because the rate equals, or is a multiple of, some factor of the equation that defines the system. The electrical driver of an adult heart might be steady at, say, seventy cycles per minute, or at one hundred and forty (70 x 2) cycles per minute, or at two hundred and ten (70 x 3) cycles per minute, or at two hundred and eighty (70 x 4) cycles per minute, and so on.

2 Interviews with people who have survived lightening strikes often elicit remarks such as “certain health problems were completely eradicated after the lightening strike.” This is testimony to the ability of the body’s channels to “drop back” into the most harmonized, “most relaxed” or “lowest” energy-requirement state following an “defibrillation-type” electrical shock.

Acupuncture needling, in some cases, provides a similar, but miniscule, shock. When the channels are harmonized (running correctly), they are running in the pattern that requires the least energy to sustain while, at the same time, providing energy in a manner that allows correct life-processes to occur most easily. When the channels are harmonized, correct living becomes nearly effortless. As a corollary, when one lives and thinks correctly, which is to say, in attunement with
If, instead of guesswork, we feel the flow of channel Qi in a patient, and then compare the patient's flow patterns with what we know to be the correct patterns, we don’t have to guess, or use one-size-fits-most treatments. We can tell exactly what the problem is and where, and we know exactly what we need to do to fix it.¹

natural law, the channels tend to remain harmonized. This latter point is strongly emphasized in the opening sections of the Nei Jing.

Then again, I recall reading a case study of a person who, shockingly, was hit by lightening twice. He was rendered instantly deaf by the first strike. Years later, his hearing was instantly restored by the second one. Another person who was hit by lightening reported that, following the shock, although he was a mail carrier in Minnesota, he was never again cold. After the lightening strike, he delivered mail, even during the depths of winter, never wearing more than his summer uniform of shorts and a short-sleeved shirt. Possibly, his body had been shocked in such a way that either he had a surplus of Yang (vibratory) energy for the rest of his life, or his ego-based delusion of sensitivity to temperature was destroyed by the blast. In any case, these are examples of high intensity electrical shake-ups. Acupuncture is far milder and less risky than a lightening strike, but an acupuncture guesswork treatment, such as Four Gates, nevertheless relies pretty much on the same principles.

¹ Although this book is written primarily for acupuncturists, the theory applies to herbology, as well. In the case of an herbalist, the discovery of unhealthy divergent channel Qi in both of these cases would have suggested that a harmonizing formula, such as Xiao Chai Hu Tang or Relaxed Wanderer, and not a tonifying formula, would best meet the case. We never tonify when a condition is excess.

A blockage is always what Asian medicine calls an “Excess” condition. The blockage is a form of Stagnation. Stagnation is always an “Excess” condition. A channel diverges into a second channel (Attacks) because of a Blood or Qi blockage in the first channel. Therefore, a divergence or attack situation is always excessive.

The patients in these two cases had only seeming deficiency in their Earth channels (symptoms of lethargy, weakness, lack of appetite). This seeming deficiency was due to channel Qi diversions (Attacks) coming from their Wood channels. They did not have a true deficiency in the Earth channels. (For the benefit of the reader who is not familiar with Asian terms of Deficiency and Excess, causes of true deficiency in this case, if any, might have included poor nutrition or loss of blood.)

Therefore, an herbalist would avoid tonifying herbs, and focus instead on harmonizing (channel Qi-path rectifying) herbs for these two patients.
“There are a vast number of symptoms caused by unorthodox pathogens [also known as “Evil Wind”] that penetrate into meridians and then move forward into various parts of the body. If such symptoms are treated without reference to the root and fruits of meridians, pathogens will attack five viscera and six bowels.”

Chapter three

Case Study Examples: Exterior Evil-Wind

A stab in the strep

Next, let’s briefly consider a case study from another set of conditions: Exterior Wind, or, pathogen-based illness.

When a person is first sick with a pathogenic illness (symptoms are still on the exterior), or just before he becomes overtly sick, assessment of his channel Qi flow will already reveal that his channel Qi has become disrupted at some location that is crucial to either the immune system or mental clarity or both. Some of the common locations that manifest disruption during attack from a pathogen are Du-14, UB-11 and -40, LI-4 and -11, LU-7, LIV-5 and -6, and Yin Tang.

Curiously, in any given flu season, when a specific germ is making the rounds, all the people who have the same bug tend to have the same locations of disruption in their channel Qi. It almost seems as if a particular pathogen’s nature causes the destabilization of a particular location on a channel. It’s possible that a sick body’s alterations in channel flow correspond to electrical fields inherent in the structure and function of the pathogens.²

¹ Ling Shu, chapter 5-1, from A Complete Translation of the Yellow Emperor’s Classics of Internal Medicine and the Difficult Classic (Nei-Jing and Nan-Jing), Henry C. Lu, PhD, International College of Traditional Chinese Medicine of Vancouver, 2004,

² As western researchers in the field of pathogen proliferation are aware, many pathogens can lie low in the human body, replicating slowly but not causing detectable illness, until they amass a certain quantity. When the quantity is sufficient, the pathogens suddenly start wreaking havoc: replicating in a different, more blatant, manner. The body, finally aware of the invader, then starts fighting back. Western researchers have no idea what the signal is that the pathogens send to each other signifying that they now have enough members on board to begin the aggressive phase of their invasion.

But western researchers do know that a possibly concomitant factor can be neurotransmitter levels. Researchers have seen that the decrease in norepinephrine that occurs with stress or mood changes sometimes precedes the sudden proliferation. For example, in cases of some “dormant” pathogens residing in the body, such as the chickenpox virus (Herpes Zoster) that hides in the spine after the initial outbreak of chickenpox, and which later causes shingles, it has been proposed that the dormant pathogens may “wake up” in response to specific chemical changes in the body, such as an
As an aside, from the perspective of pure biology, one measure of a truly effective pathogen might be its ability to turn off its host’s immune system, while still allowing the host to stay alive and provide a site for replication of the pathogen. Therefore, most human pathogens, in order to be successful, must have a method by which they can destabilize the human immune system to some degree, without actually killing the host.

One important factor in keeping the immune system optimized is correct “mental posture,” an aspect of what one might call “will power.” If a pathogen can diminish mental clarity, or otherwise alter the mind’s ability to use focused will, so much the better – from the perspective of the pathogen. This is why, in sick people, we often see that Du 14, UB 10, or Yin Tang has been destabilized. Many highly successful pathogens destabilize the immune system and inhibit mental function.

We can hypothesize that the electromagnetic waves inherent in the structure and electrical function of the pathogen serve to counter some crucial electrical flow in the human host. Very possibly the human’s channel Qi is altered when the pathogens have slowly, stealthily generated sufficient units of the pathogen. Then, the sum of the electromagnetic fields of the many pathogens units is large enough to contradict or alter, and thus destabilize, the electromagnetic field in some crucial channel Qi flow pattern in the human host. In other words, when enough of the microorganisms have been created within a human that the sum of the electromagnetic fields of the pathogen is large enough to influence the human channel Qi flow pattern, some pathogen-specific, crucial spot in the human’s channel system ceases to flow correctly. When this occurs, the ensuing changes in the human’s channels, organs, and observed decrease in norepinephrine levels. Then again, perhaps the actual trigger is something else, and lowered norepinephrine levels preceding outbreaks of illness are circumstantial. For example, many people are familiar with the ability to stave off the flu until the stress level drops. When a long-awaited vacation finally begins, or the Big Project at work is finally over, so that the channel Qi shifts back into parasympathetic mode from sympathetic mode, the latent flu manifests.

For most pathogens, which multiply slowly until some critical “attack” mass is reached, the actual trigger that tells them when to go forth and multiply aggressively is not yet known to those western researchers who study the surge phenomenon. At present, western researchers are looking for some pathogen-produced chemical that allows the pathogens to “communicate with each other” that the critical mass has been attained.

The changes we can detect in pathogen-induced channel flow irregularities suggest a completely different, non-chemical mechanism: the alterations that occur in human channel Qi flow due to resonance with the electromagnetic properties of the pathogen may provide the “attack signal.” A stealthy increase in the number of pathogenic warriors causes an increase in “amperage” in the pathogen’s signal. Then, possibly, when there is enough “amperage” in the electrical signal deriving from the pathogen that the host’s channel Qi pathways are slightly altered, the subsequent, channel-based changes in the person’s chemical and organ function create the situation that signals “Go!” to the pathogen. Or even more directly, it’s possible that the actual alteration in electromagnetic signals generated by the person’s altered channel Qi may initiate the “replicate more quickly” segments of the pathogen’s genetic material. At any rate, a change in pathogenic function based on electrical forces (channel Qi of the pathogen and the host) would be far simpler than the postulated chemical event proposed by western researchers. And truth tends to follow the simpler path.
overall chemistry may serve as the signals that instruct the pathogen to “tear of his mask” and get down to the vigorous business of replicating as fast as he can.1

The various types of pathogens each have somewhat different electromagnetic fields, and therefore, the destabilizing patterns vary from one bug to another. Assessment of channel Qi in people with early stage “ Evil-Wind ” (pathogen-based illness) shows that some pathogens destabilize the channel Qi flow at the back of the neck, near Du-14 and UB-11. Others disrupt the channel Qi flow at LI-4, LU-7, or in the Luo channel that connects LU-7 to LI-4. Still other common sites that, if disrupted, will turn down the immune system’s ability to give peak performance are UB-40, LI-11, and Yin Tang. Following disruption at these points, some type of body function will be compromised. The compromise may be in immune function, mental function, or some other body function, or a combination.

Following the poor function of whichever system has been compromised, the pathogen is able to thrive quickly. The body does then respond (hopefully), but its optimum response has become inhibited by the alterations in channel Qi flow. The channel alterations, plus the less-than-elegant response that the altered body is then able to perform, together with the body’s responses to both the presence of the pathogen and any toxic by-products of the pathogen, is what we call illness “ symptoms.” The time at which channel destabilization occurs is the point at which symptoms start to appear. This is the point when, based on symptoms, tongue, pulse, and other patterns, we can determine that the illness is starting to generate symptoms of either wind-cold or wind-heat.2

1 Of course, the type of pathogen that is able to lie dormant for long periods of time (weeks or years) must have an electrically invisible resting phase in which his channel Qi pattern is in relative harmony with his host’s until such time as the host is destabilized by some other event. Oppositely, the type of pathogen that kills within twenty-four hours or so need not bother with destabilizing the host’s immune system. A hyper-virulent pathogen simply starts munching on his host, throwing off toxins, and boom: the host dies quickly. From a purely biological perspective, these pathogens are not necessarily the most “successful” in the long term: they kill off their own food supply. The pathogens that cause plague, for example, have very little activity in the decades that follow one of their feeding binges.

The “two-week viruses,” on the other hand, such as measles, chicken pox, and other “common” illnesses, are able to find a home in nearly every human. Because they rarely kill their host, they are able to travel more, infect more people, and allow their hosts to replicate – providing new generations of hosts. These are the pathogens that tend to have a mechanism for destabilizing, somewhat, the host’s immune system. These are also the pathogens that “weed out” the weakest hosts, helping the host species naturally “select” for the stronger immune systems. In terms of pure biology, both the pathogen and the host species benefit from this type of relationship.

2 In Asian medicine terminology, if a “wind-borne” (or invisibly transmitted, at any rate) pathogen does not generate symptoms, it is as if the pathogen did not exist – it certainly is not a problem. The invisible pathogen is only Evil Wind if it is making a person sick. If a pathogen is minding its own business, being a part of nature, and not causing problems in a human, it is not being “ Evil.” It is just being itself. As for the word “Wind,” this word applies even if the pathogen is food-borne, blood-borne, mosquito-borne, or whatever. “Wind-borne Evil,” in the Asian medicine sense, refers to any transmittable pathogen that is too small to see, which is making the patient sick.

“ Evil,” in this case, means “not good for the highest manifestation of human health.” For example, in Asian medicine, seasonal “Wind-derived” pathogens are considered to “arise” during that season, as if the pathogens aren’t present during the rest of the year. The philosophy here is that these pathogens only become problematic during those seasons. (Continued on next page.)
If a person’s body is robustly healthy, or if he already has immune history for a particular pathogen so that his immune system is primed and ready to produce the exact, corresponding antibodies for the pathogen, the person may never develop symptoms. His body will fight the invaders without the person even knowing that he is doing anything. On the other hand, in people that develop obvious symptoms from a pathogen, those symptoms tell us that the person’s body – and his channel Qi system – have been, to some extent, altered, via the pathogen.

If we can determine the point(s) along the channel at which the channel Qi has been destabilized by the presence of the pathogen, we automatically know the most effective treatment. The best treatment will be one that restores the normal flow of channel Qi at the destabilized point(s).

This all relates back to the idea of the importance of feeling channel Qi for diagnostic purposes. If a health practitioner can find the spot that’s been turned off by the bug, he can also turn it back on, instantly, with a bit of judicious needling.

For example, if the patient’s channel Qi has obviously been disrupted at Du-14, then Du-14 is a location at which correct Qi flow must be restored. If the disruption has occurred at LI-4, a common spot for pathogen-based disruption, one must restore channel Qi flow at LI-4.

In school, I was taught a collection of points to “use for Exterior Evil Wind.” This collection included the acupoints LI-4 and Du-14, to name just a few. Looking for some sort of cause and effect logic, I leaped to the assumption that needling LI-4 and the others always pumped up the immune system, and this immune system surge then provided the artillery to destroy the pathogens.

I have since learned that treating LI-4 only restores vigor to the immune system if channel Qi has been disrupted at LI-4. If a patient is dealing with a pathogen whose modus operandi involves destabilizing UB-40 and the patient’s channel Qi is moving perfectly freely at LI-4, needling LI-4 might not provide any benefit. Or there might be a slight, temporary benefit: needling LI-4 may shift the body closer to sympathetic mode (white cell producing mode), briefly. There may also be potential benefit of body-wide defibrillating any over-all channel confusion by strong needling at any of those popular acupoints where

This actually makes a lot of sense. Oppositely, in western medicine, pathogens are always pathogens, whether or not they are causing any harm at the given moment.

This western philosophy has led to our current culture of over-sterilization and the subsequent growth of super-bugs. We even propagate pathogens in labs, and investigate their qualities with or without hosts. The pathogen, even if not making someone sick, is considered problematic. This is similar to the western (historical) idea that many species of animals, from mice and crows to wolves and bears, are pests and therefore should be unquestioningly destroyed whether or not the individual animal is actively threatening a human or the human’s livelihood. Historically, an organism, large or small, that might ever present a threat to any human was considered inherently “evil” to many westerners.

But in historical, classical Asian medicine, if a pathogen is not actually affecting a person, it is not “evil.” The pathogen only becomes identifiable as an Evil-Wind (a transmittable, pathogenic problem) after it has inhabited a person and affected that person’s channel Qi – when that person has responded by “coming down” with it: has begun to show symptoms.
channel Qi runs vigorously – such as LI-4. But needling acupoints is most helpful when those selected acupoints are the site of pathogen-induced channel Qi confusion or blockage.

The “use for Exterior Evil Wind” collection that I learned might better have been referred to as “acupoints frequently disrupted by pathogens.” In other words, those points are merely the “usual suspects.” They aren’t necessarily the correct ones in any given patient. They may also help, in a clumsy, generalized fashion, but this is not the ideal.

When channel Qi flow is restored in the areas that had been altered by the pathogen, all the human’s systems that had become turned off or misguided, including the immune system, are instantly able to perform correctly, once again. A person with pathogenic illness can feel much better within a very short time, if the destabilized area in his body is restored to correct form via channel-restoring needling or channel-specific herbs.

We might even conjecture that, if a particular pattern of pathogenic Qi creates an electromagnetic field that is counter to the human’s field, it makes sense that, oppositely, by restoring the human’s field, we are resuming an electromagnetic pattern that runs counter to that of the pathogen: when the human’s channel Qi flow is restored to proper alignment, the pathogen is electromagnetically stymied.

More elegantly than any antibiotic, a surge of human channel Qi that is in opposition to, which is to say, negates, the channel Qi pattern in the pathogen should, theoretically, be able to stop replication of, or even destroy, any of the pathogens that are in full-bore (exposed) replication mode.

An acupuncturist or herbalist will find that he gets extremely quick results at stopping the pathogen in its tracks by restoring the channel Qi flow in the destabilized area.

Of course, the patient may still have to deal with sequelae from his infection: the toxins and phlegm generated by both the pathogen proper and the battle with the pathogen. But it does seem, based on experiences with treatments that restore disrupted channel Qi flow, that the pathogens can very often be stopped cold by the resumption of the patient’s correct channel Qi flow.

Case study #5

External wind attacking the Ren channel

In my own practice, an illustrative manifestation of this channel Qi disruption phenomenon occurred in fall of 2008.

Male, age 47. The patient was in fairly robust health. He came to see me because he’d been having such severe chest pains that he thought he’d had a heart attack. He’d been to the hospital and given a complete heart work up, but the hospital found nothing except a mild fever. They sent him home, after telling him that he “just” had some kind of sinus flu.

While I was checking his tongue and pulses, he mentioned something that he thought was humorous. Three students at the small, private high school where he teaches had gone to the hospital over the weekend, thinking they were having heart attacks. Of course, they all got full heart work-ups, and were all sent home after being told that they had a low fever and probably nothing more than a flu bug – “some sinus thing.” It had occurred to him that his own “heart attack” had played out the exact same way.
I was deeply curious. It can be reasonable for a middle-aged man to have chest pains from a lung infection, and then think that he might be having a heart attack.

But this was the first time I’d ever heard of a cluster of healthy teenagers, who weren’t using drugs, with presumably good hearts and no overt symptoms of influenza, all going to the hospital because they thought they were having heart attacks. And three students, in a school of only three hundred? This sounded more like the same infectious pathogen that, without causing actual heart damage, was causing heart-attack type pain (which is to say, blockage) in its victims’ chests.

We learn in our Asian medical theory classes that the source of pain in humans is “Failure to go through” (often translated as “No go through”).

If they were having chest pain, something was causing blockage in the area of the heart or a heart-related channel. Might the heart blockage be related, somehow, to their flu symptoms?

First, I checked my patient’s pulses. His heart and pericardium pulses were small, but within normal limits. His lung pulse was floating, suggesting that his body was fighting something. In school, we are taught that a floating pulse indicates that the Wei Qi, also known as the Protective Qi, has been activated – the body has begun to recognize that it is under attack.¹

¹ A common English translation of Wei Qi is “defensive Qi.” This is an incorrect translation, as it conjures up an image of bulwarks, artillery, and warfare. Wei Qi means “Protective Qi.” Wei Qi refers to the safe feeling a person gets when he’s being held lovingly, snugly, in the arms of his mother, a loved one, or Divine Mother. When the body is being attacked from the outside, the protective energy can swaddle the body, confirming the physical existence of loving support from within and without. Wei Qi thus helps to define the body and define the correct paths of the channel Qi – thus restoring the correct channel Qi even in the face of the pathogen’s alterations to the channel Qi. In light of the destabilizing energetics of pathogens, the Wei Qi’s loving support for remembering one’s self-definition plays a large stabilizing role. To the extent that he is able to summon up his Wei Qi, his sense that he is whole, safe, and protected, a human can defiantly resume his true channel Qi flow pattern even in the face of attempted alteration-by-pathogen.

In Asian classics, the loving-mother goddess, Kuan Yin, serves as a personification of Wei Qi. In Sanskrit writings, the protective energy is often exemplified by Divine Mother: the loving, creative aspect of the Om (Sacred Breath, or “The Word”) vibration. Om, in Sanskrit, became Spiritus Sanctus, in Latin, which means, literally, Sacred Breath. (In English, hundreds of years ago, Spiritus Sanctus was translated into the somewhat spooky “Holy Ghost.” We still cling to this weird translation.)

In any language, the idea of a loving, protective energy is quite different from the artillery and bulwark images conjured up by the modern English translation of Wei Qi into “defensive Qi.”

I have asked many of my respected Chinese teachers about this. They all agreed that Wei Qi is a loving, protective energy, and not a form of battle-oriented, germ-killing Qi. Wei Qi is neither defensive nor attacking. It is love made tangible. It helps us to recall our true nature, which includes the harmonized patterns of our channel Qi flow – as opposed to the false nature being created in our channels via the channel Qi of the pathogen.

Pathogens are referred to in Chinese medicine as Wind-borne Evils. The word “Evil” in this case can be understood to mean “that which distorts Truth.” Pathogens are “Evil” because they distort our true nature. Wei Qi is tangible energy arising from Love and Truth. The loving support of Wei Qi helps us remember the Truth of who we are, and how our channel Qi is supposed to run, and reinstates it.
The floating Lung pulse matched up with the “only a sinus flu” findings of the western doctor.

I decided to quickly run my hand over the patient’s Heart channels, and the Heart alarm areas of his Urinary Bladder and Ren channels. I wondered if I might find a spot in his channel Qi that, if turned off, could logically account for his chest pain symptoms. I suspected that it would not be the usual suspects: not LI-4, Du-14, or UB-11.

The channel Qi flow in his Heart and Pericardium channels was weak, but running, and running in the correct direction. I was planning to check his back Shu points, UB-14 and UB-15 in particular, but first, I felt his Ren channel.

Fig. 3.1 The healthy Ren: a close-up view of a section of the Ren channel, showing just two of the many side branches: branches emerging from Ren-15 and Ren-17. These side branches supply the pericardium and heart.

To understand the findings of this case study, one must appreciate the role of the Ren channel in distributing channel Qi throughout the torso and neck, via side branchings, as needed.

Bingo.

The Ren channel Qi was utterly stymied from Ren-14 to Ren-24. The Ren channel energy felt as if it were dissolving as it approached the xyphoid process; it was dispersing laterally, towards the sides of the torso. By the time it approached the sternum proper, there was no channel Qi to be felt along the path of the Ren.

Of course, many lung infections can cause problems in the chest that then result in problems in the vicinity of Ren-17. But my patient didn’t have obvious lung symptoms – yet. And neither did any of the high school students who had thought they were having heart attacks.
I was fascinated. I’d never run across any pathogen whose immune-system turn-off mechanism worked by blocking the Ren and upper Kidney channels at the inferior end of the sternum, so that the Ren and Kidney channel Qi got shunted somewhere into the interior of the torso.

No wonder all these pathogen-infected people had felt as if they were having a heart attack. They were all hosting a pathogen whose “shut-down” method included blocking the flow of channel Qi at the inferior end of the sternum, thus drastically cutting off energy supply to the pericardium, heart, and lungs.

Fig. 3.2 In this case study, note the absence of Ren channel Qi flowing over the sternum, due to the blockage. The side branches that should carry channel Qi to the heart and pericardium, in such a case, are not able to flow. The heart has been drawn smaller than usual, to represent the lack of channel Qi getting to the heart and the subsequent pain in the heart, from channel Qi “not getting through.”

Getting my mind back on my patient, I needled his Ren-17 with a 2.0 cun needle, threading it down towards Ren-14. I inserted another 2 cun needle at Ren-15, also threading it towards Ren-14. I was using the needles to pull Ren channel Qi in the area of Ren-14 upward, towards Ren-17, forcing it to flow past the problem area. As soon as I did this, Ren channel Qi began to flow from Ren-14 up to Ren-24. The patient felt his chest relax. His low grade, ongoing “heart attack pain” subsided. The Heart and Pericardium channels became more vigorous. After the treatment, I instructed him to gently rub his sternum several times a day, in an upward direction, from Ren 12 to Ren 17. He recovered apace.

The next week, at school, I was teaching clinical rounds. My first patient was a male, age 42, who seemed very fit. He was starting to describe his symptoms, beginning by saying, “My doctor says it’s just a sinus flu, but…” I stopped him gently, by asking him to please be quiet for just a moment, as I wanted to check something. I reached over and felt the channel Qi in his chest. It petered out just before Ren-15. I asked him if he’d been to the hospital because he thought he’d been having a heart attack.

“How did you know?” he exclaimed.
The startled look on his face registered surprised approval for the “mysteries of Asian medicine.” The five beginning acupuncture students in the rounds class seemed equally, or even more, surprised.

I explained to the patient and students that I wasn’t using Divine insight: I’d already seen this heart-pain/flu pattern in this year’s flu season. I also took the opportunity to share a tip that had been taught to me by my teachers: always pay close attention to the first flu cases that come in each fall; very often, many of the later flu cases in that fall and winter will be of the same nature. If, early in the season, the health care provider can figure out the particular channel-disruption trick of whatever is making the rounds for this year, the provider will be able to diagnose subsequent flu patients most quickly and effectively, and even teach his unsick patients some appropriate, preventive self-massage.

But the main point is this: feeling a floating pulse does not tell us whether the external evil (pathogen) is wind-cold or wind-heat. Even with an articulate patient who is just starting to have symptoms that enable the health practitioner to confirm either wind-cold or wind-heat, we must still guess at the best form of treatment if we are treating an unfamiliar pathogen using only tongue and pulse diagnosis. We compile as many symptoms as possible to determine if we are dealing with a pathogen whose *modus operandi* involves destabilizing the back of the neck, the forehead, the branch of the Large Intestine channel that crosses over to Du-14 (causing achy shoulders), and so on, so as to distinguish whether or not we are looking at a Yang Ming disorder, a Bladder channel attack, and so on. We try to come up with the best treatment plan based on the part of the body that is showing the *most* symptoms at that moment: not pure guesswork, but not an exact plan of attack either.

And very often, by the time we see a sick patient, his symptoms have become spread over many organs. At this point, we often ignore the pathogen’s initial presentation altogether, and devise a treatment to relieve symptoms, and “Release the Exterior (Get rid of the pathogen that came from outside myself).”

If, instead of guessing, we can detect the exact location where the pathogen has deranged the channel Qi system, and restore Qi flow to that area, the patient’s own body will quickly be able to fully recognize, and battle, the presence of the Evil visitor. The channel Qi restoration may even neutralize the unwanted guest.

Then, *after* the channel Qi flow has been restored, we may also perform treatments that dissolve the phlegm or address the other side effects that built up during the time of the illness.¹

¹ Not every Evil-Wind case is this simple.

A neighbor, age 58, dropped over to my house asking for help with his flu. Normally very healthy and vigorous, for several days he’d been running a fever of 101.6 (F) every afternoon, for six hours. He had no appetite. His mind was cloudy. He felt terribly weak in the arms. He had an unproductive cough. He had severe insomnia – he was only able to sleep between the hours of five and eight in the morning.

The blockage in his Ren channel was easy to feel. He felt a shocking amount of uncharacteristic pain when I needled Ren-19, -18, -17, -16, and -15, but the channel Qi finally started flowing through his Ren channel. The next day he came by again – his condition was unimproved. I noticed a blockage at UB-13, and needled the blocked sections of that channel and got the UB channel flowing nicely. The next day, he came over, as requested, and reported that his symptoms were unchanged. That day, the leg portion of his Liver channel was noticeably blocked. Also, the Ren
channels and UB channels were somewhat blocked, again. There seemed to be no channel Qi whatsoever in his Large Intestine channel.

Every day, I treated a different blockage, and nothing I did seemed to last. I also used all the appropriate traditional herb formulas, and even performed a tuning fork treatment. Finally, after seventeen days during which my treatments seemed to do no good at all, it was apparent that his bacterial pneumonia was winning the battle. Much as he distrusted western medicine, he yielded to advice and started taking antibiotics. Within twenty-four hours, he felt much better: the cough and fever, his primary Wind-Heat symptoms, were both gone.

All the channel theory and herbs at my disposal hadn’t been enough to conquer his infection. Some pathogens are stronger than our medicine. Pathogens that cause Ebola and plague, and even the mundane ones that cause bacterial pneumonia might be said to have a stronger “will to live” than we humans. The dynamics of their channel Qi may be stronger or more stable than ours.

Within a week of starting antibiotics, this patient was eating better. However, he was still very weak and could barely raise his arms over his head. He still had severe tachycardia, an irregularly irregular heartbeat, palpitations, random attacks of low blood pressure and orthostatic hypotension (low blood pressure when changing to standing from a seated position), extreme weakness, and his ferociously pounding and highly irregular heart rate were still keeping him from sleeping. After two weeks of this, he’d lost another ten pounds. These continuing symptoms, I was to learn, were a condition called “sepsis.”

Sepsis can occur following a pathogenic illness when the body cannot handle the debris from dead cells quickly enough. The heme released by dead cells, if not processed rapidly enough, converts to a toxic form. A buildup of this toxic variant of heme can lead to poor regulation of the autonomic nervous system, with symptoms that include racing heart, highly irregular heart beat, low blood pressure, confusion, build up of fluid in the lungs, and death.

Had I insisted adamantly, earlier in his illness, that he take antibiotics for his bacterial pneumonia, and had he complied, he most likely would not have developed sepsis. Happily, the sepsis did not develop to the stage of fluid build up in the lungs or brain. But he now had a chronic heart condition and chronic low pressure that made it nearly impossible for him to work, exercise, or stay focused. He spent many hours every day simply resting in bed, hoping for the day when his heart would calm down and his strength would return. He also worked actively at calming his heart: he did his yogic breathing, calming visualizations, and affirmations. However, his body seemed to be stuck in a new pattern. As for his channel Qi, it was almost non-existent in his arms. It was blocked at various spots in the Ren, UB, and Liver channels, and very weak everywhere else. It was too chaotic to use, diagnostically.

I felt I had failed him. I referred him to the most brilliant professor at the acupuncture college where I teach: Dr. Jeffery Pang, MD (China), LAc. Dr. Pang prescribed Tian Wang Bu Xin Dan, a formula that replenishes Heart and Pericardium Yin. The herbal pills worked within ten minutes! All the heart symptoms ceased. With the cessation of the erratic pounding, his mental clarity returned. He could even fall into a deep, untroubled sleep…for four hours. As soon as the dose wore off, every four hours, all his symptoms were exactly as before. For nearly a week, he managed his symptoms by taking pills every four hours. But this herb formula can be mildly habituating – a person can become somewhat resistant to the formula. Five days after he started this formula, his coverage became noticeably decreased. He needed to increase his dose of tablets by nearly 50% in order to get the same hours of coverage. The herbs were only masking symptoms, not treating them.

This case study concludes in the last chapter, when you will have enough information about channel theory and the different neural modes to understand exactly what was going on in his body.
Summary of the introductory case studies in chapters two and three

All emotional problems, organ problems, and all other symptoms of imperfect health manifest in the channels. Conditions of deficiency or excess, interior or exterior, Qi, Blood, Yin or Yang, all manifest in the channels.

In some cases, such as malnutrition and physical injury, the external, causative nature of the problem comes first, and the damage to the channels then follows. In other cases, particularly in problems that have pathogenic or mental/emotional components, the channel disruption comes first, and is the cause of the subsequent physical problems.

By correcting the flow of channel Qi at the exact point where it has gone astray, health can very often be exactingly, rapidly restored.

Of course, the most elegant method for instantly restoring the course of channels to their correct pathways is for the patient to think correct thoughts: thoughts that are in line with, or in tune with, one's true nature. Thoughts generate highly specific electromagnetic waves. These waves influence, for better or worse, the movements of the channels.

Because most humans are not yet able to control and focus their thoughts in such a way as to maintain correct flow of channel Qi in the face of all challenges, doctors of every culture practice the art of medicine.

In Asian medicine, detecting and correcting the actual flow of channel Qi is one of the most logical and elegant ways to practice this art.
“Color and pulse are valued by Gods, and they were taught by the teachers of former times.”

Chapter four

Channels: the diagnostic tools of the masters

Questions that arise

With regard to detecting a patient’s channel Qi and using this to form a diagnosis, the two questions that most often arise are: 1) Isn’t pulse diagnosis the most perfect form of Asian medicine diagnostics? and 2) If channel diagnosis is such a powerful tool, why isn’t it mentioned in the classics? This chapter will address both of these questions.

Is pulse diagnosis the apex of diagnostic skills?

Knowledge of the flow aberrations in a patient’s channel Qi can yield objective, “hard” diagnoses as to the exact underlying nature and energetic location of the patient’s problems. Diagnosing based on the actual flow of channel Qi is highly objective and does not require the use of intuition. Almost anyone can quickly learn to do it.


These skills were taught in olden times! And they are no longer taught. Why not? Refer back to the first chapter of the Nei-Jing…where it is written that people used to have deeper understanding, but now [in 221 BC] they do not – so of course, the more sophisticated techniques of diagnosis were no longer being taught.

As for my sense that the word “color” in this part of the Nei-Jing refers to the light-wave related energy of channel Qi, I wrote to Wallace Li, L. Ac, DAOM, professor of Chinese medical classics. I asked if the word “color” in this section of the Nei-Jing might be referring to light, as in, the light waves that are involved in the generation of channel Qi. He replied, “When the Taoism/TCM classics use the word “color,” it implies Qi and color (Qi Se) [aka vibratory energy and color], unless they address the “Qi” part specifically and separately. Your perception is the same as mine.”

As a further suggestion that the ancient term, “color,” refers to an energy source, we learn in the Nei-Jing that “Color is Yang.” In particular, Color is Yang when compared to the relative Yin of the pulse and other, merely physiological, sources of diagnostic information. This further supports the idea that “Color,” in this usage, refers to the energy derived from and associated with light. Although, in modern times, the word “complexion” is sometimes used to translate the Chinese character “color” into English, thus suggesting that the original author was writing about facial tone variations, this translation does not fit with other references to “Color” in the Nei Jing, such as Color being like the sun, or Color being associated with movement and dynamics, or “Closer to the Truth (or Sun)” (which is to say, Yang), when compared to the pulse.
Comparatively, the other forms of Asian medicine diagnosis are, for most medical practitioners, highly subjective: open to interpretation and error.

For example, merely learning the objective, word-based descriptions for tongue and pulse diagnosis does not give one the ability to ascertain and interpret the appearance of the tongue or sensations of the pulse with enough certainty to form an exact diagnosis. Most students must spend years, at a minimum, learning how to feel the pulses. Even after years of study, many acupuncturists never really master the art of forming an exact diagnosis based on pulse.

Tongue appearances can be equally inexact and somewhat subjective.¹

**Diagnoses that do not lead to an exact treatment plan**

Even if one is able to derive a likely “pattern” diagnosis from the pulse, the exact treatment plan, based on that diagnosis, remains a matter of choosing from the collection of treatments that are known to be most effective, in general, for that type of pattern.

For example, even if a diagnosis of External Wind-Heat attacking the Bladder channel (pathogenic illness causing fever and aches between the shoulder blades) has been made using tongue and pulse, the doctor must then guess whether the most elegant treatment will begin with the Large Intestine channel, the Bladder channel, the Lung channel, or some other primary channel – or all of them.

Many acupuncturists “err on the side of safety” and treat several. But even then, there are some pathogens whose mode of attack involves other channels, even the Du channel and/or the Ren.

Without knowing which channel is at the root of the problem, let alone the exact location on that channel that has become altered by the presence of the pathogen, many acupuncturists or herbalists do not know which of the many “Wind-Heat” treatments to select. Guesswork, for many, remains a major factor in selecting a treatment plan.

**The role of intuition**

When it comes to tongue and pulse diagnosis, why are the best doctors, the masters of this medicine, able to recognize subtleties that remain hidden to most practitioners and students? How are the master doctors able to determine an exactly appropriate treatment plan for each individual?

The masters use intuition or, as it is translated from the classics in Ted Kaptchuk’s *Web That Has No Weaver*, “Penetrating Divine Illumination.” Intuition may be used in addition to the more objective observations of the tongue’s appearance, the pulse’s kinetics,

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¹ One of my most brilliant teachers, Jeffery Pang, MD (China), LAc – and a profoundly successful practitioner – was wont to say, “If either the tongue or pulse or both clearly doesn’t match up with the symptoms, mentally throw away what doesn’t match. Forget about it.”

Jake Paul Fratkin, a respected authority in TCM, author of *Chinese Herbal Patent Medicines*, and editor/organizer of Wu & Fischer’s *Practical Therapeutics of Traditional Chinese Medicine*, says, “While all the textbook information is accurate concerning coats, colors, shapes, etc., I feel that the tongue offers no helpful information 85% of the time.” From “Treating Complex Multilayered Cases;” *Acupuncture Today*, 11:4, April 2010, p.22.
and the other body language clues. Even though an intuitive diagnostic master might insist that he is using classic definitions of face, body language, tongue, pulse, or smell to arrive at his brilliant and exact diagnosis, be assured that the master is performing these classic diagnostics while also applying his highly developed intuition.

The “mechanics” of that intuition varies from one master to the next. One may have an intuitively developed ability to “see” areas of darker and lighter energy in the patient. Another may “hear” an intuitive voice whispering to him as he touches the pulse. Indeed, some translations of the classics instruct the doctor to “listen” to the pulse, not “touch” it. Or the medical master may be able to kinesthetically feel, within himself, temporary alterations in his own body-electric due to proximity to the patient’s aberrant electromagnetic fields.

These subtle, seemingly non-objective methods of “seeing,” “hearing,” and “feeling” are all based on a heightened ability to perceive subtle shifts in a patient’s channels and other electromagnetic forces: these perceptions rely on the sixth sense: the “energetic sense;” intuition.

Defining intuition

“Intuition” does not mean the same thing as “hunch” or “gut-level feeling.” Very often, unrecognized personal biases or subconscious memories push a person to have a strong hunch based on a “gut feeling.” However, these feelings are merely opinions. They are just as likely to be wrong as to be right.

Intuition, on the other hand, is based on precise information that is fielded by the heart. Electromagnetic aspects of the heart and pericardium work like a receiving/transmitting radio. The heart and pericardium are able to “receive,” or resonate with, electromagnetic fields – including the fields being generated by a patient. A person who is able to accurately attune his heart’s radio to the patient’s “station” can feel the resultant shifts in his own heart and pericardium. This information may be instantly assessed using the buddhi (heart-attuned, wisdom) portion of the mind as opposed to the opinions that flourish in the manas (sensory and ego-based) portion of the mind.

In the field of medicine, very often, the heart attunement will give a vastly different, even an opposite, diagnosis from that which springs into the doctor’s mind or “gut.”

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1 Years ago, when I was a student at acupuncture college, it took me an embarrassingly long time before I noticed that my fellow students and I repeatedly had diagnostic “hunches” that corresponded to whatever syndrome or illness pattern we’d been studying in class the previous week. For example, on a given week, many of us might insist that most of our patients were clear cut cases of Phlegm Misting the Heart. The week before, most of our patients were, beyond a doubt, showing Heart Fire causing Bladder heat. We could be passionately convinced of the certain truth of our “hunches.” We would argue our cases with the clinic teachers, unable to understand why the teacher didn’t always respect what we referred to as “intuition.”

This “You See What You Are Looking For” syndrome is not driven by intuition. It is driven by a combination of subtle, ego-based desire and personal experiences that combine with ego-based sensory interpretation and emotional events. A syndrome almost as common, but far harder to recognize, is the human tendency to project one’s own mental and emotional baggage onto the patient. In either case, we students often defended these glaringly incorrect diagnoses by claiming that they were based on our “intuition.” (Continued on next page.)
For example, a highly intuitive doctor may think to himself something along the lines of, “Everything I’ve learned is telling me that the patient’s problem, acne, is Damp-Heat. I know exactly how to treat it — but a small, still voice within me is calmly saying, over and over, ‘She doesn’t even know she’s pregnant, but she has a dangerous fallopian pregnancy.’ That’s what I have to treat, immediately.” That small, still voice, a voice that may fly in the face of the “facts” or the “feelings,” is intuition.¹

Intuition is the actual basis for a medical master’s seemingly miraculous diagnostic skills. His process is based, at least to some degree, on the sixth sense. His superior diagnostic skills are objectively inexplicable: not teachable through books, lectures, or examples.

A medical master often performs his intuitive assessment during the quiet time during which his fingers rest on the patient’s pulse, or he may be listening to his intuition while gazing at the patient’s tongue. The medical master may say that his diagnosis is based on tongue or pulse. He may not even realize the extent to which he is using his intuition. A few excellent doctors will even admit that they “just know” what the patient needs but, since the knowing comes to them while they go through the motions of checking tongue and pulse, they insist that their knowledge comes from tongue and pulse.

Rest assured, the great masters of Asian medicine, and for that matter, the great masters of every school of medicine, are using far more than mere textbook information. The great Asian medicine masters, for example, are using more than word-based descriptions of pulse or tongue patterns while arriving at their conclusions. A great doctor’s diagnosis is based on his ability to access his intuition — a skill obtained through practicing humility and regularly sitting in silent meditation: “observing himself,” as it says in the Nei Jing.

On the other hand, by feeling the movement of channel Qi, a sensory, non-intuitive evaluation, we can get much of the same information. Even if you can’t yet access Penetrating, Divine Illumination, you can easily learn to feel the movement of channel Qi. The diagnostic process is a bit slower, but it gives much the same information.

History of the texts: from the exactness of knowing to the approximation of the written word

If intuition and sensory knowledge of the channels are so important, why weren’t these skill sets written up in the great medical classic, the Huang Ti Nei Jing?

They were.

¹ This was an actual case, observed in clinical theater, when I was in school. The doctor said she needed to go to the hospital immediately. The patient insisted that there was no way she could be pregnant. The doctor refused to touch her, repeating his instruction that she go to the hospital. She left in a huff. We heard from her several days later. The doctor’s conviction had worried her. She’d gone to the hospital. The doctors were dubious, but an ultrasound revealed the ectopic pregnancy. We students were enthralled. When we asked the doctor how he’d known, he didn’t reply, at first. Then, after thinking a bit, he said, “Pulse and tongue.”
Ch. 4 – The diagnostic tools of the masters

Ch’i Po (the medical authority in the Nei Jing) even says, “There should be no doubt or confusion as to the application of the meaning of complexion [A better translation would have been “color”: the movement of channel Qi] and pulse... all good (medical) practices were revived from the spiritual men who had attained Tao, the right way of life.” [Italics mine]

And in the same chapter, he says, “The utmost in the art of healing can be achieved when there is unity.”

Only by possessing intuitive knowledge of Truth can one make medical diagnoses that are “free from doubt.” “Unity” refers to the oneness with the universe that can be experienced, at will, by those who have attuned themselves to Tao, or The Way.

In the same chapter of the Nei Jing, book five, the point is made that using direct perception of the channels was “taught by the teachers of former times.”

And as for the importance of knowing exactly what the channels are doing, whether discerned intuitively or using sensory perception, the Nei Jing states clearly, “It is by virtue of the channels...diseases can be treated and cured.”

I used to demand of my teachers, “Why aren’t the classics, and the Nei Jing in particular, more explicit on these subjects of intuition and feeling channel Qi? Why does our modern, “classics-based” medical training focus primarily on pulse and tongue diagnosis instead of meditation, intuition, and learning to detect the actual flow of channel Qi?” Why weren’t these things in our books?

It turns out, generalized sensations of pulse and appearance of tongue can be described in a book, and tested on a quiz. Intuition cannot.

Also, historically, feeling the flow of invisible forces such as channel Qi may well have been an art that came across as increasingly mystical over time, even to the point of arousing suspicion of dark forces at work. Finally, it is highly likely that information about detecting channels was held back from the Emperor and his henchmen when the Nei Jing opus was being compiled.

The way of the masters: the transition to pulse and tongue diagnostics

The ancient masters of Asian medicine did not slowly develop their medical knowledge by trial and error. They did not try various treatments and then assess whether or not their patients seemed to benefit, thus accumulating a collection of data regarding “what works and what doesn’t.”

In very ancient times, certain people were recognized as master doctors because they were able to intuitively behold, and fix, the energetic problems that created illness in their

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1 The Yellow Emperor’s Classic of Internal Medicine, translated by Ilza Veith, 2002, University of California Press, Berkeley. Su Wen, Book 2, chapter 13. Following one of the modern conventions, the word color was translated in Veith’s text as “complexion.”

2 The Tao, often translated as “The Way,” is known in other cultures as the Om, the Amen, Amin, the Word, and other words and phrases that refer to the knowable, vibratory foundation of the universe. Stilling the ego-based mind and using heart-feeling to follow these vibrations back to their origin leads one to attunement with all creation and, eventually, its source. Thus, it is “The Way.”
patients. By *intuiting* their patients’ problems, they could then perform or suggest the antidote.

In recorded, *written* history, when these intuitive masters either chose to, or in some cases were commanded to (possibly under the threat of death), *explain* their methodology in terms that could be written up for posterity – a posterity that, in those darkening ages, would no doubt include many non-intuitive students – the masters of medicine came up with descriptions of easily noted physiological traits that *often*, but not always, accompanied some specific types of energetic problems.

For example, an intuitive medical master might be able to notice, from across the room, an audible, palpable, or clairvoyantly visible blockage, or knotting, of energy in a patient’s Liver channel. It would be obvious how this blockage was directly causing the patient’s symptoms.

The master would *not* be able to explain to a non-intuitive student or colleague *how* he could hear, feel, or see this Liver channel stagnation. Looking for some way to convey a bit of word-based or written information about such cases to his fellow doctors and the students of posterity, the master would have to fall back on other, more tangible symptoms in the patient’s body.

For example, the master would know from his past experience that, in *some* cases, the blocked Liver channel energy in a patient *might* be reflected in the patient’s pulse, presenting a tense, rebounding (wiry) pulse.

Of course, the master also knows that some patients with knotted, tense Liver channel problems or pain do *not* have a wiry pulse. *And* he knows that some people have a wiry pulse now and then even though they have no Liver channel problems whatsoever. For that matter, he knows that some perfectly healthy people *always* have a wiry pulse.

Still, although the wiry pulse may or may *not* be indicative of a stagnation problem in the Liver channel, a master of intuitive medicine might fall back on this somewhat helpful wisdom: sometimes, a wiry pulse *might* be related to Liver channel Qi stagnation. While trying to instruct a less-than-intuitive student of the dark ages, or trying to put his wisdom into writing in response to royal command, the master might suggest, “If the pulse is wiry, you *might* want to treat the patient for Liver channel stagnation.”

These attempts at explaining intuitively perceived channel disarray in terms of *likely* objective tongue and pulse behaviors are the types of instructions that have been carried down to us in the oldest classics. The subsequent “classic” works on the same subjects are sincere, but they nevertheless, by cultural decree, require that any new information must fit with all precedents.¹

¹ Some subsequent scholarly works of Asian medicine remind me of the theorists in Galileo’s day. Even when the invention of the telescope gave astronomers more hard data about planetary movement, traditional theory kept the Earth at the center of the universe. Attempts to pair new facts with traditional, earth-centric theory resulted in hideously complex hypotheses of planetary trajectories, in which heavenly bodies underwent leaps, backsteps, and temporary disappearing acts. The simplest solution, of course, was to throw away centuries worth of “classic,” but incorrect, theory, and create a new, simple, sun-centric solar system theory that worked beautifully with the new data. This simplified approach also allowed for more accurate predictions of celestial behavior. The revolutionary theory was hailed by scientists of the day. Nevertheless, in response to Galileo’s
But despite what the earliest masters wrote down for posterity, they knew that, across
the human spectrum, the wiry pulse is only a probable side effect of the Liver channel
problem. In other words, it’s not the wiry pulse, per se, that proves a condition of Liver
channel-Qi stagnation. The thing that proves Liver channel-Qi stagnation is accurate
perception of the actual knots (contortions of channel Qi flow) in the Liver channel Qi.

If a would-be doctor cannot detect what the Liver channel is actually doing, a pulse
diagnosis may be helpful – but then again, maybe not.

The basic diagnostic methods of Asian medicine that are taught in the classic texts,
pulse, tongue, face, and so on, can sometimes be extremely helpful. They are, after all, the
masters’ notations of objective, definable, fairly common side effects, also called “patterns,”
of underlying problems. Taking notice of these side effects, if any, might be helpful in getting
to the root of a patient’s problem. But these diagnostic methods, unless accompanied by
intuition, do not yield direct perception of the problem (the incorrect flow of channel Qi) –
and, therefore, might well be incorrect.¹

¹ When I was a student, I was determined that a pulse, if read accurately enough, would
always yield a Truthful Diagnosis about a patient’s condition. I was fortunate enough to have teachers
who were able to demonstrate for me, over a period of a few minutes, how they could alter their own
pulses to manifest conditions of wiry, slippery, deep, weak, and so on. My teachers did not do this to
show off that they could alter their own pulses: this teaching was done to drive home the fact that
pulses do not necessarily indicate the Truth about a patient’s condition.

Eventually, my teachers helped me to understand that a vigorous patient who does not trust
the doctor may bring his pulse so deep beneath the skin that, while in the doctor’s office, his pulse
appears “deep and weak.” Or patients with a meditation practice that encourages withdrawing the
energy from the physical body sometimes purposely enter into this “deep” state while the doctor is
feeling the pulse. Whether from a desire to show how “still and calm” they can be or from a desire to
“get out of the way while the doctor works,” the results will be the same: a mentally altered pulse.
Usually, this type of “stilling the mind” creates a pulse that exhibits a false slowness and extreme
depth, and a temporary inhibition of any pulse characteristics that might have shown the pains or
problems from which the patient suffers when he isn’t in his “deep” state.

My teachers took care to point out other, more obvious forms of “altered pulse”: the patient
who has been running hard to get to his appointment on time, the patient who is taking pulse-altering
medications or herbal treatments, and so on. I finally had to admit that the sensations given off by the
pulse do not “tell the Truth.”

Every patient has an inherent ability to subconsciously or consciously alter his pulse so that it
reveals only those qualities he is willing to reveal – and he can hide those qualities that he does not
want to reveal.
The Nei Jing states: “Using pulses, the doctor cannot make an error”

Then again, pulses can be highly accurate at providing information regarding changes: a doctor can compare a patient’s pulse before, during, and after stimulation (even momentary stimulation via acupressure) at various acupoints. He can compare the before, during, and after pulses in response to placing herbs or patent medicines on a patient’s hand or abdomen. The pulse changes that occur almost immediately, in response to these stimuli, can provide a highly accurate representation of how the person’s body is responding to these specific treatments or treatment suggestions – at the moment.

It is in this sense, the sense that “relative changes in the pulse during and after treatment show how the patient is responding,” that the Nei Jing claims a person “cannot make an error” [in treatment] if he uses the pulses [to test the treatment].

Mere tactile perceptions of the pulses do not provide an absolute measure of a person’s health status. The pulses do not show a particular Truth. But the short-term changes in a pulse can very accurately show how a person responds – at least in the short term – to the doctor’s treatment. Also, if a patient’s pulse has been felt in the past, and the present pulse reading presents a perceptible change, this change may yield valuable clues.

In other words, the tactile sensations of the pulse, as described in the classics, do not necessarily give us a way to know the True Condition of a patient. The relative changes in a given person’s pulse, changes that occur in response to illness or treatment, may be diagnostically helpful. The relative changes in a person’s pulse that occur while the doctor experiments with various treatment plans may show whether or not the doctor is making a correct treatment – or an error.

Flawed diagnoses

If a would-be doctor is unable to intuitively know the cause of a patient’s problems – which is to say, the exact channel flow aberrations that are occurring in the patient – the doctor must fall back on sensory diagnostic cues: looking, smelling, feeling, listening. But undeveloped and/or faulty senses can provide faulty information. Next, the information thus obtained is processed by inference – reasoning based on limited experience. Medical diagnoses built on faulty data, processed with inaccurate inferences, may be inherently flawed.

For those practitioners of Asian medicine who do not yet have a highly developed intuitive sense, the classic “teachable” diagnostic techniques of face coloration, body language, tongue, pulse, and smell might be the only techniques they have to fall back on in the beginning. But those techniques give only a fairly good idea of where to look for the problem, and a middling good chance of selecting an appropriate treatment.¹

¹ Even so, pulse reading, observation of the complexion, listening to the tone of the voice, and the other forms of diagnoses can be important, powerful tools. Even though they might not yield precise diagnostic information, all students should practice listening to the pulses and noticing the other qualities in a patient’s presentation.

For example, a patient came to my office because of mild “stomach” pain. Her symptoms suggested possible, early-stage appendicitis – an excess condition – but her weak pulse suggested a deficient condition. Contradicting the pulse, the shocking, hideous, patch of velvety, pure-black tongue coat at the back of her tongue, highly uncharacteristic for her, confirmed that something was dangerously wrong, even necrotic, in her intestines. Based on her tongue, I did not treat her, but
Ch. 4 – The diagnostic tools of the masters

Even when combined with symptom “patterns,” such as Eight Parameter patterns or Five Element patterns, those diagnostic “patterns” are just helpful, hopeful suggestions as to what the actual, underlying channel disorder might be. These so-called diagnostic methods are indirect. By themselves (without intuition), they may or may not lead to a correct diagnosis or treatment plan.

A run-in with my own intuition

Shortly after becoming licensed, a calm voice contradicted my thoughts as I was about to start treating a patient. The voice said, “Check his ankle.” I silently rebuked the voice, pointing out that the situation was obviously Liver Wind causing tremor in the hand. My diagnosis was supported by a slightly wiry pulse. The other pulses felt about right, and the tongue was unremarkable.

The voice repeated calmly, “Check his ankle.” I silently replied, with more resistance, “I don’t want to waste his time. He obviously has Liver Wind in his hand.” Again, calmly, “Check his ankle.” I silently shot back, with some resentment, “I know what I learned in school! This is Liver Wind!”

This time, the voice came from a deeper, more ancient feeling deep in my heart. It merely said, “You know I’m always right.”

I was stunned motionless. I thought about this statement: “You know I’m always right.” Much as I resented it, I felt the truth of it. I paused, checking if any negative or fearful sensations had accompanied the inner voice. There was nothing fearful in my heart – only a peaceful stillness.

Immediately humbled and sheepish, feeling like I’d just been slapped by my guardian angel, or maybe my patient’s guardian angel, I set down the needles that I’d been preparing to insert in his Liver channel and his hand. I felt his ankle. His anklebones were glaringly displaced.

I tried to assess the quality of the channel Qi flowing through his foot. No channel Qi was getting past the bone displacements. No channel Qi was flowing down into his foot from the Stomach or Gallbladder channel. Channel Qi even seemed to be flowing backwards in his Stomach channel, from the ankle upward.

I used no needles on this patient. For about twenty minutes I used gentle, Yin-type Tui Na to support his anklebones so they could reposition themselves, if they wanted to. After the bones suddenly jerked themselves back into place, Qi instantly began flowing normally into the patient’s foot and legs. His intermittent tremor ceased, never to return.

Had I only used needles on his Liver channel, a slight increase in channel Qi might have temporarily moved through his foot during the treatment. But after removing those needles, the significantly displaced bones in his ankles would most likely have quickly resumed their blockage of the channel Qi in his foot and leg.

The ankle displacements from his childhood injury were probably being held in place by fear. It was the fear that needed to be treated, even more than the ankle displacements.

In retrospect, I understood that the slow, gentle, very supportive Yin Tui Na assuaged the fear in a way that mere needles never could have done. Logically, based on tongue and immediately sent her to the hospital, where tests confirmed that she had a raging infection and a ready-to-burst appendix. Tongue was the crucial key for correct diagnosis, in this case.

Tongue is not always helpful, but it can sometimes be very valuable.
pulse, I could not possibly have known to perform this style of treatment. I doubt that any mere hunch could have overridden my arrogant confidence that wanted to use needles for Liver Wind. But the channel Qi aberration told the truth, even if I needed the corrective voice of my intuition telling me to pay attention to what the channel Qi was doing.

Our “hunches” and our “book learning” often lead us into error. Worse, the more certain we are of ourselves, the more easily we can slide into error, blinded by ego. True intuition is not so brash, so confident. It calmly tells us what is – with no sense of urgency to make itself heard. Whether we listen to it or not, whether we act on it or not, it will remain humble and modest. Intuition is easy to ignore. It is very polite – it rarely speaks unless spoken to.

**Meditation and diagnostics**

As noted in the *Su Wen*, “By observing myself I know about others and their diseases are revealed to me…”¹

In other words, by calm, regular meditation and introspection (“observing myself”), a master develops the ability to still his distracting waves of ego consciousness and pay attention to his sixth sense. Using attunement with his sixth, or intuitive, sense, he can “feel,” “see,” “hear,” or otherwise “understand” those processes that have run amok in the patient. In some cases, the intuition skips over the diagnosis altogether, and merely tells the doctor the appropriate treatment. Very often, it is by intuitively knowing what the treatment needs to be that the master can put into words the diagnosis.

For example, in the above example of displaced anklebones, I realized *after* the treatment that the diagnosis must have been Blood Stagnation – an unhealed, physically tangible injury – mentally held in place and rendered numb by willful Pericardium Qi blockage – a mental response to profound, dissociation-triggering fear. The patient’s tremor was a fear-based symptom. Fear, not Wind, had been the underlying, or root, problem.

**Channel diagnostics**

Be of good cheer! Almost everyone can quickly learn to feel channel Qi.

Feeling the flow of the channels yields direct sensory information about the very forces that determine a person’s health. Therefore, feeling the movement of the channels is of direct, not indirect, value. It yields information that does not need to be interpreted via obscure theory. Sensing the actual movement of the channels yields actual knowledge of a patient’s channel Qi locations, directions, and strengths.

Ultimately, all health problems, all illness “patterns,” derive from incorrect flow of channel Qi. This truth is expressed in the oft-repeated mantra, “Go through, no pain; no go through, pain.”²

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² It took me years to understand what was meant by this phrase. While I was in school, I used to badger one excellent practitioner/teacher in particular, Sharon Feng, MD (China), LAc, as to how acupuncture really worked. I demanded regularly why a certain needle would correct a certain condition. For example, I keenly wanted to know how, exactly, a needle inserted at Ren-4 might stimulate ovarian function. Sharon answered me every time with “Tong Zhi Bu Tong; Bu Tong Zhi
Diagnosing the flow of channel Qi, the very essence of Asian medicine, can be guessed at by feeling the pulses, looking at the tongue, considering the patient’s symptoms in light of the Eight Parameters, the Five Elements, or any other method of diagnosis.

Then again, the direct method of feeling the actual movement of channel Qi is easy to do and requires no guesswork. The diagnostic method of detecting the actual flow of channel Qi can yield a highly accurate diagnosis and suggest a confirmable treatment plan.

The most elegant method of diagnosis, aside from intuitive, heart-resonant awareness, is direct perception of the channels.

This method of diagnosis is not discussed in the versions of the Asian medical classics that have been handed down to us. We can only conjecture as to the reasons for this omission.¹

When, in my increasing frustration, I regularly demanded a more technical answer, she patiently translated it for me, “Go through, no pain; No go through, pain.”

She must have thought I had no memory skills whatsoever because, for several years, we went through this drill at least once a week. It became pure routine.

Many years after I’d graduated, while treating a patient in my private practice, I suddenly realized that the patient’s problem was arising from an incorrect, diverted pattern of channel Qi flow in an area distal to the problem area. As soon as my acupuncture treatment corrected his diverted flow of channel Qi, the channel Qi began to flow correctly – it coursed all the way up his leg to the problem area in the torso. The person’s pains and tensions in this area immediately released: the patient felt warmth and healing energy coursing through the problem spot.

At the same moment that the patient began to respond, I suddenly realized what had happened: the Qi was now “Going Through.” Now, there was “No pain.”

I suddenly realized that “Go through” means “the channels flow in their correct pathways.” The word “Pain” means “anything that is detrimental for a human.” I’ve finally come to understand that the word “Pain,” in this context, can mean aberrant conditions ranging from influenza, cancer, indigestion, insomnia, self-pity or anger, all the way to gallstones. These are all included under the heading of “Pain.”

As I realized this, I first wondered why my teacher hadn’t explained this to me. Then, in a humiliating flash of belated insight, I realized that she had. She had told me, day after day, week after week, “Go through, no pain; No go through, pain.” She had told me exactly, concisely, the essence of Asian medicine. But because I was not yet able to feel channels and work with channels, I wasn’t able to understand her.

Eventually, I came up with the following English “expanded translation version” of what she meant: “If the channels are all flowing in their correct patterns, a person’s health is correct. If the channels are not flowing correctly, the person’s health is being negatively affected”: Tong Zhi Bu Tong; Bu Tong, Zhi Tong. Now, twenty years later, Dr. Sharon Feng is still very patient with me when I come to her with questions.

¹ In the last few decades, a few practitioners have been trying to bring channel theory and diagnosis back into play. Dr. Ju-Yi Wang, a highly respected professor and practitioner of Chinese medicine, and for many years the editor of the Chinese journal Chinese Medicine, has written an excellent book in English (not available in Chinese) on the subject: Applied Channel Theory in Chinese Medicine: Wang Ju-Yi’s Lectures on Channel Therapeutics, by Wang Ju-Yi and Jason Robertson, Eastland Press, Seattle, 2008.

Dr. Wang recommends that students look for problems in channel Qi flow by feeling for the small bumps of fluids that accumulate when channel Qi is flowing too slowly over a long period of
Leaving the dark ages behind

In modern times, invisible forces are no longer considered magical. For example, cell phones receive invisible signals from practically invisible satellites and medical diagnostics are done with the invisible forces inside of magnetic resonance machines. For the most part, a doctor is no longer suspected of being unscientific or in league with the devil when he works with “invisible” forces such as electric static, electrical currents, electromagnetic fields – and someday soon, channel Qi.¹

Nor is it, in this century, in many countries, unduly immodest to pursue detection of channel Qi in close proximity to (within a few inches of) a patient’s body. Such proximity would have been considered immoral only a century ago.²

time. By limiting his channel diagnostics to obviously palpable bumps, which he calls nodules, rather than feeling the Qi directly, he avoids the inevitable discussions about working with invisible, electrical forces. These nodules develop along the paths of channels that have been running poorly for a significant period of time – like silt building up in the bed of a slow moving stream.

However, I have watched him work. Sometimes he demonstrates that he is feeling for bumps. Other times, he seems to be assessing the channel Qi flow without touching the patient’s body – but if asked, he insists he is feeling for nodules. Dr. Wang kept many of his ideas on channel theory under the radar during the decades when, in China, the very idea of channels was sweepingly dismissed as dangerous superstition. After the turn of the millennium, the political climate in China changed enough that “belief” in channels was no longer politically dangerous. Dr. Wang told me during a lunch (via translator Jason Robertson), “Now, in China, you can no longer get in trouble for insisting on the existence of channels – but on the other hand, no one in the medical realm will be interested in hearing about them or discussing them.”

Nevertheless, because of his extraordinary success in treating unusually difficult cases, and in spite of his eventual “coming out” regarding his use of widely and officially scorned channel theory, he has become a National Treasure.

¹ Students who were born in these “modern” times may not realize just how mysterious and “work-of-the-devil” the invisible forces used to seem, even in the early twentieth century, even after witch burning had ceased to be fashionable in most countries.

One of my favorite stories by American humorist James Thurber recounts how, after his grandmother’s house was put on the power grid in the early part of the 20th century:

“Grandma was always ‘horribly suspicious that electricity was dripping invisibly out all over the house. It leaked, she contended, out of empty sockets if the wall switch had been left on. She would go around screwing in a bulb, and if it lighted up, she would hastily and fearfully turn off the wall switch. She was satisfied then that she had stopped not only a costly but a dangerous leakage. Nobody could ever clear this up for her.” (From The Thurber Carnival, James Thurber, Kingsport Press, 1945, “The Car We Had to Push,” p.186.)

Happily, in these modern days of radio, TV, and cyber communication, we no longer are guilty of witchcraft when we make use of – or are able to detect – “invisible” forms of energy. In much of the world, doctors can safely admit, once again, that the flow of channel Qi is real, and is easy to feel.

² We’ve all heard how, during one of history’s “modesty” crazes, doctors were not allowed to feel the pulses of high-born women in China. Instead, the doctor had to sit a respectful distance from the patient and feel her pulses via a piece of silk thread that had been tied around her wrist. I cannot verify the truth of this persistent story. (Continued on next page.)
It has always been possible to detect by hand the flow of a patient’s invisible channel Qi. However, for at least two millennia, we can be fairly certain that such detection, requiring both proximity and the acknowledgement of invisible forces, would not have been culturally acceptable to the general public.

We cannot know if this method of diagnosis was explicitly described in the original Nei Jing and then discarded when it became suspect, or if it were merely alluded to, and dropped when it became incomprehensible. It is even possible that the ancient medical masters, having been commanded to write up their knowledge for the benefit of the self-proclaimed emperor, intentionally left out their most important technique: detecting the flow of channel Qi.¹

But today, in the twenty-first century, diagnosis via direct perception of channel Qi is once again explicable and morally free from suspicion.²

**In conclusion**

Working diagnostically with channel Qi flow is not new. It was used in ancient times: “Beginners think it is easy.”

I am more certain of the authority of the following case study demonstrating twentieth century medical modesty: a woman had received a jagged cut on the buttocks that needed to be stitched up, and soon. The “mortifying” injury had occurred on one of three unmarried, elderly sisters. The sisters lived together in genteel antebellum style in America’s south in the early twentieth century. Their high point of each week was an evening of cards with the elderly town doctor – the only doctor in their small village. Of course, if the doctor were to put in stitches in “such a place,” the sister in question would never be able to face him again. Their quartets of cards would be impossible. The solution? A maid fetched the doctor and led him into the silent parlor of the Victorian-style mansion. In the parlor, only the patient was present – the other two sisters were hiding upstairs. The patient was anonymously swathed in sheets except for the site of injury. The patient made no sound, spoke not a word, throughout the ordeal of being stitched up. The same conditions prevailed when the doctor returned to remove the stitches, one week later. At the card game the following week, all three sisters were sitting on soft cushions. Thus, modesty had been preserved, and life resumed as usual.

These two examples, the pulse-via-thread and the anonymity required of stitches to the fanny, are given here merely to make the point that the need for false modesty in the patient-doctor interface has greatly lessened in recent times, in many nations.

¹ Given the “Golden” Emperor’s fondness for having scholars buried alive and other heinous acts of political expediency and his fearful obsession with aging and death – and his early demise – it may well be that the best doctors of the day knew about the Emperor’s lurking health problems and kept silent on any subjects that might have provided medical assistance to the tyrant – particularly the subject of diagnosing via channel Qi flow.

² I may be premature in stating that working with invisible energy is no longer suspect; I’ve had patients who, prior to making their first acupuncture appointment, have sought council with their pastors to determine whether or not acupuncture was “safe for Christians.” Happily, in all the cases that have come to my attention, the Christian pastors have affirmed that acupuncture is, indeed, safe for Christians. As one pastor put it, “All healing comes from God.”

In my mere twenty years of practice, I’ve seen acceptance of energetic (invisible) medicine growing steadily.
The knowledge of channel Qi flow in sickness and health is not only absolutely consistent with principles of Asian medicine, it is the underlying basis for the development of the diagnostic “patterns” of Asian medicine. The “patterns” are merely systematic ways of assembling information so that one can make an educated guess at what the channels are doing. The patterns can be extremely helpful – or not. But knowing what a patient’s channels are actually doing gives a practitioner a much better chance of diagnosing the exact story.

Diagnostics via channel Qi flow might not have been used overtly, publicly, for more than two millennia. Now, though some might say, “Once again,” we live in an era where electricity, electromagnetic waves, magnetism, and other forms of “invisible” energy are socially acceptable forces. Knowable channels, “by virtue of which all human life is possible” are, once again, forces that we can use – and we can once again admit that we are using them.

Perfect intuition will always be the best method of diagnosis. But second best is direct perception of channel Qi flow. This highly accurate, easily taught method for determining a medical diagnosis is once again socially acceptable.

Let us rejoice in the morning of a higher age. The ancient masters rejoice with us.