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

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

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

While the 20th century has seen a veritable explosion of the availability of written texts on acupuncture, some of the core concepts inherent in foundational texts such as the Great Compendium have been lost. One example of this is the tendency of the odes to describe the treatment of representative symptoms with pairs of points. In order to maintain conciseness and rhythm in the odes, more complex patterns were narrowed down to single symptoms, and two or more points were often listed for treatment. For Ming dynasty readers, the representative symptom would be shorthand for a pattern of disease, which would necessarily be defined by other concomitant signs and symptoms. The idea that diagnosis of disease involved the careful analysis of symptom patterns was by that time a core tenet of Chinese medicine.2 Unfortunately, most texts written during the 20th century removed these patterns from acupuncture when they began to list individual points for treating specific symptoms. This tendency to list points to treat symptoms served to simplify acupuncture practice, but in the process disconnected it from its foundation in the living, dynamic system of channel theory.

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

• I have argued in other articles that early acupuncture practitioners used palpation as a diagnostic tool far more than modern textbooks describe.3 In contrast to the approach often used by modern practitioners wherein points are palpated to look for precise location just before needling, it seems that many early acupuncturists were palpating the channels as a fundamental part of their diagnosis. By palpating along the pathways, we can more readily discern problems with entire channels. This can then be combined with information from other signs and symptoms to create a channel-based diagnosis.

• As noted above, when proceeding from diagnosis to treatment, texts such as the Great Compendium tended to list points in pairs instead of singly. The concept that synergistic pairs might have greater effects than the use of single points provides an extremely useful clinical strategy. By thinking of points in pairs, we can avoid the tendency to create acupuncture formulas by simply combining individual points based on their unique ‘functions’. Instead, we can affect the entire channel system through the strategic combination of points from multiple channels.
Point pairs send a clear message to the channel system.

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

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

Palpation and point pairs
Channel palpation and diagnosis, an approach advocated by Beijing professor Wang Ju-yi (王居易), is not new in the history of Chinese medicine. While palpation along channel pathways is crucial to Dr. Wang’s diagnosis, when it comes to treatment, the core of his strategy lies in the concept of point pairs. As described above, the use of points in synergistic pairs is quite common throughout the history of Chinese medicine. Nevertheless, the use of pairs of points as an acupuncture ‘formula’ is often little-emphasised in modern education. Instead, when devising our clinical strategies we tend to think of the ‘functions’ of each individual point. The use of point pairs allows for the creation of a formula which serves to focus the treatment in a particular channel (or channels). Other assistant points may of course be added, but these secondary points serve only to fine-tune or localise the general theme initiated by the original pair. Needled either contra-laterally or bi-laterally, point pairs send a clear message to the channel system. The process of focusing the treatment principle using a two-point prescription allows for a logical process of determining what works and what does not when treating a complex pattern. If one finds after a few treatments that a given pair is not helping the patient, then one at least knows that a specific approach does not help. In the experience of the author, when re-evaluating strategy, it is crucial to return to palpation. Without using this or other tools to re-evaluate the diagnosis, changing point pairs indiscriminately is akin to throwing darts at a board blindfolded. Such a deductive approach - of integrating palpation with an appreciation of point-pair synergy - can facilitate the development of a strategy which best fits the patient. Of the point pairs he often uses, one of Dr. Wang’s favourites involves the combination of Chízé LU-5 with Fùliū KID-7.

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

Classical anatomy and defensive qi

The discussion of the Kidney and Lung in the Inner Classic is more complex than some textbooks might have us believe. Most importantly, when one begins to delve into their relationship, it becomes impossible to take a view of the physiology involved which only includes these two organs. Of course, in a system in which everything is related, this is always the case. However, in the case of the Lung and Kidney the Inner Classic describes a relationship that can only be fully understood by considering other structures within the classical model. For example, the second chapter of the Divine Pivot (靈樞 Líng Shū) states that, ‘Shaoyang is associated with the Kidney; the Kidney rises to connect with the Lung and [the Kidney] thus commands both organs.’ Here we have a few concepts that are not generally described in modern texts. Namely, that the Kidney is associated with Shao yang (as opposed to Shao yin) and is said to somehow ‘command’ (將 jiāng) both that channel and the Lung. The Ming dynasty author of the Classified Classic (類經 Lèi Jīng), Zhang Jing Yuè, asserts that this section of the Inner Classic is describing a relationship wherein the Sanjiao in particular (a Shao yang organ) has a crucial role to play in the Lung-Kidney relationship. Zhang also reminds us that the Sanjiao channel, like the Kidney channel, has a branch that spreads across the Lungs in the chest. The physiological implications of this three-organ system are complex and are woven into the concepts of both defensive qi and fluid metabolism in the classical model. For example, we might remember that the Sanjiao is a major pathway of fluids in the body while the Lung and Kidney play a fundamental role in fluid metabolism. Thus the fluids within the Sanjiao are the medium through which the Kidney commands the Lung. This section associates the Kidney not with the Stomach, the Stomach links to the vessels. The Liver unites with the Gall Bladder; the Gall Bladder links to the sinews. The Spleen unites with the Stomach, the Stomach links to the flesh. The Kidney unites with the Sanjiao and Bladder; the Sanjiao and Bladder link to the interstices and fine hairs.’

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

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

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

The source of defensive qi

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

‘The Yellow Emperor states: I would like to hear about the movements of constructive-defensive; from where do they come and go?
Qi Bo states: Constructive comes from the middle burner, defensive comes from the lower burner.’

Divine Pivot 18

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

‘The Yellow Emperor asks: From where does the Sanjiao emerge?
Qi Bo replies: The upper burner emerges from the upper aspect (mouth) of the stomach and goes upward with the throat; it links [through] the diaphragm to spread throughout the chest...’

[Divine Pivot 18]

The order and rhythm of the text is important here. Having just asserted that defensive qi comes from the lower burner, the text reminds us that the Sanjiao also spreads across the chest. Once more the theme of the Sanjiao connecting the Lung and Kidney is repeated - this time in the context of defensive qi. The passage stating that defensive qi comes from the lower burner has inspired debate for at least 1000 years. In general, one can trace a shift in thinking over the centuries from an emphasis on the lower burner as the source of defensive qi to a more generalised (but still debated) acceptance in many modern texts of the upper burner as its source. The pivot of this change seems to be around the idea in Chinese medicine which asserts that external pathogens can move into the body when the surface is not properly maintained, i.e. when the interstices do not open and close properly. Might this also therefore be somehow connected with Kidney function?

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

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

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

The assertion that the source of both constructive and defensive involves the assimilation of post-natal grains also, of course, necessitates consideration of the Spleen-Stomach. This chapter describes constructive and defensive as a kind of yin-yang pair. Constructive is described as moving inside the vessels, and the active (turbid) nature of defensive leads it to the outside of the vessels. Like qi and blood, the two draw from one another. In the case of the skin and associated structures discussed above, a healthy glow must come not only from the Lung-Kidney axis but also from an abundance of blood generated by the Taiyin Spleen. Thus Taiyin rules the generation of constructive-defensive on the inside, while Taiyang rules their opening toward the outside. Consequently, even if the Kidney is the source of defensive qi, it is certainly fortified by the assimilation of post-natal qi by the Taiyin Lung and Spleen.
Autoimmunity and defensive qi
At the outset of this section, it should be acknowledged that there is some risk in a discussion which posits defensive qi as an analogue to the immune system. A modern biomedical term is rarely, if ever, equivalent to a given concept in classical Chinese medicine. This is especially true when discussing autoimmune conditions because in effect these involve the body attacking itself. This is hardly within the traditional conception of defensive qi as a protector against external invasion. Nonetheless, we can benefit from modern research which indicates that the system which protects us from external pathogens is often involved in these more ‘internal’ patterns of disease. Unfortunately it is beyond the scope of this article to document the many parallels between the modern understanding of the immune system and the classical discussion of defensive qi outlined above. As a brief example, consider the fact that the specialised cells of the immune system ultimately originate from stem cells in the bone marrow. It is in the bone marrow (and thymus) that young lymphocytes are presented with self-antigens that educate the immune system regarding what is foreign and native in the internal environment. This information comes from all over the body into the cells of the bone marrow. It therefore connects the depth of bones to the skin, lungs and digestive system— all places where the division between ‘self’ and ‘non-self’ is particularly porous. Of course, this concept of the division between the outside and inside of the body is much more complicated than this in both modern and Chinese medicine. In Chinese medicine, this idea of the divide between inside and outside is thought to be mediated by the Shaoyang Sanjiao— that is, the Sanjiao mediates the process of communication between the Kidney and the surface of the body. To do so, the complex structures of this vast organ must always be free-moving and open.

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

1. Lung-Kidney
In the context of defensive qi, this is ultimately a relationship of root and branch. It might be clearer to state that the Kidney is the source of defensive qi while the Lung is the source of its distribution. However, like the root and branches of a tree, the Inner Classic seems to be asserting that the relationship goes both ways. This relates directly to the concept mentioned above that the Kidney ‘accepts’ qi from the Lung. Much in the way that the bone-based stem cells of the immune system receive information from all over the body about ‘self-antigens’ there is a need for the Kidney to link through a complex array of structures, all of which significantly affect the quality of defensive qi. This may be the relationship alluded to in Divine Pivot 17 when, immediately following the statement that ‘the Kidney links to the bones’ there is what at first glance seems to be an incongruous jump to a description of connective tissues and skin and a statement about the interstices and fine hairs on the skin surface.

2. Kidney-Sanjiao
The relationship between the Kidney and Sanjiao is literally pivotal. When considering the six channel levels of Taiyin, Shaoyin, Jueyin, Taiyang, Shaoyang and Yangming, one should note that the channels associated with the Kidney and Sanjiao are both described by the Inner Classic as ‘pivots’ (樞 shū). In other words, the Shaoxin and Shaoyang channels are both said to pivot between the other two yin and yang levels respectively. As pivots in the body, they are places of crucial movement and sources of metabolic fire. When there is a deficiency of Kidney yin (Shaoxin) giving rise to heat, it often manifests in the Shaoyang pivot (Sanjiao and Gall Bladder channels). This type of heat falls under the concept of ministerial fire (相火 xiāng huǒ) in Chinese medicine. Note that while both the Kidney and Sanjiao are associated with metabolic fire/source qi, both are also rooted in water. The Kidney is known as the lower source of water while the Sanjiao is likened to a passageway or ditch. It is interesting to note that modern clinicians often assert that autoimmune conditions tend to involve a deficiency of Kidney yin. Taking this concept one step further, we might think of a complex autoimmune condition as one in which yin deficiency has affected not only the Kidney but also the pathways of the Sanjiao. If the Sanjiao is charged with maintaining the connection of the Lung-Kidney axis, then damage to yin will affect the ability of the Kidney to receive information from the rest of the body. Thus the two-way relationship just described between the Lung and Kidney breaks down. In a modern sense, this might lead to a compromise in differentiating ‘self’ from ‘non-self’ in autoimmunity.
Movement of turbid qi through the Large Intestine allows the Lung qi to float upwards and outwards - much like the effect of shedding weight from a hot air balloon.

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

3. Lung-skin
The relationship between the Lung and the skin is well-established in Chinese medicine. Nevertheless, its mechanism might be clarified by considering the section from the Inner Classic quoted above, which states that ‘the Lung unites with the Large Intestine; the Large Intestine links to the skin.’ This seems to be asserting that the Lung first connects downward to the Large Intestine, and then moves toward the surface of the body via its paired yang organ. It should be pointed out again that the Inner Classic asserts that defensive qi comes from the lower burner and, despite what most commentators have since claimed, the text does not specify the Kidney. As we often associate the skin, or at least the interstices, with defensive qi, another part of the picture seems to come into focus. The most convenient way to understand this aspect of the relationship is by considering the mechanism of the formula má xìng shí gân tāng (Ephedra, Apricot Kernel, Gypsum, and Licorice Decoction). This formula is often used in cases of wheezing, phlegm, thirst and fever. At the Chengdu Hospital of TCM, this formula is regularly used in the paediatrics department for children with pneumonia accompanied by constipation. The doctors there clarify that the intestines are not moving downwards to the Large Intestine, the Lung often finds a hollow-feeling or a small bubble in the Tàibái area of LU-5 - KID-7 pair. These same areas also present with similar palpated changes in more complex autoimmune diseases. As might be expected, many patients with, for example, seasonal allergies have lumpiness along their Lung channels, especially in the zone between Chìzé LU-5 and Kǒngzuì LU-6, and around Jīngqú LU-8. These same areas also present with similar changes in more complex autoimmune diseases. As one would expect, when dampness and heat are part of the clinical picture, the Spleen channel becomes involved. In such cases the areas of Gōngsūn SP-4 and, to a lesser degree, Yǐnlíngguǎn SP-9 can become congested. When there is a deficiency of Taiyin leading to under-assimilation of post-natal qi, one often finds a hollow-feeling or a small bubble in the area of Tàixī KID-3.

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

Shaoyang
Many patients who have inflammation throughout their bodies tend to present with bumpiness along the distal aspect of the Sanjiao channel. In particular, the area between Sìnuójǐuò SJ-8 and Wāiguān SJ-5 can feel as if one’s thumb is moving over an ungraded road,
or there may be significant thickening of the fascia around Wāiguān SJ-5 and Zhīgǒu SJ-6. In some cases we might think of such changes being an indicator of deficiency heat arising from damaged yin in the other ‘pivot’ (Shaoyin), as described above. In others, it is indicative of stagnation in the sinew vessels of the Shaoyang areas of the upper back and neck, and thus careful clinical distinctions must be made. In general, when reflecting serious internal inflammation, the changes tend to be bilateral.

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

**Chǐzé LU-5 and Fùliǔ KID-7**

In light of the information presented above we can begin to consider how best to use the Chǐzé LU-5 - Fùliǔ KID-7 point pair. The effectiveness of this pair for a wide range of defensive qi patterns must be evaluated in the context of the Lung-Kidney-Sanjiao-skin relationship described above. As stated earlier, this is not by any means the only pair used in the treatment of these very complex conditions. Insight into the question of when to use this point pair is provided in the *Classic of Difficulties*. Keeping in mind that Chǐzé LU-5 is the he-sea point of the Lung channel, we should note that the 68th chapter describes he-sea points as treating ‘qi counterflow and diarrhoea’ (氣逆而瀉 qi nì ér xiè). Thus the well-known ability of this point to clear heat draws from the mechanism described above regarding mǎ xìng shí gān tāng (Ephedra, Apricot Kernel, Gypsum, and Licorice Decoction). Chǐzé LU-5 facilitates a reversal of upward counterflow of Lung qi so that it moves in its proper downward direction. The downward movement of Lung qi stabilises the function of the Large Intestine. Next, consider that Fùliǔ KID-7 is the jing-river point of the Kidney channel. The same chapter from the *Classic of Difficulties* describes jing-river points as treating ‘wheezing, coughing, heat and cold’ (喘咳寒 熱 chuǎn ké hán rè). Fùliǔ KID-7 is well known in classical texts for helping to stabilise the exterior by regulating sweating - which indicates an affinity for the skin. Thus both the five phase associations of these two points (as described earlier) and the directions from the *Classic of Difficulties* point to a tendency of these points to facilitate the Lung-Kidney connection. More specifically, the pair has been found to be particularly useful in cases where there is a deficiency of yin (of the Lung and/or Kidney) leading to an improper autoimmune response. Another way of expressing this is that communication between the depth of Kidneys and the skin surface is compromised due to problems with fluid metabolism.

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

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

**Conclusion**

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

1. The most important prerequisite for developing flexibility in the practice of acupuncture involves paying attention to what one is feeling with one’s hands in the clinic. Chinese medicine requires that each of us develops diagnostic skills using our own senses - this is the foundation upon which every clinical encounter must rest. The history of Chinese medicine provides a wealth of strategies for developing awareness of our patients through self-cultivation, and hard-won technologies for interpreting and categorising information which we can see, feel, sense and smell. No matter which approaches we choose to emphasise, this is always the starting place.
2. Some kind of relationship with a textual tradition is required, through which we can test, evaluate and develop the provisional conclusions we constantly draw from the patterns we perceive in patients. This process is described above, in which a noted pattern of changes along the channels of patients with immune dysfunction led to mining the Inner Classic for insight. This text and its associated commentaries throughout the centuries thus provide a theoretical foundation for first understanding and then expanding upon classical theory in the modern clinic.

3. Once we are familiar with the system described in foundational texts, we can begin to innovate. Such innovation is at the root of the frustrating answer we may have received when we ask our teachers, 'Which point do you use to treat X?'. When the question is asked, many experienced practitioners begin to run through a variety of patterns that might give rise to the symptom or disease in question. Their answer thus often begins with the phrase, 'Well that depends…'.

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

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Endnotes

1 The process of systematisation in the Ming began with the 1439 publication by Xu Feng (徐福) of the Complete Works of Acupuncture and Moxibustion (針灸大全 Zhūn Jiǔ Dà Quán), was continued by Gao Wu (高武) in the 1529 text A Collection of Gems in Acupuncture and Moxibustion (針灸類英 Zhūn Jiǔ lèi Yīng), and culminated with the 1601 publication of the Great Compendium.

2 For example, the 610 CE Sui dynasty text General Treatise on the Causes and Manifestations of All Disease (諸病源侯論 Zhū Bìng Yuán Hóu Lùn) is a compilation of over 1700 diseases types, all categorised by careful differentiation of diseases using symptom patterns in the way espoused two hundred years previously in the Treatise on Damage by Cold (傷寒論 Shāng Hán Lùn).


4 Ibid. p.18

5 Ibid. The example in the Great Compendium (針灸類英 Zhūn Jiǔ lèi Yīng) is a favorite section of Dr. Wang’s Complete Works of Acupuncture and Moxibustion (針灸大全 Zhūn Jiǔ Dà Quán) which describes eight key point pairs, was originally found in A Collection of Gems in Acupuncture and Moxibustion (針灸類英 Zhūn Jiǔ lèi Yīng), culminated with the 1601 publication of the Great Compendium.

6 For example, in the treatise on the causes and manifestations of all diseases, Huang Di (黃帝) says, ‘The Shen is the Upward Source of Water’. (黃帝內經素問). The explanation of this idea comes from an article titled On Constructive and Defensive Qi (黃帝內經素問) by Zhang Jing Yue (張靜岳)):

Zhang Jing Yue states that, 'Amongst the organs [this mention of Shaoyang] corresponds to the Sanjiao, often called the orphian organ.' (張靜岳有相合三焦曰府腸 fǔ cháng). For example, Divine Pivot chapter 5 (靈樞 Líng Shū) describes a more direct relationship between the Taiyin Lung and the skin.

7 Maciocia prefers ‘grasp’, Wiseman chooses ‘absorb’ and Eastland Press advocates ‘accept’.

8 少陽屬腎,腎上連肺,故將兩臟. (靈樞·本衛). (shǎo yáng shǔ shèn, shèn shǔn lùn fèi, gù jiāng liǎng zàng).


10 For example, Divine Pivot chapter 5 (靈樞 Líng Shū) details a more direct relationship between the Taiyin Lung and the skin.

11 肾為水之源,肺為水之達. (靈樞·經脈 Líng Shū·Jīng Mài). (shèn wéi shuǐ zhī yuán, fèi wéi shuǐ zhī dá).

12 肝為腎主. (靈樞·本神 Líng Shū·Běn Shén). (gāng wéi shèn zhǔ). The phrase is started with the following text: 肝為腎主,腎為胃主,胃為脾主,脾為肺主,肺為心主,心為腎主. (肝為腎主,腎為胃主,胃為脾主,脾為肺主,肺為心主,心為腎主). The phrase was repeated four times with different patterns. The book was published in the third year of the historical Chinese Qing dynasty (1664).


17 See ‘經絡’ in Chinese Medicine Database. (jīng luò) is a favorite section of Dr. Wang’s Complete Works of Acupuncture and Moxibustion (針灸大全 Zhūn Jiǔ Dà Quán).

18 See ‘經絡’ in Chinese Medicine Database. (jīng luò) is a favorite section of Dr. Wang’s Complete Works of Acupuncture and Moxibustion (針灸大全 Zhūn Jiǔ Dà Quán).

19 See for example, the Classic of Philosophy of the Center (中藏經 Zhōng Cáng Jīng) which is thought to date from the Eastern Han (25-220 CE), The Arvane Essentials from the Imperial Library (外台秘要 Wài Tái Mì Yào) by Wang Tao (王勺) in the Tang dynasty (618-907) and Essential Prescriptions Worth a Thousand Gold Pieces for Every Emergency (备急千金要方 Bèi Jí Qiān Jīn Yào Fāng) by Sun Simiao (孫思邈) in the Song dynasty (966-1279).

20 而無毫毛者,三焦膀胱緩. 毫毛美而麤者,三焦膀胱薄. 疏腠理者,三焦膀胱緩; 皮急而無毫毛者,三焦膀胱厚; 毫理薄皮者,三焦膀胱緩. (靈樞·經脈 Líng Shū·Jīng Mài). (érbú yóu mó, sānjiāo bānggāo kuǎn. mó mó měi ér cū zhě, sānjiāo bānggāo bó. shū zōu lǐ zhě, sānjiāo bānggāo kuǎn; pí jí ér bù yóu mó mó zhě, sānjiāo bānggāo hòu; mó mó bó pí zhě, sānjiāo bānggāo kuǎn). The phrase is started with the following text: 肝為腎主,腎為胃主,胃為脾主,脾為肺主,肺為心主,心為腎主. (肝為腎主,腎為胃主,胃為脾主,脾為肺主,肺為心主,心為腎主). The phrase was repeated four times with different patterns. The book was published in the third year of the historical Chinese Qing dynasty (1664).

21 The Explanation of Collected Medical Formulae (藥方醇訂 Yǐ Fān Jiǔ Jǔ) by Wang An (汪衍) in the Qing dynasty (1662) is the origin of the oft-quoted ‘Lung is the upper source of water, Kidney is the lower source of water’ (肺為水之上源,腎為水之下源). This phrase is presently reasonable in the history of Chinese medicine. On the other hand, the concept that the Sanjiao is a ‘ditch’ comes from chapter 8 of Basic Questions (素問 Sù Wèn) which states that, ‘The triple burner has the office of ditch design; the water pathways issue from it. (三焦者, 滋潤之官; 水道出焉).’


23 See for example, the Classic of Philosophy of the Center (中藏經 Zhōng Cáng Jīng) which is thought to date from the Eastern Han (25-220 CE), The Arvane Essentials from the Imperial Library (外台秘要 Wài Tái Mì Yào) by Wang Tao (王勺) in the Tang dynasty (618-907) and Essential Prescriptions Worth a Thousand Gold Pieces for Every Emergency (备急千金要方 Bèi Jí Qiān Jīn Yào Fāng) by Sun Simiao (孫思邈) in the Song dynasty (966-1279).