

Exploring the Channel Systems

Modern Chinese medical theory is based on the *zangfu* (vital and hollow organs), especially as they generate, distribute, and manage the physical humors that conduct life (*qi*, blood, fluids). Practitioners learn to differentiate excesses and deficiencies of those humors relative to one or more of the *zangfu*, and formulate treatment strategies that counter those manifest imbalances. Most diagnostic patterns reference *zang* which contain influences, rather than *fu* which convey them through the individual. The primary channels function as extensions of the *zangfu*, and are treated with acupuncture or moxa to address their imbalances.

Our contemporary clinical doctrine relies especially on the external-internal relationship between each primary channel and the *zang* or *fu* for which it is named. The waterway imagery for the command points suggests that each channel begins at its *jing*-well point at the distal end of a digit and flows into the interior at the *he*-sea point. Each primary channel functions as a separate collection of points that affect the *zangfu*. Among other functions, that intrinsic flow accounts for the therapeutic actions of acupuncture and moxa.

This fundamental idea has substantial precedent throughout the history of Chinese medicine. It appeared in the earliest medical writings that have been discovered, among excavated findings from the *Mawangdui* site during the early 1970's. It was also the first version of the primary channels presented in the *Lingshu* (*Spiritual Axis*). These trajectories imply that *qi* arises from each individual's interactions with the world through the extremities, and is carried into the *zang* or *fu* for which it is named and its "elemental" paired *zang* or *fu*. Subsequent research identified several primary channels that communicated with one or more other *zangfu*; these connections exhibit both physiological and therapeutic interactions.

Together the primary channels sustain moment-to-moment physiological process by regulating the function of the *zangfu*. Yet, contemporary clinical doctrine doesn't address *how* they maintain that "normal" function (*zhengqi*) in the context of life's many challenges (aka internal and external pathogenic factors). While *Lingshu* suggested that the primary channels function through the combined agency of the "secondary" channels, during the past thousand years the channel systems have been relegated to the background. That shift has allowed the emergence of points as the central focus of acupuncture.

Several historical developments contributed to the continuing dominance of this conceptual framework. During the Tang Dynasty (618-907), there was an increasing therapeutic focus on managing the vital humors (*qi*, blood, and fluids). Early in the Northern Song Era (960-1115) doctors of the Imperial Academy of Medicine codified the roles of each *zangfu* in managing those humors. Chinese medical theory increasingly focused on regulating the *zangfu*, and that role of the primary channels. The Bronze Man was commissioned by the Imperial government and erected in the capitol (circa 1026), which further codified this model of the primary channels as the conceptual framework of acupuncture.

The rise of mechanical printing during this period dramatically increased the availability of both classical texts and more recent commentaries. While this advance helped spread knowledge of Chinese medicine, it also contributed to a gradual shift in the nature of research and scholarship. Important neo-Confucian thinkers of this period emphasized empiricism leading to several centuries of research on individual point functions. Great compendia, such as the *Zhenjiu*

Daquan (Summary of Acupuncture and Moxibustion, 1439) and *Zhenjiu Dacheng (Great Success of Acupuncture and Moxibustion, 1601)*, were compiled to organize the results of that research.

Students of acupuncture are now expected to absorb large amounts of historically accumulated information about points, while some modern acupuncturists question the reality of channels. However, devoting point indications and prescriptions to memory does not guarantee that a practitioner can stimulate points to express their listed functions. Acupuncture is a craft, which practitioners cultivate through practice, and thereby learn to treat patients effectively. It restores health by shifting how the individual conducts and manages the vital circulation of *qi*. It's a dynamic interaction that elicits response, rather than a mechanistic process that applies a procedure to effect a particular function.

There are several widely accepted reasons that accurately applied acupuncture treatments may not stimulate lasting resolution of a specific patient's condition. Both the duration of a patient's condition and his or her failure to change certain life style habits contribute to each individual's response to treatment. One popular guideline for determining a prognosis for patients with long-term conditions projects that many individuals require one month of regular treatments for every year they've had a condition. This practical recommendation implies that many individuals with long-term conditions **habituate** to and/or **accumulate** their conditions, rather than developing them directly from present time pathogenic factors.

While individuals may develop diseases from single intense episodes of shock, fright, or rage, internal pathogenic factors generally accumulate to develop eventually into overt pathology. Likewise, a single exposure to wind, cold, damp, or heat sometimes lead to disease, and frequently precipitate a seminal block, but external pathogenic factors frequently accumulate. The primary channel must maintain the constant flow of *qi*, so incipient stagnations must be displaced from them. Individuals are generally unaware of the process of suspending and storing unresolved internal and external pathogenic factors, which can accumulate in **dormancy** for many years.

This process of suspending unresolved pathogenic factors works temporarily, until the embodied spirit no longer conducts sufficient *zheng* (upright) *qi* over or around accumulated stagnation to sustain normal function. Symptoms that emerge from dormancy are supported by the habituated and/or accumulated stagnation that had previously been suspended. While such symptoms emerging from the interior may temporarily respond to treatments with the primary channels, they generally return and persist. What might happen if one focused treatment on the storing function, rather than the overt expression of distress?

Modern acupuncture theory doesn't help answer that question. Practitioners learn to treat manifest imbalances of the *zangfu* with the primary channels. They manage the moment-to-moment flow of *qi*, but don't provide a framework for differentiating, and designing treatment strategies to address, the process of accumulating incipient pathogenic factors. During its long history, Chinese medicine has grown from its roots as a natural philosophy exploring the nature of life and healing into a clinical system focused on differentiating the **expression** of disease.

Many scholars note that *Neijing (Inner Classic [of Medicine])*, including *Lingshu* was neither systematic nor homogeneous. Since the classic text is riddled with inconsistencies, those scholars conclude that it must be based on less sophisticated perceptions and analysis than our modern understanding. Proponents of modern acupuncture rely on those evaluations and the reputations

of famous doctors from the past few centuries, who became famous for their clinical acumen while using versions of contemporary *zangfu* theory. Many contemporary teachers seem to believe that since those great physicians knew the classics and used the post-Sung theory, we need not explore earlier ideas.

Contemporary students of Chinese medicine face enormous challenges learning from *Neijing*. For instance, while *Lingshu* presented the “secondary” vessels immediately after the primary channels were presented as a continuous cycle, the text doesn’t explain how they support the primary channels. Although the classic text suggests the “secondary” vessels have a fundamental role, it doesn’t articulate that role clearly, as would a modern textbook. Instead, the classic text’s riches were encoded, including through the sequence that information was presented, to stimulate a practitioner’s contemplation.

The historical process of transmitting medical teachings can help us understand the challenge contemporary practitioners face in trying to uncover classical acupuncture theory. During Western Han Dynasty (206 B.C. - 9 A.D.), when *Neijing* was recorded, training in medical texts included an experiential component that we don’t recreate by simply buying a printed copy. Students read (chanted) the text aloud, and were allowed to copy it by hand. Receiving medical teachings also included oral and experiential instruction in applying those ideas to devise incisive treatment strategies for individual patients. Each patient became a laboratory -- a microcosm of *Dao*, which allowed practitioners to test and refine how they discerned blocks and devised strategies to facilitate their release.

Traditions of oral interpretation developed, and were generally kept as family secrets. Secrecy sustained each family tradition in at least two important ways. It allowed members to avoid conflict with the Imperial government, because they didn’t espouse (or even share) ideas that differed from the official doctrine of the Imperial Academy of Medicine. While those became the foundation of our current clinical doctrine, they’re not the only important framework during the history of Chinese medicine. Also, in a world before the ownership of intellectual property, secrecy maintained the unique competitive advantages of the family’s system, thus securing the family’s political-economic position in the larger society.

One may choose to follow the academic standard of eschewing ideas and interpretations that can’t be found written in authenticated texts. While this approach allows us to avoid introducing errors through accepting historically unfounded ideas, it also forsakes streams of interpretation that may lead to effective therapeutic strategies. Indeed, a strict and careful reading of the early chapters of *Lingshu* does **not** indicate that the *luo* and channel divergences (*jingbie*) support the primary channels by absorbing stagnation. This vital function of displacing and suspending unresolved pathogenic factors allows the primary channel to maintain the vital flow of *qi*, even while life’s challenges stagnate *qi* and/or blood.

Perhaps practitioners can learn such material from oral lineages. Yet, opening our study of Chinese medicine to oral lineages also commits us to evaluate both their clinical value and the historical and philosophical plausibility of their ideas. Extensive research and discussion of the second criteria may be instructive, but is beyond the scope of this essay. We’ll focus instead on a few narrow philosophical considerations with direct clinical implications that are central to one oral lineage of *Neijing* interpretation.

The five systems of channels and vessels provide a framework to identify the location and nature of blocks. Four of those systems differentiate various aspects of post-natal *qi*, and the eight extraordinary vessels contain and circulate *jing*-essence. While post-natal *qi* and *jing*-essence are inter-related, we discuss them separately because they have different origins, roles, and functions. For instance, post-natal *qi* is generated primarily from the individual's interactions with the world, while *jing*-essence emerges from within.

Life is based on movement; blocks in the natural flow of post-natal *qi* generate distress and eventually disease. Post-natal *qi* is often differentiated into *qi* and blood. Those humors support and nourish life, and individuals generate them by internalizing and digesting (physical *and* experiential) material from the world. They each circulate according to their unique nature, and each of the systems of channels and vessels has a specific role in generating *qi* and blood and regulating their flow.

While modern clinical doctrine teaches practitioners to focus on deficiencies and excesses of these physical humors, those diagnostic imbalances arise from blocks in the directional flow of the individual's vital interactions. *Neijing* accentuates the individual's exchange of influences with the world by using *wei* and *ying* as the main conceptual framework for post-natal *qi*. Yet, we need not complicate the picture by adding new terms; instead we can simply realize that each of the familiar ideas includes an implied direction:

Qi conveys the individual's ability to act. It allows the individual to express outward impulses that emerge from within (*yang*).

Blood contains imprinted emotions, so it conveys the individual's capacity to experience. The quality and flow of blood depend especially on what the individual chooses to internalize from the world and how they are processed internally (*yin*).

Qi and blood are more than physical humors; they also describe the constant directional exchange that allows individuals to survive.

The vital interactions of breathing, eating, and drinking are characterized by rhythmic exchanges. Individuals internalize, **grasp** influences internally to process (digest) them, retains a portion of that digestion process and release the rest back out to the world. Part of the product of this grasping and digesting is integrated into the individual's being and part is suspended and stored for future resolution.

Grasping is a survival reflex. Indeed, it is the very foundation of life, as *jing*-essence grasps *qi* to allow individuals to live. The embodied spirit also grasps physical and experiential inputs to process (digest) them into post-natal *qi*. Yet, grasping is also the origin of taxation, as embodied spirits often grasp compulsively. The inability to release physical inputs produces breathing and/or digestive problems; intractable emotional struggles (internal causes of disease) arise from the individual's unwillingness to release his or her point of view to accept what happens without.

The fundamental movements of post-natal *qi*, which are based on the individual's interactions with the world, have been differentiated according to the six divisions of *yin* and *yang*:

1. *Taiyang* -- moving forward, letting go
2. *Shaoyang* -- rotating, choosing direction relating to the outside world (between in and out, or forward and back)
3. *Yangming* -- grasping, holding, internalizing, initial reaction to input (heat)

4. *Taiyin* -- making contact internally with inputs to process them into post-natal *qi*
5. *Shaoyin* -- processing experiential inputs and choice of internal direction (relationship with self)
6. *Jueyin* -- bring movement to stasis, imprinting emotions onto the blood (somatizing them) and binding them into one's being

Individuals express these six canonical movements through the upper and lower extremities to create the twelve meridians of post-natal *qi*. Each of these meridians (leg *taiyang*, arm *taiyang*, etc.) sustains its primal movement through the coordinated function of four channel systems. While the primary channels are aptly named, they cannot sustain smooth function without the systems of "secondary vessels." They are all vital for individual life.

The primary channels are named for their responsibility in regulating the individual's moment-to-moment experiential and physiological process. The familiar continuous sequence demonstrates their role in continually sustaining individual life:

- the lungs open to sensation
- the large intestine holds and forms raw sense data into perceptions
- the stomach internalizes both physical and experiential inputs and reacts to them
- the spleen digests those inputs and spreads *qi* to the four extremities, embodying what one has internalized
- the heart finds meaning from digested experience
- the small intestine conveys that meaning of one's place in the world through the interior and into the blood, providing spiritual feedback
- the urinary bladder conveys that feedback down to the kidneys (which store *jing*-essence), where it either clarifies or obscures one's sense of being
- the heart protector projects one's sense of being onto experience (as a consistent/sane personality) by imprinting emotions onto the blood
- the *sanjiao* disseminates *jing*-essence to support post-natal *qi*, including maintaining unresolved pathogenic factors in dormancy
- the gall bladder somatically "chooses" either to suspend unresolved pathogenic factors or to expend *jing*-essence in expelling previously suspended pathogenic factors in a healing crisis
- the liver is the repository of the residue of this process, storing it, and conveying it into the lungs in sensing the world by "conditioning" the individual's *wei qi*

This story of forming and suspending internal pathogenic factors was suggested by the sequence of primary channels in the first half of chapter 10 of *Lingshu*. The *luo* were introduced in the second half of that chapter to absorb those unresolved pathogenic factors, because the primary channels must remain free to flow continuously. The text notes that the *luo* are the channels among the five systems that are visible. We interpret that to imply they absorb blood stagnations displaced from the primary channels, where those blocks would overtly threaten vital function. When individuals are unwilling to resolve emotional conflicts by releasing their point of view, those internal pathogenic factors are diverted into the *luo*.

Besides internal pathogenic factors, individuals are challenged by their inability to adapt to influences around them -- external pathogenic factors. Perverse wind enters through the external

terrain (*zhouli*), where it may profuse out to the skin (especially influenced by wind) or allowed to penetrate into the sinews (carried inward especially by cold). The pathogenic process of perverse wind was discussed in *Shang Han Lun*, which remains important because perverse wind is such a common phenomena. While perverse wind doesn't enter the primary channels until it has advanced far into the interior, blockages in the upward and outward profusion of *qi* through the sinews are expressed directly into the primary channels, because they receive their (post-natal) *yang* from the sinews.

Both internal and external pathogenic factors (besides perverse wind) can be displaced into either the *luo* or channel divergences. This process allows individual's to live, by focusing on "new" circumstances and events, without having to resolve every previous issue. Unresolved stagnations can be suspended and held dormant for an extended period. While they may transform and even fester, those suspended pathogenic factors remain dormant until the individual no longer flows sufficient "upright" (*zheng*) post-natal *qi* over or around previously incipient accumulations to sustain the appearance of health.

The channel distinctions and divergences (*jingbie*) were presented in chapter 11 of *Lingshu*. They are deep channels that support the primary channels by containing the individual's deeply held interpretations of experience. As channel distinctions, they project individual point of view onto current circumstances and events, and they allow individuals to train (habituate) muscular activation patterns. As channel divergences, they contain unresolved pathogenic factors displaced from the primary channels, instead of allowing them to penetrate into the *yin* of *yin* (the *zangfu*) by diverting them into the *yin* of *yang*. The joints and bone, including the teeth as many generations of horse traders have known, are the external repository of unresolved pathogenic factors.

The sinews convey the individual's ability to move physically. The *yang* sinews express movement through the (outside) world; the *yin* sinews conduct physical material through, and thereby more deeply into, the interior. The movement of *qi* in the sinews has been conditioned by the channel distinctions, and in turn it conveys activation (post-natal *yang*) into the primary channels. This function accounts for the therapeutic value of cultivating *qigong* exercises, because facilitating post-natal *yang* as *wei qi* allows the embodied spirit to preserve source *yang*.

The eight extraordinary vessels contain *jing*-essence, and convey it to provide a dynamic foundation for this entire process. They polarize *yin* and *yang*, and support the unfolding of an individual's life, by expressing *jing*-essence into experience. The eight extraordinary vessels allow individuals to internalize physical and experiential inputs to derive meaning from them (second ancestry), and create alignments to support survival, including by suspending and storing unresolved stagnations (third ancestry). Psychologically, individuals divert and suspend unresolved emotional blocks through suppression and repression (denial), somatically by embedding them into physical humors to store.

The wisdom received from this oral interpretation of *Neijing* recognizes that most progressive and degenerative diseases emerge from previously unresolved pathogenic factors that had been suspended and stored in the interior, rather than developing immediately from current time pathogenic factors. The five systems of channels and vessels, together with specialized methods for treating them, offer contemporary practitioners an important framework to understand their patients' challenges and devise treatment strategies. Rather than follow the thousand year tradition of the Chinese Imperial Academy of Medicine, which limited acupuncture theory to the

primary channels as extensions of the *zangfu*, perhaps we should explore the other systems presented in *Lingshu*, in part by learning from oral lineages of interpretation.

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