

Interview with Professor Wang Juyi, World-Renowned Acupuncturist: Part 2 of 2

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Introduction

Born in 1937, Professor Wang Juyi graduated in 1962 from the first class of the newly established Beijing Institute of Traditional Chinese Medicine (now the Beijing University of Chinese Medicine and Pharmacology). Professor Wang has been practising Chinese medicine for over 48 years. He worked as a doctor of acupuncture at the Beijing Hospital of Chinese Medicine for 22 years, then later served as president of the Beijing Xuanwu Hospital of Chinese Medicine for two years. He also served as professor, dean and chief editor of the China Journal of Acupuncture and Moxibustion (中国针灸) at the China Academy of Chinese Medical Sciences for twelve years. He worked as a doctor and professor in the United States for two years and has been a pioneer in developing a private Chinese medicine practice in the fast changing environment of modern Beijing for the last ten years. Since the late 1970s, he has had many teaching tours in major western countries and some third-world countries.

In 2008, he published *Applied Channel Theory in Chinese Medicine: Wang Juyi's Lectures on Channel Therapeutics* (王居易经络学讲演录 Wang Juyi jing luo xue jiang yan lu, referred to below as ACTCM 讲演录), co-authored with Jason D Robertson. This book has received favourable reviews and was awarded the 'Book of the Year 2008' by the German Scientific Society of Traditional Chinese Medicine NPO (DWGTCM).

Professor Wang specialises in applying classical channel theory to both diagnosis and treatment. Not only does he treat difficult and complicated cases effectively, he also treats commonly encountered illnesses with unconventional strategies. Professor Wang graciously agreed to be interviewed which was conducted over several sessions during the month of April earlier this year (2010) in Beijing.

The Questions – Part 2

How would you explain the essence of the channels? First of all, does the channel system change with ageing? Secondly, do occurrences of disease impact the channel system? Finally, from the perspective of channel theory, what role do the channels play in the modern concept of preventative medicine?

I personally believe that an understanding of the channel system should not be divorced from modern anatomical concepts. That is to say, that the channels describe an organic system not dissimilar to the functions of blood vessels, the lymphatic system, the nervous system, the musculoskeletal system, the skin, the internal organs or the body fluids (blood, lymph and interstitial fluid). Now this would of course include other physiological features defined by the most advanced anatomical research. Consequently, we should avoid the temptation to isolate the channels from the human system as a whole. I am personally surprised that, despite advances in modern technology, we are still unable to definitively locate and define the channels. I think that much research in the past has been looking in the wrong places. In ACTCM 讲演录 we attempt to thoroughly describe some of the physiological features of the channel system. Basically, the channels function in between the organs and tissues of the body. They occupy gaps or space just as other physiological systems do. It is simply a fact that the channels *are* the gaps. If you carefully consider it, the acupuncture points are all located in gaps or spaces where connective tissues intersect. This is the core reason why we talk about communication which transmits through the channel system.

Now, because the channels belong to the realm of human physiology, their condition will change along with ageing and will be affected by disease. Regarding the role of the channels in preventative medicine, I would encourage everyone to have proper and sufficient rest on a regular basis. Allow the channels to rest and regenerate. I believe that maintaining both physical and psychological relaxation is vital. One can apply this concept to daily life through meditation, regular and appropriate qigong exercises such as *baduanjin* (八段锦), *taiji*, and even walking.

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It is equally important to take one's own constitution into consideration when selecting a type of exercise. For instance, the elderly should focus on low-impact exercise, increasing slowly to avoid possible injury. One might also massage the channel pathways or use acupuncture on points to ease minor complaints. This approach is often enough for treating a mild illness or improving a serious disease.

Can you discuss how the theoretical concepts from *The Classic of Difficulties (Nan Jing)* might be incorporated into a modern clinical practice?

The *Classic of Difficulties (Nan Jing)* can be viewed as a supplementary text following the *Yellow Emperor's Canon of Internal Medicine (Huang Di Nei Jing)*. The text not only explores the meaning of the acupoints in more depth, it also more thoroughly introduces the Eight Extraordinary Vessels and their relationship to the system as a whole. I would encourage students to read and understand the *Yellow Emperor's Canon of Internal Medicine (Huang Di Nei Jing)*, firstly, because this will help them to understand where *The Classic of Difficulties (Nan Jing)* is coming from.

Since Dr Jiao Shunfa invented scalp acupuncture during the last century, his theories have been accepted widely in acupuncture circles. However, based on classical literature and your own practical experience, you developed some new approaches to scalp acupuncture. For example, I have seen your unique use of BL7 Tongtian, GV21 Qianting and GV19 Houding. The use of these acupoints are different from twentieth-century scalp acupuncture, but nonetheless seem to get some great results. Can you briefly explain the mechanisms behind this and how you arrived at the theory?

While palpating the channels, I sometimes noticed that there would be a soft area around BL7 *Tongtian* that was achy to the patient when pressed. After massaging or needling BL7 *Tongtian*, I discovered that the technique was able to relieve some symptoms. Because of this, I began to rethink the acupoint and its relationship to the organs. I have concluded that BL7 *Tongtian* tonifies deficiency in cases of chronic cough and back pain. Consequently, I often call BL7 *Tongtian* the 'lung point' (feidian 肺点) or 'kidney point' (shendian 肾点) and even sometimes 'head lifegate' (toutingmen 头命门). Over time I have realised that BL7 *Tongtian* can help with many other types of disorders. So, in the end, I concluded that the original name is best: *Tongtian* means 'heavenly connection' and the acupoint truly does have an ability to broadly reconnect.

The other acupoints you mentioned are also interesting. Once again through palpation, I have found that GV21 *Qianting* helps to ascend clear qi while descending turbid qi. This regulation of qi in the head makes the acupoint an excellent

choice for many sensory disorders. GV19 *Houding*, on the other hand, tends to dredge the governing vessel and regulate blood for motor disorders, such as stiffness and soreness of the neck, shoulders and low back.

You often use a 'quick acupuncture' technique (快刺法 *kuai ci fa*) to treat certain diseases. Would you say a bit about which acupuncture points and disease conditions are most appropriate for this technique?

The acupoints I needle most often with this technique include: GV14 *Dazhui*, GV13 *Taodao*, GV12 *Shenzhu*, CV15 *Jiuwei* and certain back transport acupoints along the bladder channel, such as BL12 *Fengmen*, BL13 *Feishu*, BL17 *Geshu*, BL18 *Ganshu* and BL23 *Shenshu*.

Important considerations for this technique include firstly that one must obtain qi and secondly that the needle is not retained at all. For example, when needling GV14 *Dazhui* one sometimes gets an electrical sensation or instead a sense of heat running up and down the governing vessel. Sometimes needling this acupoint makes the patient feel hot all over the body. If these sensations do not arise, then one can try twirling, lifting and thrusting or even strong techniques such as 'Setting the Mountain on Fire' and 'Green Turtle Searches for the Point'. Usually, one wouldn't stimulate more than two acupoints when using the 'quick acupuncture' method. Again, the needles are withdrawn immediately after obtaining qi and are not retained. After having first used the 'quick acupuncture' technique one might then use other acupoints in a more conventional manner. However, if one first does the 'quick acupuncture' then needles regular acupoints, retaining the needles 30 minutes for each session, the stimulation will be too strong.

Would you mind discussing the concept of 'leading yang to unblock the collaterals' 引阳通络法 and some commonly used acupoints for bleeding technique?

What is termed 'leading yang to unblock the collaterals' is a method which uses filiform needles to prick the Jing-well acupoints. The key to this technique is that the amount of blood removed is slight (just a few drops). The goal of the technique is to remove blood stasis in that crucial junction between yin and yang channels. This moves qi and blood in both channels. I use this technique in situations where yang qi has become stagnated. We might think of this technique as being similar to one used in an old radiator heating system. When these systems are blocked by an air bubble, we open a valve to remove it and the heat comes back on. For this technique, the most commonly used acupoints include SI1 *Shaoze*, LU11 *Quchi*, SP1 *Yinbai* and ST45 *Lidui*. Most often, these are cases where there is a stasis of yang qi. Symptoms will vary but might include tightness in the chest and difficulty breathing due to an obstruction of

lung yang in which case I might prick LI 11 *Shangyang*. If there are tremors, numbness or cold in the fingers because of an obstruction of yang qi in the three hand yang channels, I would prick corresponding *Jing*-well acupoints. If the above conditions are not caused by an obstruction of yang qi, but are instead due to a deficiency of yang qi, moxibustion is used instead.

You once mentioned to me that acupuncture theory and practice should evolve over time. At the moment, we largely utilise acupoints on the surface of the body. However, it isn't impossible to imagine that, with the development of technology, we might discover and stimulate more and more acupoints. That is to say, in the near future, we might even find points on the internal organs for treating disease. If this is the case, what might be the indications for internal organ acupoints? What are some difficulties you might expect in the development of acupoints in and around the organs?

The hypothesis that direct internal organ acupuncture is possible draws from two factors. Firstly, acupuncture has already had some limited use in treating organs directly. For example, some have used hot-needling for lymphomas with a 'fire-needle' technique, while others have needled the thyroid gland and stomach directly for certain conditions. Secondly, we have relatively recently developed extremely fine-gauge needles, which could enable the stimulation of organs (including even the brain) with much less fear of causing trauma. In some cases, direct needling of the internal organs might be useful for regulating collaterals. Chinese medicine holds that chronic diseases can cause disorders of the organ collaterals. It is therefore possible to consider that direct organ needling may be more helpful for many chronic and complicated conditions.

For now, this technique has not been explored largely because of cost and complexity. Nevertheless, it is now commonplace for surgeons to use laparoscopic techniques. It is not so hard to imagine that similar technology might be used for inserting acupuncture needles very precisely into the spaces in and around the organs themselves.

Question: It has been 36 years since I became your student. I have noticed that your clinics are nearly always full of patients and that you always seem to be busier than other doctors. Why is this? Is it because of your theoretical foundation, unique experiences, effective business strategies or personal charisma? Or is there something else that attracts patients?

In order to attract patients to your clinic, you must firstly have confidence in yourself. Believe in your own ability and have faith that acupuncture cannot only treat simple diseases, but also much more complicated conditions. One of the biggest obstacles to confidence is an over-reliance on western medical

examinations and diagnostic results. This over-reliance causes some to limit their scope of possible syndrome patterns and thus narrow their treatment options. *Divine Pivot*, Chapter 1, asserts that 'even though a disease is longstanding, it can be stopped. Those who say [these conditions] cannot be treated have not yet realised their skill.' When you have confidence in yourself, you will try everything to cure the condition. This kind of self-confidence will have a positive effect on your patient's confidence in you and their faith in the treatment.

Secondly, you must constantly broaden your knowledge and improve your skills in order to raise your success rate. If you do this, people will speak highly of you. There is an old Chinese saying: 'Faraway people can still smell good wine'. In other words, some patients will follow you wherever you go. In fact, some may even introduce you to their next generation and even the generation after that!

Thirdly, it is important to have a good reputation among your patients. Some practitioners, in order to seek financial gain, engage in false and exaggerated advertising. These people may make some short-term financial gains but, in the long term, patients will not have faith in them and will not speak highly of them. Contemporary consumers have faith in those practitioners who have maintained a good name rather than those with the most colourful advertising.

Since ACTCM 讲演录 was published in 2008, the book has received quite a bit of positive and encouraging feedback from acupuncture circles in the West. It has been singled out as an outstanding publication. It seems to not only benefit relative beginners in our field but also experienced practitioners with its ideas and philosophical discussions. Can you highlight the outstanding features of the book in your mind and how to apply the text in the clinic?

There are three unique themes which we tried to emphasise in the text: tradition, reality and practical application.

All of the theoretical discussions and practical applications described in this publication are drawn from the core texts of the *Yellow Emperor's Canon of Internal Medicine (Huang Di Nei Jing)*, *The Classic of Difficulties (Nan Jing)* and the *Systematic Classic of Acupuncture and Moxibustion (Zhenjiu Jiayi Jing)*. I also sometimes borrowed contemporary medical terminology in order to illustrate and expand upon our discussions of acupuncture. Nevertheless, I have never deviated from the basic theories and practice of traditional Chinese medicine. The contents of this book all come from my own understanding and interpretations of the classical texts in combination with practice. The work is a true record of my own work as a doctor of Chinese medicine for the past 48 years. It may have errors here and there, but it is a true record and there is no falsification.

The important contents of the book include channel and acupoint theory, channel examination, differentiation and selection of channels, case studies and acupuncturist acupoint pairs. We explore these concepts in detail with an overarching goal of helping readers to develop their own understanding, which can then be applied in practice. There are two indexes included in the book, which list all of the acupoints discussed, the case studies, theoretical discussions and fundamental concepts. These indexes make the text easier to use as a reference book as well.

I have heard that there are many overseas students who practise in your clinic. In your opinion, what are the most prominent problems for these students in their studies? How can they overcome these problems?

There are three main problems with overseas students' learning. Firstly, they do not understand the Chinese language very well. Secondly, they sometimes have a lack of understanding of Chinese culture. Thirdly, many may have very limited learning opportunities in their home countries.

The Chinese language is the medium for transferring knowledge in Chinese medical education. There is a very rich body of knowledge in the classical Chinese texts and studying hard is the way to build up a knowledge foundation. These days there are some excellent new texts in Chinese. Thus, not being able to understand the Chinese language constitutes a major stumbling block for learning Chinese medicine. Nevertheless, it does not mean that one cannot study acupuncture. I have some very good overseas students. One is Jason D Robertson, who is a co-author of ACTCM 讲演录 and speaks fluent Chinese. Another is Yefim Gamgoneshvili. Although he does not understand Chinese, he is very smart and works extremely hard. Yefim now has a very busy clinic. He works much harder than those students who already understand the Chinese language. Nyssa Tang in New York is another of my excellent Chinese-speaking students.

Acupuncture is rooted in Chinese culture. A lack of understanding of Chinese culture makes the process of studying acupuncture much more difficult. In the long journey of studying Chinese medicine (including acupuncture) a basic cultural understanding should actually precede the study of medicine. In order to understand Chinese culture, one needs

to learn about Chinese history, particularly the history of Chinese medicine and how it draws from Chinese philosophy. Following and learning from more experienced Chinese medicine practitioners is important. It also helps of course to interact with Chinese people and, if possible, to visit China as often as possible.

I know that acupuncture enjoys a much lower social status in western countries and that it is seen as somehow inferior to western medicine, chiropractic, osteopathy and naturopathy. Chinese medicine does not have hospitals and even well-equipped clinics are few and far between. Such an environment contributes to some of the great difficulties for those trying to learn and develop a career in Chinese medicine in the West. The best way to overcome such a problem is to visit and work in China. The rich soil of an old acupuncture culture in China can enhance and nurture students in their learning and development. For example, I have heard from you that undergraduate students studying Chinese medicine at the Royal Melbourne Institute of Technology (RMIT University) in Australia spend a few months in China before they graduate.

The last advice I would like to offer to overseas students studying Chinese medicine is to keep a diary at all times for self-directed study. Record all of the valuable knowledge you encounter. This will not only help you to share your experience, it can also help you to consolidate it for yourself. By consolidating your insights, you can better remember them and thus understand, analyse, be creative and move the field forward. My diary keeping for the last few decades has benefited me quite a bit. I still look back over my diaries to enrich my body of knowledge and wisdom. Much of my advanced acupuncture thinking is the result of diary keeping and revisiting the ideas within.

Thank you very much Dr Wang for your time and your honest answers.

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