

More Is Better

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America has a voracious appetite for goods and services. We are told that if some is good, more must always be better. Our modern economy produces a constant flow of stimulating experiences. Such interactions generate internal transactions. These transactions then yield influences that are integrated into postnatal *qi* (*qi* and blood), expelled or suspended within the being.

The first two products of internalizing and digesting inputs are well-recognized, as they represent the conscious mind's naive perception of life process. Individuals choose to internalize physical and experiential inputs (*ying*), which commits the embodied spirit's resources to respond. Some inputs are simply rejected immediately upon being taken in, which disrupts the stomach's key role of internalizing inputs. Most are digested, with the support of the individual's *jing* (essential) *qi*, and the unused byproducts are expelled as waste.

The third option displaces the individual's unresolved reactions to experience into the physical body, where they accumulate beyond conscious awareness. The classical tradition of *Neijing (Inner Classic)* includes the theory of five sets of channels and vessels to differentiate and therapeutically address this notion that incipient pathogenic factors accumulate over time. Modern Chinese medical theory is based on the direct relationship between the primary channels and the *zang fu*. Thus, it focuses on balancing current manifestations, rather than rooting out and expelling stagnations when they are still "dormant."

Each individual's ability to interact with the outside world is based upon their activities eliciting *yuan* (source) *qi* to emanate from the unified essential being (*jing*) through the Five Phases (*wu xing*).

Wood - moves up and out from ming men (Life Gate, Du 4) via the back *shu* points to nourish the *zang fu* and channels.

Fire - spreads the spark of awareness (*shen*) to the sense organs, which allows them to receive experiential inputs.

Earth - internalizes both physical and experiential inputs so they can be digested, then consolidates the result of internal process into the individual's embodiment.

Metal - descends *kong qi* (empty *qi* - air) into the lungs, so that the embodied spirit can interact with it.

Water - secures the foundation of individual life by polarizing to the world.

The embodied spirit's most essential functions in life consist of moving out into the world with awareness to choose physical and experiential influences to internalize. Those internalized influences are then digested and generate postnatal *qi*. "Surplus" postnatal *qi* supports the individual's *jing* in generating sexual fluids, so individuals can create the next generation.

We are taught to evaluate deficiencies and excesses of *qi* and blood associated with various *zang fu* as a central part of the diagnostic process, as though the amounts of these vital humors had any meaning without respect to their flow. Of course, we know the rule that in order to tonify *qi* or blood, one must also circulate that humor, yet that hasn't prevented clinical thinking from

degenerating into treatment strategies that simply balance excesses and deficiencies.

Since each individual life depends on constant transactions with the environment, we would do well to turn the classification of clinical manifestations into a much more subtle inquiry because excesses develop when the embodied spirit fails to release to the exterior. Deficiencies may also appear when some pathogenic stagnation (excess) consumes *qi* and/or blood in the interior, and eventually detracts from the embodied spirit's ability to generate them.

Indeed, there are many common excesses that masquerade as deficiencies. The [Shang Han Lun](#) teaches that when external cold (excess) penetrates to the *tai yin* stage, the clinical manifestation looks like our modern theory's spleen *qi/yang* deficiency. *San jiao* (triple warmer) excess looks like spleen and/or lung *qi* deficiency, and possibly kidney *qi* deficiency, though it is actually a damp heat accumulation.

The individual's *jing* is stored in the kidneys, which polarize into *yin* and *yang* to activate their moving *qi* (*dong qi*). This *dong qi* moves outward as *yuan qi* to nourish the core vital functions delineated above. The dissemination of *yuan qi* is regulated by the *san jiao* mechanism, which guards the individual's survival. When *san jiao* disseminates *yuan qi* too quickly, the embodied spirit expresses exhaustion. (for more on this, see my April '06 column "[Is this Excess or Deficiency?](#)") Deflecting *yuan qi* to the interior to support dormancy can look like several *qi* and/or blood deficiencies, all of which arise from excess accumulations.

In addition to those outward (*yang*) movements of *yuan qi* associated with the *wu xing*, it moves inward (*yin*) to deflect unresolved stagnations away from the primary channels into the *luo* or divergent channels, where they are embedded in physical humors. This process gives the individual the opportunity to maintain unfinished business in dormancy until the embodied spirit can no longer generate sufficient postnatal *qi* to sustain that dormancy.

When individuals don't find adequate resolutions for their conflicts in life, they embody and accumulate them. People frequently internalize either physical or experiential influences to create experiences they want and avoid discomfort and difficult emotional/spiritual process. Of course, these attempts to avoid pain are ultimately hopeless, but that doesn't prevent attempts to realize it.

Individuals internalize influences beyond those needed to sustain life by redirecting their focus to new input. This strategy works temporarily by redirecting *yuan* (source) *qi* away from the current struggle by deploying it to support the individual's process of digesting new input. We refer to this intrinsic process as "Kidney *yang* supports Spleen *yang*."

The process of digesting new inputs "de-polarizes" current blocks by withdrawing *yang* from them, and storing the residue. In my last column ([February '09](#)), I discussed the use of comfort foods to deflect *yuan qi* away from their current awareness (fire) and into the physical digestion of food (earth). Yet, the new inputs need not be physical. Indeed, distracting the embodied spirit with its voracious appetite for satisfying sensory experiences is more insidious than using comfort food, because it doesn't generate visible accumulation around the *dai mai* (belt vessel).

Regardless of whether new inputs are physical or experiential, this basic strategy sacrifices some *yuan qi* to suspend and store the unresolved conflict or struggle. The embodied spirit then spends more *yuan qi* to digest the new input. In the case of new physical input, it is generally digested directly into excess humors, which are then used to suspend the old unresolved issue. New experiential input distracts conscious attention away from unresolved struggle, which then drifts into denial - physically expressed as de-vitalized *jing* in the form of phlegm.

Healing is a fundamental change of direction. While the embodied spirit is gathering postnatal *qi* to effect fundamental transformation by breaking through its "pattern lock," the clinical manifestation often looks like spleen and/or lung *qi* deficiency. Once the embodied spirit has successfully negotiated the transformation(s) of healing, the process of expelling unresolved pathogenic factors can look like spleen *qi* deficiency when releasing/expelling damp in response to heat, or kidney *qi/yin* deficiency when releasing/expelling heat in response to damp.

Many accumulating stagnations are not resolved before they emerge in overt expression as progressive or degenerative pathologies. While functional in the short term, the embodied spirit's strategy of suspending and storing unresolved pathogenic factors eventually breaks down. These factors then overflow from the "storage reservoirs" back in the primary channels. These appear from the outside as deficiencies of *qi*, blood, *yin*, and/or *yang* of various *zang fu*.

Many patients can tolerate tonics, and using them is a common strategy. Indeed, modern clinical theory indicates their use in any case of apparent deficiency. Yet, where there are accumulated stagnations held in dormancy, *qi* and blood tonics (absent other substantial influences) can only enhance the individual's capacity to suspend pathogenic factors.

Stimulating the fundamental transformations of profound healing requires more sophisticated formulation than simply balancing manifestations. Effective therapies suggest ways out of habituated traps, rather than temporarily suppressing symptoms. They ask the embodied spirit to transform in some fundamental way, which allows it to release/expel suspended pathogenic factors.

While modern Western medicine accentuates technologically enhanced perception and measurement of clinical signs, and modern Chinese medicine focuses more on careful classification of symptoms, they both seek to manage and balance expression to minimize the individual's adverse experience. In their own ways, each evaluates both current circumstances and future risks in determining treatment strategies, and both are fatalistic about the basic life trajectory of accumulation.

Our consumption-based economy depends upon the propensity of most personalities to seek new inputs, rather than concentrating on completing their internal processes. It stimulates and facilitates our endless quest for external stimuli in order to generate new desired experiences that deflect *yuan qi* away from uncomfortable or difficult (previous) experiences that have not been fulfilled. Health is not a consumer good, so why would healing be one? It is an object of cultivation, an adventure and a challenge. It can't be passively consumed.

Many practitioners and policy-makers think that our society needs more economic activity to pay for health care for the populace and/or a radically different way of distributing it. Perhaps instead, we need to transform health care. Rather than disempowering patients by using passive care, we need to explore ways to foster and stimulate the transformations of healing.

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