

## INTEGRATING AND UNDERSTANDING CLASSICAL AND TCM THEORY

### Aims

To integrate TCM and Classical approaches.

To aid study for NCCAOM exam.

The NCCAOM exam is greatly based upon TCM but also draws on a number of other approaches including of course so called 5-Element.

### History

In order to understand the various theories of Oriental Medicine it is useful to know the history. This is a simplistic overview.

**Classical Period**  
(circa 2600BC)

NEI JING (Su Wen & Ling Shu)  
NAN JING

**Mediaeval Period**  
1<sup>st</sup> century AD-

China  
e.g. SHANG HUN LUN

Japan

Japanese Acupuncture  
Channel Based  
Five-Phase  
Energetic transfer

**Modern**

Herbalization  
Standardization  
Westernization  
i.e. TCM

Mainland  
China

Non-mainland e.g.  
Taiwan/Hong Kong

Japan

Broadly: The Nan Jing although a little later than the Nei Jing It is said that the Nan Jing was the earliest text used in Japan and thus led to a differing emphasis in Japanese traditions.

In the Mediaeval period Acupuncture became part of the medicine that included herbs and diagnostic concepts that particularly applied to herbal medicine were applied to acupuncture.

In modern times TCM was produced by a process of Standardization and Westernization.

### Spirit

In TCM Shen is translated as consciousness and largely related to Heart as pathology (Liver/Hun is also mentioned). It arises out of the organism in the same way that modern science views mind as arising from the body functions.

In historic times spirit was clearly considered a priori in the human organism.

### Health v Disease

TCM is largely about understanding pathology; whereas Classical concepts embrace normal function. In TCM the pulses are used to confirm the diagnosis not to make the diagnosis. On the other hand, preventative approaches of treatment require a greater reliance on the pulses.

### Energetic Transfers

In TCM Qi is thought of more as a potential than an actual substance. For example the functions of the organs are described as their Qi. In Japanese tradition, such as the Five Elements, Qi is clearly considered to be a substance that can be moved or transferred either between channels of organs.

### Full/Empty and Hyper/Hypo-activity

In TCM there is a clear distinction between the concepts of Full and Empty (Vacuous). Full refers to the presence of a pathological substance; Empty refers to the state of the true Qi, (you can not have too much of a good thing). However, in 5-Phase theory there is a concept of hyper-activity and hypo-activity, shown by plus or minus pulses and further to this the excess energy in one part of the 5-Phases or one channel can be transferred to another with deficiency. These concepts do appear to be contradictory. The primary question may be: are the Plus pulses to be equated with Full pulse qualities and the Minus pulses with Empty pulse qualities?

#### Discussion:

The Full pulse quality is not necessarily going to equate with a surplus of energy that energy transfer modalities would require. Fullness refers to the presence of a pathological substance, Phlegm, Wind etc, in the case of an ideal External invasion this would indeed seem to be associated at least with a hyper-activity of true Qi that is combating the invasion. However in the case of interior conditions the Fullness is commonly associated with a Xu (Deficiency), (for example, Damp/Phlegm associated with Sp. Yang Xu).

The concepts of hyper-activity and hypo-activity of an organ are well supported by Western concepts of stress. It is suggested for example that hyper states are often the more acute precursor to long-term hypo states. For example, hyper-insulinism can be seen as a precursor to diabetes (hypo-insulinism), hyperthyroidism and precursor to hypothyroidism. The former states representing the acute response to stress, the latter states the effect of long-term failure of adaptation.

Conclusion: It would seem that Full and Empty qualities represent the presence of a pathological substance or the weakness of an internal organ. It could be of note that the Full and Empty qualities are not complete opposites, they are both large pulses in their pure form. In order to transfer energy we need the presence of an excess of energy or at least relatively so. Another item of note is that it is far more

common in energy transfer modalities to identify degrees of minus pulses than to identify a true plus pulse. It would seem that relative excess and deficiency of true Qi needs to be distinguished somewhat from the Full and Empty qualities which can be considered an overlay. The true Plus pulse could be identified as a quantitatively excess pulse with a Full quality.

#### Keywords v “statements of fact”

TCM largely makes “statements of fact” these are concise statements that were traditionally expected to be memorized without understanding. Within 5-Phase theory for example there is a looser understanding. “Keywords” such as 5-Phase associations are more like signposts intended to point in a direction, but not to be definitive boxes to limit ones understanding. The concept of the “map is not the territory” is a philosophy that underpins this.

#### Language

In Oriental Medicine many words are used with differing meanings depending on the context. For example in Western terms there are differing meanings of depression. A person may say they feel depressed but they would not necessarily be diagnosed as clinically depressed by a Western physician unless they exhibited certain specific symptoms. Similarly for example, Wind has a meaning in the context of Five-Phase theory. Indeed it is sometimes combined with the Five-Phase name (e.g. Wood-Wind). The meaning of Wind in TCM is more particularly the reference to a particular climatic condition or a pathological state. The TCM definition of Wind is clearly more circumscribed, it does not conflict with the wider philosophical meaning but it is more precise.

#### Zang-Fu and Channels

In TCM a clear distinction is made between the Jing-Luo and the Zang-Fu. In the Japanese tradition the channel and organ are seen more as primarily an integrated function. These are not contradictory ideas just a differing emphasis.

#### 5-Phase

Kaptchuk has described modern TCM as having de-emphasized 5-phase theory. TCM does make use of 5-Phase but usually as a device for explaining the connection of some functions and pathology. In styles where 5-Phases are emphasized there is an emphasis on the inter-dependency that is central to the 5-Phases.

#### 12-Zang and 5-Zang/6-Fu.

In TCM the 5-Zang (Viscera) are given a relatively more vital role than the 6-Fu (Bowels). In the theory of the 12 Zang (derived from the Nei Jing) they are given more equal or at least complementary roles.

One specific area of divergence is in relation to the roles of Xin Zhu/Xin Bao (Pericardium) and San Jiao. In TCM these two Organs are not as seen as distinct entities. The Xin Bao in terms of function and pathology is largely seen as integral to the heart (hence 5-Zang not 6), San Jiao similarly although called a Fu is not given a specific

function and pathology within the context of Zang-Fu theory. However, in 12-Zang theory they do have their own individual responsibilities; further to this it will be seen in discussion of the pulses that there is an overlap or divergence on the pulse positions between the concepts of Kidney Yang and Xin Bao/San Jiao, hence the common Western title of the Pericardium as Circulation/Sex.

### Summary

TCM based upon a teaching style of memorization emphasizes the pragmatic. Like Western Medicine it is oriented towards understanding disease. People are put into boxes called syndromes. Although TCM does emphasize individual variation it is still a deductive process. It could be described as a “bottom up” approach. The disease is understood pragmatically. The functions are described that most closely interface with the syndromes i.e. the functions of the Zang-Fu. Upper level theory such as San Jiao energetics is only taught in a simplified form. Classical 5-Phase acupuncture in particular starts from the concept of inter-dependency and works down to mechanisms and specifics.

Many experienced TCM practitioners begin to recognize that people do not appear to match the textbooks. In particular (at least in the West) complicated or “knotty” problems appear to be the rule rather than the exception. In particular rather than differentiating between various possible syndromes most patients have multiple syndromes. Contradictory symptoms and signs (indicating quite opposite syndromes) are also very common. These are all a product of chronicity. Of particular note is the presence of Heat symptoms in many chronic conditions; Li Dong Yuan’s Yin Fire Theory<sup>1</sup> is of particular note here.

On the positive side TCM is based upon clinical experience. One could arrive at an understanding of the syndromes from first principles. However, of all the various possibilities there are some more common than others. For example; the syndromes of the Liver usually include some measure of digestive complaints that are Liver invading Stomach. This is because of the nature of Liver that out of all the possible ramifications of Liver dysfunction it is very likely to invade Stomach.

### Keys to TCM

“Statements of fact”

Memorization

The foundation of TCM is differentiation of syndromes.

A syndrome, or pattern, is a collection of signs and symptoms that are taken together rather like a constellation.

A diagnosis is not made or inferred on the basis of isolated symptoms.

Pulses, for example, are used to confirm the diagnosis not make the diagnosis.

Isolated Symptoms that do not form part of a clear pattern are largely ignored.

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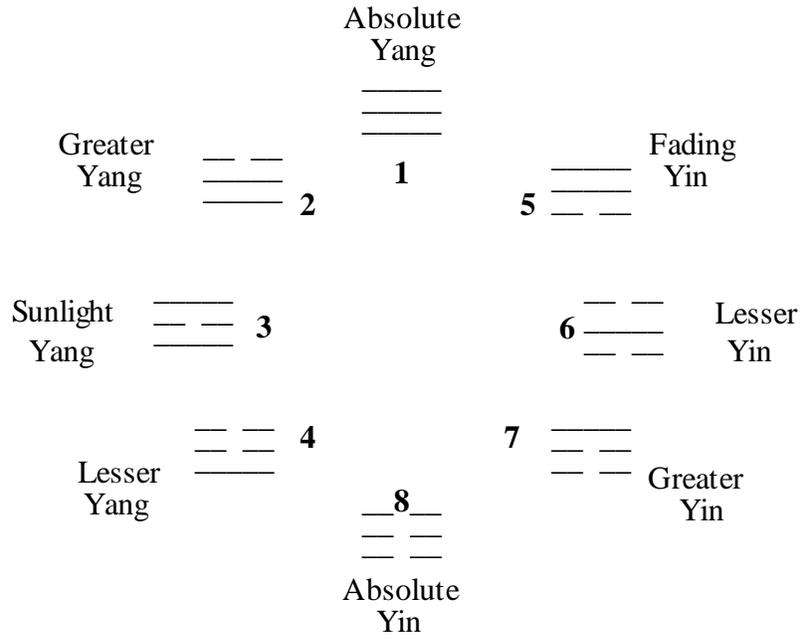
<sup>1</sup> Li Dong Yuan describes 5 main mechanisms that produce Heat/Fire (e.g., Damp, Stagnation). As Heat rises this will commonly show on the pulses and tongue (in the upper body), thus masking the underlying state which could be yang deficient.

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On a continuum of Theory (Understanding) to Practice (Memorization) TCM begins with practice/memorization.

Peter Eckman has suggested that Zhang Zhong-Jing's Shang Hun Lun derives from a tradition based up Fu Xi's diagram.

**FU XI'S ARRANGEMENT  
and the Six Divisions**



**KING WEN'S ARRANGEMENT AND THE FIVE ELEMENTS**

