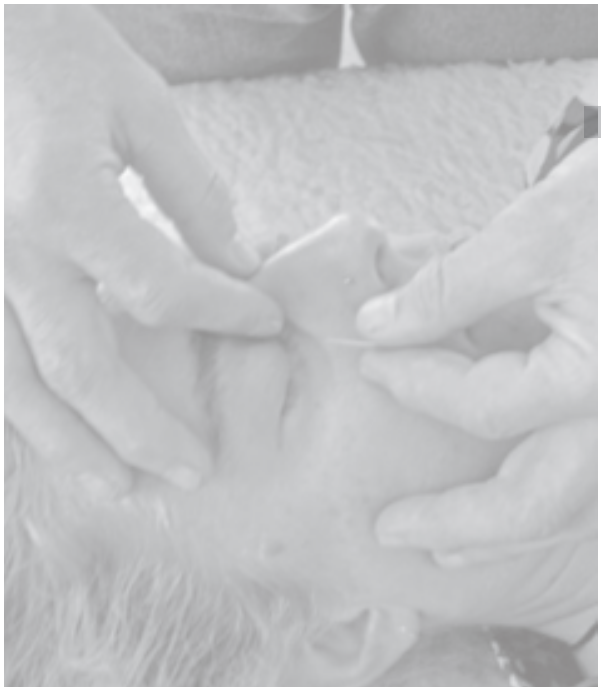

The **merging** of **ways**

An approach to understanding the channel divergences in meridian style therapy

By Charles Chace

Those who know heaven and know humankind are there. Those who know heaven know heaven gives one life. Whoever knows humankind uses knowing to nurture what cannot be known. They will run out the string of their years and not find it cut off in the middle. This is the fullest knowledge. And yet, though this is so, there is a problem: knowledge waits on certainty, but certainty is never quite certain.

– *Zhuangzi* Chapter 6: The Great Ancestral Teacher

ACUPUNCTURE is commonly believed to be something of a black box. We introduce a stimulus and it has an effect, yet it is often difficult to say why it has worked. We have a variety of tools that help us navigate this void, the theoretical structure of the channel system being the most prominent among them. Many of us have some tangible experience of the primary channel system, perhaps through palpating the channel pathways for hyper or hypo tonicity, or perhaps through the sensation of the propagation of qi along a channel when a point on its trajectory has been needled. We also have a variety of indirect means of assessing influence though changes in the pulse, tongue and abdomen; but what about the rest of the channel system?

Our influence on those facets of the channel system more closely allied to superficial anatomical structures such as the channel sinews (*jing jin* 經筋) and the network vessels (*luo mai* 絡脈) is probably best assessed in two ways, The first is through relatively local changes in the quality of tissues underlying an effected area that has been directly treated and the second is through some very general improvements in the quality of the pulse. By and large, we know that we have had an effect on these channels because we literally feel it under our hands.

The subtlety of these issues increases significantly when it comes to what many consider the deepest facets of the channel system, the channel divergences (*jing bie* 經別) and the eight extraordinary vessels. Both of these channel systems are typically activated

using pairs of acupuncture points that are located on the primary channels. This poses an immediate challenge to clearly differentiating the influence of a putative channel divergence or extraordinary vessel treatment from the more mundane primary channel influence of those two points. The problem is particularly germane to the channel divergences where the source literature provides no specific methodology for activating them and there are many different modern ideas as to how they should be used.[a] This essay is an exploration of my attempts to meaningfully apply the channel divergences in my own clinical practice and to develop a model for verifying that I have actually accessed them.

In the late 1980s I collaborated with Yang Shou-Zhong on a translation of Huangfu Mi's 皇甫謐, *Yellow Emperor's Systematic Classic of Acupuncture and Moxibustion* (*Huang Di Zhen Jiu Jia Yi Jing* 黃帝針灸甲乙經, 3rd century). As the name implies, the book is a systematic reorganisation of earlier material from the *Ling Shu, Su Wen,* the *Tai Su* and a few other now lost texts, and it constitutes the first real textbook of acupuncture practice.

Although I was most decidedly the junior member of the translation team, the project was a pivotal point in my development as a student and practitioner of Chinese medicine. At that time my work on the *Jia Yi Jing* provided me with an in-depth exposure to the contents of the *Su Wen* and *Ling Shu* and it consolidated my love of pre-modern medical literature even as it drove home how challenging texts such as this can be to meaningfully interpret. Many of its passages were completely opaque to me and I had no idea what relevance they might have to my own practice of acupuncture. One passage in particular, a recapitulation of the section on the channel divergences from Chapter 11 of the *Divine Pivot,* would haunt me for years.

The section on the channel divergences was the first place in our work on the *Jia Yi Jing* that truly bothered me. Although the grammar was clear enough, and Professor Yang did his best to explain his understanding of the passage to me, I remained doubtful that we had any idea what it really meant. Moreover, there was chasm between what the text said and how it was interpreted by virtually all the modern sources that I looked at. Subsequent writers had clearly bridged this gap with a great deal of creative interpretation of their own and this was an aspect of the channel system that was covered in virtually all basic textbooks of acupuncture.

At around this time I made the acquaintance of Miki Shima, a Japanese acupuncturist living in Marin County in California, who had made an extensive study of the secondary vessels. He generously provided me with enough insight to turn out a passable translation, but how one might actually use the channel divergences remained a mystery to me.

My initial exchange with Miki regarding the channel divergences ultimately led to a long and productive friendship, and by the mid 1990s we decided to collaborate on a book project. Given our mutual interest, the channel divergences were an obvious topic for us. In this book we reviewed many approaches to channel divergence therapeutics culminating in Shima's own considerable experience with them.

Among the most satisfying aspects of that project for me was the opportunity it provided for revisiting Chapter 11 of the *Ling Shu*. This afforded me a context for once again grappling with the issue of how one makes that pivotal leap from text to practice. Many of the channel divergences are described as traveling along the trajectories of their associated primary channels in a direction but opposite to their usual flow. They therefore present some significant interpretive problems. The more I studied the channel system, the closer I came to a conceptual crisis. There were so many of these apparent paradoxes that I began to wonder whether the ancient Chinese actually thought of the channels and networks as tangible and "real" or were they just handy ideas they used when it suited them?

My subsequent readings on early Chinese epistemology and ontology suggested that the compilers of the *Nei Jing* had a fundamentally different approach to reality than we do today. Where their contemporary Greek counterparts were beginning to ask the questions concerning the nature of reality that would define the course of Western

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thought for the next two millennia, these questions were of little interest to the Chinese. During this time in Chinese history, a thing was considered *real* if it led to efficacious action. They were less concerned with *what* a thing was than *how* it could used. This conceptual distinction has been described as a "how priority attitude" as opposed to a "what priority attitude"[b]. Such a perspective helps to explain how the competing and mutually contradictory theories of yin/yang and the five phases could coexist. Each was efficacious in a given set of circumstances. It also helps to explain how qi could be conceptualised as moving in opposite directions in the same channel. Qi might flow in different ways under different circumstances. From that point on I began to sift my understanding of the classical medical literature through the filter of what I imagined a *how priority attitude* might be, but I had not focused this perspective on a critical examination of my own practice.

Around the time our channel divergence book went to press, I had lunch with Jeffrey Dann, a friend and colleague with whom I share an interest in palpation based styles of acupuncture, particularly those from Japan. He quite innocently asked me if I really thought that the channel divergences were an effective means of treatment. My knee-jerk response was an unqualified and effusive endorsement of the channel divergence strategies. True, I did have a vested interest in that answer. I had spent the previous four years researching the channel divergences and I had a book coming out on the topic. Of course I was sure that they worked! Jeffrey nodded politely the way one does when one discovers one has unintentionally trod on delicate ground and our conversation turned to other things ... but he had planted an insidious seed.

At that point I had been exposed to a wide range of perspectives on channel divergence treatment from both Asia and Europe, each of which was based on differing assumptions regarding nature and topology of the channel divergences. Some of these strategies were Byzantine in their complexity, while others were remarkably simple. Although the Japanese sources limited their scope of interest to relatively tangible and practical applications, others made claims regarding the function and influence of the channel divergences that were so fantastic I found them quite literally unbelievable.

Could all these really be different interpretations of the same phenomena? In more pragmatic terms, were these disparate methods all simply various expressions of "how priority attitude"? There was no question in my mind that Miki, my channel divergence mentor, was satisfied that he was accessing the channel divergences, and I had seen his remarkably effective use of strategies that he labelled as channel divergence therapies in his clinical practice. Similarly, it was clear to me his teachers Tadashi Irie and Seki truly believed they were indeed executing channel divergence treatments. I was even willing to give some of the European theorists the benefit of the doubt that they too were indeed accessing the channel divergences even though I believed that many of their fundamental premises were based on a textual misinterpretation.

In my own practice, some of these approaches most definitely worked better for me than others and many failed my personal test of efficacy. Clearly, no one else's firmly held conviction would ever be sufficient to dispel my own uncertainty, and it was up to me to define my own criteria for what constitutes a channel divergence treatment. When does any acupuncture intervention become a channel divergence treatment and how do I know that I have been effective?

The following discussion assumes a certain familiarity on the part of the reader with both the essentials of meridian style therapy and with some of the fundamental concepts associated with the channel divergences. Those interested in a comprehensive discussion of meridian therapy will find Shudo Denmei's excellent *Japanese Classical Acupuncture, Introduction to Meridian Therapy* (1990) informative. Those interested in a more thorough introduction to channel divergence therapeutics will find *Channel Divergences, Deeper Pathways of the Web* by Miki Shima and Charles Chace (2001) of interest.

For the purposes of this essay, however, some of the key ideas concerning channel divergence therapy are summarised in the following tables.

Central characteristics of the channel divergences

- The channel divergences are the primary and deepest internal pathways of the channel system.
- The channel divergences are arranged in yin-yang pairs referred to as confluences (合 *he*).
- The channel divergences directly link the core with the exterior and exterior with the core.
- All channel divergences move upward and ultimately outward in the body.
- All channel divergences terminate in the face/neck.
- All confluences directly or indirectly pass through the heart/chest.
- Channel divergences provide a direct connection between the *yuan, ying* and *wei qi*.
- European sources emphasise *wei qi*/network vessel relationships.
- Japanese sources emphasise *ying qi–yuan qi/zang fu* relationships.

Fundamental treatment premises

- Most channel divergence treatment strategies require two points, a "master" and a "couple", to activate them.
- The master points are located on the head and neck.
- Shima's interpretation is that these cephalad points must be paired with the *he* confluence points.
- Other Japanese investigators allow for a wider range of pairings including source and network points.

Channel divergence treatment strategies based on point pairings combine a "*master* point" on the head with one or more points on the extremities. For instance, the pairing of LI-4 and LU-9 with ST-12 would be considered a sixth confluence channel divergence treatment exerting a deep influence on the Lung and Large Intestine viscera. The precise way in which these points are chosen, combined and stimulated varies greatly from practitioner.

A basic channel divergence treatment model

Channel	Master point	Source	Network	Uniting
LU	ST-12	LI-4	LI-6	LI-11
LI	ST-12	LU-9	LU-7	LU-5
P	GB-12	P-7	P-6	P-3
SJ	GB-12	SJ-4	SJ-5	SJ-10
HE	BL-1	HE-7	HE-5	HE-3
SI	BL-1	SI-4	SI-7	SI-8
SP	ST-1	SP-3	SP-4	SP-9
ST	ST-1	ST-42	ST-40	ST-36
LIV	GB-1	LIV-3	LIV-5	LIV-8
GB	GB-1	GB-40	GB-37	GB-34
KID	BL-11 BL-1	KID-3	KID-4	KID-10
BL	BL-11 BL-1	BL-64	BL-65	BL-40

The above table summarises some of the most common choices for channel divergence pairings.

This pairing of distal points on the extremities with an associated master point on the head is the basis for all channel divergence strategies that I have found to be effective.

As such, it is my criteria for defining channel divergence activation.

After six or seven years of actively orienting my acupuncture practice around combinations of channel divergence and extraordinary vessel treatment strategies, I realised that I had been consistently overlooking the primary channels. Since my ultimate goal was to maximise my use of the entire channel system of which the channel divergences are only one part, I clearly needed to expand my horizons.

I resumed my study of Japanese style meridian therapy with its strong emphasis on the primary channels with renewed enthusiasm. This immediately brought the primary channels back into play in my clinical practice but I was still left with the question of how to tie everything together. By and large, the senior meridian therapists I have met have little interest in the channel divergences. For better of worse, I have been left to my own devices in my efforts to integrate channel divergence and meridian therapies.

Initially I would either do a channel divergence treatment or a meridian style treatment. Over the course of a few years, how-

The most tangible defining characteristic of a channel divergence treatment is the pairing of points on the extremities with associated points on the head and shoulder girdle.

ever, the two approaches gradually blended into one another to the extent that they are now parts of an integrated whole. Currently, although I routinely access the channel divergences, this is something that develops out of the overall flow of the treatment, typically as a consequence of my perception that treating the primary channels alone has been insufficient to produce the effect I am looking for. This makes sense if we conceptualise the channel divergences as digging a little deeper to get the job done. As I will discuss, the way in which I have integrated these two approaches to acupuncture reflects some of my fundamental assumptions regarding what a channel divergence treatment really is.

Returning to my fundamental conundrum: how do I know that I'm activating a channel divergence? There are no individual points that are unique to the channel divergences. The most tangible defining characteristic of a channel divergence treatment is the pairing of points on the extremities with associated points on the head and shoulder girdle. Yet if we simply needle such a pairing how confident can we be that we are actually accessing a channel divergence as opposed to a couple of points on the primary channels? This is the same dilemma posed by using the so-called master couple point strategies associated with the extraordinary vessels.

Regardless of how one defines the characteristics of channel divergences or how they should be accessed, if they are indeed different from the primary channels then it is reasonable to expect that their influence will be somehow distinguishable from the primary channels. What might this look and feel like? If there were some phenomena that one could reliably associate with the channel divergences, then one would have a reasonable basis for discriminating between them and the primary channels.

Enthusiasts of channel divergence treatment strategies often claim that these channels get to problems that are difficult to access via the primary channels. This is an eminently pragmatic response. It is consistent with my own experience and it satisfies my criterion of efficacy based on early Chinese thinking. Clinically, something is real if it works. It is nevertheless unsatisfying in that it is difficult to substantiate in truly tangible terms. More importantly, because I need information that will inform me whether I am being effective during the course of a treatment, I need some more immediate feedback mechanisms.

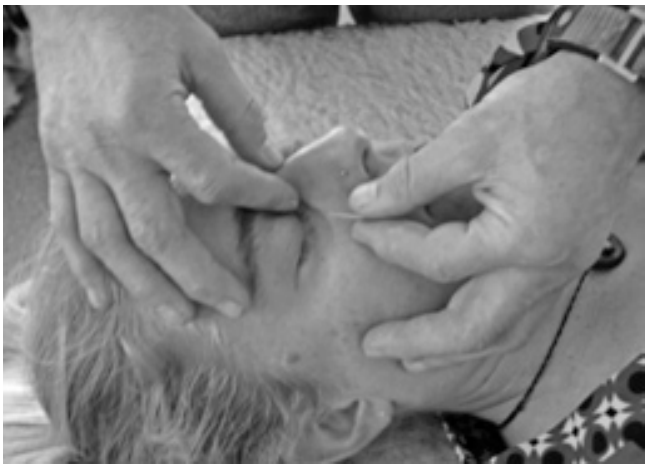
There are two immediate responses that I associate with the activation of the channel divergences. Neither response is entirely unique to the channel divergences, and both are considered to be indicators of an overall qi balancing effect. As such, they can be achieved in a wide variety of ways. It has been my experience, however, that they often occur together when I have effectively administered what I define as a channel divergence treatment and when this happens I can be more confident of a positive outcome from that treatment.

The first is that the pulse consolidates. By this, I mean that the boundaries of the pulse become more defined and coherent. If my needling has made the pulse stronger, fuller and more supple, its boundaries will become better defined, and the qi in the pulse more contained subsequent to needling the associated points on the head. If the pulse is hard and wiry to begin with, then it softens even as its definition improves. The tendency toward an enhanced healthy definition of the pulse is consolidation and it must be distinguished from hardness. It is not simply that the pulse becomes more tense or wiry and therefore its boundaries are easier to feel. On the contrary, consolidation typically accompanies an increase in the suppleness of the pulse. It has been my experience that the addition of the CD master points will not necessarily make the pulse any stronger than a primary channel intervention, but in consolidating the qi it gives it some structure or container within which to act, thereby enhancing its efficacy. This is analogous to the practice of including a small astringing component into herbal prescriptions for tonifying the yin.

The improvement in the consolidation or coherence of the pulse is also accompanied by as generalised enhancement in the overall coherence of the patient's qi that can be palpated everywhere on the body. The patient's qi effectively homogenises.

The homogenisation that I experience often seems to radiate down from the head

Standard contact needling.



Needling BL-1.

and initially it may or may not propagate along the pathway of the channel I have needled, but the aspect of the phenomena I am most interested in is its generalised nature. This change is perceptible regardless of where on the patient one places one's hand.[c]

Practitioners of meridian therapy often identify pulse consolidation as a positive sign in the progression of treatment so it cannot in and of itself be considered a phenomena that is necessarily associated with the channel divergences. It is a marker of channel divergence activation only if it is accompanied by a systemic settling and homogenisation. Both the consolidation of the pulse and some significant shift toward increased homogenisation must occur for me to be reasonably confident that a channel divergence intervention has been worthwhile. To be sure, pulse consolidation and a general settling will often occur within the course of any effective acupuncture treatment. It is their occurrence together immediately upon needling the CD points on the head that I believe is significant. The channel divergences are simply a means for deepening a treatment that needs to go to a deeper level.

If nothing changes then I interpret this in a number of ways. It may be that a channel divergence treatment was simply irrelevant to that patient's needs at that moment, or that I erred in my choice of channel divergences. Perhaps the focus of the problem really was in the primary channel and my point selection was poor or my needle technique was sloppy. Sometimes I have simply jumped the gun and failed to adequately prepare the patient for work on what is generally understood to be a deep facet of the channel system. I have not yet really entered into a conversation or resonance with the patient's qi. Any of these factors may contribute to an unremarkable response. Effective acupuncture is about doing the right thing at the right time. We have to take our cues from the qi and our personal agendas regarding the progression of treatment are often irrelevant or downright counterproductive.

Contact needling

Many of the master points of the channel divergences are located in the peri-orbital region, an area where needling can be both painful and traumatic for the patient. Particularly at *Jing Ming* (BL-1), but also at *Tong Zi Liao* (GB-1), and *Cheng Qi* (ST-1), even the most careful insertion can easily cause a black eye. Because of this, I prefer to stimulate these points using contact needling only.

Contact needling is a highly evolved technique wherein the needle just barely touches but does not penetrate the skin. Arguably, it has been most fully developed within the Toyo Hari style of meridian therapy.[d] The effective use of contact needling technique requires exceedingly precise point location to within a fraction of a millimetre, and its efficacy is particularly sensitive to the overall posture, level of ten-

Ante Babic's
Tips for running a successful clinic ...

Keep your insurance current. A patient complained that the herbs I prescribed for him had given his sister a rash when she took them.

I have experimented extensively with using CD master points on the head alone and I am unconvinced that such an approach does much of anything at all.

sion and mental state of the practitioner.[e] The pressure and the quality of contact of the hand of the practitioner that is holding the needle (the oshide) and the hand that is advancing the needle (sashide) are both essential to the successful execution of the technique. Though subtle, when administered properly, contact needling exerts a potent influence on the body.

Once the point has been precisely located and properly contacted by the needle, one simply waits for the qi to arrive and then rapidly removes the needle, closing the point just prior to the point at which the perceived arrival of qi peaks. In the styles that I am most familiar with, contact needling is generally administered with a #1 or #2 silver needle.

Consistent with the principle that the yang aspects of the body are relatively more superficial and the qi more available, it generally takes only a few seconds for the qi to arrive on the head. Contact needling the CD master points is therefore a relatively rapid procedure.

In contact needling the CD master points on the head, it is necessary to take one important liberty with the established rules defining the technique. *Jing Ming* (BL-1) is an important point in channel divergence therapy in that it is the access point of both confluence of the Bladder and Kidney, and the Heart and Small Intestine confluence. As such, I use it a great deal. Because it is impossible to make a proper oshide at BL-1 where both fingers are in full contact with the point, I form the oshide using a single finger and the orbital surface of the eye.

The context of treatment

My initial choice of which channels to needle is generally based on the rudimentary rules outlined in most styles of meridian therapy. Pulse, abdomen, tongue, symptoms and a variety of other palpation techniques determine the two most deficient or imbalanced channels. Ideally, these two channels are situated next to each other along the generation (*sheng* 生) cycle of a five-phase arrangement. For instance, one might treat the Pericardium and Spleen, Spleen and Lung, the Lung and Kidney, or the Kidney and Liver channels.[f] Treatment proceeds to those yin channels in controlling (*ke* 克) cycle relationship to the channels that have been treated. For instance, if one had treated the Kidney and Liver channels, then one would treat either the Heart or Spleen channels. My criteria for point selection is based exclusively on which points I find to be most available based on palpatory findings. This may be determined by a variety of techniques ranging from firm palpation for pressure pain to more subtle assessments such as manual thermal diagnosis wherein the practitioner is feeling for thermal emissions radiating from acupuncture points 10cm off the skin.[g] I generally use contact needling alone during this phase of treatment.

I have no particular attachment to the channel divergences as such; they are simply a means to an end. If the stimulation of the primary channels has already produced the result I am looking for then the channel divergences do not even enter my mind. It is usually after I have finished working the yin channels and as I'm beginning to work the yang channels, when I have yet to observe some essential shift in the patient's internal environment that I engage the channel divergences.

When I do deem the channel divergences necessary, I will typically back up a bit and needle a single point on the yin facet of the main channel divergence that I think is impaired.

Depending on the situation, I may use a contact needling technique here or I may insert the needle. The only criterion I have for the depth of this insertion is that I must have felt the qi arrive in the affected channel. As such, it may be an ultra superficial insertion that requires tape to keep it in place or it may be an insertion of a few millimetres. Regardless of its depth, a retained insertion on these distal points seems to provide a fixed stimulus for their pairing with their associated CD master points. I have found that simply contact needling these distal points again just prior to accessing the master points is less effective.

I will occasionally couple this yin channel point with a point on the associated yang channel divergence on the opposite extremity. Finally, I stimulate their associated CD master hole on the head using a contact

needling technique. I almost never needle yin and yang channels bilaterally on both extremities. With this technique I rarely find it necessary.

I have experimented extensively with using CD master points on the head alone and I am unconvinced that such an approach does much of anything at all. This leads me to conclude that the pairing of the distal and cephalic points is an essential component of a CD effect. In any case, I am quite clear I must have established some basic groundwork, entered into some sort of conversation with the qi, before those head points are of any real use to my patients.

It would be far more satisfying for me to discover palpatory or symptomatic referents that are entirely unique to the channel divergences or the extraordinary vessels, but that does not seem to be the way human bodies are wired. All measures of improvement are, by their very nature, generalised.

The bimodal shift that I have described is merely a benchmark of a progressive deepening in the balance of the qi and it often occurs without my ever having to access the CD master points. In this, the question of how I know *what* I am accessing remains open. On the other hand, by the measure of the *how priority attitude* described earlier and the immediate palpatory feedback I am receiving, it seems that I have indeed accessed the channel divergences or at least something that transcends the primary channels. If Chapter 11 of the *Ling Shu* is clear on one thing it is that the channel divergences communicate with qi in the core of the body and it is therefore reasonable to assume that they might access and balance deep reserves of qi.

When I administer what I believe to be a channel divergence treatment in the proper circumstances, then my palpatory indicators tend to confirm that some deeper level of organisation has indeed occurred. Since I have already tried and presumably failed to produce this effect using primary channel therapies alone, it is reasonable to surmise that when I access the channel divergences and something good happens, then I am no longer working on the level of the primary channels. Given the unimaginably complex nature of the system we are working with, this very tentative measure of certainty may be the best one can hope for.

It is curious to consider that after over 15 years of studying, practicing and teaching a wide variety of channel divergence treatment strategies, my use of this system has been distilled to something as rudimentary as doing a root treatment, stimulating a few points on the head for a few seconds, and then assessing for pulse consolidation and qi homogenisation.

I will leave it to others to speculate further on the theoretical implications of the channel divergences. This admittedly minimalist interpretation nevertheless meets my core criteria for efficacy and it provides me with a relatively concrete basis for distinguishing between primary and secondary channel influences. Finally, it is an approach that allows me to move fluidly between facets of the channel system in response to moment-to-moment changes in a patient's qi.

If Chapter 11 of the Ling Shu *is clear on one thing it is that the channel divergences communicate with qi in the core of the body and it is therefore reasonable to assume that they might access and balance deep reserves of qi.*

Endnotes

a. For a comprehensive discussion of the channel divergences see Miki Shima and Charles Chace (2001), *Channel Divergences, Deeper Pathways of the Web*. Boulder, Blue Poppy Press.

b. Zhang Dong-Sun, cited in David L. Hall and Roger T. Ames (1998), *Thinking from the Han: Self Truth and Transcendence in Chinese and Western Culture*. Albany, State University of New York Press: 221.

c. For a further discussion of the palpatory indicators of balanced qi, see Charles Chace, "The Shape of Qi," in *The Lantern* (2008). Vol 5-1, pp. 4-11.

d. For an overview of the Toyo Hari style of meridian therapy see the website: www.toyohari.org/

e. Acupuncture points are, of course, really holes or caves (*xue* 穴), but when as is the case in many styles of meridian therapy, one attends to point location with this degree of precision, the focus of attention shifts from the hole defining the general anatomical region to a locus that is indeed much more like a point. For this reason, I have used the word acupuncture point in this essay.

f. For a comprehensive discussion of meridian therapy, see Denmai, Shudo (1990) *Meridian Therapy.* Seattle, Eastland Press.

g. For a discussion of this assessment technique see Jean Pierre Barral (1996), *Manual Thermal Diagnosis*. Seattle, Eastland Press.