

The Spirit of Inquiry

by Steven Alpern, L. Ac.

Acupuncturists and herbalists face a daunting task in learning our healing arts. The history of Chinese medicine is vast; its conceptual frameworks varied, and richly textured. The poetic and evocative language of Chinese medicine has inspired penetrating and profound inquiry into the nature of life in health and disease for more than twenty centuries. Yet, among our contemporary teachers, we have surprisingly narrow guides for uncovering its riches.

Bridging the crevice between cultures, between modes of perception and thought, presents a core challenge for students and practitioners of Chinese medicine. The current learning process is largely confined to mastering a clinical method, rather than a thinking process. We have primarily the modern clinical doctrine exported from the People's Republic of China (PRC), and the many Chinese and western teachers who promulgate it. Other approaches are generally excluded from the core professional education, and relegated to the arena of continuing education.

While combining acupuncture and herbal education has solid historical precedent, doing so within the context of a short professional program has consequences. Sun Simiao asserted that physicians should learn both modalities, but Master Sun (581-682) lived for 101 years! Two famous sayings declare that it takes either ten years or three generations to produce a physician of Chinese medicine. What can one learn in four academic years? This path generally begins with learning many new concepts that are foreign to people of the modern west, and a system for categorizing patients into diagnostic categories. There is so much information to learn about points and herbs, especially since the great compendia of the Ming Dynasty (1368-1644). Must it end there?

The modalities of acupuncture and herbal medicine are rather different from each other. Much study and cultivation can render them complementary, and that takes time and focus. One must develop two somewhat different frames of thought, then accumulate and reflect on experience. Each patient exhibits the challenges, attachments, and struggles of an individual living through the grace of the intrinsic flux of vital physiology. So many of life's vital functions are automatic, yet they can be distorted and disrupted through the individual's choices, obsessions, and mental machinations.

Intrinsically, learning acupuncture involves a tactile and kinesthetic cultivation, and potentially a rich spiritual/philosophical inquiry. Acupuncture probes and stimulates the embodied spirit to release its holding patterns (attachments), and penetrate to areas that had been blocked. The point is to stimulate vital process to flow; the individual will grow toward wholeness. The name of the oldest classic text on acupuncture reminds us to

therapeutically engage an individual's principle of embodiment, their "*Spiritual Pivot (Lingshu)*."

[Note: Within the "root and node" theory, this character "*shu*" denotes the deepest of three levels of penetration of qi having an impact on the being. *Qi* generated through interacting with the world originates at the digits, and accumulates in the torso. (*Lingshu*, chap. 5) The *ling* is an individuated and embodied spirit, generally translated as "soul." Thus, a *lingshu* is the "pivot" around which the individual *ling* embodies; it is the soul's principle of embodiment.]

Herbal medicine includes both experiential/intuitive features and theoretical/intellectual ones. Early herbalists reputedly tasted individual herbs, and probably combinations, to feel the movements they created. Over the centuries, herbalists have developed at least a dozen main schools of thought (traditions), each with its own theory of pathology. The Imperial Academy also developed several specialties. Each tradition and specialty had its own approach to herbal formulation. Surveying even a selection of these is a substantial scholarly pursuit, which then requires testing in one's experience.

Can students master all this within a professional degree program? Probably not, so that's why we have:

- a core standard clinical doctrine that is taught at most schools, and tested on the various licensing exams, and
- a patchwork of other teachings, which are primarily available through continuing education programs

The core is what many people call "TCM – Traditional Chinese Medicine." Of course, from the outset, there is potential for confusion. Some people use that name in referring to the entire patchwork of traditions, including the core system. We must be clear, and I choose to go with the "technically correct" version, which when studied by an academic can get quite complex.

What is TCM? Volker Scheid noted in the introduction of his *Chinese Medicine in Contemporary China* (pg. 3):

"First, the term "traditional" is not widely used in China itself when referring to Chinese medicine. The term "TCM" was created in the mid-1950's for use in foreign-language publications only with the explicit aim of generating a certain perception of Chinese medicine in the West. Second, the term "traditional" invokes the inappropriate sense that Chinese medicine is unchanged or unchanging, neither of which is true."

So, TCM is not the totality of historical Chinese medicine, and may not be its ultimate synthesis. It is just the collection of clinical doctrines that represent how it's been practiced in the PRC since the middle of the twentieth century. TCM acupuncture is based on the differentiation of syndromes of imbalance of the *zangfu* (vital and hollow

organs), and treatment with points of the associated primary channel(s). While this approach bears some resemblance to trends of the Imperial School since the bronze man was commissioned a thousand years ago, modern clinical doctrine simplifies the historic conceptual model by focusing primarily on syndromes of the *zang* (vital organs).

There is much more to Chinese medicine than a simplified version of the Imperial School's doctrine. There have been countless scholarly and "family" traditions of both medicinal herbs and acupuncture (including micro-systems). Many of these, as taught by popular non-TCM teachers, have impacted a large number of practitioners. Some clinical doctrines developed from subtle philosophical inquiry, others are primarily empirical. Many developed outside of China – in other parts of Asia for many centuries, and more recently in Europe, then during the past thirty years in the U.S.

Many Japanese traditions, and the popular spiritually oriented Worseley tradition rely heavily upon the systematic correspondences of *Nanjing*. Several themes peculiar to the more inscrutable *Neijing* are less well represented in contemporary discourse on Chinese medicine. While the five phases of *Nanjing* differentiate the individual's tendencies toward imbalances in disseminating *jing*-essence, the six meridians of *Neijing* address the choices individuals *actually* make and habituate within their lives. The unresolved byproducts of those choices (*ying*), and the being's intrinsic reactions to them (*wei*), accumulate – first in dormancy, then to oppress vital function overtly.

Most modern clinical doctrines are based on harmonizing imbalances. The Worseley tradition focuses on balancing the dissemination of constitutional energy, and modern TCM balances the expression of pathology, which is understood to develop from imbalances of the *zangfu* in managing vital humors (qi, blood, fluids, etc.). Rather than supporting the individual in balancing disharmonies, the enigmatic teachings of *Neijing* challenge practitioners to "sort out" pathogenic influences from intrinsic vital function, and find ways to stimulate patients to expel and/or release pathogenic factors.

Patients come to us when they are struggling with the *Dao*, as it operates within the microcosm of individual physiology. Ours is a sacred trust – to find the source of their afflictions and ways to stimulate healing. Their struggles don't frequently fit neatly into TCM diagnostic categories. The spirit of inquiry at the roots of Chinese medicine asks us to go beyond categorizing their manifestations – to find the sources of their entanglement.

Neijing invites practitioners to restore the responsiveness of intrinsic movements that had previously tolerated the accumulation of stagnating influences. Profound healing is the transformation that ensues from **unblocking** the intrinsic flow of life, rather than from restoring some notion of balance.