

The Source-Luo Point Combination

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The luo collaterals are part of the acupuncture channel system presented in the *Su Wen* and the *Ling Shu (The Nei Jing)*. The function and clinical application of the luo mai are primarily presented in chapter 10 of the *Ling Shu*, however, they are also found in others chapters in the *Su Wen* and the *Ling Shu*. There are modern theories and clinical applications of the luo mai and luo points that have become part of the mainstream practice of acupuncture that do not appear to be based in the *Ling Shu*, *Su Wen* or other early classics of Chinese medicine. We will explore some of these theories with the goal of identifying the assumptions and guiding principles for the modern applications. A focused analysis of these assumptions can guide the reader to determine if and how to use them in clinical practice.

The luo mai (luo collaterals) have a specific function within the six acupuncture channels (cutaneous, muscle, connecting, main, divergent and the eight extraordinary channels) presented in the *Su Wen* and the *Ling Shu*. The following passage from Chapter 58 of the *Su Wen*, "The Acupuncture Points," clearly expresses the primary function of the luo mai.

"The luo collaterals connect with the 365 points and correspond to the 365 days of the year. The function of the collaterals is to dispel the pathogen from the channels, and to promote the flow of the ying/nutritive and wei/defensive.¹

The primary function of the luo mai is to release pathogenic factors from the luo mai. The method is to prick to bleed the luo point and areas along the luo mai. Prick to bleed removes the pathogen in the blood. The pathogen is located at the superficial layer of the body. The pathogenic factors can block the flow of ying and wei. A luo mai treatment can remove the pathogen allowing the normal flow of ying and wei. During the history of Chinese medicine, the primary function of the luo mai has changed. The changes from this classic function of the luo mai and the luo points are now presented.

The Source and Luo Point Combination

Treating the source and luo points together is a common modern treatment method that is not found in the early classics of acupuncture. Researching the history of the luo mai reveals four main shifts in the way the luo points are applied in clinical practice. The changes occur from the Jin dynasty (A.D. 115-420) to the early 1900s.

The legendary Dou Hanqing created the first change when he presented the command points for the eight extraordinary channels in A.D. 1196. Four of the command points are luo points. The functions of these luo points would include treating the eight extraordinary channels and the vital substances associated with the eight extraordinary channels: *jing* and source *qi*. The second change is found in the *Zhen Jiu Da Cheng, The Great Compendium of Acupuncture and Moxibustion*, written by Yang Jizhou, in the Ming Dynasty. The third change occurred with George Soulie De Morant, the French

practitioner, writer and teacher. And the fourth change occurred with Dr. Nguyen Van Nghi, the influential Vietnamese translator, teacher and practitioner. Each of their theories, assumptions and applications will be evaluated to gain a deeper understanding of them and their relationship to the teachings from the *Ling Shu*.

Dou Hanqing is a famous practitioner and writer from the Jin dynasty (A.D. 1115-1234). In A.D. 1196 he wrote *The Guide of Acupuncture*. Dou Hanqing is the person we can historically trace that presented and promoted the eight command points of the extraordinary channels. He revealed these points around A.D. 1196. They are not in any known texts before his work. He left no theory of how they work or why each point was selected. For this reason classical practitioners do not use these points as command points of the eight extraordinary channels. Classical and serious practitioners always pick points on the eight extraordinary channels. Four luo points were selected as command points. The luo points are lung 7 for the ren channel, san jiao 5 for the yang wei channel, pericardium 6 for the yin wei channel, and spleen 4 for the chong channel. Creating this new point category and assigning this function to the four luo points created new conditions the luo points could treat. It radically changed the function of the luo points. The luo points could now treat *jing*, source *qi* and conditions of the eight extraordinary channels. It seems these four points could treat conditions the source points would classically treat. I believe this new function contributed to the change in how the luo points would be used in the future and is the basis of the source-luo point combination.

Xu Feng was a famous doctor in the Ming dynasty (A.D. 1368-1644). He continued the work of Dou Hanqing and promoted what would become the common coupled pairs of the eight extraordinary channels command points: the ren and the yin qiao, the du and the yang qiao, the chong and the yin wei and the dai and the yang wei. There is no strong Chinese medical theory to support these pairings as unique or more clinically effective than other combinations that could fit a diagnosis and treatment plan. Xu was also seriously involved in chrono-acupuncture. He promoted the *zi wu liu zhu* and *ling gui ba fa* methods. Xu recommended being flexible in the eight extraordinary channels selected: do not always use one set of pairings. He suggested picking points on the pathways in treatments. He popularized the eight extraordinary channel pairings but some practitioners use only the command points and not the points on the pathways in treatments. This is a simplified way to practice acupuncture, and becomes a common trend.

The *Zhen Jiu Da Cheng (the Great Compendium of Acupuncture and Moxibustion)* is a collection of information from the Han to the Ming Dynasties. In A.D. 1601, Yang Jizhou finished editing this text. *The Da Cheng* is a classic Chinese medical text. It includes information from the classics, as well as his family tradition and his own insights. This classic book is the main source of the luo-source point combinations. Yang lists each of the luo and source points for the Yin-Yang channels. He lists symptoms and conditions for each channel. It is common when referring to the luo mai to use the name luo mai (connecting collaterals) to distinguish them from other channels. Yang does not list the source-luo point combinations as a luo mai treatment. He lists them according to their organ name, which is a way to reference the main channels. Because the main channels connect to the internal organs, treating the main channels can influence the organs. The way Yang names this combination is important, he is saying this treatment is treating the main channels and the organs. This is not a luo mai treatment.

Yang does not cite any sources for the source-luo point combination. They are not found in any classic texts before the *Da Cheng*. Some scholars believe this source-luo point combination probably came from his family tradition or his own discovery. I speculate he may have based this point combination on

the work of Dou, Hanqing. As mentioned in this article, Dou assigned four luo points as command points for the eight extraordinary channels. The luo points could influence the eight extraordinary channels, Jing and source qi. I assume Yang concluded all the luo points could influence source qi as well; therefore, he set a new acupuncture point combination, the source-luo points. The sequence of changing the function of the luo points begins with Dou and continues with Xu, and begins a series of significant changes in the conditions the luo points can treat. The shift from treating luo mai symptoms and conditions to treating the main channels and the internal organs can be found with these practitioners and writers. Most interestingly, there is no theory to support their applications. It will be later practitioners and writers that attempt to explain the reasoning for the new functions of the luo mai. I will evaluate the assumptions in the theories.

Yang includes Dou Hanqing and Xu feng's works in chapter five of the Da Cheng. Yang offers little guidance about the clinical method for applying a source-luo combination. He does not state whether to reinforce or reduce the points. He offers no theory to explain how this point combination works. Morant and Dr. Nghi will offer theories about how this combination works which will change the theory and function of the luo mai in Europe and later around the world.

References

1. Lu, H. (1985) *A Complete Translation of The Yellow Emperor's Classic of Internal Medicine and the Difficult Classic*. Vancouver: Academy of Oriental Heritage.

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