

The Treatment of Constraint According to Applied Channel Theory

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Introduction

Commonly-used concepts in Chinese medicine can be difficult to comprehend, not only for practitioners who do not know the Chinese language, but also for practitioners who are native speakers of Chinese. As the most fundamental concepts of Chinese medicine originated over two thousand years ago, modern practitioners face an arduous task. In order to grasp these classical concepts, Dr. Wang Ju-yi believes that we should try to understand how the ancient doctors perceived the world. To do this, Dr. Wang has developed the habit of researching the etymology of Chinese medical terms. By analysing their original meaning, we can come to understand how classical physicians used these terms to describe the physiological and pathological phenomena they observed in their patients.

Recently, while working on the translation of *Wang Ju-Yi's Case Studies in Applied Channel Theory*¹ into English, I asked Dr. Wang to explain some concepts in more detail to ensure the translation of certain terms was in accordance with his understanding. One of the terms that led to a number of useful discussions was the concept of 'constraint' (yù 郁). Dr. Wang's explanation of this term branched off into a deeper analysis of the relationship between constraint and channel qi transformation. The following article is a summary and extrapolation of Dr. Wang's understanding of constraint through Applied Channel Theory.²

For a basic understanding of Applied Channel Theory, there are two main concepts to grasp. First of all, channels are located in the spaces between the flesh. As mentioned in the *Divine Pivot (Ling Shu), Chapter 10*: 'The twelve channels travel in the spaces between the flesh.'³ 'Flesh' in this passage has a broad meaning, as it refers to the skin, vessels, muscles, sinews and bones – all the tissues that have physical form. 'Spaces between the flesh' refers to the crevices between these tissues. These crevices can be palpated by the practitioner. By carrying out physical examination of the channels via channel palpation, we are able to gain useful information regarding the pathology occurring in each respective channel.

Equally important are the physiological processes

that occur within these channel spaces, which brings us to the second important concept of Applied Channel Theory - channel qi transformation. Channels are involved with the movement of the body's qi, blood and fluids. They govern the processes of nourishment, metabolism, growth and eventual decline of the viscera, orifices and tissues of the entire body. The channels are essential for controlling and regulating the processes of absorption, metabolism and transformation of qi, blood, fluids and nutrients. All physiological and pathological processes involve qi transformation. It is important to note that each channel has its unique physiology (discussed in more detail later in this article) and when there is an impediment in channel physiology, an abnormal change will appear in the channel that can be physically felt upon palpation.⁴ Applied Channel Theory allows the practitioner of acupuncture to understand such pathology, and serves as a practical tool to refine diagnosis and select the most appropriate treatment.

What is the meaning of yù 郁?

In the modern clinical practice of Chinese medicine, we see a large number of patients suffering from symptom patterns associated with constraint (yù 郁). To understand how to approach the treatment of this disorder, it is first necessary to analyse the original meaning of yù 郁.



Figure 1: Traditional character for yù 郁

According to Dr. Wang, the original character for yù 郁 was a dense and compact pictograph. The second century dictionary *Shuōwén Jiězì* defines this character as representing a dense forest.⁵ If the character is broken down into its constituent parts, the lower half - chāng 鬱 - refers to an aromatic alcohol that used

fermented tulip (*yù jīn xiāng* 郁金香) as one of the main ingredients.⁶ The 'yù' in *yù jīn xiāng* is the same *yù* 郁 as constraint.

According to the *Kangxi Dictionary* from the Qing Dynasty (1712), historically *yù* 郁 did not have the meaning of constraint, but in fact had a variety of other meanings. For instance, it once was a place name,⁷ and when the character was used in succession - 'yù yù' - it referred to a person who was a literary talent.⁸ It also described dense cloud formations, like cumulus clouds.⁹ Finally, it was also used to describe a strong fragrance.¹⁰ Essential to the original meaning were descriptions of dense forests, aromas and thick cloud formations, which express ideas of stuffiness and mugginess. Building on this idea, in modern Chinese *yù* 郁 is commonly used to describe an emotional state involving feelings of melancholy or depression – which can be seen as a types of emotional stuffiness or stagnation.

The medical understanding of constraint-*yù* has evolved over the course of the history of Chinese medicine. According to the *Dictionary of Chinese Medicine*,¹¹ *yù* 郁 can refer both to a pathomechanism or a specific symptom pattern called the 'constraint symptom pattern' (*yù-zhèng* 郁证). The pathomechanism of constraint will be discussed in further detail below, but in general it is related to stagnation that is not being dispersed. In modern textbooks constraint-*yù* is primarily associated with qi constraint, but it can also involve fluids (including blood, dampness and phlegm).¹²

In Chinese medicine, there is a difference in the character used to describe symptom (*zhèng* 症) and symptom pattern (*zhèng* 证). Although the two characters are pronounced in the same way, the distinction between the two is important. The term *zhèng* 症 is partly comprised of the illness radical (*nè* 疒), and refers to a single symptom. For a person suffering from constraint, a common symptom is a feeling of chest fullness. The term *zhèng* 证, however, refers to a specific group of symptoms that when combined together describe a specific pathology.¹³ A 'constraint symptom pattern' (*yù zhèng* 郁证) arises from a pathomechanism of constraint, and can include symptoms of chest fullness, depression, plum-pit qi and insomnia. In other words the specific grouping of symptoms reflects the specific pathology.

In the Ming Dynasty, Zhang Jing-yue (张景岳, 1563-1640) described constraint as being either the cause or the result of other illnesses. As he stated in the *Complete Works of Zhang Jing-yue (Jing Yue Quán Shū)*: 'Whenever there is constraint of any of the five qi, all diseases will have this [constraint]. This is constraint due to illness.' On the other hand, and this is essential to this article, emotional disorders can lead to the constraint pathomechanism (and its related symptom pattern), which then can cause further illnesses. Zhang Jing-yue also wrote that 'If there is constraint of the emotions, it is always from the

heart. This is when constraint [of the emotions] leads to illness.'¹⁴ Zhang Jing-yue thus emphasised the connection between the seven emotions and constraint symptom patterns. Later commentators also tended to focus on the relationship between the emotions and constraint. For instance, in the *Medical Cases as a Guide to Clinical Practice (Lín Zhèng Zhǐ Nán Yī Àn)* Ye Tian-shi (叶天士, 1666-1745) wrote that the majority of the clinical cases related to constraint discussed in his book were due to constraint of the seven emotions (《临证指南医案·郁》: '七情之郁居多').¹⁵

The foundation textbooks for TCM internal medicine used in Chinese medicine education in modern China^{16,17} briefly summarise the historical understanding of constraint symptom patterns. Constraint is defined as involving stagnation in the qi dynamic, which leads to imbalance between the five zang. These textbooks place emphasis on the emotional causes that lead to qi constraint, and the resulting symptom pattern that includes feeling depressed, fullness in the chest, hypochondriac pain, poor sleep, lack of appetite, irritability and plum-pit qi. In terms of Western medical disorders, the constraint symptom pattern is often associated with anxiety, hysteria, neurasthenia or menopause.

According to Dr. Wang Ju-yi's understanding, constraint is characterised by something being trapped or bound within, unable to disperse. He describes it like being in a muggy room where the windows are closed.¹⁸ In Chinese, it is common for people to say that they feel 'yù mèn' (郁闷) – depressed or gloomy. Dr. Wang believes that emotional disorders like depression are generally related to 'constraint and knots' (*yù jié* 郁结¹⁹), which can arise from either qi or yin-blood constraint.

Constraint and zang-fu theory²⁰

Modern TCM internal medicine textbooks describe the constraint symptom pattern as being due to two causes, one external, the other internal. Emotional trauma is considered the external cause, while the internal cause is qi constraint of the zang organs. The understanding of the seven emotions as an 'external' cause is based on the belief that 'harm' to the seven emotions comes from the external environment – particularly the social environment. For example, work stress or poor interpersonal relationships with friends or family will impact the seven emotions. For mentally healthy individuals such negative emotional stimuli will not cause significant harm. However, prolonged exposure to this kind of emotional stress can lead to disharmony of the zang qi, thus resulting in illness (and constraint symptoms).²¹

The zang organs themselves can also lead to constraint symptom patterns in situations where a person's zang are in disharmony or deficient due to pre-existing illness. Such individuals are easily susceptible to negative emotional stimuli, which then lead to constraint symptom

patterns, induce further illness or exacerbate pre-existing disorders.²²

Constraint pathology is rooted in stagnation of the qi dynamic and imbalance of the zang organs. In the textbook description of the aetiology of constraint, emphasis is placed on emotional causes that leads to constraint of the zang qi.²³ In addition, this constraint pathomechanism can further worsen the initial emotional disharmony, leading to more severe constraint symptoms and thus, also compounding the original emotional symptom (and cause).

For instance, irritability or anxiety can impact Liver function, thus leading to Liver qi constraint, which can then progress into a variety of other pathologies. For example, it can eventually lead to blood constraint. Prolonged qi constraint can also give rise to the production of heat. Qi constraint can impair the circulation of fluids, resulting in the formation of phlegm constraint. A common constraint symptom pattern related to this pathology is feeling depressed, irritability, fullness in the chest, hypochondriac pain and a wiry pulse.

For this particular patient, shào yáng constraint was impacting the descending action of the yáng míng...

Anxiety and overthinking can impact Spleen function causing Spleen qi constraint. Constraint of the Spleen functions of transforming and transporting nutrients can further cause damp, food or phlegm constraint. A common constraint symptom pattern related to such pathology includes feeling depressed, plum-pit qi, a white and greasy tongue coating and a slippery pulse.

Anxiety, stress or sorrow can also impact the Heart spirit, which prevents the Heart from being cultivated. Constraint of the Heart spirit can lead to Heart qi deficiency or Heart yin deficiency. A common constraint symptom pattern related to such constraint includes emotional instability, heart vexation, heart palpitations, poor memory, insomnia, a dry tongue and a thin and rapid pulse.

Finally, zang qi is said to be easily susceptible to constraint, especially when deficient. In normal conditions, when a person is open-minded and in a healthy mental state, they are able to deflect and bear all kinds of negative emotional stimuli. However, when zang qi is deficient, the zang become weakened and more susceptible to constraint.²⁴

Constraint and channel qi transformation (six level theory)

Constraint can be understood through the theory of the six levels, particularly the *shào yáng*, *shào yīn* and *jué yīn*

channels. According to six-level theory both the *shào yáng* and *shào yīn* channels are pivots (between the other two yang and yin channels respectively). Their pivoting functions are involved in the different pathomechanisms of constraint affecting each channel. The *jué yīn*'s functions of closing into the interior is also susceptible to constraint as will be explained below.

In general, constraint in the channels can be categorised according to excess or deficiency. The presenting symptom pattern indicates the pathomechanism involved, while channel palpation should be used to confirm the diagnosis. Constraint that is related to excess, such as from qi stagnation, heat constraint or vigorous fire, typically involves the *shào yáng* channel. The *shào yáng* channel system as a whole can be interpreted through Dr. Wang's understanding of the *Sān Jiāo*.²⁵ He sees the *Sān Jiāo* as being related to the membranes and connective tissue throughout the body. As the *Sān Jiāo* is the envoy for source qi²⁶ the pathways of the *shào yáng* must remain open and unblocked to allow source qi to circulate normally through the channel system and the membranes. Since the *shào yáng* resides in a half-interior half-exterior position, between the *tài yáng* that opens to the exterior and the *yáng míng* that closes into the interior, it has an important pivoting role between these levels. If the qi becomes constrained and stagnant in this system, it can lead to symptoms of anger, irritability, hypochondriac pain and a wiry pulse.

To treat *shào yáng* constraint due to qi stagnation, points to move qi and release constraint (行气解郁) are used, such as SJ-6 (*zhī gōu*) and GB-34 (*yáng líng quán*). Qi stagnation in the *shào yáng* can also lead to the buildup of heat, in which case SJ-5 (*wài guān*), GB-41 (*zú lín qì*) can be used to clear *shào yáng* heat. In cases of *shào yáng* heat, heat symptoms will be more apparent such as marked anger and irritability, a bitter taste in the mouth, red eyes, and a wiry and rapid pulse. *shào yáng* pathology should be identified through channel palpation. Changes may be discovered anywhere along the distal *shào yáng* channel pathways, but in cases of *shào yáng* heat, nodules are often found at SJ-5 (*wài guān*), GB-42 (*dì wǔ huì*) or GB-41 (*zú lín qì*). In cases of *shào yáng* qi stagnation, changes are likely to be palpated in the region from SJ-5 to SJ-6 (*zhī gōu*) and in the region distal to GB-34 (*yáng líng quán*).

Constraint related to deficiency typically involves the *shào yīn*. Yang deficiency in the *shào yīn* can lead to yin-blood constraint, which then affects the *shào yīn*'s ability to function as a pivot. The *shào yīn* pivot function depends on yang qi from the Kidney. The yang qi from the Kidney channel is transferred throughout the body – including the other two yin channels - through the conductivity of the Heart. That is, by promoting the circulation of blood the Heart also moves yang qi. This circulation of yang qi is an aspect of the *shào yīn* pivot function. When the *shào yīn* is unable to move yang (when there is yang qi

deficiency), its pivot function breaks down which impairs the functions of the other yin channels, including the *jué yīn* functions of purifying and assigning blood, and the *tài yīn* function of fluid metabolism, both of which require warmth from *shào yīn*. As a result, a symptom pattern that includes deficiency-irritability (虚烦), fear, poor sleep and aversion to cold can appear. To treat this presentation, methods are used to release constraint through warming yang (温阳解郁) with the *shào yīn yuán*-source points HE-7 (*shén mén*) and KID-3 (*tài xī*). In such cases channel palpation will reveal abnormal changes along the *shào yīn* channel such as crispy, stick-like changes or small nodules in the region of HE-7 and HE-6 (*yīn xī*). The channel space from KID-2 (*rán gǔ*) to KID-3 (*tài xī*) (which includes KID-6 [*zhào hái*], KI-5 [*shuǐ quán*] and KID-4 [*dà zhōng*]) may also show similar changes.

Constraint can also involve the *jué yīn*. Classically it was said that the foot *jué yīn* Liver 'holds the office of the general and is the issuer of strategies and planning' (*Basic Questions, Chapter 8*).²⁷ Physiologically this refers to the important functions of the Liver functions of purifying (detoxifying) and then assigning (i.e. sending) blood (净化血、分配血) to the parts of the body that need it. The functions of the Liver channel are dependent upon the physiology of the hand *jué yīn* Pericardium channel. According to Dr. Wang's understanding, the Pericardium is associated with the coronary vessels and cardiac muscles, and thus the physical action of the heart pumping and moving blood throughout the body.²⁸ The two *jué yīn* channels are paired as they both have an important role in regulating blood throughout the body - one purifies and assigns blood, while the other moves blood. In order for the blood purified by the Liver to be assigned to the appropriate location, the Pericardium is required to move the blood.

Of the three yin channels the *jué yīn* is said to 'close' into the interior. In order for the foot *jué yīn* Liver to properly carry out its functions of purifying and assigning blood, the Liver must be in a state of relative calm. Emotional stress can impair the Liver and Pericardium functions of purifying, assigning and moving blood, thus leading to yin-blood constraint. Additionally, in *Basic Questions (Su Wen)* Chapter 8 it is stated that the hand *jué yīn* Pericardium is 'the envoy, and joy issues from it'.²⁹ Thus constraint in this channel can lead to a lack of joy. When there is yin-blood constraint in the *jué yīn* channel, it can lead to heat being constrained in the interior, which gives rise to symptoms that include restless agitation, irritability, poor sleep and a stifling sensation in the chest. Upon palpation there will be changes along the *jué yīn* channel, such as stick-like changes at P-7 (*dà líng*) and LIV-2 (*xíng jiān*). In fact, these two points are often needled together to clear constrained heat in the *jué yīn*.

Three constraint cases

The first two cases below are translated from *Wang Ju-Yi's Case Studies in Applied Channel Theory*, a recently published text that analyses over one hundred of Dr. Wang's clinical cases.³⁰ The final case is a recent case of the second author of this article. All three cases involved emotional or psychological disorders that led to constraint of the qi dynamic of a particular channel system, and each patient presented a constraint symptom pattern. However, for each case, the main channel system involved was different and the associated symptoms also varied considerably.

In general, when Dr. Wang does the patient intake, he places emphasis on documenting the patient's symptom pattern by categorising the symptoms into distinct groups. In an ideal situation, the chief complaint and its associated symptoms will be categorised into one group. This group of symptoms, or what Dr. Wang calls the 'symptom pattern structure'³¹ will already hint at which channels are involved. Analysis of the symptom pattern usually indicates the pathomechanism involved. Channel examination serves to confirm the diagnosis, and in many cases helps to refine the diagnosis and treatment approach. It is also common for channel examination to correct or modify the diagnosis (see Case 1 below). In more complicated cases where it is uncertain which channel is involved with the main complaint, channel examination can help the practitioner to pinpoint the primary pathological channel system.³²

Of the five methods of channel examination, the most commonly used is channel palpation.³³ As described above, when we palpate the channels we are feeling the spaces between the flesh, or what Dr. Wang prefers to call the channel crevices (*fēng xì* 縫隙). Channel palpation involves maintaining a gliding pressure with the edge of the thumb along the channel crevices from the hands to the elbows, and from the feet to the knees. Meticulous palpation of the channel crevices can reveal various abnormal changes, such as nodules, lumps, stick-like and crispy changes, and flaccidity or tightness.³⁴

In general, while doing the intake Dr. Wang rarely records the exact channel palpation findings. He prefers to only document which channels have abnormal changes, without necessarily recording the specific changes. For him it is more important to analyse the abnormal channels according to channel physiology, with focus placed on the channel(s) involved with the chief complaint. Diagnosis entails understanding how imbalances in the qi transformation of specific channels and their associated organs are related to the disorder. Although it is useful to understand where the particular abnormal changes are located, as it can reveal important information, fixating on the specific points where the changes occur can lead to the common error of simply treating the palpated changes. Although it is tempting to only needle the points where there are nodules, lumps or stick-like changes,

treatments are more effective when the patient's disorder is interpreted according to channel physiology (channel qi transformation). As the pathology of an illness can be complex, it is important to understand how imbalances in the channel system are causing the chief symptoms. Point selection is then based upon the pathology of the channel. Dr. Wang mainly selects points from the point categories as the chief points, such as the five transport points: *yuán*-source, *luò*-collateral, *xī*-cleft, *back-shù* or *front-mù* points. For example, for a patient suffering from cough, palpation of the hand *tài yīn* lung channel might reveal nodules at LU-5 (*chǐ zé*) and LU-6 (*kǒng zuì*). Abnormal changes on this channel provide the practitioner with objective confirmation that the cough is related to the Lung channel. Although one might be tempted to use both of these points for treatment, point selection should be based on the nature of the illness. If the patient has a cough with yellow phlegm due to wind-heat, then the *hé*sea point LU-5 (*chǐ zé*) will most likely be selected to regulate Lung qi and clear Lung heat. However, if the patient coughs blood, the *xī*-cleft point LU-6 (*kǒng zuì*) is selected to arrest cough and stop bleeding. For a patient with chronic cough, shortness of breath and a deep pulse, then the *yuán*-source point LU-9 (*tài yuǎn*) would be selected to tonify Lung qi.

During treatment, Dr. Wang's main emphasis is placed on accurately feeling for the location of points prior to needle insertion. He often spends more time palpating for the precise location of the point than on stimulating the point after insertion. In general, when points are accurately located an ideal 'de qi' sensation can be achieved, which generally involves a gentle radiating sensation that travels distally down the channel. For instance, when needling ST-36 (*zú sǎn lǐ*) the radiating sensation will travel down the foot *yáng míng* channel to the ankle and dorsum of the foot.

Case 1: Qi Constraint and heat in the *shào yáng*

Mr. Wang, age 37

Initial visit: 13th October 2010

Chief complaint: Restless agitation and irascibility for one year, with the symptoms worsening in the past six months.

Medical history and symptom pattern: For the past year, the patient had suffered from anxiety, which had become more severe in the last six months. One year ago, after the patient's wife was diagnosed with breast cancer, he began to suffer from increased work and emotional stress. The patient developed a short temper, and got into frequent arguments with people throughout the day. He had many dreams at night, often dreaming that he was sitting on a train that traversed up and down a steep mountain range. He also had a bitter taste in his mouth and a dry mouth. The patient had acne pustules (that were not itchy) on bilateral *shào yáng* channels around GB-3 (*shàng guān*). He also presented with halitosis, incomplete stool evacuation

and yellow urine. The middle area of the tongue coating was slightly thick, and his pulse was wiry and rapid.

Channel examination: Foot *jué yīn*, hand *shào yáng*, hand and foot *tài yáng*, foot *tài yīn* and the *Dū Mài* were all abnormal. There was also hyper-sensitivity at DU-9 (*zhì yáng*).

Channel differentiation: The illness was in the *jué yīn* and *shào yáng* channels. There was constrained heat in the *jué yīn*.

Channel selection: *jué yīn* channel, *Dū* and *Yīn Qiāo Mài*.

Point selection: Needle P-7 (*dà líng*), LR-2 (*xíng jiǎn*) and KID-8 (*jiāo xìn*). Quick in-and-out needling of DU-9 (*zhì yáng*) without retention.

Herbal formula:

Chai Hu (Bupleuri Radix)	10g
Bai Shao (Paeoniae Radix alba)	15g
Sheng Ci Shi (Magnetitum)	30g
Huang Qin (Scutellariae Radix)	10g
Sheng Long Gu (Fossilia Ossid Mastodi)	15g
Mu Li (Ostreae Concha)	15g
Yu Jin (Curcumae Radix)	10g
Gua Lou (Trichosanthis Fructus)	15g
Ban Xia (Pinelliae ternatae Rhizoma)	6g
Huang Lian (Coptidis Rhizoma)	3g
Mai Men Dong (Ophiopogonis Radix)	10g
Wu Wei Zi (Schisandrae Fructus)	10g
(Seven packets)	

2nd visit (20th October): The patient's nightmares and halitosis had decreased. However, his main symptoms of irascibility and restless agitation had not changed. He had a sparse tongue coating.

Channel examination: The *shào yáng* and foot *yáng míng* channels were abnormal. There was a lump at SJ-5 (*wài guān*) and hypersensitivity at ST-44 (*nèi tíng*).

Channel differentiation: As the patient's symptoms did not show significant improvement, the therapeutic approach was reconsidered. It was believed that qi constraint in the *shào yáng* had led to *shào yáng* fire. In addition, *shào yáng* constraint was impacting the qi dynamic of the *yáng míng*. *Yáng míng* qi should descend, but for this patient *shào yáng* constraint was also causing *yáng míng* qi to become stagnant, leading to accumulation of *yáng míng* heat, with related to symptoms such as halitosis and incomplete stools.

Channel selection: *shào yáng*, *yáng míng* and *yīn qiāo*. The main goal was to clear *shào yáng* fire.

Point selection: SJ-5 (*wài guān*), GB-41 (*zú lín qì*), ST-44 (*nèi tíng*) and KID-6 (*zhào hǎi*).

Herbal Formula:

Xia Ku Cao (Prunellae Spica)	10g
Long Dan Cao (Radix Gentianae Scabrae)	6g
Hu Huang Lian (Rhizoma Picrorrhizae)	6g
Zhi Zi (Gardeniae Fructus)	6g
Lai Fu Zi (Raphani Semen)	10g

Zhi Mu (Anemarrhenae Radix)	15g
Ze Xie (Alismatis Rhizoma)	10g
Lian Zi (Semen Nelumbinis Nuciferae)	10g
Sheng Di Huang (Rehmanniae Radix)	20g
Gan Cao (Glycyrrhizae Radix)	6g
Yu Jin (Curcumae Radix)	6g
(Seven packets)	

3rd visit (27th October): All of the patient's main symptoms such as irascibility, restless agitation and nightmares had reduced in severity. The patient no longer had halitosis and the acne around GB-3 (*shàng guān*) had decreased significantly. The patient reported a stiff neck. His tongue had a white coating, and his pulse was thin and rapid.

Channel examination: Hand and foot *shào yáng*, foot *jué yīn*, hand *tài yáng* and hand *tài yīn* channels were abnormal.

Channel differentiation: Qi stagnation in the *shào yáng* and constrained heat in the *jué yīn*.

Channel selection: *shào yáng*, foot *jué yīn* and hand *tài yáng*. The main goal was to dredge the *shào yáng*.

Point selection: SJ-6 (*zhī gōu*), GB-34 (*yáng líng quán*) and LIV-2, plus SI-5 (*yáng gǔ*) to relax his stiff neck.

Herbal formula: Same as the previous week. Seven packets were prescribed.

Results: After three treatments, the patient's symptoms resolved. He was given one more treatment to consolidate the results.

Analysis: Due to anxiety and stress over his wife's health, the patient developed a constraint symptom pattern, with irascibility as the chief complaint. Based on channel examination it was discovered that both the *jué yīn* and *shào yáng* channels were involved with his illness. It was believed that the root was in the *jué yīn*, while the branch was in the *shào yáng*. Emotional stress can impair the Liver's capacity to maintain the quality of and assign blood, thus leading to blood stasis. At the same time, the Pericardium's ability to pump blood throughout the vessels in the body can also be impaired, leading to stagnation in the chest. When there is excess heat in the *jué yīn* it can also percolate into its interior-exterior paired channel as heat in the *shào yáng*. For this patient, *shào yáng* heat presented as acne around GB-3 (*shàng guān*), a bitter taste in his mouth and irascibility. In spite of signs of *shào yáng* heat, it was assumed that by treating the root of the problem (i.e. clearing constrained heat in the *jué yīn*), the patient's symptoms would be relieved. P-7 (*dā líng*) and LIV-2 (*xíng jiān*) were selected as the chief points to achieve this result.

After the first treatment, the nightmares and halitosis showed improvement, but the chief complaint of irascibility did not change. For Dr. Wang, these results were not ideal; he had hoped to see greater improvement in the patient's short temper. As a result, the treatment

approach was reconsidered. It is important to note that the patient had palpable changes on the *shào yáng* channels. Since the symptoms revealed signs of *shào yáng* excess, such as irascibility, bitterness in the mouth and acne at GB-3 (*shàng guān*), SJ-5 (*wài guān*) and GB-41 (*zú lín qì*) on the *shào yáng* channel were selected to clear heat.

The patient also presented symptoms of *yáng míng* heat, such as halitosis and incomplete stools. It was believed that the constraint in the *shào yáng* was impacting its ability to pivot, thus affecting the qi dynamic of the *yáng míng*. In general *yáng míng* qi descends, which allows for the evacuation of fecal matter. For this particular patient, *shào yáng* constraint was impacting the descending action of the *yáng míng*, which also became constrained. Eventually, this stagnation resulted in the formation of *yáng míng* heat, leading to halitosis and incomplete bowel movements. As a result, ST-44 (*nèi tíng*) was added to help clear stomach heat, with KID-6 (*zhào hǎi*) to calm the spirit.

The herbal prescription was also modified accordingly after the first treatment, with the main herbs changed to those with a stronger function of clearing heat. The following week the patient reported that his symptoms of restless agitation, irascibility, halitosis and acne around GB-3 (*shàng guān*) had all significantly reduced. For the third treatment, as the *shào yáng* heat symptoms subsided, the treatment plan switched to dredging qi stagnation in the *shào yáng*, by selecting TB-6 (*zhī gōu*) and GB-34 (*yáng líng quán*).

After three treatments, the patient's symptoms completely resolved. For the last treatment, the channels were re-palpated and the abnormal findings on both the *shào yáng* and *jué yīn* channels had disappeared.

Case 2: yang deficiency in *shào yīn*

Ms. Dong, age 53

Initial visit: 24th October 2013

Chief complaint: Constant dull spasmodic pain around the umbilicus.

Medical history and symptom pattern: The patient had suffered from pain around the umbilicus for three months, which had become more severe in the past month. The pain became worse when she was nervous or in a rush. The patient had a poor appetite and had lost five kilograms in the three months prior to the consultation. She also described increased burping and flatulence, especially when exposed to cold. After burping or passing gas, the abdominal pain decreased. She experienced a feeling of cold in her abdominal region as well as a general aversion to cold. She also suffered from difficulty falling asleep and poor quality dream-disturbed sleep. For the past month, she had experienced a sense of fear, particularly of being alone.

Three years ago the patient had retired and began to feel depressed, with her symptoms becoming more severe in the past year. She had been diagnosed with depression at

conventional medical hospitals in Shenzhen and Beijing. The patient had been taking anti-depressant medication and sleeping pills for the past two months, during which time she had become more emotionally detached and had started to have suicidal thoughts. The patient underwent a colonoscopy, endoscopy, abdominal MRI and abdominal CT scan, none of which revealed any abnormalities. She reported a bitter taste and a dry mouth. Her urination and bowel movements were normal. She had a pale tongue, with a white, thick and dry tongue coating. Her pulse was sunken and thin.

Channel examination: On the hand and foot *tài yīn* channels there were nodules from LU-6 (*kǒng zuì*) to LU-5 (*chǐ zé*), softness at SP-9 (*yīn líng quán*) and a lump at SP-8 (*dì jī*). On the hand *shào yīn* channels stick-like changes were found between HE-7 (*shén mén*) and HE-6 (*yīn xī*), and thickening along the channel at HE-3 (*shào hǎi*). The foot *shào yīn* channel also showed changes. There was pronounced hardness and tightness around the umbilicus.

Channel differentiation: The illness was in the *tài yīn* and *shào yīn* channels. There was constraint in the *shào yīn* from yang deficiency, which had impacted its ability to act as a pivot. As a result, the *tài yīn* qi dynamic had become impaired.

Channel selection: *Tài yīn*, *shào yīn*, *yáng míng* and *rèn mài*.

Point selection: Needle LU-5 (*chǐ zé*), SP-8 (*dì jī*), HT-3 (*shào hǎi*), HE-7 (*shén mén*), KID-3 (*tài xī*) and ST-36 (*zú sǎn lǐ*). Moxa KID-3 (*tài xī*), REN-4 (*guān yuán*) and REN-8 (*shén què*) for 15 minutes each with a moxa stick.

2nd visit (26th October): One hour after the first treatment the abdominal pain stopped. Since then, although it returned, it had been less severe and persisted for shorter periods of time. The patient still had trouble falling asleep, was still easily startled and still experienced a sensation of fear. The bitter taste in her mouth had disappeared, but she continued to experience a dry mouth.

Point Selection: Needle LU-5 (*chǐ zé*), SP-8 (*dì jī*), HE-3 (*shào hǎi*), HE-7 (*shén mén*), KID-3 (*tài xī*), ST-36 (*zú sǎn lǐ*) and REN-12 (*zhōng wǎn*). Moxa RN-8 (*shén què*) for 15 minutes.

3rd visit (29th October): Her abdominal pain continued to subside. The pain remained dull, but occurred less frequently and did not last as long. Her sensation of fear had decreased and the patient was able to stay at home alone without feeling afraid. In recent days she reported a prolapsed haemorrhoid. Her stools were slightly dry, and she passed one bowel movement per day. She also reported frequent urination with pain and a burning sensation when urinating. The patient had a history of urinary tract infections and in the past had been diagnosed with chronic interstitial cystitis. She reported a dry mouth, deficiency sweating and aversion to wind.

Channel examination: There was roughness along the hand *yáng míng* at L.I.-6 (*piān lì*) and L.I.-7 (*wēn liū*), which was related to the haemorrhoids. There was a string of

nodules on the hand *tài yīn* from LU-6 to LU-5. Abnormal changes were also found from KID-3 (*tài xī*) to KID-7 (*fù liū*).

Channel selection: *Tài yīn*, *shào yīn*, *yáng míng* and *rèn mài*.

Point Selection: Needle L.I.-7 (*wēn liū*), REN-3 (*zhōng jí*), ST-29 (*guī lái*), SP-8 (*dì jī*), KID-7 (*fù liū*) and SP-6 (*sān yīn jiāo*). L.I.-7 (*wēn liū*) was selected to treat the hemorrhoids, KID-7 (*fù liū*) to treat the urinary disorder and sensation of fear, REN-3 (*zhōng jí*), ST-29 (*guī lái*) and SP-6 (*sān yīn jiāo*) were selected to treat both the urinary disorder and abdominal pain, and SP-8 (*dì jī*) to treat the abdominal pain.

4th visit (31st October): After the last treatment, the haemorrhoid improved and the lower abdominal pain reduced significantly in severity. The feeling of fear was no longer present. The patient still had difficulty falling asleep and still reported frequent urination, burning sensation and pain upon urination, and dry stools.

Channel examination: *Tài yīn*, *yáng míng* and *tài yáng* channels were abnormal. Channel selection: *Tài yīn*, *yáng míng* and *tài yáng* channels.

Point selection: SP-3 (*tài bái*), SP-8 (*dì jī*), REN-4 (*guān yuán*), SP-6 (*sān yīn jiāo*) and ST-25 (*tiān shū*). In-and-out needling of BL-32 (*cì liáo*) and BL-28 (*páng guāng shū*) without retention.

5th to 7th Visits (2nd to 7th November): The abdominal pain further reduced and the pain now only persisted for short periods of time.

Point Selection: SP-9 (*yīn líng quán*), SP-8 (*dì jī*), REN-4 (*guān yuán*), SP-6 (*sān yīn jiāo*) and ST-25 (*tiān shū*).

Herbal formula

Bai Shao (Paeoniae Radix alba)	12g
Gan Cao (Glycyrrhizae Radix)	6g
Wu Yao (Linderae Radix)	6g
Chuan Lian Zi (Toosendan Fructus)	6g
Zhi Ke (Aurantii Fructus)	6g
Yin Chen Hao (Herba Artemisiae Capillaris)	6g
Zhi Zi (Gardeniae Fructus)	3g
Chai Hu (Bupleuri Radix)	6g
(Three packets)	

8th to 11th visits (9th to 16th November): The umbilical pain occasionally referred to the lumbar area, but overall was 80 per cent better. Her appetite was better and she had gained five kilograms in weight. Treatment during this period continued to use points on the *tài yīn* and *yáng míng* channels, including points around the umbilicus such as REN-9 (*shuǐ fēn*), ST-25 (*tiān shū*) and REN-10 (*zhōng wǎn*).

Herbal formula: The same formula was used, with the inclusion of Gan Jiang (Zingiberis Rhizoma) 6g and Yan Hu Suo (Corydalis Rhizoma) 10g. Three packets were prescribed

Results: After 11 treatments, the patient's abdominal pain had resolved completely and her emotional state

significantly improved. Two months later, she telephoned the clinic to confirm that her illness was completely better. Earlier this year, she called to refer a patient to Dr. Wang, and stated that she remains well.

Analysis: To better understand the depression and abdominal pain experienced by this patients, her symptoms can be classified into two separate symptom patterns. Both symptom patterns were a result of depression that led to constraint of two channel systems, thus exacerbating the depression and its related symptoms. The first group of symptoms related to constraint of the *shào yīn* and the psychological symptoms of depression, fear and poor sleep. The second group of symptoms, although also rooted in her depression, involved constraint of the *tài yīn*. These symptoms included severe abdominal pain, with associated symptoms of poor appetite and loss of weight.

Findings from channel examination were linked with these two groups of symptoms, with changes on the hand and foot *shào yīn* channels and hand and foot *tài yīn* channels. According to channel theory, when the *shào yīn* is unable to carry out its normal physiological function of pivoting, the other two yin channel systems will not function normally. As this patient had suffered from depression for three years, it led to constraint in the *shào yīn* due to yang deficiency, which then weakened its ability to act as a pivot. The *shào yīn* is susceptible to harm from emotional excesses as a consequence of the role of the hand *shào yīn* Heart, which governs spirit clarity. Deficiency in the foot *shào yīn* Kidney is associated with fear. The patient also presented with other *shào yīn* symptoms such aversion to cold and a sunken and thin pulse. The *yuán*-source points of the *shào yīn*, HE-7 (*shén mén*) and KID-3 (*tài xī*) were chosen to release constraint in this channel system by warming yang. The *hé*-sea point of the Heart channel, HE-3 (*shào hǎi*), was added to regulate the qi dynamic of the hand *shào yīn* and to provide movement throughout this channel to disperse constraint.

Constraint in the *shào yīn* impacted the normal physiological function of *tài yīn* opening to the exterior,³⁵ which manifested as a compromised ability to move qi and transform dampness. The changes along the foot *tài yīn* channel suggested that this channel was directly linked to the lower abdominal pain. The foot *tài yīn* has branches that travel to the lower abdominal region at REN-4 (*guān yuán*) and REN-3 (*zhōng jī*), while the foot *tài yīn* channel sinew attaches to the umbilicus.³⁶ In addition, the patient suffered from a poor appetite and loss of weight, which provided further clarification that there was impairment to the foot *tài yīn*'s transformation and transportation function. In addition to the *yuán*-source points on the *shào yīn*, points on the hand and foot *tài yīn* channels were also selected. The *hé*-sea point, LU-5 (*chǐ zé*), was used to regulate and promote the movement of qi in the *tài yīn*, while the *xī*-cleft point SP-8 (*dì jī*) was selected to alleviate abdominal pain. ST-36 (*zú sǎn lǐ*) was added to strengthen

the Spleen and Stomach. Moxa was used on abdominal points to relieve local pain by warming yang.

As the patient's feelings of fear subsided - a sign that constraint in the *shào yīn* had improved - subsequent treatments focused on alleviating abdominal pain through regulation of the foot *tài yīn*. Local abdominal points, such as REN-9 (*shuǐ fēn*) and REN-10 (*xià wǎn*) were selected to treat the pain and tightness around the umbilicus. Over

When the shào yīn is unable to carry out its normal physiological function of pivoting, the other two yin channel systems will not function normally.

the course of treatment, points were modified according to the changing nature of the pain. The tightness and stiffness in the abdominal region gradually subsided and her appetite gradually returned. In addition, the patient gained weight and her psychological symptoms showed remarkable improvement.

Case 3: Constrained heat in the *jué yīn*

Ms. Yang, age 34

Chief complaint: Chest oppression (stifling discomfort in the chest) for two days.

Medical History and Symptom Pattern: In the past week, the patient had suffered from stress and anxiety over the slow progress of her career as an artist. For the past two days she reported chest oppression, irritability and restless sleep. She had a sunken, thin and slightly rapid pulse, while her tongue was dusky with a thin white tongue coating.

Channel examination: *jué yīn* and *tài yīn* channels had abnormal changes, with stick-like changes at PC-7 (*dà líng*) and a soft nodule at LIV-3 (*tài chōng*).

Channel differentiation: Constrained heat in the *jué yīn*.

Point selection: P-7 (*dà líng*) and LIV-2 (*xíng jiǎn*).

Results: The patient spontaneously giggled uncontrollably after the needles were inserted, which persisted while the needles were retained. The following day the patient reported that her chest oppression had resolved.

Analysis: This patient was suffering from an acute feeling of chest oppression with associated symptoms of irritability and restless sleep. This chest oppression was a physical manifestation of constraint. Based on palpation, it was believed that the *jué yīn* channel changes were directly related to her symptoms. The hand and foot *jué yīn* channels are paired together in the same system, and both have a close relationship with blood. The foot *jué yīn* Liver stores, purifies and assigns blood. In order for the blood to enter the Liver and then be assigned to other parts of the body, it requires the hand *jué yīn* Pericardium

to pump it through the vessels. When there is a problem with the movement and purification of blood, it can lead to constraint. Prolonged yin-blood constraint eventually leads to the formation of constrained heat. In this patient, the constraint manifested itself in the chest, and led to the formation of heat. Thus she experienced symptoms of chest oppression, irritability and poor sleep. Palpation revealed changes along the *jué yīn* channel, which confirmed the involvement of this channel system.

P-7 (*dà líng*) and LIV-2 (*xíng jiān*) were selected to clear the constrained heat. According to five-phase theory, LIV-2 (*xíng jiān*) is the fire point (child) on a wood channel (mother), thus it has functions of draining Liver heat. P-7 (*dà líng*) is the yuán-source point of the hand *jué yīn* Pericardium channel. Dr. Wang has found that unlike other yin-channel source points, the capacity of P-7 (*dà líng*) to tonify is not particularly strong. Instead, it has a greater function of clearing constrained heat in the *jué yīn*. Dr. Wang believes that since it is a source point, it strengthens the ability of the Pericardium to pump blood and invigorates the movement of blood, thus removing constraint in the chest.

Immediately after the needles were inserted and de qi was obtained, and for the entire duration of needle retention, the patient giggled uncontrollably. She later commented that the giggling had induced a feeling of relaxation throughout her body. The symptoms of chest oppression and irritability were resolved after one treatment, but she still was not able to sleep soundly. For the following treatment the patient requested the same points to make her laugh again. Even though she did not giggle, her sleep improved after this treatment. This case helped confirm the statement in *Basic Questions Chapter 8* that the hand *jué yīn* Pericardium is 'the envoy, and joy issues from it.'³⁷

Conclusion

In the modern clinic, practitioners often see patients suffering from psychological disorders such as depression and anxiety. Disharmony of the seven emotions can result in constraint of channel and organ physiology, thus leading to constraint symptom patterns. The symptoms that arise from constraint can be understood by considering the original definition of *yù* 郁, which describes dense forests, strong aromas and thick clouds - in other words, constraint involves a kind of stuffy, muggy stagnation. Associated symptoms include feeling depressed, a stifling sensation or fullness in the chest, lack of appetite, irritability, insomnia and plum-pit qi. Chronic patterns of constraint can exacerbate the abnormal emotion that was the original cause of the disorder. In other words, an abnormally strong or prolonged emotion such as anger, sorrow, worry or fear can lead to the constraint pathomechanism and its associated symptoms. Over time, the constraint symptom pattern can intensify,

thus enhancing the original emotional disorder and its related symptoms. This becomes a vicious cycle where the emotional cause of constraint can be further compounded by the constraint pathomechanism, hence intensifying the abnormal emotion. For example, in Case 1 the patient was initially worried about his wife's health, which gradually led to constraint pathomechanism and the development of a constraint symptom pattern. Over a one year period, his constraint symptoms became more severe, and he presented with uncontrollable anger as his main complaint. In Case 2, the patient complained of feeling only mildly depressed initially after retirement, but over time her symptoms (due to the worsening constraint) became so severe that she began to feel suicidal and developed severe abdominal pain. Case 3 is an example of an acute constraint pattern: the patient only felt anxiety for a week and compared to the previous two patients her symptoms were not as severe. Due to the acute nature of her condition, she recovered much faster.

From the perspective of Applied Channel Theory constraint can affect the qi dynamic of a number of channels, but usually manifests in the *shào yáng*, *shào yīn* and *jué yīn* channels (as seen in the cases presented in this article). Although the symptom patterns related to constraint of particular channels have shared characteristics, since each channel has its unique physiology, constraint affecting each channel will lead to a unique set of symptoms. For example, a patient with depression due to *shào yáng* qi stagnation is more likely to exhibit hypochondriac pain and a wiry pulse. In some cases qi stagnation in the *shào yáng* can develop into *shào yáng* heat, with associated symptoms of anger, a bitter taste in the mouth, and a wiry and rapid pulse (i.e. Case 1). If the patient's constraint is related to *shào yīn* yang deficiency (i.e. Case 2), not only will the patient feel depressed, he/she may present with anxiety, insomnia, cold hands and feet, and a sunken pulse. Finally, for cases of constrained heat in the *jué yīn*, symptoms of irritability, chest oppression, a dusky tongue and a relatively deeper and slightly rapid pulse are typical (i.e. Case 3). In all three cases channel palpation identified abnormal changes along the related channel pathways. Interpretation of the patient's symptoms and abnormal channel findings should be approached through an understanding of channel physiology and six level theory. Essential to the intake is channel examination. The precision of the diagnosis is dependent upon careful palpation of the channels and connecting the findings from channel examination with the symptom pattern and changes in the qi dynamic.

Dr. Wang Ju-yi (王居易) has been practising Chinese Medicine in Beijing for over 50 years. In 1962 he graduated as a member of the first class of the Beijing University of Chinese Medicine. Upon graduation he worked for over two decades at the acupuncture department of the Beijing Hospital of Chinese Medicine. Later posts included Director of the Xuanwu Hospital of Chinese Medicine, Director of the

Acupuncture Department at the China Academy of Chinese Medical Sciences and Editor-in-Chief of the journal *Chinese Acupuncture (Zhong Guo Zhen Jiu)*. In 2012, Dr. Wang was recognised by the Beijing government for his contributions to Chinese medicine by establishing a 'Wang Ju-yi Master-Apprentice Research Center' with the goal of continuing to research and transmit his methods to future generations. His publications include *Applied Channel Theory in Chinese Medicine* (2008) with Jason Robertson, *Wang Ju-yi's Case Studies in Applied Channel Theory* (《王居易针灸医案讲习录》2014) and *An Introduction to Applied Channel Theory* (《经络医学概论》2016).

Jonathan W. Chang (张侨文) is a graduate of the Beijing University of Chinese Medicine (2012). He has studied with Wang Ju-yi in Beijing since 2008, and was recognised as an official apprentice in 2013. He has contributed to the publication of Dr. Wang's recent books *Wang Ju-yi's Case Studies in Applied Channel Theory* and *An Introduction to Applied Channel Theory*. Together with Mei Li he is translating Wang Ju-yi's *Case Studies in Applied Channel Theory* into English. Originally from Canada, Jonathan lives in Beijing where he works as an instructor and translator at the Wang Ju-yi Applied Channel Theory Research Center.

Endnotes

- 1 王居易 (2014)。《王居易针灸医案讲习录》。中国中医药出版社: 北京。
- 2 In Chinese, Applied Channel Theory is called *Jing Luo Yi Xue* (经络医学), which literally translated means 'Channel Medicine'. It is a broad term that encompasses channel theory and its clinical application. Channel theory refers to channel qi transformation theory, theories of channel diagnosis (including channel examination, channel differentiation and channel selection) and acupuncture point theory (including the anatomy and functions of point categories). The clinical application of these theories can be used in all fields of Chinese medicine, from acupuncture and tuina to herbal medicine. In that sense, Applied Channel Theory is a broad field of study that is an essential component of TCM. 王居易 (2016)。《经络医学概论》。中国中医药出版社: 北京
- 3 《灵书·经脉》: 经脉十二者, 伏行分肉之间。
- 4 Wang Ju-yi (2014). "Respecting our Ancestors and Searching for our Roots: The Source for the Cultivation and Establishment of Applied Channel Theory", Translated by Chang, J, *North American Journal of Oriental Medicine*, 21(60), 9-11
- 5 《说文解字》: “鬱, 木丛生也”。
- 6 陈夏华 (1998)。《古代汉语词典》。商务印书馆: 北京。
- 7 《康熙字典》: 《集韵》地名。《前汉·地理志》右扶风有郁夷县, 胶东有郁秩县, 又郁郅县, 属北地郡。
- 8 《康熙字典》: 又郁郁, 文盛貌。《史记·五帝纪》其色郁郁, 其德巍巍。
- 9 《康熙字典》: 又《天官书》郁郁纷纷, 萧索轮困, 是谓卿云。
- 10 《康熙字典》: 《司马相如·上林赋》芬芳沤郁, 酷烈淑郁。
- 11 李经纬 (2004)。《中医大辞典》。人民卫生出版社: 北京。
- 12 Over the centuries, yù (郁) was used to describe the 'five constraints' associated with the five phases (五郁) as well as the 'six constraints' (六郁) associated with phlegm, damp, heat, blood, qi and food. Constraint was also used in relation to the six climatic qi (六气郁), seven emotions (七郁) and the zang-fu organs (脏腑郁). However, modern TCM textbooks tend to focus on the relationship between the seven emotions and constraint symptom patterns.
- 13 王居易 (2016)。《经络医学概论》。中医药出版社: 北京。
- 14 张景岳 (1624)。《景岳全书·杂证谟·郁证》: 凡五气之郁, 则诸病皆有, 此因病而郁也。至若情志之郁, 则总由乎心, 此因郁而病也。
- 15 叶天士 (1764)。《临证指南医案·郁》。
- 16 张伯臾 (1985)。《中医内科学》。上海科学技术出版社: 上海。
- 17 田德禄 (2002)。《中医内科学》。中国人民出版社: 北京。
- 18 He actually used this analogy during a muggy summer day.
- 19 jié (结): Although this term generally means knots, in terms of emotions it can refer to pent-up feelings. Dr. Wang says that jié (结) is often paired together with yù (郁) to form the word yù jié (郁结). They are paired together because they describe a similar pathomechanism. For example, yù is a pathology of/referring to stagnation that cannot be dispersed. Jié is also related to stagnation that cannot be released, which leads to the formation of knots. Modern dictionaries also use jié to describe pent-up feelings.
- 20 《中医内科学》, op. cit.
- 21 Modern TCM textbooks in China emphasise the relationship between disharmony of the seven emotions and constraint symptom patterns. Similarly, in Dr. Wang's clinic the majority of constraint symptom pattern cases are rooted in emotional issues, and this article illustrates three cases of constraint that were due to emotional disharmony. However, we have also encountered a minority of constraint symptom pattern cases which result from other causes. For example, we had one patient who developed constraint symptoms as a result of improper qigong practice. His wife said that prior to practicing qigong her husband had been an outgoing and generally happy person. Incorrect breathing techniques had led to qi constraint and a series of symptoms that included depression, chest oppression and fatigue. Other cases with constraint symptom patterns from non-emotional causes include patients recovering from chemotherapy and stroke.
- 22 From a personal experience, when my grandfather was on his deathbed I quietly observed his body slowly break down. Normally he was very kind-hearted, but once his body started to shut down (i.e. involving zang deficiency and disharmony) there was a significant change in his personality. He became irritable in situations that would normally not bother him. Due to the decline in his zang organs, he became more susceptible to negative emotional stimuli and thus constraint symptom patterns emerged.
- 23 The emphasis on the emotional component in the textbooks is likely because of its clinical relevance.
- 24 沈金鳌 (1773)。《杂病源流犀烛·诸郁源流》: 诸郁, 脏气病也。其源本于思路过深, 更兼脏气弱, 故六郁之病生矣。六郁者, 气、血、湿、热、食、痰也。
- 25 A deeper discussion of Wang Ju-yi's understanding of the triple burner can be found in Wang, J.Y. & Robertson, J. D. (2008). *Applied Channel Theory in Chinese Medicine*, Eastland Press: Seattle.
- 26 《难经·第六十六难》: 三焦者, 原气之别使也。Classic of Difficulties (*Nan Jing*), Chapter 66.
- 27 《素问·灵兰秘典论》: 肝者, 将军之官, 谋虑出焉。Basic Questions (*Su Wen*), Chapter 8.
- 28 Please refer to Wang Ju-yi's *Applied Channel Theory in Chinese Medicine*, op. cit.
- 29 《素问·灵兰秘典论》: 膻中者, 臣使之官, 喜乐出焉。Basic Questions (*Su Wen*), Chapter 8.
- 30 王居易 (2014), 《王居易针灸医案讲习录》, 中国中医药出版社: 北京。An English translation of this book by Jonathan Chang and Mei Li will soon be published by Eastland Press.
- 31 症候结构。
- 32 For more information on channel examination, please refer to Wang Ju-yi & Robertson, J. D., *Applied Channel Theory in Chinese Medicine*, op. cit.
- 33 The five methods of channel examination are observation, palpation of pulses, feeling for temperature and moisture, pressing, and channel palpation.
- 34 For more information on common palpable changes please read: Wang Ju-yi & Mei Li (2012). "The Clinical Significance of Palpable Channel Changes", *Journal of Chinese Medicine*, 99, 5-11
- 35 *Tai yin* is the 'outside of the inside'.
- 36 《灵书·经筋》: 足太阴之筋。上腹, 结于脐。- *Divine Pivot (Ling Shu)*, 'Channel Sineus'.
- 37 《素问·灵兰秘典论》: 膻中者, 臣使之官, 喜乐出焉。Basic Questions (*Su Wen*), Chapter 8.