

The Spirit of Inquiry

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Acupuncturists and herbalists face a daunting task. 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 2,000 years. 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 learning process largely is confined to mastering a clinical method, rather than a thinking process. We primarily have the modern doctrine exported from the People's Republic of China (PRC), and the many Chinese and Western teachers who promulgate it. Other approaches generally are 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, but Master Sun (581-682) lived for 101 years. Two famous sayings declare that it takes either 10 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 some new (and foreign) ideas and a system of diagnostic differentiations. 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, and 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 have been blocked. The point is to stimulate vital processes to flow; the individual will grow toward wholeness. The name of the oldest classic text on acupuncture reminds us to engage an individual's principle of embodiment, their *Spiritual Pivot* (*Lingshu*). (Note: This same character *shu* denotes the deepest of three levels of penetration of *qi* impacting the being. *Qi* generated through interacting with the world originates at the digits and accumulates in the torso [*Lingshu*, chapter 5]).

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 primarily are available through continuing education programs.

The core is what many people call traditional Chinese medicine (TCM). Of course, from the outset, there is potential for confusion. Some people use that name to refer 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-1950s 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's just the collection of clinical doctrines that represent how it's been practiced in the PRC since the middle of the 20th century. TCM is based on the differentiation of syndromes of imbalance of the *zang-fu* (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 1,000 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 primarily are empirical. Many developed outside of China, in other parts of Asia for many centuries, more recently in Europe, and during the past 30 years in the U.S.

Many Japanese traditions, and the popular spiritually oriented Worsley 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 Worsley 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 *zang-fu* 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/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 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 previously have 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.

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