2. I have highlighted material in yellow at the bottom of the article: I'm not sure what this all represents...not matching to numbered footnotes????

Dr. Wang Ju-Yi, TaiYin Energetics, and Acupuncture in a Changing World

by Jeffrey Dann

(This article is a slightly modified version of my presentation at Dr. Wang Ju-Yi's Channel Theory Symposium, Beijing 2013.)

I would like to discuss several topics stimulated by the significant publication into English of Dr. Wang Ju-Yi's book with Jason Robertson, ***Applied Channel Theory in Chinese Medicine***. I believe it is the most important book in English on TCM in the past 25 years. This book may have a profound impact on how standardized TCM is taught in the United States and Europe.

The work of Dr. Wang returns acupuncture to the domain of manual medicine where the presence and aware precise of touch of the doctor engages the living tissue of the patient rather than merely finding a switch, like a motor point or fixed anatomical acupoint and turning it on or off.

His brilliance is theory rooted in the classics yet backed by a current understanding of modern anatomy and physiology. He sees the channels in the context of the most modern understanding of fascial planes and the dynamics of capillary and extra-cellular matrix fluids.

His scholarship illuminates, for Western students, the first clear theoretical and clinical uses of six-level pathophysiology. Acupuncture students of course learn the names of the six levels that relate to each same named zang-fu channel such as hand tai yin lung and foot tai yin spleen.

I would like here to take a small piece of Dr. Wang's work, that of understanding the significance of the tai yin level. This functional energetic pair of spleen and lung opens new vistas to the exterior and superficial physiological meaning to the shared interaction of the lung – wei qi and the spleen - ying qi in the cutaneous (dermis) and subcutaneous levels.

Where the qi dynamic is disordered, where ying and wei are not in harmony, we see alterations in the interstices (*couli*) and extracellular fluid quality. The superficial fascia begins to demonstrate palpable aberrations such as swelling, depressions, nodules, or bands. It is there, in the interstitial fluids and connective tissue structures that the tai yin dynamic regulates the ying and wei surface layers. It is at the tai yin level that we see the signs of health, the luster of the skin, the sparkle of the eyes, the tone of the tissues, the quality of movement.

There are numerous references in the ***Ling Shu*** and ***Su Wen*** to a well-differentiated sense of tissue textures and levels. ***Su Wen*** 5 says, "The most skilled healer treats the surface ...and those doctors are those who disperse (the pathogens) before they sweep inward. The healer next in skill treats the subcutaneous tissue (*jifu*). The healer next in skill after that treats the sinews and vessels. The healer next in skill treats the six hollow fu viscera. The healer next in skill after that treats the five solid zang viscera."

Blockage of qi occurs where transformation of blood and fluids lack free flow (通 *tong*). Imbalances in the tai yin superficial layers of the body represent a pathophysiology involving the lung's ability to move qi or the spleen's inability to transform and move blood. Without free flow, the connective tissue fibers and the extracellular fluid movement through the fascial planes begin to demonstrate structural change. Skin tonus, texture, and temperature begin to alter at the exterior. Qi dynamic (*qihua*) pathology affects the spaces between the couli; they become sore, aching, and can exhibit varying degrees of fibrotic change.

I saw my Japanese teachers carefully assessing by touch two superficial layers of the body – the skin and the underlying superficial fascia. Their touch was light, quick, and highly sensitive. Their clinical practice of identifying changes in superficial and muscular tissue textures was highly refined but there was no clear theoretical premise that was usually offered. There was mention of wei and ying levels but again without their classical physiology and pathophysiology. Dr. Wang's book suddenly explained the theoretical basis of what I had observed in the Japanese precision and detailed attention to surface conformations and their varied treatments.

Many Japanese styles have paid attention to the superficial tai yin level for a long time, in part because of the profound influence of blind practitioners. Today the guide tube, developed by the blind acupuncturist Sugiyama Waichi in the mid 17th century, is the standard tool for needle insertions throughout the Western countries. There are many advantages to having a guide tube compared to freehand insertion.

However many people do not realize that the guide tube was invented in part as a device to carefully measure the depths of superficial insertions. Because the needle-handle projects 4 mm above the guide tube, the acupuncturist can become very precise at more minute levels of stimulation from 0-1mm to 2-3 mm, to 4-5mm. With very fine thin gauge needles, 0.12-.20 mm, emphasis is placed on the acupuncturists sense of "arrival of qi" (气至 *qi zhî*), rather than the patient's felt sense of *deqi* (得气)"obtaining of qi."

Japanese teachers feel that there have been growing deficiencies in people now living in urban mega-city environments with cyber stimulation, highly processed food, stationary jobs, family alienation, mass transit and more, which all create a variety of deficient conditions.

Furthermore, needle techniques that are not insertive, that are minimally insertive, or that are only just under the skin and do not reach the muscle level are highly developed in the Japanese styles known as Meridian therapy and Toyohari. The foundational classic references for them is ***Nan Jing*** 71, ***Nan Jing*** 78, ***Nan Jing*** 80, and ***Ling Shu*** 9.

Here are some of classical highlights that inform the Japanese practitioners sensitivity to reading and treating the superficial layers of the body.

The text here clearly differentiates between the wei and the ying levels and states that to treat the

THE SEVENTY-FIRST DIFFICULT ISSUE

七十一難曰(一)經言刺榮無傷衛刺衛無傷榮何謂也(二)然鍼陽者臥鍼而刺之(三)刺陰者先以左手壓按所鍼榮俞之處氣散乃內針(四)是謂刺榮無傷衛刺衛無傷榮也[1]

superficial wei the needle should be shallow or "lying down" and that to treat the slightly deeper nutritive ying layer, the point or area must be prepared by manual techniques to move the wei qi so as not to damage it while accessing the ying layer.

Nan Jing 78 states the importance of using the left hand: "knowledgeable practitioners put faith in the left hand. Practitioners who do not know put faith in their right hand." But in any case, before insertion, it is necessary to prepare the point by pressing and kneading.

Nan Jing 80 opens the discussion of sensing the "arrival of qi" and the critical sensations of the assisting left hand. The cultivation of awareness of the arrival of qi represents a highly developed sensibility to feeling the qi dynamic. "When it is seen" refers to when the qi is felt to be at its fullest the needle should be extracted. This is what is meant by "when it is seen, enter, and when it is seen leave."

Ling Shu 9 is also a foundational text both for

Japanese and Dr. Wang who place emphasis on cultivating awareness of the qi dynamic when an area is needled correctly.

凡刺之法。必察其形气

深居静处。占神往来。闭户塞牖。魂魄不散。 专意一神。 精气不分。 毋闻人声。以守其精。 必一其神。令志在针。神志之专一也

浅而留之。微而浮之。以移其神。气至而休。

This critical text describes the deep "open attention" that the acupuncturist must hold, without distracting thoughts, to grasp the moment, to grasp the dynamic (the moment of qi transformation) to appropriately tonify or disperse without overstimulating.

Furthermore, it says "[In this way, the practitioner may skillfully practice] shallow insertion while retaining the needle, or gentle, superficial insertion so as to successfully transform the patient's spirit to (以移其神) and as the qi arrives then one stops".[2]

Acupuncture and Cultural Change

Japanese teachers I have studied with, such as Shudo Denmei, repeatedly emphasize that in the modern lifestyle people are becoming more and more deficient, and as such they require more delicate and supportive strategies to bolster their fundamental deficiencies. To this end contemporary Japanese practitioners have developed consistently gentler means of tonification with shallow insertions and a varied repertoire of non-insertive contact or touch needling.

We also find deficiencies in our American patients, much of this rooted in our modern lifestyle. The excesses of modern urban life can create deep deficiencies. Many live in a state of adrenal exhaustion (kidney deficiency) with insomnia and sleep disturbances, lack of exercise (liver deficiency) and obesity and poor diets (spleen deficiency), and also deal with respiratory problems due to smoking and air pollution (lung xue). People live longer but without great vitality surviving on a complex polypharmacy of drugs. In our acupuncture schools many find Chinese styles of acupuncture too stimulating, too painful, and do not continue treatments. Even acupuncture school clinics are finding that Japanese-style treatments are much better tolerated with satisfactory results for deficient patients, hypersensitive patients, and very old and young patients.[3]

The Beijing that I studied in in 1981 was very different from the China I see today. The transformation in lifestyle and abundance is dramatic. Most people back then rode bicycles and walked a lot to get around. Houses did not have air conditioning or heat in each room; unlike today they had to internally adjust to environmental changes. Most people ate simple locally grown foods without all the sugar and highly refined foods with artificial preservatives and high-fructose corn syrup. Obesity was rare. Most were laborers or farmers, hard-working people; even city life was spartan and simple. And when Mao integrated acupuncture into the national health care system, and for free, the clinics were swamped with waiting patients. Doctors did not have time to carefully palpate; they needed a quick assessment from the pulse and history, and a quick strong treatment plan to move the qi and stagnation from these hard laboring bodies. Acupuncture since the founding of the PRC was developed as a mass system for hard-working hard-body patients. The nationalization of free medicine forced TCM doctors to develop a streamlined strong treatment style to meet the great demand for care.

Today, even in China we see the rise of obesity, the development of metabolic syndrome and the growing problems of the excesses of modern post-industrial urban life styles such as hypertension, diabetes, and high cholesterol.

I see the rise of superficial and gentle needle technique as being more appropriate to the qi deficiencies of modern post-industrial cyber urban life. The growth and interest in Japanese-style acupuncture in America and Europe is in part a reaction to the harsher TCM styles that have dominated the foreign acupuncture school curriculum and licensing for the past 30-40 years. Numerous people who love and appreciate acupuncture dislike the TCM experience but take it as "bitter medicine." Soft bodies with entrenched yin deficient conditions do not tolerate strong deqi needle techniques. They do not have enough essential qi and blood to handle strong qi moving techniques, deep insertions with vigorous lifting and thrusting to obtain *deqi*.

In closing I would like to ask the question of my esteemed teacher, Dr. Wang Ju-Yi and his students and colleagues here in China. How do you see changes in treatment for your modern urban Chinese compared to those patients of 30 or 40 years ago? How are the bodies, by palpation, different for those now raised in post-industrial urban desk work compared to the past? How does acupuncture therapy vary and change with changes in environment and lifestyle and what are the historical precedents for the changes in acupuncture by era and by country?

Notes

1. Translation from Paul Unschuld, ***Nan-Ching: The Classic of Difficult Issues***, 1986, University of California, Berkeley.
2. This translation is from the Charles Chace article ***"On Greeting a Friend, an approach to Needle Technique"*** published in The Lantern, vol 3. No.3.
3. Elizabeth Talcott, ***"Enhancement Of Traditional Chinese Medical Education With Japanese Meridian Therapy"***, 2013, Doctoral Capstone thesis, Pacific College of Oriental Medicine, San Diego, CA.

Reference

1. Langevin HM, "Mechanical signaling through connective tissue: a mechanism for the therapeutic effect of acupuncture." FASEB J. 2001 Oct;15(12):2275-82.

   needle manipulation transmits a mechanical signal to connective tissue cells via mechanotransduction

2. Langevin HM, "Relationship of acupuncture points and meridians to connective tissue planes." Anat Rec. 2002 Dec 15;269(6):257-65.

   acupuncture points and meridians can be viewed as a representation of the network formed by interstitial connective tissue. ...80% correspondence between the sites of acupuncture points and the location of intermuscular or intramuscular connective tissue planes in postmortem tissue sections

3. Langevin HM, "Tissue displacements during acupuncture using ultrasound elastography techniques". Ultrasound Med Biol. 2004 Sep;30(9):1173-83.
4. Langevin HM. "Dynamic fibroblast cytoskeletal response to subcutaneous tissue stretch ex vivo and in vivo." Am J Physiol Cell Physiol. 2005 Mar;288(3):C747-56
5. Langevin HM. "Connective tissue fibroblast response to acupuncture: dose-dependent effect of bidirectional needle rotation." J Altern Complement Med. 2007 Apr;13(3):355-60.
6. Staying Superficial in Order to Go Deep: Japanese Acupuncture, Classical Energetics, and Staying Superficial in Order to Go Deep: Japanese Acupuncture, Classical Energetics, and the Superficial Fascia

   Jeffrey Dann, Ph. D., L. Ac.

7. This article originally appeared in the March 2007 issue (Vol. 14, No. 39) of the North American Journal of Oriental Medicine. the Superficial Fascia

   Jeffrey Dann, Ph. D., L. Ac.

8. This article originally appeared in the March 2007 issue (Vol. 14, No. 39) of the North American Journal of Oriental Medicine.
9. Liquid crystalline meridians. M.W. Ho and D.M. Knight. The American Journal of Chinese

Medicine 26, 251-263, 1998.

10. The acupuncture system and the liquid crystalline collagen fibers of the connective tissues. Ho MW, Knight DP. Am J Chin Med. 1998 26:251-63. Review.

Jeffrey Dann *began studying seitaiho and shiatsu in Japan in 1972 while training at the Mito Tobukan. He has been an acupuncturist since 1981 and has a practice in Hawaii and Boulder Colorado. His interests are in movement therapy and osteopathic palpation. He teaches internationally and around the US and is on the faculty for the Japanese Acupuncture doctoral program at the Tri-State College of Acupuncture in New York City.*