

Diagnosing & Treating Aggressive Energy

Recently, there has been an article, and subsequent discussion, about the subject of Aggressive Energy (AKA "AE"), including ways to detect its presence and an alternative method of treating it. I appreciate the respectful tone of the article, and recognize that within the vast realm of Chinese medicine, there are many lineages, approaches, and evolutions.

Pure Ch'i

Polluted Ch'i

Normally, most people can bounce back from occasional stresses, traumas, or indulgences. It can happen, however, that some traumas are so extreme that the pure nature of the Ch'i energy itself becomes compromised. Such trauma could be the result of an overwhelming, severe and sudden shock, or a gradual hammering away and weakening, until an organ or function simply gives up and cannot bounce back. Instead of a nourishing, life-giving force, the Ch'i becomes polluted, turns toxic, and becomes an attacking force within the body, mind, and spirit - hence the term "Aggressive Energy." The term does not refer to the behavior of the affected patient, but to the clinical nature of the energy itself.

What Causes Aggressive Energy?



Extreme traumas that may be the cause of AE include:

- illnesses that pound away relentlessly at a person, overwhelming an organ or function
- continual or overwhelming stress or strain (physical, mental, emotional, or spiritual) beyond what a person can take
- toxicity - usually prolonged consumption of toxins (including, but not limited to, prescription or recreational drugs, toxic food and drink, or severe environmental toxicity) and combinations of the above

Where AE Begins

AE arises in a predominantly yin ("zang") organ or function (AKA "Official"), as these are solid organs which tend to retain and store, as opposed to the predominantly yang ("fu") organs, which are hollow tubes that normally come into contact with impurity and are able to pass it through and excrete it.

How it Spreads

The affected Official, due to its instinct for self-preservation, attempts to rid itself of the toxic energy. Just as no mother would knowingly pass poison to her child (the Sheng Cycle), there is only one other route through which this toxicity can be sent - the K'e Cycle. However, the originally affected Official cannot fully rid itself of the toxicity. It retains some and also spreads it.

For example, if the Liver Official was battered by excess toxicity of alcohol, drugs, and emotional trauma (alone or in combination) beyond what it could absorb and from which it could recover, AE could arise in this Official. The Liver would, in time, send this toxicity across the K'e Cycle to Earth - specifically to the Spleen. This movement of AE across the K'e Cycle is known as a "leg" of Aggressive Energy. From Spleen, the toxicity will be sent to the Water Element - specifically to the

Kidney.

At this point, there are two legs of AE and three Elements affected. The Kidney, will, in time, send the AE to the Fire Element – specifically to the Pericardium Official, and potentially to the Heart itself. Now, there are three legs of AE and four Elements involved. By this stage, the patient will likely be gravely ill or will have died, as Aggressive Energy is a fatal energetic condition, unless removed. When AE is present anywhere, it acts as a total block to treatment and the patient cannot improve. Nature has essentially given up the fight.

In nature, AE spreads only via the K'e cycle, but can be spread on the Sheng cycle or via Junction (Luo Connecting) points by energy transfers with acupuncture. Therefore, testing for its presence and removal should be the first treatment with a new patient. Only treatment for Possession (if present) has priority. AE may also occur in established patients who have tested negative in the past, as the result of any of the situations described above. If a patient who was doing well suddenly seems to nosedive, consider the possibility of AE and test for it.

Testing for AE

The only way to determine the presence of AE is to test for it. We do not rely on symptoms, behavior, or pulses. It has been suggested in another article on this subject that a "buzz" quality is indicative of the presence of AE.

While it may be possible to determine the presence of AE from pulses, this author, with 38 years of experience in practicing this system, has not felt this quality, nor did my teacher, J.R. Worsley, suggest that we rely on pulse diagnosis to determine the presence of AE. We must assume that any patient may have it. For the safety and well being of the patient, please do not assume the absence of AE if you do not feel this quality.

The procedure for testing for AE is as follows—place needles, very superficially, just under the skin, with perpendicular insertion, in the bilateral Back Shu points (AKA Associated Effect Points, or "AEPs") of all predominantly Yin organs, excepting the Heart (i.e. Lung: UB 13, Pericardium: UB 14, Liver: UB 18, Spleen: UB 20, Kidney: UB 23).

Also, place needles in the same fashion nearby the Associated Effect Points, but not in acupuncture points (i.e. at the same height relative to the spine and lateral to the Associated Effect Points. These are usually placed between the inner and outer Bladder lines. These are called "test needles". One test needle in each jiao is sufficient. Therefore, a test needle is placed about the height of UB 13 and 14, a second needle near UB 18 and 20, and a third near UB 23.

The depth of insertion is so shallow that one-inch needles will droop at about an angle of 30-45 degrees with the patient sitting up. Accurate point location is vital to determining the presence of AE. If uncertain if you have found the point accurately, you may place several needles, with the same shallow insertion, around where you feel the point is located, thereby increasing the likelihood of getting the point accurately with one of the needles. If using a cluster of needles, also place a similar cluster around the test needle so the skin reaction (if any) will be comparable.

If AE is present, redness (erythema) will appear, bilaterally, within approximately five minutes, around the Associated Effect Points of the corresponding organ(s). As the skin on some people will turn red with the insertion of a needle anywhere, we compare the redness of the Associated Effect Points with the test needles. True AE erythema will be larger, darker, or more persistent than erythema, which might appear around a test needle.

It is impossible for AE erythema to show on only one side. If it appears thus, you have missed the

point on the opposite side and must re-position the needle. Point location is vital.

Treatment protocol

- Leave the needles in those Associated Effect Points which have tested positive for AE until the redness completely disappears, then, you know that the AE has drained away. This can take minutes to hours.
- Testing the Heart for AE: The Heart is tested last, and by itself, including a new test needle, after all other organs have cleared of erythema.

JULY 2018