

Constitutional/Conditional Acupuncture: Basic Theory and Clinical Practice

Abstract

This article presents the basic theories of the system of Constitutional/Conditional Acupuncture developed by the author. These are illustrated by case studies from a three-day clinical workshop on this approach to acupuncture held in Kunming in October 2017.

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Introduction

In October 2017 I had the unique opportunity to teach a three-day clinical workshop on the system of acupuncture that I have developed (Constitutional/Conditional Acupuncture¹) to acupuncture students and practitioners in Kunming (People's Republic of China, [PRC]) under the auspices of the Yunnan University of Traditional Chinese Medicine. Since 2013, the Yunnan University of Traditional Chinese Medicine has held an annual Forum in Kunming devoted to examining the contributions of Western practitioners, researchers and scholars in the field of Chinese medicine, with the aim of critically examining the limitations that might impact the fullest development of TCM in the PRC. In 2014, following an invitation from Professor He Ting (賀霆) I gave an online presentation to this forum with the title, 'Jacques Lavier; a presentation to the Second International Forum of Anthropological Research on Chinese Medicine in the West'.² Professor He has continued to spearhead the investigation of Western contributions to Chinese medicine and, in early 2017, he organised the founding conference in Paris of a new organisation devoted to this subject, the Centre de Recherche sur les Apports Occidentaux à la Médecine Chinoise (CRAOMC), at which I was asked to serve as a vice-president. During this meeting, plans were made for the fifth annual forum in Kunming, and I was invited to conduct a pre-forum clinical workshop for Chinese students and practitioners, to demonstrate Constitutional/Conditional Acupuncture. The workshop was designed to last three days, during which each morning I would examine and treat patients, and each afternoon I would explain the methods I used and give personal feedback to the attendees on how to conduct the examination procedures and formulate the treatment protocols that I had demonstrated. On the second and third day, I arranged for the patients

who had been treated previously to return for both a progress report and follow-up treatment, if necessary. The case histories in this article include all the patients from this workshop.³ The patients treated are identified only by number, both for purposes of confidentiality⁴ and to reflect the order in which they were treated.

Basic theory

Constitutional/Conditional Acupuncture is based on the premise that each human being is endowed at conception with a unique set of strengths and weaknesses in terms of the functioning of their zangfu and associated conduits (jingmai). The particular order of these strengths and weaknesses reflects the person's yuan qi (original energy⁵), and in my system is called their Constitution. If this order becomes altered by the influence of any of the external, internal or miscellaneous causes of disease as recognised in Chinese medicine, then one organ (official) will become relatively hyperactive, while another will become relatively hypoactive (or vice-versa), reflecting basic yinyang theory. Such an alteration disturbs the original optimal state of the qi mechanism of the organs. When this alteration occurs, the individual no longer feels like themselves, or in other words has developed a Condition (premorbid or even frank illness). The goal of this style of acupuncture treatment is to restore the original order of functioning of the officials, so that the individual once again feels like themselves, thus changing a state of illness back to one of wellness. Diagnosis of both the Constitution and the Condition is primarily via various methods

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of pulse examination as transmitted from China, Korea, India and other Asian countries. My own contribution to this system has been mostly one of synthesising these apparently disparate traditions into a coherent whole, reflecting their common recognition of nature's unity. That is, although Ayurvedic medicine, Korean medicine and Chinese medicine differ in their theoretical postulates, they share a vitalistic⁶ understanding of human health and illness, and holistic models which I think of as lenses through which one might understand human life. These lenses reveal different aspects of life, but by combining their different viewpoints, a more complete understanding of life's nature can be synthesised. Western medicine, on the other hand, is not based on vitalism, and thus has not been included in the development of Constitutional/Conditional Acupuncture. In this synthetic approach to acupuncture, typically the distal shu (transport) points (five element⁷ points) are most commonly employed for treatment, as these points regulate the interactions between the zangfu.⁸

Diagnosis

In the following section I briefly summarise the background theory and diagnostic procedures used in Constitutional/Conditional Acupuncture, which were employed in the case histories that follow:

- 1) Korean Sasang medicine (derived from the *Yijing*) posits four constitutional types (soyangin, taeyangin, soeumin and taeumin), which are diagnosed kinesiology through Omura's O-Ring test,⁹ comparing the patient's reactions when holding

four different foods (cucumber, banana, potato and carrot respectively). If the food resonates with the individual's constitutional type, then the O-Ring test will show better neuromuscular coordination. There is also a method of pulse diagnosis developed by Puramo Chong, one of my Korean teachers, which can be used to confirm this finding. In my practice I interpret these four types as indicative of the following relationships: soyangin has the earth element stronger than the water element, taeyangin has the metal element stronger than the wood element, soeumin has the water element stronger than the earth element and taeumin has the wood element stronger than the metal element.¹⁰

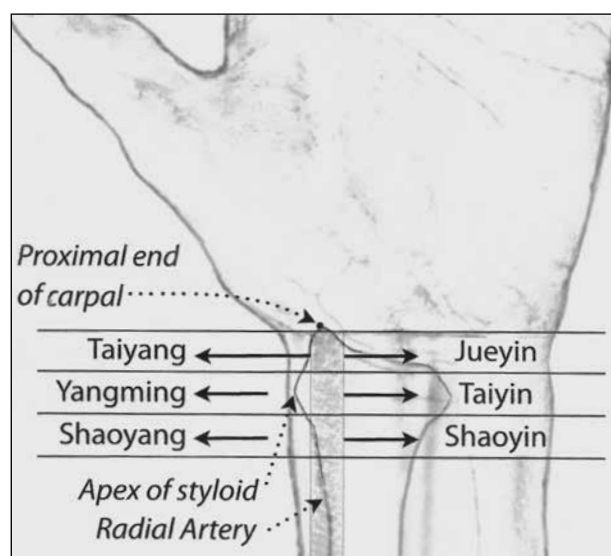


Figure 1: Maijing medial/lateral pulse deviations

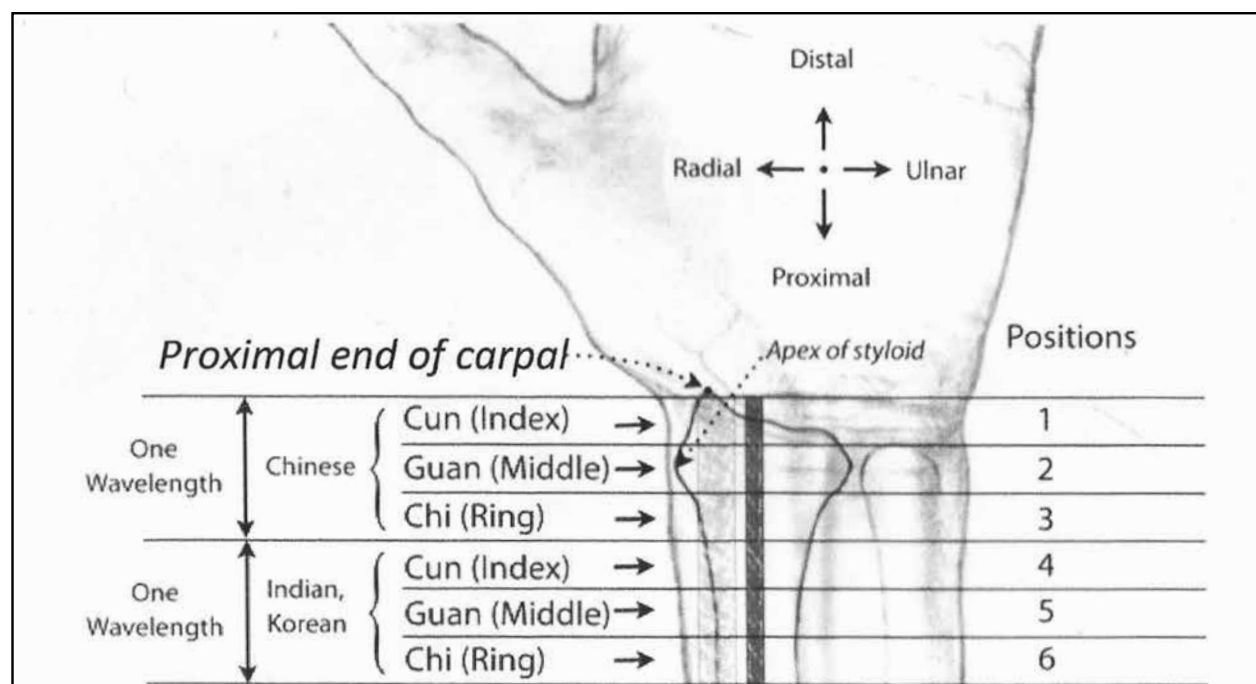


Figure 2: Korean Constitutional Acupuncture proximal locations

2) Book 10 of the *Maijing* (Pulse Classic) describes locations for feeling the pulses of the conduits (jingmai) of the zangfu.¹¹ The positions where these pulses may be felt can be described as radial or ulnar 'deviations' to the three standard pulse positions known as cun, guan and chi.¹² Two of these positions (see Figure 1) can be observed to be equidistant from the flexor tendon (i.e. connecting their positions forms a line parallel to the flexor tendon), while the remaining pulse can be felt either closer to or further away from the tendon than the other two pulses. These deviations in how the pulses at cun, guan and chi line up remains the same whether the individual is examined in health or illness, so I understand them as reflecting the individual's Constitution, specifically in terms of the six pairs of yinyang conduits and their associated organs.

3) In 1965, a Korean acupuncturist named Kuon Dowon presented a new approach to acupuncture based on his discovery of eight pulse types that never changed during the lifetime of an individual. He called his method Korean Constitutional Acupuncture (KCA).¹³ I have studied directly with Kuon at his clinic in Seoul, and have subsequently concluded that his discovery of these eight pulse types is accurate. The location for taking the KCA pulses is in positions four, five and six, further proximally along the radial artery than cun, guan and chi (See Figure 2). The KCA pulses are felt by pressing on the artery to obliterate the pulse, then releasing the pressure to feel where the pulse first emerges.

4) Ayurvedic medicine from India also has a theory of constitutional types, which can be diagnosed via the radial pulse. Interestingly, Ayurvedic constitutional pulse diagnosis shares several features with KCA pulse diagnosis. Both systems examine the pulse in the same proximal locations that I refer to above as positions 4, 5 and 6. Also, both systems diagnose the constitution by examining the deepest impulse at these three positions. Ayurveda uses the concept of three doshas, which is not directly equivalent to any idea in Chinese medicine, however it is possible to find correspondences between Ayurvedic and Chinese medical designations.¹⁴ The three doshas are vata, pitta and kapha. These doshas can be present at the constitutional level either singly or in couples. Thus there are six possible Ayurvedic constitutional types: vata, pitta, kapha, vata/pitta, vata/kapha and pitta/kapha.

1. By using a combination of these first four diagnostic findings, it is possible to determine the specific Constitution of most individuals¹⁵ in terms of which of the five elements is at the root, which organ is specifically involved and whether it tends toward excess (hyperfunction) or deficiency (hypofunction), along

with the relative strengths or weaknesses of all the other elements and organs. The following steps in the pulse examination provide information about the current state of the qi mechanism (the Condition):

1) The original pulse diagnosis paradigm described in the *Neijing* involved the comparison of carotid and radial arteries at acupoints Renying ST-9 and Jingqu LU-8, named renying cunkou diagnosis (RYCK) after the locations where the pulses of these arteries are taken to be compared.¹⁶ If renying is bigger than cunkou it indicates either yang excess or yin deficiency. If cunkou is bigger than renying this indicates either yin excess or yang deficiency. The exact proportions between renying and cunkou can more narrowly identify which of the six yinyang conduits is associated with an imbalanced Condition.¹⁷ If the RYCK pulses are felt to have a normal quality, the imbalance is attributed to the foot branch of the indicated conduit. If the RYCK pulses have a 'bustling' (zào 躁) quality, the imbalance is attributed to the hand branch of the indicated conduit. Commentators disagree on what a 'bustling' pulse feels like; for me it presents as a pulse that has clearly defined edges all the way from the surface to its root.¹⁸ The reason I classify this method of pulse diagnosis as Conditional is that after treatment, the RYCK ratio can be observed to change - indeed this is stated as an expectation in the *Neijing*. It is not an invariant signal like the first four listed above.

2) Nanjing chapter 5 presents the associations of body tissues (skin, vessel, flesh, tendon and bone) and organs (Lung, Heart, Spleen, Liver and Kidney), implying their five element correlations, which resonate with the amount of pressure exerted by the examiner's fingers at the cun, guan and chi positions. The greater the pressure, the deeper the level where the pulse is examined. In a state of health, the depth where the pulse is biggest should match its elemental correspondence. Thus the left cun should be felt at the vessel depth, which corresponds to fire. If it is felt at the bone depth (corresponding to water), then there is an imbalance between fire and water. This method of examination can be refined even further by slightly shifting one's fingers either proximally or distally at cun, guan and chi.¹⁹ I have found that distal placement of cun, guan and chi reflects the yang conduits associated with the fu organs, while proximal placement of cun, guan and chi reflects the yin conduits associated with the zang organs. Both yin and yang finger positions for cun, guan and chi give accurate information when applying the ideas in Nanjing chapter 5. One goal of Constitutional/Conditional Acupuncture treatment is to return these pulse depths to their proper level, and this can be used as a guide to the success of treatment. It is often

found that these imbalances reflect each other in terms of the individual's Constitution and Condition. For example, if the Constitution is Stomach excess and the Condition is Kidney deficiency, then the Stomach pulse (right yang guan position) will be biggest at the bone depth (water), while the Kidney pulse (left yin chi position) will be biggest at the flesh depth (earth).

- 3) Perhaps the most difficult part of the Conditional pulse exam is determining which of the Ayurvedic subdoshas are producing signals in the superficial part of the pulse wave as it strikes the examiner's three fingers (at positions 4, 5 and 6). Each of the three doshas previously discussed is in turn comprised of five subdoshas. The different subdosha impulses appear as spikes at four equidistant places examined by the examiner's fingers at locations. I have discovered that these locations on the examiner's fingers where the different subdoshas are felt reflect the xiang ke (control cycle) order of the elements, so that a subdosha finding can be translated into a Chinese elemental signal.²⁰ My experience is that most often the Constitutional element's subdosha will be found on the radial artery on one side of the body, while the Conditional element's subdosha will be found on the opposite side. These findings are more specific than just identifying the element involved. They actually reveal the organ producing this signal, assuming one already knows the individual's Constitution, and thus their elemental tendencies toward excess or deficiency.

Obviously this brief presentation is not sufficient to enable one to practice Constitutional/Conditional Acupuncture, but it will make the case histories somewhat more understandable, and perhaps spark an interest in the possibilities in this approach.



Figure 3: Constitutional/Conditional Acupuncture in Kunming, China at the Sheng-Ai Hospital of TCM organised by the Yunnan University of TCM

Case studies

Case 1

A 43 year-old Chinese man sought treatment for insomnia/ having trouble sleeping. He could fall asleep easily, but woke up several times each night, and was experiencing more intense and diverse dreams than usual. This problem had started two months previously for no apparent reason. He was happily married with one child, and worked as the director of a massage clinic. He had no previous illnesses of any importance, nor was he taking any medications. His only other symptom, which started at the same time as his insomnia, was a mild headache accompanied by left-sided neck stiffness. He had tried standard TCM-style acupuncture (a total of seven treatments), but had only experienced temporary improvement.

Sasang kinesiology testing showed a positive tropism for cucumbers (diagnostic of a soyangin ['young yang'] Constitution meaning earth was stronger than water). On examining his radial pulse, I found the chi (third) position was ulnarly deviated (yin direction) bilaterally, indicative of a shaoyin conduit imbalance as per the *Maijing*. From these two findings I already knew that his Constitution could only be either Heart excess or Kidney deficiency. I then examined his left yin cun position and found that it was biggest just above the bone (water depth). This finding confirmed that the Heart qi dynamic was not functioning normally.

Since insomnia is traditionally interpreted as being due to the spirit not being able to settle comfortably in the Heart at night, I decided to test this finding by dispersing the Heart on the right side using a four-point Korean hand acupuncture technique using press pellets.²¹ This test confirmed (via the pulse and the O-Ring test) that Heart excess was most likely his Constitution.²² As this was the first patient I treated in Kunming, I decided to treat only the Constitutional component of his diagnosis in order to demonstrate how powerful it can be to treat Constitution alone, especially when the main symptom (insomnia in this case) is typical of that Constitution (Heart excess). On the right-hand side I dispersed Taibai SP-3 and Shenmen HE-7, and supplemented KID-10 Yingu and Shaohai HE-3. With the needles in place he reported that his neck felt immediately better. I left the needles in place for 20 minutes and asked him to return the next day when he reported that he had slept much better and that his neck had also significantly improved.

Case 2

A very talkative 35 year-old Chinese woman was seen for a chronic problem that had started two years previously. She was happily married, with a five year-old daughter and worked as a hair-dresser. Her problems began due to increased stress at work. She initially felt shocked by the change in her situation, and developed a headache. Soon she began to worry continuously, and lost her sense of

balance (which she described as feeling dizzy), so that she could not stand or walk without holding on to someone or something. She described feeling as if she was drunk all the time.²³ Her condition seemed worse after exposure to rain, dampness or additional stress, and she had been treated during the two years of her illness with both Chinese herbal medicine and acupuncture, based on a diagnosis of dampness and yang deficiency. Despite some improvement from this treatment, she had not recovered her balance or the ability to walk unaided. In the past she had experienced problems with numbness in her hands and legs and pain and burning on both sides of her tongue, without any apparent cause, and both of these symptoms had resolved spontaneously. She tried several things to help herself. The first was a vegetarian diet, but this only made her feel worse. Eating meat was one of the few things that helped her feel better. The second was to begin Buddhist meditation, and although this improved her sense of well-being, it did not affect her other symptoms. She consulted a doctor of Western medicine who diagnosed her as having psychiatric problems, but she declined to take the medicine he prescribed. On reviewing her history, she reported several more symptoms. Prior to meditating, she had had a bad temper, but not since. Her sleep was often interrupted and she drooled while asleep. She had some neck/shoulder and low back pain. Her menstrual cycle was unremarkable, as were her appetite and digestion.

My first step in examination was to muscle-test the four foods that differentiate the Korean Sasang constitutional types. She had a positive response to carrot, indicating a taeumin (old yin²⁴) classification. Next I compared the size of the pulse of her carotid and radial arteries. On the left side her carotid pulse was three times bigger than her radial artery, while on the right side they were of equal size. The pulse quality was normal (not 'bustling'), indicating that the imbalance was in the foot rather than the hand conduits. From the RYCK ratio, one may conclude she had either an excess in the foot yangming conduits or a deficiency in the foot taiyin conduits. Taeumin does not include any type of yangming excess, so foot taiyin (SP) deficiency was the preliminary diagnosis.²⁵ The deviation of her radial artery was in the guan position, going in the ulnar (yin) direction bilaterally, indicating a constitutional taiyin conduit imbalance and confirming her Constitution as Spleen deficient. The Ayurvedic subdosha pulses were consistent with these findings, showing pitta/vata (earth type) on the left and pitta/kapha (water type) on the right. Putting all these findings together, her Constitutional diagnosis was Spleen deficient with a Bladder excess Condition. The elemental order for Spleen deficiency Constitution is earth<fire<metal<water<wood, which is consistent with taeumin's wood stronger than metal nature. The goal of treatment for her was to harmonise the Spleen and Bladder. I decided to use the five element

transfer technique as transmitted by J.R. Worsley,²⁶ based on both the creative cycle (xiang sheng) of the five elements and the luo-connecting points of the yin and yang organs of the same element. All treatment was given on the left side because of the marked disparity between carotid and radial pulses on that side. Thus the first needle was inserted at Dadu SP-2 (angled towards the direction of flow), and the other needles were sequentially inserted at Shaochong HE-9, Ququan LIV-8 and Dazhong KID-4 (all perpendicularly). The needle at Dadu SP-2 was twisted clockwise on removal, then all the other needles were removed in the same sequence as they had been inserted and 'closed' by finger pressure.

Immediately after treatment she reported that her dizziness had gone

Immediately after treatment she reported that her dizziness had gone, although she still could not stand or walk by herself. She was not able to return until two days later. The examination again confirmed her Spleen deficiency Constitution, but now it was her Gall Bladder rather than her Bladder that showed excess in the Conditional exam, and the carotid/radial disparity was now clearer on the right side.²⁷ This time I decided to use the Korean four-needle technique to treat her, with all needles on the right side (per RYCK findings). I needled the following points: Shaofu HE-8 and Dadu SP-2 (supplemented), Dadun LIV-1 and Yinbai SP-1 (dispersed), Zusanli ST-36 and Yanglingquan GB-34 supplemented, and Zutonggu BL-66 and Xiashi GB-43 dispersed. Deqi was elicited at all points, but without needle retention.²⁸ As soon as the treatment was finished I asked her to stand up and try walking. To the amazement of the whole class, myself included, she ambled back and forth up and down the hallway without needing to hold on to anything for support. How can we make sense of such a response?²⁹ According to KCA theory, which has contributed greatly to my understanding of how the qi dynamic operates, the relationship of the Gall Bladder to the Spleen in an individual with a Spleen deficiency Constitution is responsible for that individual's maintenance of 'vitalisation'.³⁰ Some of the hallmarks of 'devitalisation' are numbness and an inability to hold one's body upright against gravity - both cardinal symptoms that pointed to this patient's chief imbalance, and which once addressed successfully corrected the functioning of her qi dynamic.

Case 3

A 35 year-old female Chinese anthropologist specialising in the history of Chinese and Western medicines presented with a number of complaints that, while not serious

illnesses, were nevertheless distressing to her. These included dream-disturbed sleep (chasing or being chased) for the last 10 years, low back pain for the last nine years (which started after a lifting injury), increasing fatigue for the last five years (although present to a minor degree since high school), dry eczema on her hands and around her lips for four years, and emotional fragility (anger alternating with depression) since the birth of her child three years previously (by Caesarian section with epidural anesthesia). She did not trust Western medicine, so she had not taken any drugs, but she had tried acupuncture a number of times, which had only helped for one or two days after treatment. She was currently taking Chinese herbal medicine, but did not think it had produced any effect so far.

Examination revealed a positive muscle test for carrot, indicating a taemin (old yin) constitutional type (wood stronger than metal). Her radial pulses in the yang position showed the left cun to be at the water depth and the left chi at the fire depth. Both left and right radial arteries were radially deviated in the cun position. From this data, there were only two possibilities for her Constitution: Small Intestine excess or Bladder deficiency. These findings were confirmed by the subdoshas: the left side showed vata (water type, compatible with Bladder deficiency) while the right side showed vata (fire type, compatible with Small Intestine excess). I tried to see if the RYCK pulses could clarify the diagnosis, as I was not yet clear on which was her Constitution and which her Condition. On the left side renying and cunkou were of equal size, but on the right side renying was twice as big as cunkou, although the pulse quality was not bustling. This ratio indicated Small Intestine excess, but the pulse quality pointed to Bladder, so I still was not sure which was the Constitution and which the Condition. I decided that her Constitution was most likely Bladder deficiency because according to KCA theory the relationship between Bladder and Small Intestine would again be that of devitalisation if her Constitution was Bladder deficiency, while it would have represented an infectious pathology if her Constitution had been Small Intestine excess.³¹ For someone with a Bladder deficiency Constitution the elemental order is water<metal<wood<fire<earth. Fortunately there is a treatment that can treat either Constitutional possibility. I chose to use a simple xiang sheng³² transfer treatment, as this would direct excess Small Intestine qi to the deficient Bladder. Treatment was given on the right side because of the RYCK pulse. The first needle was therefore inserted in Zhiyin BL-67 in the direction of flow, followed by needles in Quchi LI-11 and Jiexi ST-41, both inserted perpendicularly and left in place for 10 minutes. At the time the needles were removed, the patient reported feeling more relaxed, energetic and experiencing significantly less low back pain. As she was both a student in the class and an attendee at the forum, I was able to check on her over

the following four days, during which time she said that she felt better overall with much higher energy levels; her back pain had started to gradually return, although not yet to the pre-treatment level.

Case 4

A 31 year-old Chinese female acupuncturist had been born with a congenital double uterus. As a baby she had undergone surgery to remove the septum dividing her uterus. She successfully delivered a healthy baby of her own three and a half years before consultation, but since then she had begun feeling hot at night, having delayed menses (every six weeks) of dark colour and scanty flow, accompanied by abdominal and back pain. For the previous three months she had been trying to get pregnant a second time without success. During these three months her sleep had become disrupted by frequent waking and intense dreaming. She also reported chronic constipation for ten years, often going two or three days without defecation, accompanied by a diminished appetite. She was prone to shoulder and neck pain and intermittent migraine headaches along the shaoyang conduit pathway, which she tried unsuccessfully to treat with *Xiao Yao San* (*Rambling Powder*).

At the time of examination she was experiencing fatigue and lower abdominal pain that she rated at an intensity of four to five on a scale of zero to ten, which she attributed to intestinal gas. The Sasang food test was positive for banana, indicative of taeyangin (old yang) constitution (metal stronger than wood). On the left side RYCK palpation showed a slightly bigger carotid than radial pulse (ratio 1.5/1), but they were of equal size on the right and the bustling quality was not present. These initial findings were only compatible with a Liver deficiency Constitution. The other pulse readings supported such a conclusion. Her cun pulse was ulnarly deviated bilaterally. Her left yin guan pulse was at the earth depth, while her right yin guan pulse was at the wood depth. Furthermore, her left subdosha was kapha (earth type) and her right subdosha was kapha (wood type). This clearly indicated a Constitutional diagnosis of Liver deficiency with a Spleen excess Condition.

Treatment was given on the left side because of her RYCK pulse findings. The four-needle technique used the following points: Jingqu LU-8 and Zhongfeng LIV-4 dispersed and Yingu KID-10 and Ququan LIV-8 supplemented, plus Jingqu LU-8³³ and Shangqiu SP-5 dispersed and Dadun LIV-1 and Yinbai SP-1 supplemented. The needles were left in place for 20 minutes. During that time her abdominal pain decreased to a level of one to two. Her pain stayed at this level the next day, and her appetite returned to normal.

The relationship of an excess Spleen to a deficient Liver in this patient's Constitution is typical of KCA's pattern of inflammatory problems of the fu organ systems, which include both the intestines and the uterus. Individuals of

this Constitution should not eat meat from land animals, however this patient really liked such foods and continued to eat them against my recommendation. As the patient was involved in the administration of the forum which followed my workshop, she was experiencing more than the usual degree of stress, which together with her diet led, I believe, to a recurrence of abdominal discomfort several days later. She was treated again, and her symptoms again improved; she was again strongly encouraged to change her diet.

Case 5

A 37 year-old Chinese woman had been suffering from rheumatoid arthritis for four and a half years. She had pain in many different joints, which was aggravated by cold and during her menses. At the time of the workshop, she complained of sharp pain in her neck and shoulders, both wrists and her left knee. She had previously tried acupuncture, Chinese herbs and Western medicine with minimal benefit, and expressed doubt that acupuncture could significantly help her.

Food testing was positive for potato (soeumin or young yin, water stronger than earth). The RYCK exam showed cunkou bigger than renying on the right side by a ratio of three to one with a bustling quality, while these pulses were equal on the left side. There was ulnar deviation under the guan finger bilaterally. These findings were all consistent with a Constitutional diagnosis of Lung excess. In KCA, arthritis is usually associated with inflammation of the zang organ system,³⁴ so I was not surprised to find that her subdoshas reflected that prediction. On the right side she had vata/kapha (Lung excess), while on the left she had vata of fire type (Heart deficiency). For Lung excess Constitutions, Heart deficiency indicates pathology involving inflammation of the zang organ system. The order for Lung excess is metal>water>earth>wood>fire, reflecting the water>earth aspect of soeumin constitutions. I treated her with gold and silver pellets on the corresponding Korean Hand Acupuncture points on the right side (following the RYCK findings) as follows: Yingu KID-10 and Chize LU-5 dispersed, Shaofu HE-8 and Yuji LU-10 supplemented, Jingqu LU-8 and Lingdao HE-4 dispersed, and Dadun LIV-1 and Shaochong HE-9 supplemented. As soon as I put the pellets in place she said the pain was greatly reduced at all locations. Her O-Ring test had also become markedly stronger. The next day in class she said that she was amazed at how much better she felt. She stayed for the whole forum, and before leaving told me that all her joints had stayed better except her knee, which had started to hurt again, but she felt very happy at her overall sense of well-being.

Case 6

A 29 year-old Chinese man had a number of health issues, including extreme sensitivity to cold. If the temperature changed abruptly by more than three degrees Celsius,

the next day he always felt intensely cold from his thighs down to his feet, and as a result he could not sit still for long. He always felt cold in bad weather, and needed many layers of clothing compared to others. Changes in air temperature also elicited bouts of sneezing and a runny nose in the morning with clear mucus. He also reported always feeling tired and had very poor exercise tolerance; he could walk on flat terrain without a problem, but climbing even one flight of stairs was difficult and necessitated a period of rest before he could continue. He slept for many hours each night, but still woke up feeling tired, and would sometimes need to take naps up to four times a day. This symptom was strongly associated with his mental state: if he was excited or interested in something, he felt OK with eight hours sleep, but if he was bored, he could sleep all day and still feel exhausted. He snored loudly at night, and could usually be heard in an adjoining room. For two years he had experienced episodes where both lateral ankles began to hurt so badly that he could not walk. He had tried both Chinese medical herb compresses and manipulative therapy for this problem, with only transient improvement. There had been no injury to explain the onset of this problem. He also reported pain and stiffness around acupoint Dazhui DU-14 if he had been reading a book in the same posture for too long. He was always hungry and ate excessively, and had bowel movements three or four times a day with soft stools (but not diarrhoea). He felt better after a bowel movement, but could not walk very far because he always needed to be near a toilet. Perhaps his most serious issue was his mental state. He frequently felt either depressed or obsessed about something, and often had the feeling that people were whispering about him. Of note, he was the most talkative and inquisitive student in the class, and displayed no signs of abnormal mental or emotional balance. He was a vegetarian, and had tried a number of Chinese herbal prescriptions including *Liu Wei Di Huang Wan* (Six-Ingredient Pill with Rehmannia) and *Ba Wei Di Huang Wan* (Eight-Ingredient Pill with Rehmannia), but did not like the way either made him feel.

Examination revealed a positive O-Ring test for cucumber (soyangin or young yang: earth>water). The RYCK diagnosis showed renying was bigger than cunkou on the right side with a normal pulse quality, while renying was the same size as cunkou on the left. The guan position was deviated radially on both sides. These findings allowed only one conclusion about his Constitution: Stomach excess. Next his pulse was examined to determine his Conditional diagnosis. On the left side he had pitta/vata (earth type) subdoshas (consistent with Stomach excess), while on the right side he had pitta/kapha (water type) subdoshas, suggesting Kidney deficiency. The *Nanjing* depth analysis confirmed this: his right yang guan pulse was at the water depth, while his left yin chi pulse was at the earth depth.

I decided to treat him with a simple qi transfer on the right side (because of his RYCK imbalance). The first needle was inserted in Fuliu KID-7 in the direction of flow, followed by perpendicular insertions into Taiyuan LU-9 and Gongsun SP-4.³⁵ Immediately after treatment, the O-Ring test showed a vast improvement in strength. The next morning he reported that there had been no runny nose on waking, which was unusual. He had also reported only having two bowel movements, which was also unusual, especially as they were 12 hours apart. He experienced an increase in his energy to a normal level, although this was difficult to evaluate due to his increased level of excitement and interest. Significantly, his wife (also in the class) reported that his snoring had noticeably diminished. His usual excessive appetite had decreased to normal and his legs were warmer than previously. His only concern was that he did not feel as clear headed, and wondered if more treatment was required. I checked his pulses, and as they now felt normally balanced, I recommended that he wait a few days, as I could always treat him again if necessary. By the time the forum took place, he was feeling clear headed and his other symptoms remained improved, including his mental and emotional state.

Case 7

This 23 year-old Chinese woman had three health complaints. She always suffered from cold hands and feet and had a very poor appetite, but was more concerned with her menstrual function. Her menarche had been at age 13, but her cycles had always been irregular and her period usually arrived late with dark clots and scanty flow, lasting seven days. When she was under stress in high school, her periods had stopped for six months. She had tried Chinese medicine for one year in 2013 without any improvement, after which she tried biomedical hormonal treatment for three months. This successfully regulated her periods, but she did not want to stay on that kind of medicine permanently, and when she stopped, the irregular cycle recurred. At present she was not receiving any treatment and otherwise felt well.

Food testing showed a positive response to potato (soeumin or young yin: water stronger than earth). On the left side renying was three times bigger than cunkou with a normal pulse quality, while renying was the same size as cunkou on the right. Her guan pulse was radially deviated bilaterally. Thus her Constitution was diagnosed as Stomach deficiency. This finding was confirmed by checking her KCA pulses, which exactly matched Kuon's description of the pattern for Stomach deficiency (one of the original eight types Kuon discovered). Her Conditional diagnosis was indicated by a right yang guan pulse at the water depth and a left yin chi pulse at the earth depth. Additionally, her left subdosha was vata (water type) and her right subdosha was kapha (earth type). Thus her Conditional diagnosis was Kidney excess. I treated her on the left side (based on the RYCK test) with the four needle technique as follows: Yanggu SI-5 and Jiexi ST-41 supplemented and Zutonggu BL-66 and Neiting ST-44 dispersed, plus Taibai SP-3 and Taixi KID-3 supplemented and Dadun LIV-1 and Yongquan KID-1 dispersed. Her O-Ring test got much stronger right away and she commented that her feet felt warmer. The next day she reported that both her hands and feet were much warmer than usual, and soon after treatment she had felt a need to go to sleep, but when she woke up she had a noticeable increase in appetite, and she continued to feel better during the time of the forum.

Five more individuals were treated with this Constitutional/Conditional Acupuncture method during the following ten days while I travelled in Yunnan Province with a group of foreign (mostly French) practitioners, several of whom asked for treatment. Their case histories are available by request to: healingmountain.eckman@gmail.com.

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References

- 1 This approach to treatment has been introduced in two books written by the author - *The Compleat Acupuncturist* and *Grasping the Donkey's Tail* published by Singing Dragon Press - but is still being refined. The cases presented here introduce developments that have not been previously published.
- 2 Jacques Lavier was a French acupuncturist, most active in the 1960s, who was an early teacher of J. R. Worsley, founder of a number of schools of Five Element Acupuncture in various countries. Lavier was self-taught in the classical Chinese language, but also studied with and translated works by Wu Wei-p'ing of Taiwan into French. He wrote a number of books on acupuncture, and translated the *Su Wen* (Basic Questions) into French. His career is reviewed in Eckman, P. (1996). *In the Footsteps of the Yellow Emperor*. Cypress Books: San Francisco, second edition (2007). Long River Press: South San Francisco.
- 3 Due to the positive results, after the workshop I was asked to treat a number of attendees, fellow presenters and their family members. These cases make up a second group of case histories, which I would be pleased to share with readers following email request.
- 4 My workshop was videotaped, with the permission of everyone present, and is available at the University library, so my attention to confidentiality is simply an added courtesy.
- 5 Whilst the translation of qinto 'energy' is not perfect, neither are any of the alternatives.
- 6 Vitalism is "The theory or doctrine that life processes arise from or contain a nonmaterial vital principle and cannot be explained entirely as physical and chemical phenomena."
- 7 I use the translation 'element' rather than 'phase' both to honour my teachers (both Worsley and Korean teachers) who used this term, and because I want to keep our profession from ostracising those trained by Worsley and his colleagues. The Chinese language is such that multiple translations are often possible, and in this case both terms have something to offer.
- 8 I use the term zangfu rather than channels here as there are no channel pathways from a given shu point to another associated channel. For

- example, Lingdao HE-4 is the metal point of the Heart channel, from which there is no connection to either the Lung or Large Intestine channels. I consider all these elemental effects to be 'delocalised' and based on resonance. As such, they work by influencing the organs not the channels, which is why they are so effective in treating internal problems, as opposed to the more superficial pain syndromes that could be seen as more related to channel effects.
- 9 The O-Ring test was developed by Yoshiaki Omura, a Japanese physician and acupuncture re-searcher, and is described on his website (<http://bdort.org>). The author attended a class by Omura in 1988, where this technique was taught. It was first applied to Sasang diagnosis via food testing by Myung-Bok Lee and is described in his book *Know Your Body Type and You Will See Health* (Korean language) published by Daekwang Publishers (Seoul, 1993).
 - 10 My interpretation of these four types does not strictly follow orthodox Sasang theory. The original theory only deals with four zang organs, and was not based on five element theory, nor does it recognise the pairing of zang and fu according to element that is a basic component of Chinese medicine. My interpretation creates a 'middle way' that synthesises both Korean and Chinese teachings.
 - 11 This is a totally different set of relations between cun, guan and chi to those presented earlier in the *Maijing* and in the *Nanjing* (Classic of Difficulties). The associations given by the *Maijing* in Book 10 for the foot conduits are equally valid, in my experience, for the hand conduits of the same yin or yang nature (i.e. taiyin, shaoyin, jueyin, taiyang, shaoyang and yangming). The *Maijing* gives more medial locations for three hand conduits and makes no mention of the remaining three hand conduits. My application of *Maijing* theory is not strictly orthodox, but rather an adaptation developed to fit clinical observations. It is crucial to recognise that the *Maijing* does not prioritise this newer set of associations for cun, guan and chi over the older ones. Both are simultaneously true, but provided different types of information about their associated conduits.
 - 12 Cun, guan and chi refer to locations in the distal/proximal dimension. The *Maijing* deviations refer to locations in the medial/lateral dimension.
 - 13 See Kuon, D. (1965). A Study of Constitution Acupuncture, *Journal of the International Congress of Acupuncture and Moxibustion*, 10, pp.149-167. While I agree with Kuon that only these eight pulse types are found to occur, I disagree about their interpretation. Kuon believed that each of the eight types represented a single unique Constitution. My observation after many years of study is that people of different Constitutions may share the same KCA pulse pattern. Specifically, each KCA pattern may reflect two or three different Constitutions, and the other Constitutional exams are needed to identify the correct choice in each case. In my experience there are 20 different Constitutional types, reflecting excess or deficient tendencies of the 'formed' organs (i.e. excluding Sanjiao and Mingmen). I believe these 'ministerial fire' organs, which have functions but not form, are never the basis of a Constitutional type, perhaps because an imbalance in either of them might be incompatible with foetal life. In any case, my clinical experience is that no Constitution based on ministerial fire can be found using the synthetic examination method I am describing.
 - 14 Eckman, P. (1995). Ayurveda and Korean Hand Acupuncture: A Brief Introduction to Some Similarities between Constitutional Typologies, *The American Journal of Acupuncture*, 23(2), pp.153-158. This information was later reprised in *The Compleat Acupuncturist*.
 - 15 Differentiating fire constitutions from water constitutions may require additional examination methods, but this involves only a small minority of cases.
 - 16 There is controversy about the location of cunkou in this method, with many believing that cunkou refers to the pulse at Taiyuan LU-9. I have found that the interpretation of cunkou given by Wang Bing in his commentary on chapter 2 of the *Lingshu*, which identifies cunkou as Jingqu LU-8, gives best results. This issue is discussed at length in *Grasping the Donkey's Tail*.
 - 17 The meaning of the various RYCK ratios in the *Neijing* is open to various interpretations. See *Grasping the Donkey's Tail* for a description of the controversy and my own conclusions.
 - 18 Theoretically this quality could be felt on both pulses, but practically speaking it is unwise to compress the carotid pulse for very long for obvious reasons.
 - 19 See Eckman, P. (2015). Precision in Finger Placement for Pulse Diagnosis, *The Journal of Chinese Medicine*, 109, pp. 40-55.
 - 20 From radial to ulnar sides of each finger, the order is metal, wood, earth and water. If two of these subdosha signals are equally present on any finger, it indicates the fire element.
 - 21 All of my treatments were done unilaterally. The side chosen for treatment does not always follow any absolute rule that I have so far discovered, but often acute and subacute problems are best treated contralaterally (as in this case), while chronic problems may need treatment on either side. In the cases reported in this article, the side with the obvious imbalance between carotid and radial pulses (RYCK method) was usually chosen for treatment. Currently I use Korean Hand Acupuncture press pellets to pre-test which side is more effective in normalising the pulse or changing some other aspect of the presentation.
 - 22 The elemental order from strongest to weakest in the Heart excess Constitution is fire > earth > wood > metal > water. Earth is stronger than water, agreeing with the sasang diagnosis of young yang.
 - 23 My translator used the term 'dizziness' to refer to two different symptoms experienced by this woman. One was a feeling that she compared to being constantly drunk. The other symptom was an experience of unsteadiness if she tried to stand or walk without support.
 - 24 Of note, patients with a taemin Constitution typically need meat in their diet in order to maintain a good state of health.
 - 25 The interpretation of the ratios of carotid and radial arteries as described in the *Neijing* is a matter of controversy. My conclusions are explained in detail in Chapter 5 of *Grasping the Donkey's Tail*.
 - 26 Details of this treatment style can be found in *In the Footsteps of the Yellow Emperor*, along with notes on the lineage of this methodology as having originated in China. Briefly, one option, as in this case, is to have the first needle inserted in the most deficient conduit at its tonification point, angled in the direction of flow. Then needles are added sequentially in the tonification points of the conduits that precede it along the xiangsheng circle until the excess element has been depleted by its child. If needed, the luo point of the excess element is the last needle inserted when there is a need to transfer from a yin conduit to a yang conduit or vice-versa. All the needles except the first one are inserted perpendicularly.
 - 27 Gall Bladder at the earth depth, Spleen at the wood depth, left subdosha: pitta/vata (earth type) and right subdosha: kapha (wood type).
 - 28 The four-needle Sasang method for treating the Constitutional conduit follows orthodox rules described by its originator, Sa Am. However the four-needle technique used to treat the Conditional conduit can vary from this, as it must follow the order of relative strengths and weaknesses of the elements as determined by the individual's Constitution. In this case, in order to disperse the Gall Bladder, the water element rather than the fire element was dispersed because it was the stronger of the two elements as shown in the element order for Spleen deficiency. This is an excellent example of why the translation of xiangsheng should be 'mutual creation' rather than 'creative cycle', as dispersion in this case involves dispersing the 'mother' rather than the 'son'. There was no needle retention in this case simply because there was limited time available. I view these Constitutional/Conditional treatments as 'energetic messages', which are received as soon as the needles are inserted. There may be some benefit to leaving the needles longer, but this needs further study; in any case, as this case demonstrates, needle retention is not a necessary requirement for effective treatment.
 - 29 When considering such a 'miraculous' response, the first interpretation might be the placebo response, given that this patient was being treated by a foreign doctor in front of a group of interested observers. This phenomenon is not unknown in religious settings, for example, and ideally it would be best to have a long term follow-up report to more properly evaluate the degree of recovery; unfortunately this was not possible in this case. My reasons for not attributing this particular result purely to placebo include the following: this patient had never experienced an ability to walk unaided during two years of prior acupuncture and herbal treatment (still ongoing), a modality in which she believed as opposed to her rejection of Western pharmaceutical treatment. The setting, with a foreign doctor and an audience could have been an enhancer of the placebo effect, but this was also true for her first treatment, which had not produced this dramatic response. In fact, when she returned the second time, she appeared to be disappointed that the first treatment had only provided a minor and transient benefit, so if anything, I felt there may have been something of a negative placebo present at her second treatment. It seems to me more appropriate in this circumstance to attribute the result to a specific response to the Constitutional/Conditional Acupuncture treatment.
 - 30 The concepts of vitalisation and devitalisation are used by Kuon Downon who associates them with symptoms such as numbness (rather than pain) and prolapse. I conceptualise them as something like the deficiency patterns of qi and jing.
 - 31 These KCA auxiliary patterns - devitalisation, infection and inflammation of the zang and fu organ systems - are too complex to explain in this article, but are presented in *The Compleat Acupuncturist*. The important point being made here is that this patient's presentation and history (back pain, fatigue and deterioration after pregnancy, epidural anesthesia and surgery) showed no indication of infection (the other KCA possibility to be considered), which is why I chose to treat the Condition as devitalisation.
 - 32 A transfer from fire to earth to metal to water using three tonification points.
 - 33 The repeated mention of LU-8 is to emphasise the logic of the four needle technique: I did not add an additional needle there, but am acknowledging that this point was active in both the Constitutional and Conditional parts of treatment.
 - 34 Zang inflammation is another auxiliary pattern, like devitalisation, identified by Kuon (explained in *The Compleat Acupuncturist*).
 - 35 The standard order of needling when performing transfers is to start with the deficient conduit, in order to draw qi to it from the most excess conduit. Even though in this case the Constitution was excess in the Stomach, no needles were inserted in the Stomach conduit. The luo-connecting point of the Spleen was used to draw qi out of the Stomach.