

THE ADVENTURES OF AN ACUPUNCTURER

35 Years Behind The Needle

A Clinical Autobiography
of
Qigong Acupuncture

James MacRitchie



THE ADVENTURES OF AN ACUPUNCTURER

35 years Behind The Needle

1978 - 2013

A Clinical Autobiography
of
Qigong Acupuncture

氣功 針灸

For people wanting to understand
Personal Energy

-

For Patients undergoing treatment

-

For Acupuncture and Qigong
students and clinicians

-

For Senior Practitioners and Teachers
interested in comparing notes

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James MacRitchie asserts the
moral right to be identified
as the author of this book.
Acknowledgement of authorship
would be appreciated

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Other Books by this author

Chi Kung : Cultivating Personal Energy (Element Books 1993)
The Chi Kung Way – Alive with Energy (HarperCollins 1997)
Chi Kung – Energy For Life (Thorsons 2002)

Available via Amazon.com, Google, etc.

The Eight Extraordinary Meridians Training Program (2008)

Available at www.globalqipproject.com

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Please Note: Any information given in this book is not intended to be taken as a replacement for medical advice. Any person with a condition requiring medical attention should consult a qualified medical practitioner or therapist.



James MacRitchie
B.Ac.(UK), Lic.Ac.(CO).

Born in Liverpool, in north-west England, Jim went to Art School, then ran Nova Express Light Show with Paul G. Brown, which later became Super Nova. He worked at Great Georges Community Cultural Project / The Black-E in Liverpool, with Bill and Wendy Harpe and team, in the early '70s. Following this he trained for a year with Anna Halprin at San Francisco Dancers Workshop, California, and then created The Natural Dance Workshop in London. He studied Acupuncture under Prof. J. R. Worsley at The College of Traditional Chinese Acupuncture, graduating in 1977, and qualified as B.Ac.(UK) in 1980.

Moving to Boulder, Colorado USA, in 1981, Jim established The Acupuncture Center of Boulder and The Qigong School, and was Co-Director of The Evolving Institute, then The Body-Energy Center. He was Founding President of the Acupuncture Association of Colorado in 1983 (www.acucol.com) and the National Qigong Association USA in 1996 (www.nqa.org), and creator of The Global Qi Project in 2008 (www.globalqipproject.com). He passed the NCCAOM National Acupuncture exam, and became Licensed in Colorado as Lic.Ac.(CO). His Trilogy of books on Chi Kung are available on amazon.com, etc.

Jim returned to Liverpool in 2013, where he now directs The Personal Energy Centre, practices Qigong Acupuncture and teaches Eight Extraordinary Meridians at The Qigong School - Liverpool.

DEDICATION

This book is dedicated to
all of my patients and students
over the years,
without whom I would have
nothing to write about,
and to you,
the reader.

ABOUT THIS DOCUMENT

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It is 244 pages long and contains 70 images and graphics

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- * And please pass it on to anyone you think would benefit from knowing this information about their Personal Energy and Cultivating their Chi. Thank You.

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There are many people to Thank for their help, support and encouragement in the writing of this book, and life so far. This extends over half of my life, and is not a short list, but it is not a short book. In some ways it is my Magnum Opus, and possibly my last book.

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All of my extended family - especially Uncle Eric, Our Norma, Irene, and nephews and cousins twice and three times removed...

And to my old pal Dave Scott (Keizan Sensei, Founder of StoneWater Zen Centre), and new pals Andy Scott and Suzanne Adey and all the Sangha there, for their welcome and support in establishing my new practice and centre in Liverpool.

Thank you.

In Memoriam

To Anna Wise, my first wife and partner, and my son's mother, who took me to Boulder in 1981, where most of this work happened. She left the world a better place Find out more at: www.annawise.com -&- www.institutefortheawakenedmind.com

To my late friend Dr. Bob McFarland, who signed me up, as my Supervising Physician, as the first registered Acupuncturist in Colorado, and did do so much for the betterment of everyone. I drank tea with him most Friday mornings for 28 years. R.I.P. Bob.

And lastly to the Taoist sages, teachers and council who continue to inspire, and The Great Tao in all of its manifestations.

A Deep Bow of Thanks, and unending Gratitude to all.

FOREWORD

A CLINICAL AUTOBIOGRAPHY ???

Writing a book is no small undertaking. It takes time, focus, research, feedback, multiple drafts, decisions, recklessness, dread, worry, hope, a sense of humour... in short, most of one's mental, psychic and emotional abilities and resources.

Often this is at all times of the day and night, and weekends are no longer relevant. Physical stamina is a prerequisite. And if you are going to write a book it is best if you are single, otherwise you might be by the time you finish it.

This book is being written for a number of reasons, any one of which would have been cause enough to do it.

However, it seemed that looking at it from various angles and perspectives the best description was A Clinical Autobiography - my life of 35 years in clinical practice. I have never seen a book described this way, but as many other practitioners, in all sorts of fields, have their own history and stories, this could become its own 'Category' in the field of publishing?

And given that it is autobiographical, as well as clinical, there are probably more instances of the use of personal pronouns, than would appear in a technical report - I, me, my... I suppose that is the nature of autobiographies, and I don't see any easy way around it other than re-writing the whole thing in the third-person. Your indulgence is requested.

Given that caveat, here are the principal reasons for the writing of it.

- Around 2005 I read the following sentence describing a book by a highly respected senior Japanese practitioner, Yoshio Manaka.

The sentence said "At the culmination of their professional careers, Oriental physicians often write books setting forth the mature versions of their clinical vision, their creations and accomplishments."

It felt like a directive to me. If 'the culmination of their professional careers' meant somebody who had been doing it most of their adult life, then I qualified. After all, you don't know when you are going to ascend into the Immortal Realm, after which it will be too late...

as it was for three close friends of mine in recent years who had intended to write their books, but never got to it. So, it became time to get on with it.

- It also felt like a responsibility and obligation. After being in practice 35 years I had come to understand some things which professional colleagues found of interest, so I thought it may be of relevance to other practitioners.

- From a technical and clinical point of view I had been engaged in a number of issues:

- * Defining the state of health from a chi/energy perspective
- * How to work best with patients
- * Developing procedures and processes
- * Devising a pulse notation system
- * Using a pendulum
- * Diagnosing the Causative Factor and the Elements Within
- * Applying the Eight Extraordinary Meridians
- * Working with the Master & Coupled Points
- * Integrating Qigong...

It felt necessary to share these.

- Also, I had treated, seen and dealt with some thousands of patients, with most everything that happens with people, in random order, usually all day long. So there was that experience which I thought may be of interest and value.

- And then there was Tradition. If it is a tradition that 'Oriental Physicians' of Acupuncture write books, then why not 'Occidental Physicians' of Acupuncture – with the twist that there have not yet been multiple generations of Occidentals practicing Acupuncture. Or from another angle, almost no adult Western practitioners had learned from their grandparent, as was common in Asia throughout history.

- So part of the motivation for writing was to respect the tradition. To lay down what I have done for others to learn from if they wish, and make my contribution to the knowledge. To state my investigations and conclusions of what I learned, discovered, invented, collected, created... for whatever that is worth to other practitioners.

- The book had been brewing in me for 8 years, since reading the sentence about Manaka, and I felt I could not go further without writing some of it down, so it was time to get it done. It was also

a way to summarise the 2nd half of my life. Get it out of me and in words and into the world, and define it to, and for, myself. To remember what had happened. To 'own' myself as a practitioner.

- Another dimension is that I had just moved back to my home town of Liverpool, after three-plus decades in Boulder, Colorado, and I needed a focus to get me oriented to my new/old life as I re-adapted to a formerly familiar scene.

- And there were other aspects: test it in the fire of others opinion; throw down the gauntlet and see what comes back; have a project worthy of the effort; be creative; manifest Tao...

- And finally there was the unsuspected realisation that having written and/or published ten or more other books (depending on what you call a book) maybe I just had to write another. Maybe I like writing?

The following is the result. I hope you find it of interest and value.

James MacRitchie

Liverpool
Spring 2015

PREFACE

WORDS, WORDS, WORDS

Words and language are organic and evolving. It is difficult to keep up with – even for people who write dictionaries. And this is especially so, given that I am translating from a language with a history of ideographic symbols with thousands of characters and a very different mind set, on a topic that our culture has no equivalence of. This is an explanation, and reasons, for my use of some of the words and language in this document.

East and West

The words East and West are used in this document in broad terms, as they are in common everyday language. It does not refer to the geographic divisions of the globe defined in the last 500 years by European explorers, geographers and politicians. The same applies to dates and others terms.

The term 'East' means that which originated in China and its surrounding countries. It includes Japan, Korea, Taiwan, Vietnam and other related countries in the region which have practiced and utilised the knowledge of what is known in English as Acupuncture and Qigong.

The term 'West' means that which originated from the Greco-Roman and Judeo-Christian traditions, some two thousand years ago, although there are much older records. It generally describes the geographic areas and countries to the west of Greece and ancient Rome, including the United States, with their specific languages and cultures. This distinction is especially relevant given the subject matter of this book, which refers to the specific medicine and practices unique to a particular culture and its diaspora, the range of influence radiating from it like the circles of waves generated from a stone dropped into a pond.

Given the limitations of language there is little choice but to use this broad description. However, in the current state of the planet, with the Internet and the WorldWideWeb and air travel to anywhere, the geographic differences are no longer very relevant. What is significant are the historic and cultural differences.

These two regions – East and West – have very different histories and traditions, and different ways of being, and it may be that

a most primary and basic difference is the understanding of the Energy system, as this document will now attempt to describe.

Acupuncture and Qigong

It should be borne in mind that Acupuncture is not a Chinese word, but a word supposedly created in the 11th century. A Chinese word for it is Zhen Jou, meaning needle and heat. But there are other Chinese variations and spellings also.

Similarly Qigong was a name adopted by a Chinese communist sub-committee in 1954, when they were trying to find a way to describe the vast array of practices and forms related to qi/energy which had come down through Chinese history, each with their own styles, teachers, traditions, histories. And there are other names and spellings, such as Qi Gong, Chi Kung, Chee Gung, Ki Jong... which all mean the same thing.

Chinese into English

And then there is the issue of the translation of Chinese into English, never mind French, German, Spanish and the other 7,000+ languages and alphabets on the planet.

Also, the Chinese communist government revised the language in the mid-50's into the Roman alphabet, in the interest of global communication, and this became known as Pinyin, in contrast to earlier transliteration systems such as Wades-Giles. Pinyin is widely used in the United States. Wades-Giles is predominant in Britain. Hence Qigong in the US. Chi Kung in the UK.

Add to this the fact that calligraphy is like looking at a picture then trying to describe it in words, and that different English translations of the great classics such as the I Ching and Tao Te Ching (or is that Dao De Jing) sometimes appear to be completely different books.

Chi, Qi, Energy

So this brings us to the fundamental issue and primary topic this book is about, Chi and Qi - which in English is translated as Energy.

In this document these words are used somewhat interchangeably. I use both Chinese names in different places and ways. It seems correct to say 'Qigong Acupuncture', rather than 'Chi Kung Acupuncture'.

It also seems correct to refer to my own 'Chi', rather than my 'Qi', which doesn't feel right at all.

I personally prefer to use the term Chi Kung. As somebody said, the biggest problem that Qigong has is its name - because people can't pronounce it. However, with the weight of the Chinese government behind it, Qigong is hard to resist. However, sometimes both words are used together, as in Chi Kung / Qigong, or vice-versa.

The word Energy has many meanings and applications - from solar energy, to powering cities, to batteries in cell phones. When using the term Energy here it is describing the biological energy inside and around us, as understood in Chi Kung and Qigong, and the term 'chi/energy' refers to this aspect.

Personal Energy Cultivation

Personal Energy Cultivation was, it seemed to me, the best English equivalence in simple straight-forward language, rather than an awkward translation of the Chinese word. I felt this said what needed saying.

After considering this from every angle over an extended period I created an organisation in Colorado called 'The Center for Personal Energy Cultivation', with the sub-title 'Acupuncture - Qigong - Tao Studies'. This was then further abbreviated to 'The Personal Energy Center'.

Indeed, 'Energy' is now a major global issue, on every level - and there is vast competition over energy resources. It is considered by some to be a primary problem on the planet - a problem that Chi Kung / Qigong could go a long way towards helping to solve. Chi / Life may be more powerful than nuclear energy! So it would be helpful to know what it is, and how it works, which is one good reason for writing this book.

What time is it ?

There is now commonly agreed global reference of the date and year as being the Western version of the calendar, but rather than being designated as BC and AD, as in the Christian tradition, it is now defined as BCE, meaning Before the Common Era, and CE meaning in the Common Era. After all, clocks, computers and stock markets have to be synchronised worldwide, but the date in China is now 4,650 or so, and the Jewish calendar is put at 5,773, give or take a century, since Adam and Eve.

The designation of BCE and CE is implied in this document in all references to dates, and the current date is now 2014.

Most peoples use a clock divided into 12 or 24 units – but this is probably because there are 12 energy channels in the body, each peaking for 2 hours, so there is a biological basis for this hourly timing, which will be explained more later in this document.

PC or not PC

With acknowledgement and respect for the socio-political landscape I am attempting to be aware of not breaking any rules of PC / Political Correctness or offending the sensitivities of certain groups. It is somewhat like tap dancing on eggshells, and a shifting minefield, and confusing. For instance, the term 'Oriental' is now felt by some as offensive, but most of the documentation and professional and legal language uses the term 'Oriental Medicine', as in DOM / Doctor of Oriental Medicine and AOM / Acupuncture and Oriental Medicine. Given the above I am just going to use the commonly agreed terms as I have come to understand and use them, with all due respect and no offence intended.

Writing Style

One further comment is regarding the style, tone and 'voice' of the writing. It changes from place to place, and is not consistent. Sometimes first person, other times third. Sometimes present tense, other times past tense. In some places it is technical, in other places conversational, then instructional. It may be abstract, then journalistic, followed by stories and anecdotes, and then be personal. There is, no doubt, repetition in places. There is no attempt or concern with being consistent - each section is what it is, and that is the way it came out at the time. And as far as correct punctuation goes, well I gave that up a long time ago. This is more the way I think and speak, rather than following rules of writing - which is one great advantage of not having professional editors, or writing for publishing companies. So here it is, typos and all. I hope it makes sense to you.

English English and American English

'English' is now the predominant world language and called by some 'Globish'. However English English and American English are different. Although they both use the same language and grammar, there are some small differences in usage and spelling in these

two cultures. For instance, centre and center, colour and color, summarise and summarize... Given that this is being written in England, that is the predominant spelling used in the document. There may, of course, also be colloquialisms that I am unaware of - so please accommodate any personal idiosyncrasies. I gave up the aspiration to perfection when I became a Taoist.

Beyond Words

But underlying, beneath all of the words, words, words, and beyond them, is the energy, which is the same for everyone. And what is hopefully being described in this document is something that everybody, whatever their language, can relate to in terms of their experience, health and well being...

'Chi'

...and how to cultivate it.

PART ONE

THE HUMAN ENERGY SYSTEM

ABOUT ACUPUNCTURE

CLASSICAL, TRADITIONAL, 5 ELEMENTS, TCM...

There is a need at the beginning of this document to address the different styles and traditions of Acupuncture, and particularly the one known as Five Element Acupuncture. This has come to be identified, in its various forms and manifestations, with Professor J.R. Worsley, who was affectionately called JR by his students.

JR was my primary teacher, and my practice was based on the style of Acupuncture that he taught, which has generically come to be called Five Element Acupuncture. This document describes my own experience working in this system, with the addition of my other trainings and experience in Qigong.

Worsley's teachings have variously been called:

- Classical Acupuncture
- Traditional Acupuncture
- Five-Element Acupuncture
- Classical Five-Element Acupuncture (CF-EA)
- Worsley Five-Element Acupuncture (WF-EA)
- Pure Five-Element Acupuncture
- Five-Element Worsley Acupuncture

...there are probably other variations.

For example, I graduated in 1977 from his school in England, which was called at the time The College of Traditional Chinese Acupuncture.

What needs to be borne in mind is that calling what J. R. Worsley taught 'Five-Element Acupuncture' is essentially 'Branding'. The title 'Five-Element Acupuncture', and its variations, is a Trade Name in this context, and a means of identifying a particular style of Acupuncture, and promoting and marketing it.

I cannot count the number of times I was asked if I practiced Five-Element Acupuncture. I usually answered "Yes... and I also use Yin and Yang".

'Five-Element Acupuncture' is not the name of a particular style of Acupuncture practiced in China. The Five Elements belong to the oldest traditions of Taoism and Chinese Medicine - the name goes back to pre-history, or what they like to call 'Wild History'. The

Five Elements are based on the seasons, and indeed the related, sometimes substitute, term Five Phases reflects this.

The Taoist / Classical Chinese world view and cosmology can be understood as a progression from nothingness to the 10,000 things.

Numerically it goes

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 etc.

0 = Wu Ji, the Great Nothingness

1 = Tao

2 = Yin Yang

3 = Heaven, Earth, Human

4 = The four directions

5 = The Five Elements and Five Phases

6 = The six divisions

7 = Seven Cauldrons, along the Chong Mo

8 = The Ba Gua – $8 \times 8 = 64$ Hexagrams in I Ching

9 = The Magic Square. $9 \times 9 = 81$ chapters in Tao classics

10 = Ten Heavenly Stems

11 = Nothing known

12 = The Twelve organ/officials and their meridians

12 = Twelve months in the year.

24 = Hours in the day, in the West

and on up to the 10,000 things = the multiplicity of everything

The Five Elements are fundamental to the Table of Correspondences which go back to the Nei Jing of 200 BCE and earlier. And they are primary components of our structure, function and biology.

To call a style of practice Five Element Acupuncture is basically not any more specific than calling it Yin Yang Acupuncture or Tao Acupuncture or Classical Acupuncture.

The recent adoption of the name Worsley Five-Element Acupuncture by some of the people trained by him resolves this dilemma, and is wholly appropriate. In this document, for the sake of brevity, I will generally just use the term 'Worsley Acupuncture'.

I have personally practiced the essentials of Worsley Acupuncture for 35 years. And I have, like other senior practitioners, also added my own variations and extensions, which are described here in the following document for your information and interest.

One thing that should be borne in mind about J. R. Worsley is the context in which he worked and developed his teachings.

According to the records he began studying Acupuncture in the '50's and '60's, after China had been taken over by the Communists following their civil war.

My understanding from books and articles by Peter Eckman, Heiner Fruehauf, David Palmer and others, is that the communist party had revised and changed a number of significant aspects of their own culture in the early 1950's, including their written language, medicine and Qigong.

They had revised Acupuncture so that it fit into a format and framework that could be understood by Western Medicine, and thereby so that it could be recognised, accepted by, and included in, the World Health Organization / WHO. Most of the world had been opposed to the communists in China, and supported the Nationalists. The communists, having won the war and become the Government, wanted to be included in the United Nations. And being accepted by WHO, which is a part of the UN, was a basic part of that strategy.

They reduced their medicine and Acupuncture into a style that was based upon the principles of Yin Yang, and strongly related to what is known as the Eight Principles, (which is a basis of herbal medicine) which could be more easily explained and understood by Western Medicine and Doctors. And they called it Traditional Chinese Medicine / TCM. It did not contain any of the mystique and unfamiliar concepts and symbology and esoterica of the Taoism of the classical tradition, but was describable in terms of the binary system of yin yang, and therefore comprehensible and acceptable to the Western mind.

But the name was itself a misnomer, because it was not really Traditional, but a simplified and diluted version of the long and ancient tradition of Chinese medicine, seemingly re-named and re-branded for political and practical purposes.

It could be seen as being in contrast to Classical Chinese medicine, with its various traditions, styles and Master teachers through the ages. But as TCM was promoted by the Chinese Government it became the 'official' style in the '50's and '60's. It was what was taught in the four main schools in China. So Chinese practitioners today were taught TCM as the real and authentic style in the schools they attended.

And it was what was adopted by Westerners going to study in China from England, Europe and later the US. Also, with the support and promotion of the Chinese Government it is now the predominant style in the world today.

It was against this historical background and cultural context of TCM that J. R. Worsley began to train, and teach.

However, he not only trained with Chinese teachers, but also Japanese teachers, and others including Europeans, where Communism and TCM had never happened.

The chart and diagram of his teachers, traditions and influences are mapped out in Peter Eckman's excellent book 'In The Footsteps of The Yellow Emperor' about the history and development of Worsley - which is highly recommended, and available on Amazon and other websites.

So in many ways Worsley was in the context of, responding to, and reacting against, historical anomaly.

To put this another way, if the Communists had not taken over mainland China in the '40's, then Five Element based Acupuncture would be common and usual and everyday, as it is in Taiwan.

One of the things that convinced me about Worsley's style of Acupuncture when I moved to the United States in 1981, was finding out that the Qigong teachers I studied with, and the traditions they came from, completely agreed with, reinforced and supported his position. Qigong was also based in Yin Yang and the Five Elements and the Table of Correspondences. The Taoist tradition was no different in its essence.

So what was it that Worsley had that was different?

Well it appears that the primary distinguishing aspect was what he called 'The Causative Factor', otherwise known as the CF. There is a lot of stuff about this on the web, that is accessible, and you can go find it very easily - including videos of him talking about it.

And there are others, especially Bob Duggan of the Tai Sophia Institute in Maryland, and Neil Gumenick of the Institute of Classical Five-Element Acupuncture in California, and JR's daughter Hilary Skellon of the Institute of Taoist Education and Acupuncture in Colorado, who teach it in their schools.

And JR's widow and former teaching partner, Dr. Judy Becker Worsley, is the formal lineage holder of the tradition and pre-eminent teacher, and although she does not have her own independent school, she travels widely teaching and treating patients. Information on her work and the Worsley Institute can be found at www.worsleyinstitute.com

And the comprehensive overview in the book 'Five-Element Constitutional Acupuncture' by John and Angela Hicks and Peter Mole of the College of Integrated Chinese Medicine in Reading, England, essentially confirms that what JR taught about the CF was indeed effective and correct.

JR personally said to me in a private conversation that the reason he used and taught the CF is that it works. I based my practice on this foundation for 35 years, and what I can say from my own experience is that it does work, that is to say that what JR taught is correct and true in my clinical experience seeing some thousands of patients.

Did Worsley learn about the CF, get it transmitted to him, discover it, invent it, dream it... we will never know, and that is not really relevant.

What we do know is that it works in clinical practise.

What we do know is that it is subtle and difficult to teach and learn. And it is central and basic to Worsley Acupuncture. But there was no methodology for it. Understanding somebodies CF was vague and indistinct and subtle.

You developed these skills and abilities slowly, through practise and repetition. The more you did it, the better you got.

Having used this with practically every patient on a daily basis in my professional practice, I have developed my own way of working with it.

Over the years I have slowly, carefully and assiduously developed a process and a methodology for diagnosing the Causative Factor, the Element Within and The Element within the Element, each at their particular level.

This methodology uses a Pendulum and Qigong to confirm what my senses and experience tell me.

And, in my clinical experience, it is effective and correct.

The process for this is described in the following document (see the section on the Causative Factor in the main text).

Worsley was a remarkable person by any standard, and a great healer, and people loved him. And understandably so, if he was the one who treated and cured and healed people of profound illness and problems.

Personally I had the greatest respect and regard for him, as one of the major teachers, figures and influences in my life. He was unquestionably a great man, and, like many great teachers, JR did his lap, and then passed on the baton.

There is a classic response in a group of students and followers when a charismatic teacher or leader passes on.

- One group strives to preserve the teachings as close as possible.
- The other group take it as a great teaching, with all due respect, but take it in their own individual ways.

Those who maintained his tradition founded The Worsley Institute, accessible via the internet, and in this context his work, and he himself, have been immortalised. In Taoist tradition there are different kinds of Immortals, and one is when a person's name and work is continued - and this is what has happened with JR Worsley.

For myself, I feel like one of the second group who took what he taught and then took it in my own direction and way.

The results of this are contained in the main text of the accompanying document.

So take what this is worth to you. In humility and respect it is presented as my own experience, and contribution after 35 years in full-time professional practice.

THE CHI ENERGY SYSTEM

THE LIFE INSIDE YOU

There is one thing that everybody, everywhere, seems to want – and that is to be as alive and as healthy as possible.

There is a common saying in China and Asia, meant as a blessing to you, and also a wish and aspiration like a toast to your best state – Health, Happiness and Long Life.

But this is not just an empty saying and generalised statement – it has real meaning and is an attainable state of being. And it is dependent on one primary thing – your energy.

Your energy is known in the East as 'Chi' or 'Qi' or 'Ki', and pronounced 'Chee' (as in cheese) and it is possibly the most important thing that you have. It is of such importance that one of its primary divisions is known as The Three Treasures. From one point of view it is the very Life inside you. And it is as free as sunshine.

Described in simple, straight-forward, terms this can be said as:

- The more energy, the more life.
- The better your energy, the better your life.

Who does not want that ?

Your energy underlies everything about you, and is the foundation of your health and well being. So this is something well worth pursuing and attaining, and one of the best possible ways to do that is through the ancient and time-honoured methods and practices of Acupuncture and Chi Kung / Qigong.

This document is about my clinical experiences and discoveries of how to help establish Health, Happiness and Long Life for patients and students, as a clinical practitioner and teacher of 35 years. It also reflects my own biography and development as a practitioner during that time.

And it may provide insights of how to pursue and attain Health, Happiness and Long Life for yourself.

So, how to go about this? Read on...

CHI ENERGY ANATOMY

The energy system according to Qigong is most familiar through Acupuncture which has now become mainstream in Western cultures and can be found everywhere. Acupuncture has been a virtual revolution in health care in the West in the past 50 years. The reason for this is very simple and straightforward - because it works with the Chi / Energy which is the control system or blueprint for everything else.

Qigong does the same, except that apart from getting treatment from a practitioner you can also do it yourself. It holds the promise of being a similar revolution as Acupuncture, but in Self-Care.

To understand this more, first we have to know what it is and how it works, its anatomy and physiology.

Anatomy

Eastern Medicine has provided first-line health care for a quarter of the world's population for the whole of recorded history. It is based on Eastern Science, which is significantly different from Western Science. The major difference is that it includes and incorporates Chi/Energy into its picture of reality.

The awareness of Chi/Energy pervades everything in China. It permeates every aspect of life. There are different kinds of Chi for the weather, the environment, architecture, relationships between people, the economy, food, cars... It is fundamental to the way that people in the East think, experience and behave, but astonishingly we have no comparison in the West.

This understanding of energy is the basic and primary requirement of any training or education in Acupuncture or Qigong. As this book is written for Acupuncturists and Qigong practitioners, but also for lay people who have not undergone such training, it needs to be stated here in broad outline.

However, given the convoluted migration and translation of Eastern knowledge into the West over the last century it also needs to be stated because Acupuncturists are not all informed or in agreement about what it includes, and does not include. And Qigong practitioners have their own variations and dimensions which Acupuncturists don't incorporate.

For example there is subtlety and precision in Acupuncture, such as pulse reading and point location, that is not usually described in Qigong, and there are aspects understood in Qigong, such as the Three Tan Tien and the Wei Chi Field around the body, that are not usually part of Acupuncture. And when it comes to understanding the deep esoteric anatomy of the Nei Gung Inner Alchemy it is deliberately kept secret for only the specially initiated.

So there is no one single version of Anatomy and Physiology that is commonly agreed upon, and no comprehensive picture that is generally accepted. Instead there are different versions from different schools and traditions, and there are various 'levels' of understanding. The description given here is a partial picture, but it is hopefully one that most authorities would agree upon, a 'common ground' that is generally accepted.

The energy in the body has an anatomy and physiology which follows rules and laws as specific and precise as western medical anatomy and physiology. This is its structure and function - What It Is and How It Works.

First, we need to define some words and terms used in this document. It is best not to think of the energy as a 'system', in the same way as other biological 'systems' – such as the blood system, the nervous system, the muscular system, the lymphatic system, the endocrine system and so on.

The energy is of a different order and relationship.

The relationship between the physical body and the energy body is like the front side and back side of a sheet of paper – two sides of the same thing. It is better understood as a mirror-image or a higher octave.

From this point-of-view it can be thought of as an 'Energy Blueprint' which effects, and reflects, the physical body. It is a 'template' which controls, determines and reflects how all of the physical level operates and functions.

There are energy centres, pathways, and points throughout the human body. The energy fills the whole being - from the outermost edge of the field which surrounds the body like an egg-shaped cocoon... through the familiar visible tissues and organs seen in any medical textbook... down to the centre of each cell.

For the organs, systems, tissues and functions to operate correctly they need to have the right energy. If it is excessive, deficient, stagnant, imbalanced or incorrect there will be corresponding

dysfunction – resulting in symptoms, problems, issues, illness.
And this happens on all levels – physical, emotional, mental and transpersonal.

From this perspective

-If something goes wrong with the physical body, it is reflected in the energy.

-If something is wrong in the energy it will manifest in the physical body.

This is the primary 'Key' to understanding how Acupuncture and Qigong work. If the energy is brought into correct function (described later) then the physical body, with all of its integrated and co-operating 'systems', is able to operate correctly, they are able to do what they are supposed to do, and the result is a better state-of-being.

A Definition Of Health

Most importantly there is a definition of an ideal state to be in, a point of focus and a goal to work towards and attain. This is defined as being when the energy has the following characteristics:

- Balance
- Free Flow
- Right Quality
- Good Volume
- Proper Relationships

That is when it has Correct Function.
The result is Health.
And it gives people their Best Option.

In the body there is a hierarchy of control, as mentioned earlier, which can be described as operating in the following sequence:

Chi-Blood-Cells-Tissues-Organs-Functions-The Whole.
This sequence can be more fully described as:

- The chi leads the blood
- > the blood feeds the cells
 - > the cells constitute the tissues
 - > the tissues compose the organs
 - > the organs carry out the functions and
 - > the functions work together make up the Whole.

However, in Chi Kung, the mind leads the chi.

This simple and practical definition of Health could change the world, and relieve uncountable numbers of people from needless pain and suffering. I believe it is a significant part of the answer to the global Health Care Crisis, and specifically the major problems with the NHS (National Health Service) in the UK. But if you do not recognise and understand the Energy System then there is no way this can be incorporated. Perhaps it is just a matter of time.

Meridians, Channels, Pathways, Vessels, Mo...

The terms 'meridians', 'channels', 'pathways', 'vessels' and 'mo' mean the same thing, and are interchangeable. Due to the habits of common usage they appear in different ways in this document – for instance, it may be 'the small intestine meridian', but 'the conception vessel', 'the central channel' or the 'eight extra pathways'. Also In Chinese, a word commonly used is 'Mo', as in 'Du Mo' or 'Ren Mo', and this is often the case when using the Chinese name. And 'Mo' is also called 'Mai'.

These are all the name given to 'lines' which conduct the chi/energy and run all over the body, and connect everything together making an integrated whole. They circulate just below the surface of the skin, one flowing into the next in a continuous circuit, and also deep within to the organs and cells. Together they cover all of the territory.

There are considered to be 35 meridians in all. There are 12 organ/official meridians, 8 Extra Meridians, and 15 other smaller secondary connecting channels, which are known as Jing Lou in Chinese.

The 12 Organ/Officials

In classical Acupuncture and Chinese Medicine the organs are not just considered to be the specific anatomical structures, such as lungs, liver, kidneys etc, they are also considered as Officials, and, in respect of this I prefer to use the term 'organ/officials'. This is described in more detail shortly.

The 12 organ/officials are named and generally referred to according to the relevant organ as a convenient short-hand in general discussions, but in the mind and awareness of an Acupuncturist this cover all dimensions and aspects of somebody.

They are bi-lateral mirror images of each other and run symmetrically on both the left and right side of the body.

These 12 major organ/official meridians have superficial and deep pathways, and connecting channels between them. On the superficial/surface level they form a continuous 'loop' or circuit with the end of one flowing into the beginning of the next, from the torso to the hands, to the head, to the feet, and back to the torso. It does this three times, for a total of twelve meridians.

The 8 Extra Meridians

Two of the Eight Extra Meridians run up the centre mid-line of the front and the back and have their own points. These are known as the Conception Vessel/Ren Mo and the Governor Vessel/Du Mo. These two are both central and singular, and act to divide the body into left and right sides, and also act as connection and cross-over channels for the 12 organ/officials.

The remaining 6 of the Eight Extra Meridians do not have points of their own – they leap-frog over the surface utilising points of the other meridians.

These 8 Extras may be accessed and controlled by a special group of points called the Master and Coupled Points, which are described in detail later.

The Collaterals

And then there are smaller junction channels which connect between two specific 'coupled' organ/officials. There are 12 of these connecting the 12 channels in coupled pairs, through what are known as Junction Points. There are also two of these connecting the Conception and Governor Channels. However, they are not considered to be major meridians, and are given the name of 'collaterals'. And then there is Spleen 21, the Great Envelope / Da Bo, the meeting point of all the meeting points, which is given the status of a whole meridian.

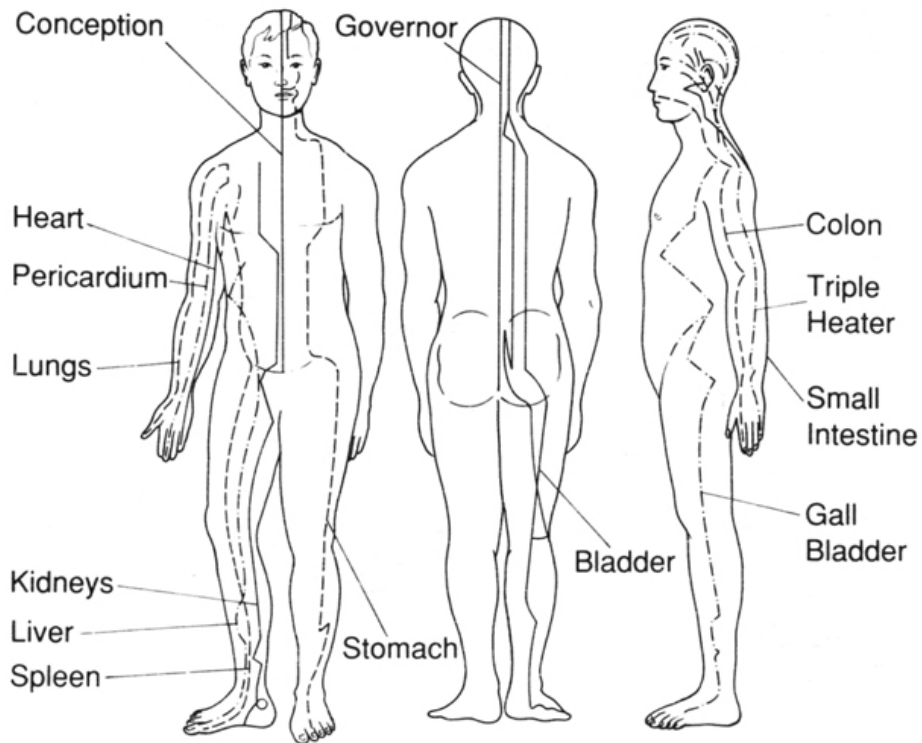
Together these 20 major meridians and the 15 other channels constitute the full number of pathways in the body. Nobody has any more or less. Much more could be said, but this is not the time, nor place, to do so.

The 12 Organ / Officials

The 12 major meridians are each related and connected to a specific organ, and in the West they are usually called by the name of the relevant organ.

The following are the organ/officials identified in Acupuncture.

Heart
Small Intestine
Bladder
Kidneys
Pericardium
Triple Heater
Gall Bladder
Liver
Lungs
Colon
Stomach
Spleen



The 14 Main Meridian Channels

The Brain and Uterus are not considered as primary organs - they are known as 'peculiar' organs, and do not have meridians of their own. They are affected by a number of different meridian systems which penetrate and permeate them.

It is considered that the organ is only one part of the meridian, that is to say that if an organ is surgically removed or lost (given that it can be and life still be maintained) i.e. the gall bladder, the spleen, one of the kidneys... the meridian still exists and does its job. However, as we will see later in the Table of Correspondence, the meridian is not considered to solely relate to that particular organ but to many other aspects of the person as well, such as particular tissues, sense organs, emotions, mental faculties, virtues, and what are known in the West as the Soul and the Spirit.

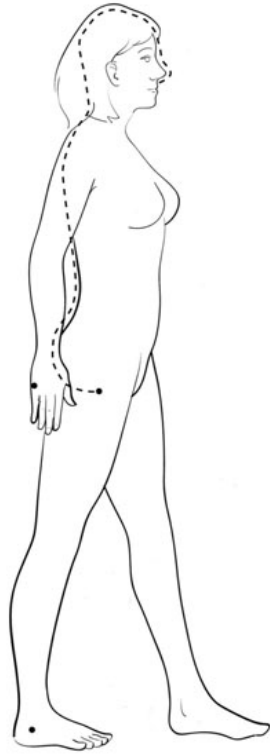
The Officials

The 12 main meridians are each related to a particular organ, but classically these are considered to not just be the physical organ but rather each one is seen as an "Official".

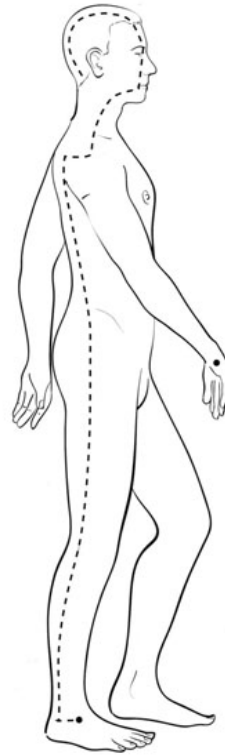
Each Official has responsibility for, and control over, a particular 'domain', just as in any society there are people responsible for certain functions in that society. Indeed, societies can be basically considered to be extensions out in the world of our internal functions. It appears that every society has the same basic functions which have to be taken care of - there is always somebody who is in command, there are people that are responsible for planning, there are people who dispose of the garbage, others who look after transportation, and so on. When the whole operates in an integrated and comprehensive way then everything works the way it should. So it is with the "officials" and their meridians.

The Eight Extraordinary Meridians

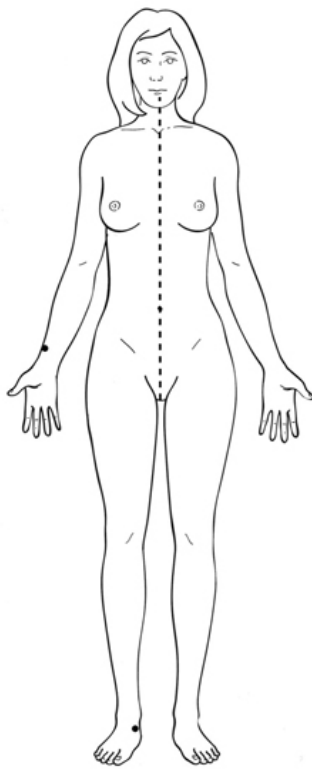
Then there are the Eight Extraordinary Meridians, commonly known as the Eight Extras. The Eight Extra Meridians are also sometimes known as the Eight Miraculous Channels, the Eight Mysterious Pathways, the Eight Strange Flows and other names. These channels are considered to be the Oceans of energy - reservoirs which can be drawn upon if there is a deficiency, or which can accommodate any excess. Together these Extra Meridians are the very basis of the initial levels of Chi Kung Practice - they constitute its main 'framework' or skeleton.



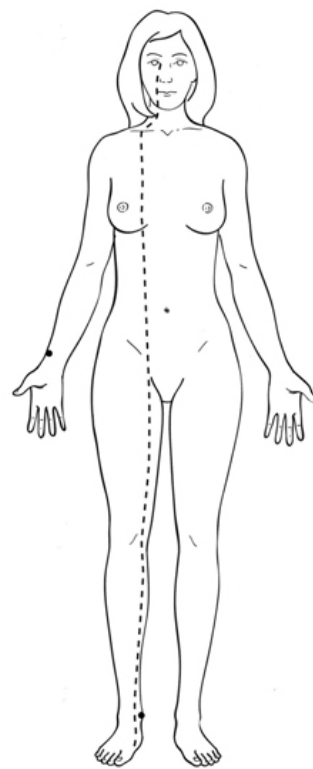
Governor Channel



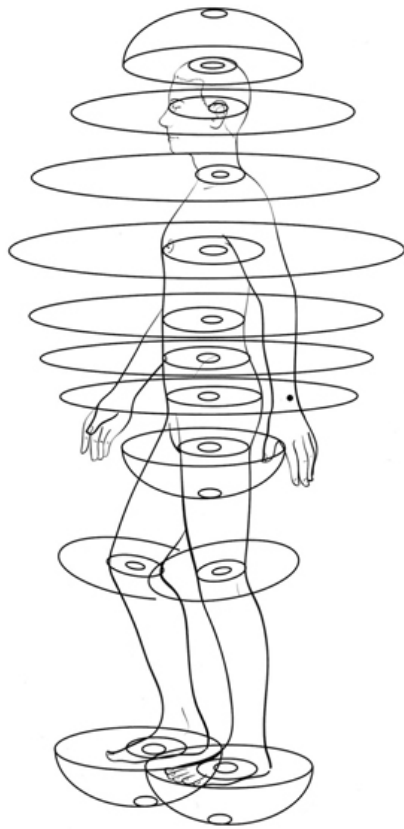
Yang Qiao Mo



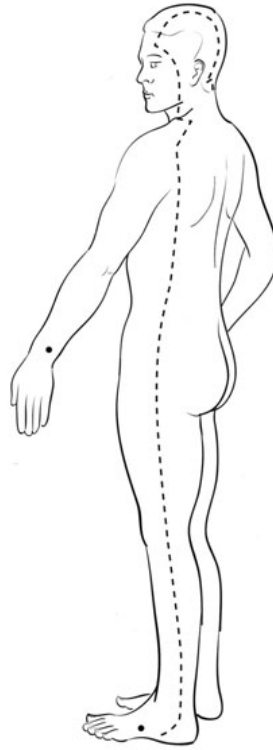
Conception Channel



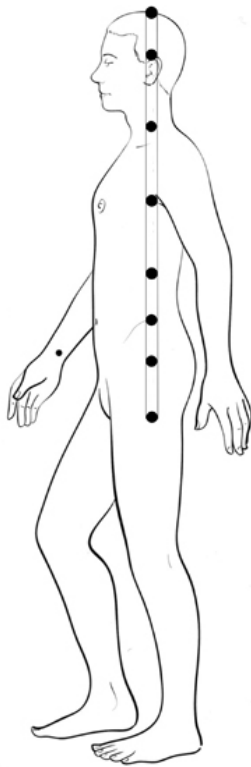
Yin Qiao Mo



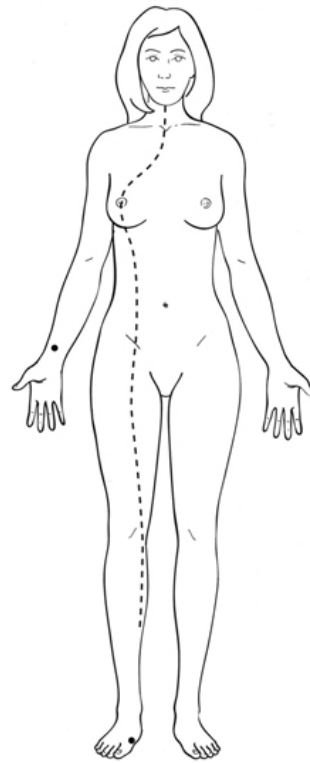
Belt Channel



Yang Wei Mo



Thrusting Channel



Yin Wei Mo

They are in four sets of pairs - the Governor and Conception Channels, the Thrusting and Girdle Channels, the two Bridging Channels and the two Linking Channels.

In Chinese these are known as Du Mo, Ren Mo, Chong Mo, Dai Mo, Yang Qiao Mo, Yin Qiao Mo, Yang Wei Mo and Yin Wei Mo.

The Conception and Governor Channels have points of their own. The other six use the points of the 12 primary organ/officials, which they traverse on their own circuits.

The Governor Channel / Du Mo

The Governor Channel runs up the centre of the back and over the head to end on the top lip and has 28 points.

The Conception Channel / Ren Mo

The Conception Channel runs up the centre of the front, ending on the bottom lip and has 24 points on it.

The Governor and Conception channels are fundamental to the first stages of Chi Kung practice in activating and circulating the Microcosmic Orbit / Small Heavenly Circuit.

The Thrusting Channel / Chong Mo

The Thrusting Channel runs directly up the centre of the body, from the perineum to the crown. It is about three inches wide and along it are all of the 'cauldrons'. These are approximately at the same horizontal level as the related points on the surface of the body on the Governor and Conception Channels

The Girdle Channel / Dai Mo

The Girdle Channel is usually understood in Acupuncture as a belt, which runs around the waist, and is considered to tie the other meridians in. It is the only channel which runs horizontally around the body - all the others run vertically from top to bottom. In Chi Kung this 'belt channel' circulates not only at the waist, but envelopes the whole of the body from top to bottom, and outside of it to the edge of the bio-electro-magnetic field, like a cocoon.

The Bridge and Linking Channels - Yang Qiao, Yin Qiao, Yang Wei, Yin Wei.

The final four Extra Meridians are known as the Yang Qiao Mo and the Yin Qiao Mo, the Yang Wei Mo and the Yin Wei Mo. In Chi Kung practice they bridge and link the extremities of the arms and legs into the whole. They relate to the Chi Kung practice of The Macrocosmic Orbit.

The Eight Extras are tremendously important channels, which also act to co-ordinate everything together.

They are the basis of a nine-month training program developed and taught by the author over 25+ years, which is described later. They are fundamental to the practice of Qigong Acupuncture.

Indeed, if somebody does not understand these 8 Extras practices, or their equivalent, they cannot do Qigong Acupuncture / Chi Kung Acupuncture as described in this document, as it is based upon, and utilises these deep pathways.

The Points

The Energy Points are small centres of chi/energy just below the surface of the skin, along meridian pathways.

Each of the meridians has 'points' along them, specific places, often only 1/10 inch or 2 mm in size. Some are larger.

They have come to be called Acupoints, because they are what is used in Acupuncture. They connect with, and affect, the deeper internal energy levels, and all of the organs and other tissues. There are over 670 major points, each with its own particular function and 'spirit of the point'. There are also many other extra, special and new points not along meridians

These points have very specific functions. They also each have their own name. The names sometimes indicate the function and purpose of the point (Bright and Clear, Heavenly Well, Blue Green Spirit), while at other times they describe nothing else but its anatomical location (Outer Bone of the Arm, Shoulder Blade, Knee Yang Border).

There are many different categories and purposes of the points. There are Source points, Element points, Junction points, Meeting points, Alarm points, Associated Effect Points, Exit and Entry points,

Collection points, Ashi points, 'Window of the Sky' points, Spirit points, and so on.

Some points are more important and significant than others – they have major functions and purpose. These are determined by the rules and principles of the physiology and the function, which will be described in more detail shortly.

Some are more significant for women, others for men.

Knowing the location of the points, and how to find and feel them, is as important for an Acupuncturist as knowing where to put one's fingers is for a musician playing the saxophone or piano.

With practice it becomes easier to just 'feel' the point – one's fingertips just stop there. This is because there is a change in the micro-electrical potential on the surface of the skin, which an experienced practitioner can easily feel, just as an experienced Qigong practitioner can feel the differences in the energy off a person's body in the field surrounding it. It is all a matter of sensitivity and skill. The more you do it the better you get. Although there are people who have a special 'gift' of sensitivity, most can acquire it with enough application and experience.

The Chi Kung Points

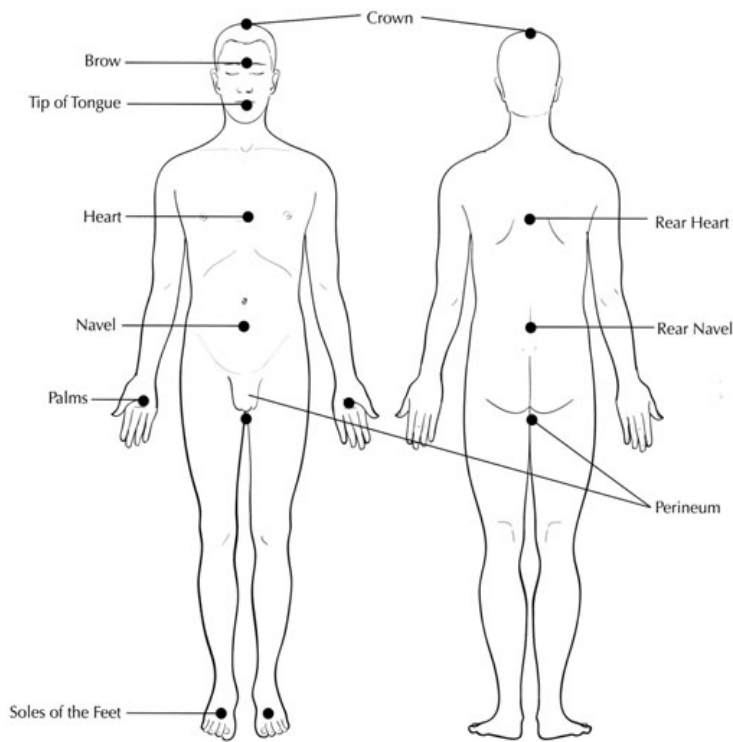
In Chi Kung there are certain Major points which are used continuously. These are familiar to all Chi Kung practitioners:

A list of 12 major points would include Bai Hui, Hui Yin, Shen Chueh, Ming Men, Shan Chung, Shen Tao, Yin Tang, Lao Gong, Yong Quan.

In other words, the crown, the perineum, navel, rear navel, front heart, rear heart, brow, tongue, the two palms and the two soles of the feet.

Other people may have a different list than this

It is necessary to have a working understanding and knowledge of these major points in order to progress beyond repetitive learning. It is as essential to understand these 12 basic points for any in-depth understanding and control of your chi, as it is to understand the muscle system to do massage, the skeleton to perform surgery or the musical scales to sing. These could be called The Chi Kung Points



The 12 Primary Chi Kung Points

The Three Chou

Another important and unique structure of energy anatomy is the way in which the torso is divided into three separate sections. These are known as The Three Chou. These are three sections/spaces of the torso:

- The Upper Chou - from the neck to the diaphragm,
- The Middle Chou - from the diaphragm to the navel
- The Lower Chou - from the navel down.

Each of these areas operates at a separate and independent temperature, and each governs the particular internal organs and functions in that area, so the right balance and integration between them is essential.

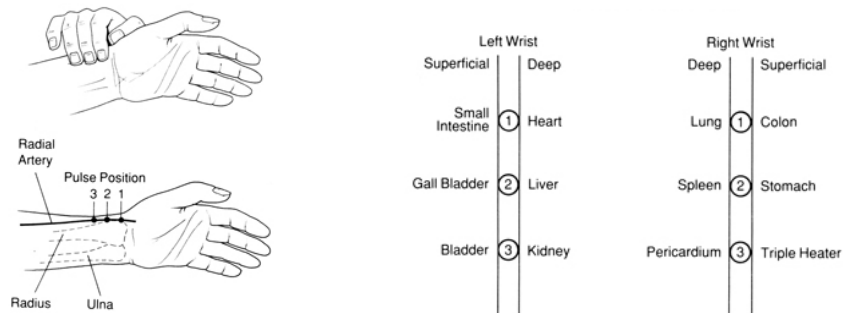
So how is this all understood? How does somebody know what state and condition a person's meridians are in, or what is happening to the organs/officers? What is the quality and character of someone's chi/energy? How are the organ/officers relating to each other? This brings us to one of the most unique and astonishing characteristics of the meridian system and Acupuncture - the Pulses.

The Pulses

The pulses are the basic way in Acupuncture and OM in which the chi/energy in the 12 major meridians, and therefore the energy of a person, is diagnosed and monitored. Each of the 12 organs/officials has a separate and distinct pulse, which can be felt and "read" by the fingertips of a trained and experienced practitioner. The pulses are located on the radial artery of the wrist (but may also be felt at the ankle and neck).

There are three positions on each wrist, one at the normal position for feeling the heart-rate pulse, opposite the styloid process, then another one finger-tip in front of this, and the third position one finger-tip behind. In each position there are two levels - one superficial, the other deep, so therefore there are six positions on each wrist, for a total of 12 on both wrists together. The positions, levels and related organs/officials are shown in the illustration below.

Each of these separate pulses is classically described as having 26, 27 or 28 different qualities that can be felt (dependent on which authority you listen to). These are described in terms such as floating or sinking, hard or soft, fast or slow, large or small, full or empty, etc. And then there are combinations of qualities - so a particular pulse/organ/official may be sinking, hard and slow or floating, soft and empty, for example. In this way it is possible to know the nature of the chi in a particular organ, and therefore its state and condition.



Taking 'The Pulses' at the wrist Pulse Positions and the organ/officials

This technique can reveal information about the person that the most sophisticated scientific technology currently available cannot. It is so pervasive and accepted in the East that often people will refer to going to see a Doctor as "...going to get my pulses read". It is one of the most revealing and comprehensive techniques known, and is limited only by the skill and experience of the practitioner. The legend is that it requires 10 years of continual practice to learn how to read the pulses correctly, comparable to the experience needed to play the concert piano or violin.

Reading a person's pulses is the primary diagnostic technique in the East - every traditional doctor does it to every patient, to learn the state of that person's energy, otherwise they would not know what was really going on. Pulse reading is a difficult art, hard to learn and hard to teach. Indeed there is a dispute in Acupuncture education and training about what is the best way to do it, and who is able to effectively read pulses.

Not all schools teach it as a primary diagnostic tool, and instead rely upon what is known as 'Patterns' and 'Sign & Symptoms' for diagnosis. This is related to what is known as TCM, which means Traditional Chinese Medicine, discussed elsewhere in this document - a hybrid version of Classical Acupuncture that was put together by a Communist Government sub-committee in the early 1950's. But TCM is a diluted version of the classical Taoist systems and styles.

However, due to the peculiar accidents and strange permutations of history and cultural mistranslations, politics and personalities, it became the basis of the national examinations in the United States, and thereby the standard for many State regulations and registration. In fact, we proposed this national exam as the standard in Colorado, and it was accepted as such. For more information and clarification on this issue read the paper 'Chinese Medicine in Crisis' by Heiner Fruehauf, available on the web.

The Basic Substances - Chi, Blood And Fluids

Chi, Blood and Fluids are fundamental substances in the human body. They are derived from the essence of breathing, eating and drinking - the usual ways in which we take energy from the outside (external chi) into ourselves, and sustain normal vital functions. They nourish and lubricate the organs, tissues, joints and skin. The quality of the chi determines the quality of the blood, and the quality of the blood determines the quality of the chi; stagnation in one will cause stagnation in the other. Both are essential for the cells of which we are made, so having good quality in them is necessary for health and vitality.

The essence of food and drink is also transformed into body fluids. There are two types of fluids, thin and thick. The thin type warms and nourishes the muscles and moistens the skin. The thick type lubricates the joints, moistens the orifices, and surrounds the brain. These fluids are also the basic constituent of the sweat, urine, saliva, tears and, of course, the blood. So Body Fluids are basic to good functioning and provide the foundational substance for everything else.

The Three Tan Tien / The Three Elixir Fields

The Three Tan Tien are three major 'centres of energy', also called the Three Elixir Fields. These are the areas where The Three Treasures are cultivated. They are of particular importance in Qigong.

They are located in the central core of the body along the Chong Mo / Thrusting Channel – at a horizontal level with the following.

- 1) The Lower Tan Tien - 2-3 inches below the navel
- 2) The Middle Tan Tien - the centre of the chest
- 3) The Upper Tan Tien - between the eyebrows

There are corresponding points on the mid-back line, known as The Three Passes.

These front and back points are the horizontal surface levels of the deep 'cauldrons' in the centre of the body, which contain The Three Treasures. The Cauldrons are known as Chakras in Yoga.

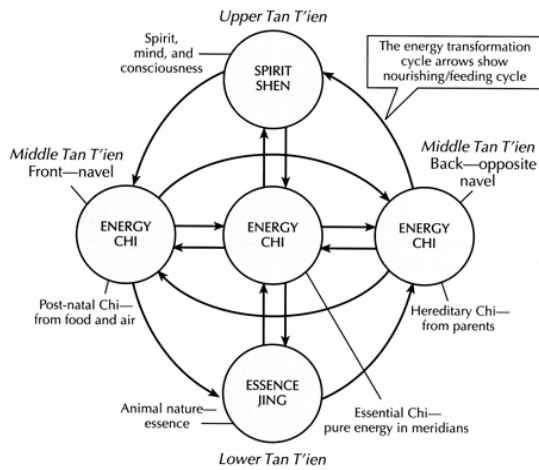
These centres are so important that they form the basis of the 'advanced level' diagnosis and treatment of Qigong Acupuncture. Without knowing how to access, activate and apply these centres it is not possible to treat at these advanced levels. They are so significant that some Chi Kung exercises are solely concerned with keeping them strong, integrated and balanced.

The Three Treasures

The Three Treasures of Jing, Chi and Shen are considered to be some of the most important possessions a person has, and are nurtured, developed and protected. They are contained and cultivated in the Three Tan Tien / Three Energy Centres in the cauldrons of the central Chong Mo / Thrusting Channel.

The respective centres are

- Jing in the Lower Tan Tien
- Chi in the Middle Tan Tien
- Shen in the Upper Tan Tien.



The Three Treasures and their Transformations



The Union of the Three Treasures Jing, Chi and Shen

These structures and functions are one basic way in which Chi Kung understands the totality of the human being. It categorises us as having these three basic components, or levels. A depletion or deficiency in any of these will undermine our whole being.

JING is the inherited genetic energy from our parents and ancestors and also our sexual energy, which it is vital to preserve. There are many practices to conserve and preserve this Jing in Chinese sexual manuals. Men have Yang Jing and women have Yin Jing, each of which needs aspects of the other to stay balanced and healthy - hence one reason for the popularity of sex throughout history.

CHI, as described previously, is the "stuff" that we run on. It has many different forms - ta chi, ku chi, yuan chi, jing chi, wei chi etc. It can be depleted by overwork, malnourishment, wrong habits. It is developed, in part, from Jing Chi, which provides its foundation.

SHEN is translated in the West as Spirit. The Shen is fed and nourished by the Chi. The Shen is of a higher level or frequency than the Chi and is dependent upon it. It is also, in some traditions, said to reside in the heart, and a person's Shen can easily be seen in their eyes. Someone with good Shen has eyes that sparkle and are alive. A person with poor Shen has dull eyes which seem to be covered over and hidden, others cannot focus on you, or wander as they speak - these are all considered to be maladies of the Shen.

So Jing, Chi and Shen are hierarchically based on each other, and there are things we can do to preserve, nourish and cultivate them, and also things which will empty, deplete and undermine them. For a Chi Kung practitioner their actions, habits and practices are largely based upon, and determined by, whatever will increase or decrease

these Three Treasures. They are as important to a Chi Kung practitioner as Credit Rating is to a businessperson. Sometimes these are run together into the one word, Jingqishen (compare this with the term BodyMindSpirit in the West).

There are numerous ways in which Jing, Qi and Shen interact and relate to each other.

In Western translation the Three Tan Tien could be respectively called the centres of our Essence, Energy and Spirit or described as our instinct, feelings and inspiration.

Soul & Spirit / Po, Shen, Hun, Yi, Zhi, etc...

Spirit is a general term used in the West for which there is no commonly accepted simple definition. However the Spirit is the glue that has held together not only all religious traditions, but also whole nations - it has provided the very foundation on which people have lived their entire lives. It is the instinctive and intuitive experience of the eternal fragment of the universe which each of us possesses inside us. As it says in the song 'We are Stardust' - we are composed of the residue of exploding Super Novas, which is the only way that the heavier elements of the Periodic Table are created. And the Spirit is understood by some as the most precious thing that we have.

In the Acupuncture and Qigong tradition there are various subtle distinctions of the 'Spirit', subdivisions of it, which reside within us, and also different categories of the 'Soul'. There are understood to be five spirits - Hun, Shen, Yi, Po, Zhi - and each one is related to the organs/officers of the Liver, Heart, Spleen, Lungs and Kidneys respectively. By purifying, nourishing and refining these organs through specific formulas and procedures, one develops the Virtues. There are also various Souls, which are similarly cultivated

There is a corresponding energetic dimension of this, which could be described as having one's energy operating at a higher and cleaner frequency. That's one of the primary things that the Taoist monks are doing in the Monasteries - actual practices and procedures that purify and raise the quality and frequency of their energy, in order to develop their 'Soul' and 'Spirit'.

However, the anatomy and physiology of the Soul and the Spirit are subjects worthy of greater attention than can be described here. These are two of the most important words in the language and culture, and we don't really know what they mean! This may be because we have no understanding or way to describe

the chi/energy, and what can be called 'the energy body'. In the Acupuncture tradition there is indeed a thorough understanding of this, and it forms the foundation for the higher aspects and traditions of Chi Kung practice.

ORGAN/OFFICIAL	SPIRIT/SOUL
Liver	Hun
Heart	Shen
Spleen	Yi
Lungs	Po
Kidneys	Zhi

Given the above, the word 'Transpersonal' is used here to describe that which is beyond our individual self. Another term is 'Numinous', so that the ancient 3rd century classic The Ling Shu is no longer 'Spiritual Pivot', but 'Numinous Pivot'. Numinous is defined as Holy, Sacred, Mysterious... It is also defined as the 'energy field' around something - whether a tree, a rock, a house or a person. For myself Numinous fits the context just right.

A personal conclusion is that we do not have the words in English to describe this, so it is probably best if we simply use the Chinese words - Po, Shen, Hun, Yi and Zhi. However the Chinese also have other terms - Jing, Chi, Shen, Ling, Xin and more.

But if we don't know what these words refer to, the only way to find out is to do the Qigong practices, so that you have the experience, so that you know what the word means - to cultivate the virtues and condense them into a pearl.

In Summary

The above anatomical features constitute the basic structure of the energy system, the material foundation of what it is, and what is treated in Acupuncture and Qigong. Although this may all seem unfamiliar and strange, these anatomical features - the meridians, the organs, the points, the three chou, the pulses, the basic substances, the three Tan T'ien, the Three Treasures and the Po, Shen, Hun, Yi and Zhi - are the basic structure of our Chi Energy system, and therefore also the practice of Chi Kung.

Now let's look at how it all works.

CHI ENERGY PHYSIOLOGY

The physiology of the energy system – how it functions and works - is the reflection and manifestation of its laws and principles.

The major features are: The Tao, Yin and Yang, The Five Elements, The Table of Correspondence, Eight Principles, Eight Trigrams, The Ba Gua, Family Relations, External Energy, and The Factors of Disease.

Understanding and recognising these gives us a deep sense of our inherent functioning and how we are intrinsically connected to the whole of nature - and what we may do to align ourselves with it.

The Tao

These principles are based on the laws of nature, which are known in China and the East as the Tao (pronounced 'Dow'). The best translation into English is 'The Way' - the way in which nature works. The ancient Taoists, like the ancient Greeks, were early scientists - they observed Nature and its workings. Acupuncture and Chi Kung operate according to these laws – indeed they could be described as 'The Tao in Action'.

The Tao is considered to be the original source and underlying ground of everything that exists. It is the Great Mystery, the Truth. It permeates everything that is. It is said to be unnameable, indescribable and ineffable - beyond words, language and thought. In other words, words cannot describe it. The highest that we can achieve is to understand it correctly and align ourselves with it - known as "Being in The Tao". To achieve this is said "To Attain The Tao" - which is what all Taoists aspire to. It is a state-of-being.

It is said that the ancient Chinese philosopher known as Lao Tzu first outlined the principles of The Tao in the book 'Tao Te Ching' (2nd Century B.C.), which translates as 'The Book of the Way and its Virtue', and which is widely acclaimed as one of the greatest classics. Although there are specialised forms of Buddhist, Tibetan and other styles of Chi Kung, Taoism is the main foundation.

There are two distinct branches of Taoism - one is philosophical, the other is religious.



Tao

Philosophical Taoism, like Western science, is non-theistic; it does not need to address or question whether there is, or is not, a God. It is essentially a philosophy which looks at the way things are, how they work, and how we can best align ourselves with it all. It is practical, common-sense and down-to-earth.

Religious Taoism grew out of ancient Chinese Folk religion, and has its own gods and immortals, heaven and hell, canons and priests and so on, as all religions do. In most ways it is separate and distinct from the philosophy of Taoism and need be of no concern to us here. Understanding, believing and accepting philosophical Taoism is independent of any religious beliefs - you can be a Christian and a Taoist, a Buddhist and a Taoist, or an Atheist and a Taoist.

Two of the primary principles of Tao are Wu Ji and Wu Wei

Wu Ji means The Great Nothingness, the ground of all being, that which existed before anything else came into existence. In Western terms it could be thought of as whatever existed before the Big Bang created the known Universe.

Wu Wei describes an attitude to The Tao and life. It is a way of looking at the world and what happens, and acting appropriately. Wu Wei has been translated as 'non-interference' or 'doing nothing'. What I personally take it to mean is to correctly understand something in terms of its energy dynamics, and then have the 'appropriate response'. This has been called 'The Waterway', because the essential nature of water is to fill whatever it comes to, and then keep on flowing. Sometimes it is indeed appropriate to not interfere, but at other times it is necessary to put every last ounce

of effort and resources into something. You do the correct action / non-action in the situation. You know what this feels like - it is when something feels 'right' and goes 'perfectly'. This is Wu Wei.

Yin Yang

The symbol of the Tao is seen in the well-known image and symbol of two interlocking fishes – known as Tai Chi. One is white and the other is black and they represent the basic polarity of opposites, known as Yin and Yang. This symbol is now everywhere in the West - from high philosophy to skateboards, from medicine to earrings to recycling... Graphically they are represented by a broken or an unbroken line, - - and — . This polarity is said to describes and include all things.

To our common perception everything is complemented by its opposite - up/down, black/white, day/night, positive/negative, hot/cold, male/female, movement/stillness, growth/decay.... There are many variations of Yin Yang - indeed ancient philosophers and court advisors maintained their livelihood and position by extending and describing the subtleties of this interaction and interchange.

This basic polarity is inherent in the nature of reality, and is also part of the architecture of our brains and minds. It is the 'binary code' in mathematics represented by 0 and 1, which makes possible computers and our electronic technology.

Yin and Yang operate according to very specific laws. These laws include:

- Everything has a Yin and a Yang aspect
- Everything has a proportion of Yin and Yang
- Every Yin and Yang can be further divided
- Yin and Yang create each other
- Yin and Yang control each other
- Yin and Yang can each transform into the other

Yin Yang also describes the relative ratio of proportions of yin and yang which exist in every given organ or condition. As an example of the 12 major organs six are yin and six are yang.

The six yin organs are liver, heart, pericardium, spleen, lungs and kidneys.

The six yang organs are gall bladder, small intestine, triple heater, stomach, colon and bladder.

The Five Elements - Wood, Fire, Earth, Metal, Water

After Yin and Yang, Taoists divide all things into The Five Elements. These are known as Wood, Fire, Earth, Metal and Water. This is a way of understanding and describing the nature of things in basic categories according to their inherent qualities. There are many ways in which the Five Elements can interact together, and these differences form the basis for different schools.

An Element can be defined as any part which has 'irreducible simplicity', something that cannot be divided into smaller units, like a Prime Number in mathematics. It is a basic constituent component. However, from a process point-of-view they are also known as The Five Phases.

It is perhaps easiest to understand the Five Elements in relationship to the seasons of the year. The succession of the seasons is the basic condition under which all life has evolved. This is so fundamental that, like gravity, we tend to not even notice it as being our primary pre-condition - just as if we asked fish what it was like to swim in water, they might answer, incomprehensibly, "What's water?".

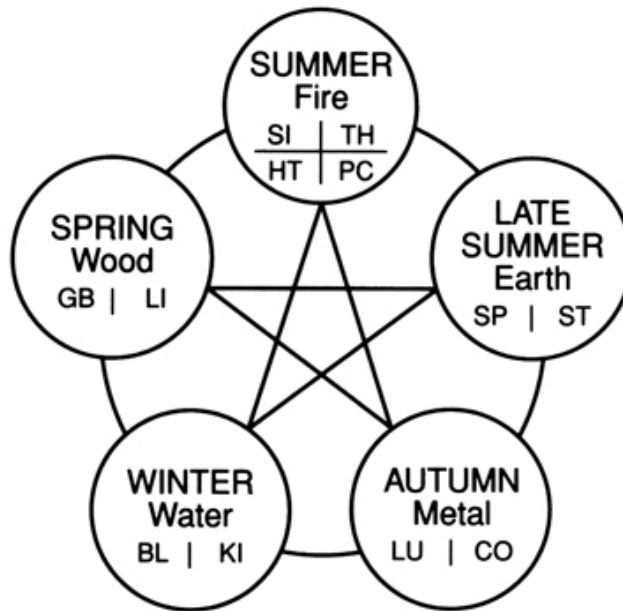
The seasons are based on the rotation of the Earth around the Sun, and the tilt of the Earth's axis, which apparently has been recently found to be determined by the gravitational pull of the moon. So, The Five Elements/Five Phases are fundamentally based upon the Sun, Earth and Moon cycles.

The seasons are the basic 'metronome' of this planet and have laid down the primary energy rhythm under which organic life has evolved. Therefore, the particular qualities and characteristics of each season are reflected inside us, in the anatomy and physiology of our energy system. In fact they have 'moulded' what we are and how we function. They are stable and predictable. They always follow the same sequence, always have and always will - they never miss a season, or jump one, or go in the opposite direction. As the seasons progress through their cycle - spring, summer, autumn, winter, spring... the characteristic energy of that season is also emphasised.

Although in the West we consider there to be four seasons, in China there are five. The familiar Western sequence is Spring, Summer, Fall and Winter; however, Chinese Medicine considers the period of Late-Summer (sometimes called Indian Summer) to be a separate and distinct season of its own, the point of balance and harmony of the year - the Centre.

Each of these seasons has a particular quality to it, which reflects its character and nature, described as an Element or Phase.

Spring	Wood
Summer	Fire
Late-Summer	Earth
Fall	Metal
Winter	Water



The Five Elements

- Wood is the power which motivates things to grow in the Spring
- Fire is the heat and activity which reaches a peak in Summer
- Earth is the foundation and centre in Late Summer
- Metal is the minerals which return to the ground in Autumn
- Water is the snow and ice of Winter

The Five Elements and seasons also have corresponding organs and emotions related to each one. In English these emotions are usually described by one word, but all emotions have positive and negative aspects, so I have chosen to give a counter-balancing opposite word to the one commonly used, in order to provide a more complete description, as included in the following. The commonly used word is given first.

For Spring/Wood the organs are the Liver and the Gall-bladder, and the emotions are Anger/Power

For Summer/Fire they are the Heart and Small Intestines, the Pericardium and Triple Heater, and the emotions are Joy/Anxiety

For Late Summer/Earth it is the Spleen-Pancreas and the Stomach, and the emotions are Sympathy/Worry

For Fall/Metal it is the Lungs and the Colon, and the emotions are Grief/Cleansing

For Winter/Water it is the Kidneys and the Bladder, and the emotions are Fear/Awe.

The Five Elements/Five Phases interact and operate in very specific and fixed ways and according to definite laws. These relationships are illustrated in the chart The Table of Correspondences. They are expanded into other aspects of life, and provide the foundation for a comprehensive and integrated way of looking at, and experiencing, the World. They could be understood as the body's internal ecology - the relationships between an organism and its environment.

The Five Elements could be described as 'Human Ecology'. If the anatomy of the energy system is its geography, the Five Elements are the weather. In the external environment weather conditions are caused by the activities of the Elements - weather is a state of the atmosphere with respect to heat, cold, moistness, dryness and wind. It is the same inside us - these same terms describe the internal conditions and relationships of our various organs and functions, the internal reflections of the seasons and the atmosphere.

Just as there are serious external environmental problems when things go out-of-balance, so there will also be serious internal environmental problems - symptoms, illness, pain and disorder on physical, emotional, mental and spirit levels - if we do not maintain our energy system in the right balance. At this present historical time it is generally recognised that our planet is out-of-balance, there are weather pattern changes, it is sick. It could be that Five Element theory is a key to our current serious environmental problems?

And The Five Elements describe not only the relationships and interactions which take place inside ourselves, but also between the inside and the outside, between ourselves and the outer world. These relationships are seen in The Table of Correspondences.

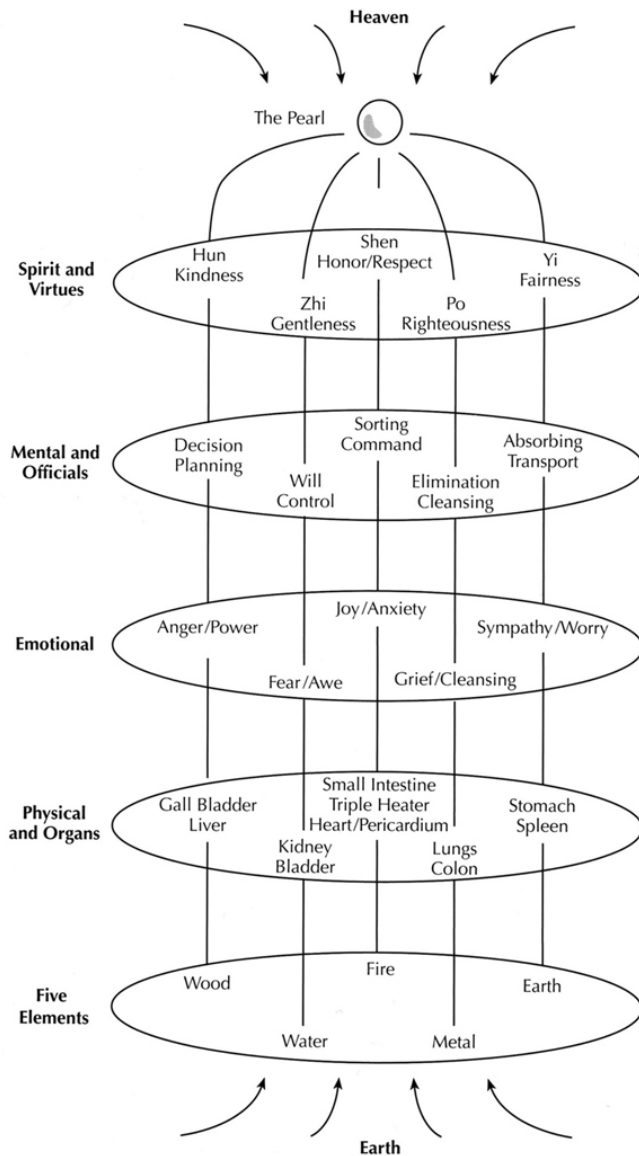
Table Of Correspondence

This is the classical Chinese way of understanding the relationship between all of our different parts. This way of seeing things ties all of our various aspects into one interrelated whole: the physical level of organs, senses, tissues, functions; the emotional level of our basic feelings; the mental level of our abilities of planning, decision making, willpower, differentiation, sorting, control etc; and the various dimensions and levels of what are known as our Spirit and Soul, our Transpersonal self.

THE TABLE OF CORRESPONDENCES & THE FIVE ELEMENTS					
ELEMENT	WOOD	FIRE	EARTH	METAL	WATER
SEASON	Spring	Summer	Late Summer	Autumn	Winter
YANG ORGAN	Gall Bladder	Small Intestine Triple Heater	Stomach	Colon	Bladder
YIN ORGAN	Liver	Heart Pericardium	Spleen	Lungs	Kidneys
EMOTION	Anger	Joy	Sympathy	Grief	Fear
COLOUR	Green	Red	Yellow	White	Blue
SOUND	Shouting	Laughing	Singing	Weeping	Groaning
TASTE	Sour	Bitter	Sweet	Pungent	Salty
SMELL	Rancid	Scorched	Fragrant	Rotten	Putrid
OPENING	Eyes	Tongue	Mouth	Nose	Ears
TISSUE	Tendons	Blood Vessels	Flesh	Skin and Hair	Bones
CLIMATE	Wind	Heat	Damp	Dry	Cold
PROCESS	Birth	Growth	Transformation	Harvest	Storage
DIRECTION	East	South	Centre	West	North

The Table of Correspondence also extends into the relationships of colours, sounds, odours, times of day, flavours, etc. It is an understanding of the relationships of all our parts, and therefore is one of the original Holistic views of the world. It is worthy of our best attention and consideration. It provides a foundation for a comprehensive view of who and what we are, and how we operate and function, which has withstood the most rigorous test and scrutiny of all - the test of time.

The value of understanding these basic correspondences, and integrating them into our way of thinking and living, cannot be over-emphasised - they give powerful and important insights into oneself and others. It is the result of millennia of observation and study by some of the best and brightest minds. I cannot recommend strongly enough the importance of taking the time to study and absorb the information on the Table of Correspondences chart - it is one of the primary ways in which we, and this world we are a part of, works.



The Five Levels of the Five Elements

The Eight Principles

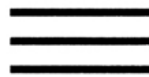
One of the applications of Yin Yang theory is The Eight Principles, which is particularly used in Herbal Medicine. This is a way of understanding and describing the state and condition of the Chi according to eight parameters. There are four pairs of opposites - Yin/Yang, Interior/Exterior, Deficiency/Excess, and Cold/Hot. For instance, a person may have an internal energy condition which could be described as 'yin, interior, deficient and cold', or 'yang, exterior, excessive and hot'. In a practical sense this allows for a way of thinking about a specific condition or situation and therefore be able to decide on a course of action to take that would resolve the differences and bring things back into balance.

The Eight Trigrams

Trigrams are patterns of three lines, any one of which can be yang (unbroken) or yin (broken). The Eight Trigrams are considered by some people to be a diagram of the primary dynamics of reality. The top line represents Heaven. The bottom line represents Earth. The middle line represents Humankind.

The two primary trigrams are full Yang, three unbroken lines, which represents Heaven, and full Yin, three broken lines, which represents Earth. When any of these lines change into their opposite, they create one of six possible permutations.

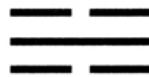
These are each given names, which to the Chinese mind indicate their essential nature and dynamics, as follows:



CH'EN
Heaven
Creative



CHEN
Thunder
Arousing



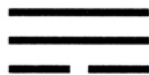
K'AN
Water
Abysmal



KEN
Mountain
Keeping Still



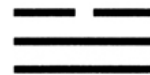
K'UN
Earth
Receptive



SUN
Wind
Gentle



LI
Fire
Clinging



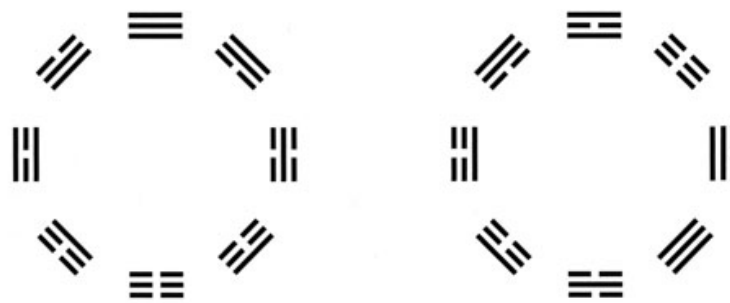
TUI
Lake
Joyous

The Ba Gua

The Trigrams can be placed in particular relationships to each other in the form of an eight-sided figure, the Ba Gua. This is a system devised for understanding and describing Change. Ba Gua directly translates from the Chinese as the 'The Eight Diagrams'. These are a way of understanding the dynamics of a particular situation and

the specific stage or phase in which it is in, between the polarities of Yang and Yin. The Ba Gua describes change as taking place from Yang to Yin in eight stages. Knowing this allows us to understand how a particular situation, or configuration of dynamics, may change into another phase or condition. The Ba Gua is one of the few ways known to humankind of understanding the basic nature of change, and working with it.

There is an Earlier Heaven arrangement (Ho Tu), and a Later Heaven arrangement (Lo Shu), which corresponds to the pre-natal and post-natal circulations of energy. It has been suggested that the earlier Ho Tu configuration corresponds to the DNA structure, while the later Lo Shu corresponds to the RNA structure.



EARLIER HEAVEN PA KUA

LATER HEAVEN PA KUA

Being able to read a situation in terms of its Eight Diagram dynamics is a way of understanding it, and therefore being able to take an appropriate course of action - to align with it, to correct it, to counter-balance it, or whatever is needed. This is an old and profound science. It is part of Chinese Cosmology and a primary principle of how the Chinese view the basic dynamics of the universe, described in the great classic The I Ching / The Book Of Changes.

There are many aspects and levels to this science, which have absorbed Taoists over their whole lifetime - when the great philosopher Confucius was dying he said that his biggest regret was not spending enough time studying the I Ching!

Family Relationships

A number of the basic laws and principles of the chi meridian system reflect the relationships of our most fundamental unit, the family : Mother-Child, Father-Child, Husband-Wife, Brother-Sister

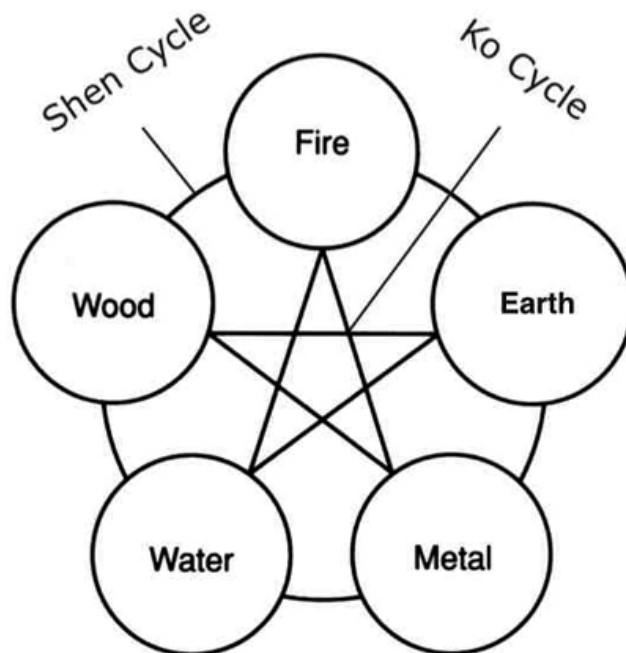
Mother-Child Law

The Law of Mother-Child is one of those principles of Tao which are based on the most obvious relationships and patterns in the ordinary everyday world, often unrecognised and unappreciated. The Mother-Child Law is part of the 5 Elements system.

It is also known as the Shen Cycle, or the Nurturing Cycle, which in its simplest form states that each organ/official is the mother of the organ/official following it, and the child of the one preceding it. According to this cycle each official is "fed" or nurtured by the one that feeds into it, just as a mother is responsible for nourishing her own child. Therefore, if the mother is not functioning properly in a healthy way - either too weak or too strong - then the child will be correspondingly affected, and vice versa.

Father-Child Law

The Father-Child Law is known as the Ko Cycle, or Control Cycle. It states that each Element 'controls' the next-but-one in the cycle - so Wood controls Earth, Earth controls Water, Water controls Fire, Fire controls Metal, Metal controls Wood.



The Five Elements

The Shen Cycle and Ko Cycle

Husband-Wife Law

The relationship of husband-wife/man-woman is the foundation from which we all come. To the Taoist viewpoint this is a reflection of the relationship between Yin and Yang, which has to have a particular dynamic and balance in order for movement to take place. If Yin and Yang are perfectly balanced there would be no activity, just stagnation. To be in the correct balance the Yang has to be slightly stronger than the Yin. If the Yin is stronger than the Yang the dynamic is not right and it is a serious condition which if not corrected can cause chaos.

Brother-Sister Law

All organs are paired in couples, according to their Five Element relationship: these are Liver and Gall-Bladder in Wood; Heart and Small Intestine, Pericardium and Triple Heater in Fire; Spleen and Stomach in Earth; Lungs and Colon in Metal; and Kidneys and Bladder in Water. These couples have a sister/brother, yin/yang, relationship, and 'junction points' that connect them.

There are also permutations of Grandmother - Grandchild which operate in the same way as normal life. One variation of this Family Relations which is missing in the Taoist system, and which is critical to many peoples lives, is the Law of Mother-in-Law / Son-in-Law! Perhaps some future Taoist Master will figure out this most perplexing configuration, to the benefit of many.

Family Relationships reflect the major personal relationships we have with other people in our everyday lives. These all take place within the format of the 5 Elements, and reflect the various relationships and interactions that the major organs and functions have with each other. If these relationships are out-of-order it is like having a dysfunctional family inside oneself. Best to have a Happy Family.

External Energy - Natural Cycles & Rhythms

Earth	-	Day
Moon	-	Month
Sun	-	Year

Many aspects of the body are based on Natural Cycles - the rhythms and regularities of nature. Our bodies evolved over millions of years within the context of the Earth, Moon and Sun cycles. We

experience these from our own perspective as the alternations of day and night, the 28 day moon cycle, and the cycle of the seasons. As these rhythms come and go we are profoundly affected by them, but this is unconscious to most people. By knowing these natural cycles we can attune ourselves to the inherent rhythms of our own energy as it moves inside us, and thereby attune to nature. They are the conditions under which biological life evolved. We even measure our life by how many rotations around the sun have passed since our birth - it would all be different if we lived on another planet. Because they affect us so pervasively they deserve further description.

External Energy refers to environmental energy - the Natural Cycles which greatly influence us because they affect the energy system in major ways. Our energy system (including both the meridian system and the aura field which surrounds each of our bodies) acts like an antenna which connects the external energy environment (ranging from simple sunlight, to distant galaxies) into our internal being. This is how we are directly affected by the holographic energy matrix which is the universe of which we are each one small part and a harmonic reflection.

The Day and the Earth

There are 24 hours in each day and there are 12 major organs in the body. The Chi flows in the meridians and organs continuously but reaches a peak and crest in each organ for two hours in each day, therefore, in one day it moves like a tidal wave through all of the organs. This is the same for everyone and relates to the position of the sun. In these specific times of the day it is possible to affect the relevant organ more.

This is relevant to Sun Time (Winter time in the UK) with 12 noon being the sun at its highest point. In the West it needs to be adjusted according for Summer Time, when the clocks are moved forward one hour.

In fact, the ancient Chinese clock consisted of just twelve units in a day, with each unit consisting of two of our contemporary hours.

The sequence is:

Organ	Time	Chinese Name
Heart	11am - 1pm	Wu
Small Intestine	1pm - 3pm	Wei
Bladder	3pm - 5pm	Shen
Kidneys	5pm - 7pm	You

Pericardium	7pm	-	9pm	Xu
Triple Heater	9pm	-	11pm	Hai
Gall Bladder	11pm	-	1am	Zi
Liver	1am	-	3am	Chou
Lungs	3am	-	5am	Yin
Colon	5am	-	7am	Mao
Stomach	7am	-	9am	Chen
Spleen	9am	-	11am	Si

This reflects the biological fact of energy movement in our bodies and organs. The significance and importance of this is obviously enormous, as it effects all of our daily functions, abilities and moods, and yet generally in the West we have no awareness or understanding of it.

The Week and the Atmosphere

Although this is not within the usual Acupuncture understanding there is reasonable cause for speculation that there is a relationship between the fact that there are seven days in the week, and seven energy centres in the central core channel of each of us. There are also seven layers to the bio-electric energy field which surrounds our bodies - the Aura - and it has been said that there are seven layers to the atmosphere around the Earth.

The Month and the Moon

Every 28 days the Chi completes one cycle up the back and down the front of the body, in the Governor and Conception channels. At the full moon, the Chi is at its peak - the crown of the head - at the empty moon it is at the perineum. This moon circulation controls the tides, women's menstrual cycle, when some people become 'lunatics', and others 'howl at the moon'.

The Year and the Sun

During the course of the year, the chi/energy peaks in one of the Five Elements pairs of organs, in each of the five seasons.

- Gall Bladder and Liver in the Spring
- Small Intestine and Heart (and PC and TH) in Summer
- Stomach and Spleen in the Late-summer
- Colon and Lungs in the Fall
- Bladder and Kidneys in the Winter

In this way the Seasons have a profound affect on us. Any Doctor will tell you how certain organs have symptoms in particular times of the year - this circulation of energy is the reason why. This explains why some people always feel better, or worse, in a particular season or time of year.

These interacting cycles of Day - Week - Month - Year are a biological clock which runs like the classic wind-up mechanism of Western physics. It is the same for everybody. If we have a problem, weakness, dysfunction or illness in a particular organ/energy system, or a particular combination of them, then this will show, and be experienced, at the relevant time. We will feel tired, exhausted, unwell, spaced-out, ill... Recurrent symptoms may occur at that time. In order to have some awareness and control over our energy it is as important to understand the effects and consequences of these natural cycles, as it is to know how to operate the gears in a car. Stay in only one gear, and the journey through life could be slightly problematic and uncomfortable, or even very difficult.

Factors Of Disease

So where does imbalance and disease come from ?
How is it people become ill ?
Why does the chi become dysfunctional ?

There are two basic causes of disease - external and internal.

External factors can include: adverse environmental conditions of heat, cold, damp, wind, dryness and humidity; wrong diet; spoiled food, drink and nutrition; pathogenic organisms; worms and microbes; poisons, toxins, and pollution; trauma and accidents.

Internal conditions can arise from excess or deficient emotions of anger, joy, sympathy, grief or fear - which in turn can be caused by the emotional environment you are in. They can be the result of inappropriate mental attitudes and beliefs, or detrimental emotional relationships, situations and environments. There are also maladies of the spirit/shen which can generate serious problems. These factors can cause one's chi to become excessive, deficient, stuck, blocked, congested or stagnant, and thereby cause all manner of problems. They can cause one's chi/energy to become out of order and therefore set the ground for dysfunction and illness.

Knowing and understanding these, and avoiding detrimental factors, can be a major aspect of preserving your chi. Being aware of these external and internal factors allows us to avoid, or diminish, their

detrimental influence, as much as possible. Understanding the anatomy and physiology of the chi/energy system will help you to develop and maintain your health and your state of being.

In Summary

The Anatomy of your energy is its structure - what it is and how it is organised. The Physiology of your energy is its function - how it works and operates. Knowing, respecting and aligning yourself with these two aspects will help you to preserve and cultivate your Chi.

This is possible and available by receiving treatment from an experienced practitioner.

Chi Kung is a way to do this oneself.

PART TWO

STAGES OF TREATMENT

STAGES OF TREATMENT

After treating patients for 25+ years I came to recognise that there are eleven stages involved, as follows.

These stages are developmental and progressive, one rests upon the other. Some of this will be familiar to practitioners trained in Worsley Acupuncture, other aspects will be off those charts, but this is the way I have come to go about treating patients, and what worked for me.

Each of these is described in detail in the following chapters.

1. The First Phone Call
2. The Initial Consultation
3. Preliminary Treatment - NE & L-R
4. The Intake Examination
5. Blocks
6. The Eight Extraordinary Meridians
7. Causative Factor
8. Meeting Points
9. Review
10. Monitoring
11. Seasonal Maintenance

Of course, a particular treatment may just be a one-off, or short series of emergency treatments, or jump stages for particular reasons, without any of the above sequence progression, but this is the general outline.

Stage 1

THE FIRST PHONE CALL

Unless you met somebody personally, the first point of contact is usually a phone call. Maybe one person a year would just walk in the door without a prior appointment.

This phone call, or meeting, is a most important conversation. This is the singular opportunity to invite them to come in and do an Initial Consultation. If they do not agree to do that, it all just ends there. And you may not be the only person they are calling – they may be ‘shopping around’ talking to other practitioners and making decisions based on that conversation.

Over the years I refined this first conversation through trial and error until I found out what worked well for me. And I also figured out what not to say – not only to not alienate or offend the person, but for my own self-protection in this vulnerable position – how to not take it as a personal rejection if they decline the invitation.

I found that there are stages to this first conversation.

And one of the most important things I learned over the years was how to filter people at that initial phone call.

There are people you know you can help, people you think you may be able to help, people you do not think you can help, and there are some people you do not want to see under any circumstances.

Unless you are applying for Sainthood, and feel the need to see everybody who calls you no matter what, I strongly recommend that you use good judgement and due process at this very initial phone stage, or you can be talking yourself into a whole lot of bother and trouble. As an independent practitioner you have no responsibility or obligation to see anybody that you don’t want to.

On this initial call you are engaged in a Mutual Interview. You have to decide, based on your questions and the interaction - and your diagnosis, sense, and ‘feel’ of the exchange – if this is a person you want to see.

If you want to continue I found it was important to ‘mirror’ a person’s tone and manner. If they are bright and cheerful, sound bright and cheerful. If they are worried and fearful, be quietly concerned. If they are talkative, let them talk, then talk back in a similar manner.

It is also important to use your diagnostic abilities of listening and hearing according to the Five Elements - are they shouting, laughing, singing, weeping or groaning, that is, are they wood, fire, earth, metal or water... or combinations of these. And what are the corresponding emotions.

The primary purpose here is communication, and so you need to match their tone and style.

You are both essentially seeing if you want to take the next step of meeting each other.

Of course this would be different if you are working in a multi-disciplinary clinic, where you are obliged to see whoever is referred to you, or some such other non-discretionary situation, such as an emergency clinic in a disaster area.

On reflection, I talked myself into all kinds of trouble when I was first in practice in Boulder. I did things I would never, ever, do at the end of my time there 30+ years later. On the other hand, I probably lost large numbers of potential patients because I went about it the wrong way, or did not go about it the right way.

What I ended up doing came down to this:

There are a series of questions to ask yourself, and to ask them:

- What is the person calling about. What is the primary condition(s) that concern them.

- How did they get your name? Who referred them to you? (This is a very important piece of information – it tells you how they got to you and has a big significance, because it also carries a personal recommendation)

If it is from their Doctor it is likely that are going to come in.

If they saw it in the Yellow Pages it is much less likely.

If their husband or wife is already a patient, that is big.

If they heard it in the checkout line at a supermarket, not so good.

Whatever their route to you, given that it felt OK with that person the only point is to get them to come in for the Initial Consultation.

I would say something like:

"Who am I speaking to?" And they would tell me their name.

(Simple question, but strangely enough some people do not even want to give you their name, in which case for me that was the end of the conversation. I would wish them good luck).

I would say something like:

"Acupuncture is about the person, the individual, not the symptoms, so we need to meet each other.

To illustrate this I would say something to the effect of "There may be six people with Asthma, but they end up getting six different treatments"

"I recommend that you come in and do an Initial Consultation so that (and the following specific list)

- I can find out more about what is going on with you
- Read your pulses
- Give you my opinion and recommendations
- Answer any questions
- And we can meet each other
- There is no cost. This is a big decision for you and I don't believe that it should cost you to meet me.

I have found that this is the best and most appropriate thing to do. It gives us the opportunity to meet each other, find out more, without any obligation, conditions or commitment and see if it feels right. This is as fair and appropriate as I know how to be.

Often people ask "How much do you charge?" - an important but sensitive and delicate issue. I would say that it all depends on what is involved, and that is why the first Consultation is free, so we can get a sense of that. Which is the truth given you are looking at the total amount of the cost of a treatment series.

If they persist and want to know what I charge per visit, I say something to the effect that I usually do 3-4 Preliminary Treatments at a reduced rate, so they can see if it feels right for them, and after that if they wish to continue I would charge my normal rate. If they hesitated then I would tell them what I charged at that particular time. But I would also add that I did not want money to be a deterrent to them getting treatment, and it was negotiable. Again, the primary issue is to get them to come in for the Initial Consultation and to meet each other.

Then I would ask "Would you like to do that?"

(If they say Yes, then I would ask)

What time works best for you?"

Then make the appointment.

You may say it a different way, in your own words, but the essential point is that they need to make an appointment, and come in to the office and meet you.

However, if that does not make sense to them then they didn't get it, they did not understand the significance of the invitation. If they decline, or hesitate, then there is not much you can do.

To be polite they may say something like:

"Well, I need to think about it" - which is usually the same as 'No'.

Even though you may feel disappointed, or offended, or frustrated, it is important to be polite and courteous and professional. You are making a statement of your public image - and people will have an impression that they may convey to others. And there is the possibility that they will indeed phone you back.

Remember that you are being held to a higher standard than the average person - by virtue of being a Medical Professional. You have an obligation to maintain the dignity, honourability and reputation of the profession, and yourself.

You cannot tell them they wasted your time, or were difficult, even if they have been offensive, though you may feel that.

Wish them well, and get on with whatever you have to do next.

So they make an appointment and show up at your office for the first meeting.

My approach was to greet them and introduce myself. This is the first time they have met you, and first impressions do count – so clean shaven, fresh shirt, etc. Even if it was Friday afternoon and I had been seeing old friends and long established patients and had been wearing a T shirt and jeans and had not shaved, I would clean up for an Initial Consultation.

I would say something to the effect.

“Before we sit down together I would like you to read this Introductory Consultation Information.

It will only take 5 minutes, but it tells you what you need to know for this first meeting. There is said to be a 40-to-1 ratio between how long it takes to write something, and how long it takes to read it. It took me a long time to write and refine this information, and it says what you need to know. And one of the issues is that if I just say this to you in person it is more than likely I will go off at different tangents, and I may miss important things out.

Also, it follows a basic rule of “Tell people what you are going to tell them, tell them, then tell them what you told them” – which is an excellent rule for good clear communication.

If you read this, then what I say when we talk will be somewhat familiar.”

And then leave them to read it, which takes 10-15 minutes, but would take most of the time you had if you said it to them. This document follows, and it did, indeed, take years to condense it to this.

The way it came about is that I observed what I said to people every time they came in, over some years, then I condensed and refined it, and wrote it down.

This document is a modified and condensed version of what I gave people. If you have a similar document of your own then good. If you find anything here helpful or useful please adapt or use it in whichever way you wish. This what worked for me – and I found that I did not need to change it, and used it for years.

- INTRODUCTORY CONSULTATION INFORMATION -

Welcome to my practice.

This may be the first time that you have been to an Acupuncturist, or you may have had treatment previously with another practitioner. To introduce you to the practice, and provide you with some guidelines for what to expect in our consultation, this Introductory Consultation Information has been written with the following intentions:

- To provide you with some basic information.
- To answer some of your questions.
- To serve as an orientation and what to expect during our initial meeting.

A Brief History of this practice

[Write a brief history of your practice and yourself as an Acupuncturist]

THE CONSULTATION PROCESS

We are about to conduct an Initial Consultation. We are essentially undertaking a mutual interview - to see if you want me to become your practitioner, and also to see if I feel it is appropriate to accept you as my patient. To explain this process and set appropriate expectations, the following is an outline of the main points.

A consultation has two major aspects to it - an 'Objective Evaluation' and a 'Subjective Evaluation'. The Objective Evaluation relates to the technical facts of your situation and treatment. The Subjective Evaluation relates to your feelings and sense of me as a practitioner. Through my experience I have found that when people first visit my practice they usually have six major questions. These relate to the Objective and Subjective issues. You may, of course, personally have more questions, and I will certainly answer them to my best ability.

The Objective questions are:

- 1) What is going on with me.
- 2) How long will it take.
- 3) What will it cost.

The Subjective questions are related to the issues of:

- 4) Competence.
- 5) Trust.
- 6) Communication.

The following is intended to more fully identify and explain these issues.

The Objective Evaluation

The primary purpose of this is to “get information” - and based on this information decide what is involved, what the options are and what you want to do. This process is similar to many other situations in normal life - such as when you take your car into the repair shop, or somebody comes to fix something in your home. It goes through a four-stage process, as follows:

1. Getting information of what concerns you and why you want treatment.
2. Doing some tests and checks, and reading your ‘pulse picture’.
3. Telling you what I think is indicated, and giving you my ‘Opinion’, and my ‘Recommendations’ of what to do next.
4. Answering any questions that you may have.

My ‘Opinion’ will be specifically related to the assessment of what is right for you and the overall treatment program, and will address the first three objective questions identified above.

My ‘Recommendation’ is usually to begin with two Preliminary Treatments of:

- 1) Cleaning out any “Negative/Stagnant Energy” in your system.
- 1) Balancing your left and right sides in order to establish Bi-lateral Symmetry

There are four good reasons for beginning with these two treatments:

- You get the benefit of this treatment.
- You get to feel what it is like to receive Acupuncture and/or Qigong treatment.
- You experience being treated by me.
- After these initial two stages of treatments I will then be more able to do a pulse *Diagnosis*, rather than just a pulse *Reading*, because I will then be able to rely upon the information that I get from reading your ‘pulse picture’.

For your part, after these treatments you will then know what it is like to get treated, whether you feel comfortable with it and with me as the practitioner, and whether

you want to continue. The normal procedure after these two stages of Preliminary Treatment is to do a 'Comprehensive Intake Examination', and then, based upon this, begin a specific treatment program individualized for you.

The Subjective Evaluation

Competence, Trust, Communication

These are questions that people have "in the back of their minds" during an initial visit, but find it difficult to ask, or sometimes to even recognize. I have found that it is best for me to identify these questions, and therefore be up-front and provide clarity. Having identified what these questions are, you can then make your own judgements, using your own sense and intuition.

Competence.

Everybody wants to feel that the practitioner knows what they are doing! Nobody wants to be treated by somebody they do not feel is competent. A basic standard of competence has been established in Colorado by the state "Office of Acupuncturists Registration". However, there is no substitute for experience. I have been in full-time professional practice in Boulder since 1981 and in some ways my competence speaks for itself because a stable, busy, practice is dependent upon getting results. You don't stay in practice if you don't consistently get good results.

Trust

It should be assumed that I will give you my best professional opinion. The main issue here is not trust in the sense of "honesty", but rather whether you feel that you can *entrust* yourself to a practitioner. You need to feel that the practitioner will do what needs to be done; that they will do it in your best interest not their own convenience; that you can rely upon them; that they will respond; that they will jump when they need to jump; that they will be there for you... all of the things that you would expect from a Western Medical Doctor. However, I fully recognize that trust develops incrementally, step-by-step, and therefore recommend the initial program of Preliminary Treatment in part to address this.

Communication

I have to be able to communicate information to you in simple, direct and straight-forward terms in relation to what is going on with you. Few people are interested in the abstract and philosophical understanding of Acupuncture, Qigong and Oriental theory - the important and relevant issue is "How does this relate to me?". The significance of a patient understanding what is going on with themselves has been recently recognized as a major issue in the successful progression of treatment. The ability of a practitioner to communicate well is a skill which develops through experience.

The issues of Competence, Trust and Communication are personal and subjective - you have to use your own judgement and intuition and come to your own decision and conclusions. An acupuncturist is one of those people who are professionally involved in your personal life - like a doctor, a lawyer or such other professional. You rely upon them and invest them with your confidence and trust in a way that you do with few other people. To be your practitioner, you should feel that you can do this with me.

I hope that the foregoing identifies and answers some of the basic issues and questions that you have about this Introductory Consultation and about Acupuncture treatment in general.

Please feel free to ask any other questions which are not covered here.

Again, Welcome to The Acupuncture Center of Boulder !

Jim

[NB: The following section in the original described the pulses and pulse reading. The example below is an updated version for this document]

A Practical Definition Of Real Health

Your energy system is a primary 'Control System' for all other functions, levels and dimensions. It works best when it has:

- *Balance*
- *Free Flow*
- *Right Quality*
- *Good Volume*
- *Correct Relationships*

This is read and diagnosed by 'pulses' on the wrists. In Classical Chinese Medicine

there are 12 'pulses', 6 on each wrist. These reflect the energy and condition of the 12 major organs, as follows:

Left		Right	
SI	HT	LU	CO
GB	LI	SP	ST
BL	KI	PC	TH
<hr/>			
SI	Sm Intestine	CO	Colon
HT	Heart	LU	Lungs
GB	Gall Bladder	ST	Stomach
LI	Liver	SP	Spleen
BL	Bladder	TH	Triple Heater
KI	Kidneys	PC	Pericardium

Patient Intake Process And Information Sheets

This patient intake process, just described, and the accompanying information sheets, all took a long time to figure out

I am convinced that it was because of these procedures and protocols that I ended up staying in practice. I put a lot of time and thought into them, and refined them carefully, based on patients response and the effectiveness of the procedures.

These processes have nothing to do with the effectiveness of the treatments. This is how to get people in the door, and how to convince them to take the first step, the next step, of beginning treatment. If they don't come in for the next/first treatment then it all stops right there.

On a practical economic level you are negotiating in the region of a £1,000 deal at this point in this process (the amount you may make in 1-2 years treating this person, through to a one year cycle of seasonal treatments). If this does not work right, and they don't come in for the next/first visit, then it all stops there, and is all over.

When I was first in practice a significant percentage of people did not make a first appointment for treatment, or come back after the Initial Consultation. It happened a great deal – more often than not. At the latter stages of practice it was rare that they did not. I believe this is because I figured out what to say correctly, and got it right.

If I had known these procedures at the beginning I would probably have had a practice completely full with seasonal maintenance patients by the time I was 65.

If you are a new practitioner this information alone could provide a solid foundation for developing a stable practice, so please give it your close attention.

The Initial Consultation

So, after reading the Introductory Consultation Information sheet the person comes into the treatment room, and you begin to talk.

I would briefly review the Consultation sheet they had just read, and ask them if it made sense to them and if they had any comments or questions.

If they had questions I would answer them as best I could.

Then we would begin a process which would involve me writing notes down as we talked.

A sample of this is provided. It usually followed the same process, adapted to each person as needed or appropriate.

1. Essential information. Names, Address, Phone number(s)
2. Date of birth, and age.
3. Occupation – asked in the manner ‘How are you occupied?’, rather than ‘What is your occupation?’ (Some people may not have an occupation in the sense of having a job or being employed. Some may be unemployed, women may be full-time mother’s, others retired, other financially independent... asking ‘How are you occupied’ is a considerate way to approach this possibly sensitive topic).
4. Status. I asked this in the following way, because of the potential sensitivity around this issue, and out of regard for diplomacy and politically correct considerations. I gave people a list of options that included everything I could think of, and they got to choose which one was correct for them.

I asked “Are you single, married, divorced, widowed, partnered, engaged...” This presents most of the possibilities. People would just name whatever is right for them, or come up with what they wanted to say.

If they are married or partnered, what is the name of their spouse or significant other. And what is that person’s phone number in case you need to contact your client but their phone is not working (this gives you a back up number).

5. Children. Names, genders, ages... Always a topic of interesting conversation.
6. Referral source. (How did they get to you. Keep a record of this, and you will know who your biggest professional fans are.)
7. Email address(es).

This is just a simple question-and-answer process – you ask them the question. They give you the answer, and you write it down.

The next stage is to ask why they are interested in treatment.

I would ask this according to the following formula.

“Please tell me why are you interested in treatment, anything that concerns you, anything you would like me to check out, anything you would like improvement in ?”

It does not focus on what the symptoms and problems are. It does include that, but also allows for all the positive and desirable possibilities – and the development of Health.

This gives people a wide range of options of how to answer you, and also opens up possibilities they had not thought of.

Then under the heading ‘Reasons’ on my sheet of paper I would write down what they said to me, using their words, language and formulations. This would not be verbatim. Nor would I try to interpret what I thought they meant but write down the major points. This is most important for the Intake Exam you will do later. You need their specific and exact language, the words that they chose. I considered this to be their Narrative Story of why they came in.

See the following example page.

Having done this as carefully as possible, making any comments or observations that are relevant along the way, I would move onto the next stage, which defines Health, from my definition of it as an Acupuncturist.

A Definition Of Health

This is most important because I am essentially giving the person a new way of understanding health, a new definition.

And as I am saying this I am writing it down on a sheet of paper in front of them, which they can see, as a way of educating them about this. And so you can refer back to it at any time.

I begin by saying that there is a definition of health based upon, and monitored by, the state and condition of their chi/energy. This is because the energy is a blueprint of all of their functions and dimensions. The Energy Blueprint is important because it is a Control System, and reflection, of everything else. And I write it down as we are talking.

Energy Blueprint. The Control System

Then I explain that their energy has to have five characteristics to work right. And write this list down.

1. Balance
2. Free Flow
3. Right Quality
4. Good Volume
5. Proper Relations

Next I say that the sum total of this equals what is generally called 'Health'. However, this does not tell me much because there are so many different definitions and descriptions of Health that it has become a word that does not have much specific meaning.

But what I can work with is the concept of 'Correct Function', which means that everything is doing what it is supposed to do.

And then round this off by saying that, no matter what their age, health history, life situation, potential... this gives people their Best Option. And who does not want their Best Option.

So the next question becomes:

How do we read this?

The answer is:

Through the Pulse Hologram – which they previously read about on the Introductory sheet.

So I would say that we should read their pulses. At this point nobody ever refused or declined to do this.

Next I ask them to lie on the treatment couch. Then I would read the pulses, three times, and note them. (See the section on Pulse Reading for further information on this.)

After this I asked them to sit down in the chair again, and would go over what I had 'read' and found on their pulses.

I would explain the relationship between the pulses, the definition of health and their issues and priorities. That it is an equilateral triangle. The more out of order the pulses are, the greater the issues and symptoms. The more correct the pulses are, the fewer the issues. And I would draw the triangle for them to see, as I was saying this.

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1/6/14

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Status: Partnered. Jane

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Reasons


To improve health and feel more balanced.

Bladder feels weak — saw Doc.
No problems. All clear nothing wrong

Feel I'm operating under par.
Want more energy


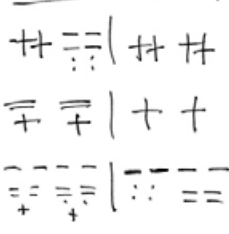
Front side of Initial Consultation Sheet

Occasional back pain when walk too far. Before exercise use inhaler - it helps. Smots loose barrels Had heart irregularity - Doc > Meds. Been misusing my energy. Want to maximise my health.

ENERGY BLUEPRINT.  PULSE HOLOGRAM
 Control System PHYS. EMOT. MENT. TR

HEALTH CORRECT FUNCTION - BEST OPTION

1. Balance
YR B/F Yo u/D
2. Free Flow
3. Right Quality
4. Good Volume
5. Proper Relations

1.2... Pulse Diagnosis - Reading

Opinion: EXAM x12 Tmts.

Rec: Preliminary Tx. 2 stages 1) clean N/E
 2) Bal YR

1. Get Tmt 2. Get Acu
 3. Tmt by J. Maqr. 4. Clear Pulses

Back side of Initial Consultation Sheet

The importance of this is so that they have a visual image, a symbol, of what the whole process, purpose and objective is. This becomes the purpose and reason for doing treatment - not to treat symptoms and problems, but to get to the state and condition of Health by having their chi/energy functioning correctly, then recognising and appreciating how to keep it that way. This gives a clear attainable goal, and sets the foundation for maintenance treatment.

Then I follow this by saying:

"There are two significant things - my Opinion and my Recommendation".

My Opinion:

I say whatever my opinion is, but would usually present it as plus-or-minus 12 treatments on a weekly basis. This equals 3 months, one season or a quarter of a year of weekly treatments to get to a point where their chi/energy and pulses are working correctly.

The reason for this number of treatments is because of the stages of treatment that I perform, which are described later.

Of course, if in my opinion somebody needed less treatments I would say so accordingly.

If I thought they might need more, because they had a severe chronic illness, I would say that we should do a dozen treatments, then see where we had got to, and then re-assess.

Whatever the situation and the pulse reading showed, I would give my best professional opinion.

My Recommendation:

This would be my suggestion of what to do next. I would recommend we begin with some Preliminary Treatment in 2 stages (not two treatments because you do not know what is involved until you get there).

1) Clear Negative Energy. 2) Balance Left & Right.
And I say that there are four good reasons for doing this:

1. They get the treatment
2. They get Qigong Acupuncture the way that I do it
3. They get treated by me, and can see if that feels right
4. It clears the pulses.

Then I talk about how these Preliminary Treatments allow me to read the pulses more clearly. That my first pulse reading is not a Diagnosis, because if they have Negative Energy or Left/Right Imbalance it will distort the pulses so that I can't read them correctly. So therefore we have to do these Preliminary Treatments first.

After doing these treatments they then need to decide if they want to continue, and if they do we will need to do a comprehensive Intake Examination, so that I can get a complete picture of what is going on with them. And we will then do a series of weekly treatments.

And then I say that doing the initial Preliminary Treatments first allows them to...

Try it out... Take a test drive... Stick their toe in the water... Give it a go... See if it feels right. It is a Trial Run.

And then, I would make the offer:

For these treatments I will only charge \$40/\$25 as an initial treatment, so they can get the feel of it, and see if it feels comfortable for them, and if I am the right person.

If you give people an offer they can afford, without feeling they have to make some large financial commitment, then they are likely to accept it. If you charged \$200/£150 for the first treatment they are less likely to accept it.

Bear in mind that at this stage you are simply trying to get them to come in for the first treatment. If they don't do that – then Game Over.

Then the final question:

“Would you like to do this?”

And wait...

Let them come to their decision about it.

If they hesitate committing to do the whole Preliminary Treatment of the first two stages, then the fall back position is to make the proposal that they just come in and do the first treatment.

Again, the primary objective is to get them to make an appointment and come back in.

If they hesitate on this, your final offer could be to do the first treatment at no cost, for free, so they can try it out.

If they accept this then you are still in the game.

Obviously, if they don't do this it is all over, but the least that you can do is to leave the door open, and retain your own sense of dignity and professionalism. It is easy to feel that you have just been rejected, because you have, but it was more on their side for not seeing what was being offered, and what was in front of them

This is the time to be kind, and generous, and understanding. I would say something like I hoped our meeting provided some helpful and useful information for them. If they had any questions please feel free to call back. I might even recommend other practitioners they could talk to, and give them the names of trusted colleagues. Take the position that it is important that they get treatment because it will help with their condition and situation, and that you would encourage them to get more information from other practitioners.

And wish them well.

Although it was rare for somebody to call me back and begin treatment if they left in this way, at least you preserved your own self-respect and authority, when you could have felt like you had failed. For me this was important. In the latter time of my practice in Boulder the large majority of people would come in for the first appointment, a far higher percentage than when I was beginning. I concluded that this was for a number of reasons.

- Screening people at the first phone call, to see who was serious about getting treatment, and who I wanted to treat. At times only 50% of people who phoned were invited to come in for a Consultation, for whatever the reasons. This became the way of eliminating potential problems in advance.
- Giving an Introductory Consultation Information sheet for them to read, which answered a lot of their questions, (including one's they did not know they had, or knew how to ask) gave them the information they needed to know, and set their expectations before we started talking.
- Working through the procedure as described above, which provided a pulse picture that we could look at together and discuss.
- Ending with a proposal and offer to do some Preliminary Treatment, so they could try it out with no obligation or commitment, that was fair, appropriate, easy to accept and difficult to refuse.

As previously stated, I am convinced that this Introductory Consultation was a primary cornerstone of the later success of my practice. It is what I found worked for me, after some years of trial and error. If you are a practitioner you no doubt have your own way of doing an initial visit. Hopefully this outline may provide some other ideas.

The next stage was the Preliminary Treatments.

So following the Initial Consultation, the person comes in for the first treatment. They have been in the office before, and have met you, so it will be familiar, and they will feel more comfortable.

The first treatment that I do is to remove what I call Negative Energy / NE. This has other names – Aggressive Energy, Pernicious Energy, Bad Energy, Dark Energy etc., but there is a general agreement that there are forms of energy that are detrimental and need to be removed at the very beginning.

I chose the word Negative Energy because nobody wants to keep that inside themselves. When I used the term Aggressive Energy/AE a number of people said "But I need my aggression to deal with the world, it is competitive out there". So I just changed the name, and there was no more dispute.

Think of Negative Energy like someone having an infection. The first thing you would do medically is to treat the infection. What you would not do is move the infection elsewhere, or spread it.

One way I explain this to people is that NE it is like the external environment factors of weather and climate - wind, heat, damp, dryness and cold, which could settle in the liver, heart, spleen, lungs or kidneys, or any of their coupled yang organ/officials. If these are excessive then that can give rise to dysfunction and illness.

So the first thing to do is remove any negative energy, before any other action (unless I am dealing with an emergency, such as an asthma attack, crippling migraine, injury etc).

My way of doing this is a point where I departed from my original teachings by J.R. Worsley, but can be understood as an extension and progression of the same principles, with the addition of Qigong.

What I was originally taught is that you use the Back/Shu points of lungs, pericardium, liver, spleen and kidneys. Leave needles in and observe the local reaction. If after a short period of 5-15 minutes there is a redness/erythema around the needle, then that indicates Negative Energy / NE, and the protocol is to wait until the redness disappears, then remove the needles as the NE will have been drained and cleared.

I did this for a number of years, but there were problems.

First, this could take a long time. There was nothing to do but wait. This was the person's first treatment, and their experience was that they were sitting, with needles in the back AEP/Shu points, doing nothing for an hour or more. And if it did not all clear in the time you had assigned for their treatment, then you had to do this over again the next visit. And on some occasions, for a third visit.

Second is that there was no easy indication of whether the AE had cleared. There was no way to 'read' it, and there may well be a local skin reaction to having a needle inserted that was not AE.

A third issue was that sometimes having needles in all of those points, at the same time, and draining Negative Energy all at once, was just too much impact and the person had 'needle shock', and on a number of occasions they felt faint, nauseous or even passed out – which was always extremely unpleasant for them, and difficult for me to deal with. And as this was their first treatment, they usually did not come back a second time. I was losing patients because of this, but still needed to do the treatment.

So what to do?

At the beginning of the treatment I would sit so we were next to each other, facing a desk or the treatment table, and I would show them what we were going to do by going through illustrations and charts in a book. Explaining why we were doing this unfamiliar and strange procedure helped people feel at ease.

One issue is that of gaining access to a patient's back.

I found that the best way to do this was when the person sat on a chair, facing towards the table. They crossed their arms in front of them and held both elbows. They then leant forward with forearms on the table so they could rest their forehead on their arms, usually with arms resting on a pillow, and thereby relax and take the tension off their back.

I would sit behind them, facing their back, which was now in an even curve from top to bottom, and therefore very accessible for marking out and treating. And it was also an efficient position for myself. The alternative was if somebody was lying face down on a treatment table, but in this position the curvature of their back was uneven, and I had to lean across them, which was not comfortable for me.

Sitting on a chair facing the table also allowed the shoulder blades to slide sideways, which opened up access to the 'outer' line of the bladder.

An issue with women and modesty

Doing this treatment with guys was easy, because they just took their top off.

Women were different because of issues of modesty. Initially I gave them paper 'gowns', but these were cumbersome, uncomfortable and expensive. Later, to address this, instead of gowns I gave them a normal shirt to wear backwards, so it covered their front, but left an opening on the back, top to bottom where the buttons were, either side of their spine. I would leave the room while they did this.

In order to perform this treatment they had to unsnap a bra if they were wearing one that closed at the back. A 'sports bra' needed to be removed. However, using a heavy cotton shirt in this way I was able to get to the back line, and they did not feel exposed.

Of course, a practitioner could use any sort of medical gown for this purpose. I found that a regular shirt worked just fine and was easy to launder, manage and store on a hanger in a closet.

With regard to the treatment itself, after a series of trials I came up with the following procedure, which never had anybody feel nauseous or faint, and usually is completed in two or three visits. It involves using a pendulum and Qigong, which are explained in detail later in their own chapters, but are described here in the interest of continuity of this text.

I mark out the points, to the precision that would be used for needling.

Then use a pendulum over the point to read it.

- Clockwise it is open and OK.
- Counter-clockwise is closed and indicates NE.
- Occasionally there is no movement, which I take to mean that the point is just shut down.
- Very rarely it swings from side to side, again meaning it is not open.

Read all the points and get an overview of the complete picture with the 5 yin organ/officials. Any that are closed and/or have NE are opened and cleared.

There are three Qigong actions applied.

- First just the middle finger, using your mind/Yi. This is an extension of the Lao Gong point in the centre of the palm.

- Secondly spiralling out with the middle finger.
- Third all five fingers together.

First, use the middle finger to access and activate the point. Using your mind, send your own chi into the point by spiralling it out from yourself in a clockwise direction, through the finger, to connect with the organ/official. Let your Chi envelope the organ/official, and pay attention to how it feels.

Then, again with just the mind, reverse outwards drawing the NE into the finger, but not past the 2nd joint. Like drawing liquid up into a straw or tube. To cleanse this out of your finger the NE can then be expelled, so that it does not remain in you, by reversing the direction and spiralling clockwise as you breath out, just as liquid can be blown out of a straw.

Second, with the tip of the finger on the point draw out the NE in ever increasing counter-clockwise spirals, then dump it by flicking and shaking the finger-tip and hand.

The third action is to use all five finger tips. Surround the point, and spiral counter-clockwise with just the mind, then slowly drawing the fingers and hand off the surface of the skin, continue this action in increasing circles – then shake and dump the negative Chi. Repeat at least twice more, or more times if it feels right, or until you feel/sense that all of the negative energy had been removed.

After this, check with a pendulum and see what it does, what direction it moves in. Clockwise it is clear.

If it shows Anti-Clockwise repeat the above process until it is moving clockwise

This should be applied to any of the 5 back/shu points, that are closed or show NE, until it is all clear.

This is the end of the first treatment.

I would tell the patient not to have any expectations, or look for any particular response. That this treatment was like dealing with the five oceans of chi/energy in the body, and there was no specific reaction. They may feel tired, relaxed, lighter, more energy or nothing at all. If they had any questions then call me.

When they came in for the second treatment my first question was to ask how they had been, and if they noticed anything specifically, and write down whatever they said and make appropriate comment.

The second treatment would begin by checking back on these points with the pendulum. If any are again reversed then repeat the treatment until they are corrected.

Usually if the point was cleared in the previous treatment, it remained so. Occasionally it reverted back. I take this to indicate that NE has risen from a deeper level, and again has to be cleared. Do so.

Then apply the same procedure down the 5 points of the outer line of the Associated Effect Points/AEPs.

These outer line points are not organ/official points, these are the points of their higher level frequencies – the Po, Shen, Hun, Yi and Zhi. In western vernacular they would be called the Spirit and Soul points. My own preferred language is to call them the Transpersonal points. More on this shortly.

Go through the same procedure as before. If any are closed, open them until they are all clear. This is most important because who wants a polluted Spirit or Soul?

I found that usually one or more of these points were closed. This was determined because the pendulum rotation was counter-clockwise. Given the simple fact that nobody else I know of, either personally or in any reports I have read, even uses these points, never mind using a pendulum, then all I can do is report my findings and experience.

There is a degree of faith and trust in doing this procedure, but I could not think of any specific negative effect as a consequence of doing it, and it made logical sense. And if the assumption is correct, then it would be as negligent to not do this, as it would be to not drain negative energy from the organ/officials.

Po, Shen, Hun, Yi and Zhi correspond to Lungs, Heart, Liver, Spleen and Kidneys respectively. In the esoteric Western tradition known as Hermetic Philosophy or Hermetica, originating with the ancient Egyptians and which underlies the Western Mystery Schools, including esoteric Christianity.

The levels are known in Hermetica as follows:

Po	=	Ka
Shen	=	Sahu
Hun	=	Haidit
Yi	=	Khu
Zhi	=	Aufu

In the Hermetic tradition this is as fundamental as it gets - there is nothing beneath these separate components, no other more basic parts.

On the death of an individual some aspects of these disperse in specific ways, and some continue on - in a similar sense that it is generally considered in the Christian tradition that the physical body and the 'Soul' and 'Spirit' do.

Their importance in Acupuncture and Qigong is indicated by their names, again from the Worsley translation, but with near equivalences in other versions.

Lungs	=	Soul Door
Heart	=	Spirit Hall
Liver	=	Spiritual Soul Gate
Spleen	=	Thought Dwelling
Kidneys	=	Ambition Room

It was through pondering on the meaning of these names over some years, and trying to explain it to patients who asked about it - some of whom were informed medical doctors, engineers, linguists etc - that it became apparent that the words Soul and Spirit were just the nearest Western equivalence, but in fact we had no language to adequately describe this because we had no common culturally accepted understanding or recognition of the energy system or the energy body.

I had a number of unsatisfying and confusing conversations with Taoist teachers and monks about it over the years, where they would call these points Big Spirit, Little Soul etc, as they attempted to translate the meaning into English through a translator.

I remember once having this conversation with a high-ranking monk from Wudang Mountain at a National Qigong Association conference in the US. He was standing in the corner of a large room facing out, and I was facing into the corner talking to him through a translator, and we got into it. It was the usual Large Soul, medium Spirit etc etc. At the end I turned around, and a few dozen people were fanned out behind me, straining forward and scribbling notes. Apparently I was not the only one wanting answers to this question.

A similar thing happened at Ching Chen Shan monastery in China, the birthplace and original centre of religious Taoism in 300 CE, in a personal dialog with the Abbot, with two dozen students we had taken there. The Abbot ended up saying that it was very difficult

to explain and I would need to know about Chinese medicine and philosophy. When I said I was an Acupuncturist for 25 years and a Qigong teacher, he suddenly was not able to understand or speak English very well.

For myself, the words that I now use to describe this most important dimension of ourselves are Po, Shen, Hun, Yi and Zhi. If we have no language or equivalence then best to just use the Chinese words, with their meaning.

Of course, this raises the question of what the words actually mean, what they refer to. Well, in the Nei Dan / Internal Alchemy tradition these relate to the Virtues which are cultivated through practice. These virtues are based upon the Five Elements and their relationships, particularly the mother-child law. The practice for this is known as The Fusion of the Five Elements, and other such titles. I used the simple term Cultivating The Virtues.

In this practice after cleansing the negative emotions of anger, anxiety, worry, grief and fear out of the yin organs of liver, heart, spleen, lungs and kidneys, you end with the cleansed essence of that Chi in the navel, the Ba Gua. This practise is explained in precise detail in the Eight Extraordinary Meridians Qigong training program, on the Global Qi Project website at www.globalqiprject.com.

Using the mind, you then send this refined Chi to each of the officials, in the mother-child sequence, where it activates the higher level frequency of the official, and therefore its virtue. An image I used, that everybody immediately understood, was that it was like sprinkling the organ/official with sparkling 'Fairy Dust' from a magic wand. Of course, you can use whatever image may make sense to you, and them, following the same principles.

The result was that this procedure activated the Virtues inherent in each organ/official, their higher frequency.

For whatever reasons, the Qigong practice that I learned started from the kidneys, and was in the following sequence:

Kidneys	=	Gentleness
Liver	=	Kindness
Heart	=	Honour and Respect
Spleen	=	Fairness
Lungs	=	Righteousness

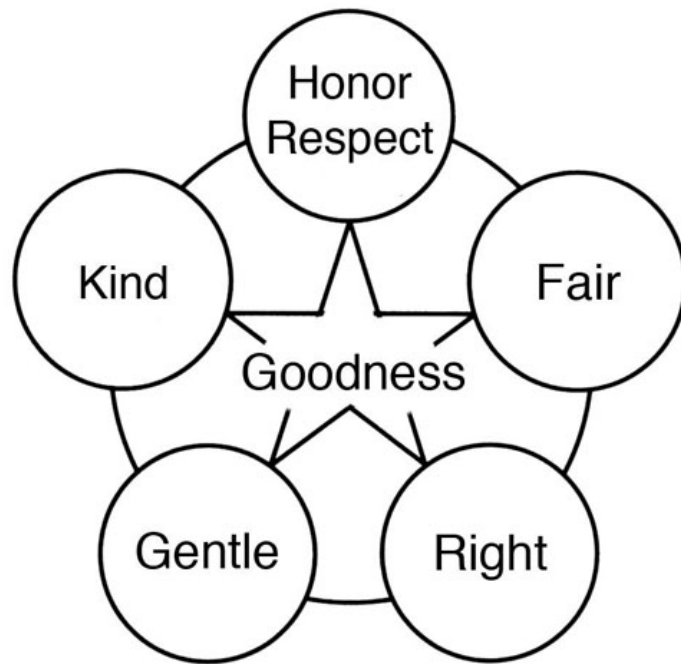
...or whatever equivalent terms others choose to use.

The conclusion of this practice is to take 20% of each of these

qualities, the refined Chi in each organ/official, and bring it into the navel Ba Gua, to combine together there.

The term I personally used to describe this combined essence was Goodness - the sum total of all of the virtues.

Starting in the navel, this could then be circulated in the Microcosmic Orbit, and activate it at a higher frequency.



The Sum Total of The Virtues
= Goodness

My experience, and the reported experience of numerous classes of students, is that this resulted in a sensation as if the dimmer / control switch on a light had been turned up, and everything got brighter. There was a corresponding sense of what could be described as calmness and peacefulness, and an elevated state of being. The nearest equivalence in my own experience would be that of being in a cathedral or sitting in the middle of an ancient stone circle or on the top of a peak.

So my own answer to the question "What do the words Po, Shen, Hun, Yi and Zhi mean?", is you have to do the practice, in order to have the experience, to know what the words mean. On personal reflection I would say that this practice, and the

resulting state of being it generates, is one of the primary reasons I have continued practicing Qigong.

It is as if it pushes 'Re-set' within me, evens everything out, and raises it to a higher level.

And on an intellectual level it answers the question I have long asked of what is the anatomy and physiology of the Soul and the Spirit.

In terms of observed response, we are in somewhat unmeasurable territory, even on the pulse, as it is so subtle and refined, but I would notice what could perhaps best be described as an extra 'brightness' and 'lightness' in the patient.

I respectfully suggest that practitioners try this themselves, and share their observations and results.

This is the end of second stage of treatment.

The third stage is to read/check/measure the bilateral symmetry – and to correct any imbalance.

In the Worsley style this is called Akabani Balancing, apparently named after a Japanese practitioner, Kobe Akabani, who developed this technique.

The process of this has been well described by Neil Grumenick, of The Institute of Classical Five-Element Acupuncture in Santa Monica, California, so there is no need for me to go over it again here. Google it.

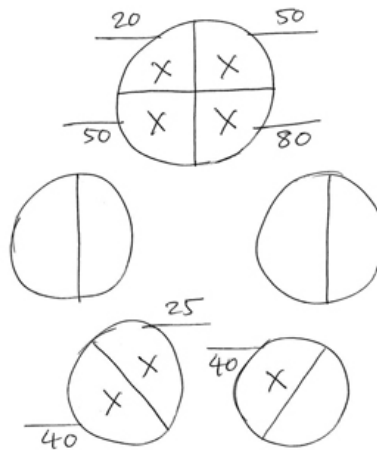
What I found is that it was important to look at the overall pattern of imbalance.

I devised a way to notate this, as shown in this diagram

Akabani Layout in 5 Elements

Look at the configuration.
See where the biggest % difference is located. This could be the 'key' point that will allow all imbalances to correct and cascade.
For example:

In this particular theoretical pattern it is indicated to treat Pericardium first, as it is the largest imbalance. So treat PC 6 on Right / Junction point. Then re-check. If others still out, then TH 5 Left, then Ht 5 Right, etc.



What was important was to track how it could be configured, based on placing it into a 5 E chart, and looking at how the Elements and 'components' related to each other, and what did what. If this was correctly understood the imbalance could often all be corrected in one treatment because it cascaded along the Shen and Ko cycle accordingly.

One needle/one point could correct a half-dozen or more imbalances.

If the pattern was not configured that way, so that one treatment moved others, you may need to go through each imbalance individually.

I would always check at the end of the treatment, to make sure it was correct.

Sometimes an Akabani would not correct, but as this treatment is time-consuming I would simply run out of time, because another patient was waiting, so I would leave it and get back to it the next visit.

On occasion it would not correct because there was a deeper reason, maybe a scar along the pathway, in which case it was necessary to track the whole way along the meridian examining if

there was any scar tissue. This became much more efficient using a pendulum, so you could just run down a meridian and find the block.

And the patient may not know that they even have a scar. One time I found a very small scar that was not visible, at Bladder 2, under the inner edge of the eyebrow, covered over by the hair there. There was no way this could be seen, but the pendulum showed it there. When I asked the person if he remembered anything he said that his mother had told him that when he was 2 years old he was running and banged his head on the edge of the leg of a table, and it broke open and there was bleeding. No stitches, she put a bandage on it, kissed it better and it stopped after a short while, but it caused a blockage. This would not have been possible to detect without using a pendulum. I resolved the block, and the pulses corrected and stayed that way.

Whatever the particular treatment I would always check again at the next visit.

If anything was still out of order, I would treat accordingly, until it was correct.

If it was all OK, and everything had 'held', then the next stage was to re-check the Negative Energy via the back points.

After the two stages of the Preliminary Treatment, which may have taken 3-4 visits, a patient has to decide if they want to continue.

This was a 'trial run' and a 'test drive' to see if treatment feels right. So now they have to make a choice.

I tell people that this is as far as I can go without doing a full Intake Examination.

I say that so far what I have done I can do without knowing anything about them. I don't even need to know their name. It is useful if we both speak the same language. But to continue from here I have to treat them individually, in their uniqueness, and to do this I have to get much more information.

This consists of getting a comprehensive listing of their Issues and Priorities, historical information about their medical, family and biographical history, and a 'system check' of 20 questions about such things as diet, sleep, appetite etc.

The fourth stage is the physical exam, essentially pulse reading, but we have already done that in the Preliminary Treatment stage

So I ask the straight-forward question

“Would you like to continue?”

...and wait.

In the early days of my practice this would be a tense moment, because you did not want to appear over-enthusiastic or concerned, but you are, because the result of their decision determines whether they become a patient or not,

...and wait

In the early days a significant number of people would not continue – it did not make sense to them... they did understand how it all worked... they did not like what we had done... I was not the right practitioner for them... they didn't feel comfortable... they did not experience any noticeable results... it cost too much... what ever the reasons they ended up saying NO, or 'I'll have to think about it', or they needed to talk to their husband, partner, cat... they would say whatever it took to get out of the door without feeling uncomfortable, but the real answer was 'No'.

My responsibility and obligation was to make it OK. A good ending was to thank them for their time, and wish them well. Sometimes, out of genuine concern for their health and well-being I would even give them names of other Acupuncturists I know, and encourage them to go see them so they could get a second or third opinion.

But this was my profession and livelihood, and I had a family to support – so it never felt OK to me – it was always a disappointment, and I always felt I had failed, and if only I had 'closed the sale' in the right way, or gone about it differently, or said the right thing... In recent years there has been a much higher rate of return. It is not that the treatment I did was that much different – it was what I said, how I said it, what I communicated, and how people understood it. As previously stated, I think these procedures are how I was able to stay in practice.

I put this down to a number of reasons, but one of the most important is the information sheet I gave them – they know what is involved, they have a map, there is a goal to work towards of Health and Correct Function – not just an abstract thing but something attainable. In recent years over 70%+ continue at this point. And so they make an appointment for the Intake Examination.

So the person made the decision to continue. Now to do the Intake Examination.

Two hours were set aside for this... and we would sometimes not get through it all in that time.

I would say to people that the most important thing was that we get the information we need to know, that it is more of a conversation between us than a gallop through a series of check boxes to get done as fast as possible because I had another patient after them. We were taking a stroll together through their life, stopping at points of relevance and interest along the way, and talking about what needed to be talked about.

Also that we have all the time we need because if anything does not get covered today, we can add more time on the next visit, so we will get everything done by then. In this way we will end up at the finish of the next treatment at the same place we would be if we got everything done today. So no time will be lost.

Generally, there is nothing of quite as much interest to people as themselves. And they have probably never been through a process like this before, in as much breadth and depth.

I also explained to people that whatever they say to me is protected and confidential, that nothing goes outside of the treatment room. That their privacy is protected by law in the US, by the HIPAA regulations, and by professional standards in UK. The more they tell me the more I am able to help them.

To begin I would give people a document to read - see the 'Intake Examination' pages that follow.

This gave them an overview of what is involved in the Intake Exam - again 'Tell them what you are going to tell them'.

The principle here is that people understand, absorb and comprehend things differently if they read it, than if they hear it. When you read, you are able to comprehend what is written in a way that allows you to absorb it in your own time. If you don't understand something you can go over it, re-reading the sentence until you get it.

INTAKE EXAMINATION

The following describes the stages of the Intake Exam, and its purpose and objectives. Generally two hours are allocated.

The Exam is in 3 stages:

1. Issues and Priorities

The list of priorities of what issues concern you, symptoms, anything you want to have checked out or would like improvement in. Filling in the details. This may be the first time you have made such a list, and it may be informative, revealing and surprising.

2. Historical Information

- A) Medical
- B) Family medical
- C) Biographical

3. A systems check

20 questions about current physiology
– sleep, diet, appetite, etc.

The Physical Exam of pulse reading, left/right balance, temperature distribution etc., has already been conducted.

The primary purpose and objective of the Intake Examination is to gather information, in order to identify and diagnose the underlying "CAUSATIVE FACTOR", the central focus of treatment. This is commonly called the 'CF'. Other diagnostic concerns are known as the 'Element within' and the 'Element within the Element', and the 'Levels' (whether the issues are originating from a physical, emotional, mental or transpersonal level). These may be obvious, or take more treatment to unfold – either way this examination information is essential and necessary.

The 'Causative Factor' is the distinguishing aspect of the Classical Taoist Acupuncture style that I practise. Understanding this requires a cross-section of information of the multiple dimensions and components that you are. In this way we treat all levels simultaneously, because you are one integrated whole. The Exam is also for me to get to understand each person, and for both of us to get to know each other more. The style and tone is friendly and conversational, not formal or clinical. It may take longer than allocated because it is more important for me to understand Who, How and What

you are than to fit this into a pre-set time limit. If more time is needed it will be scheduled during the next visit.

From my professional point of view the Intake Exam is when we both commit to treatment. Up until now we have been engaged in Preliminary Treatment, as a trial run or test drive, to see if we wished to continue – a kind of mutual interview. From here on I assume all manner of responsibility, commitment, liability and obligation to you.

In addition to gathering this information to define the Causative Factor, there are two other important reasons to do this Exam.

Top Sheet

The list of Issues and Priorities becomes a 'Top Sheet' which remains on the top of your exam notes, so I can see at a glance when I open your file what the main concerns and patterns are, rather than having to read through a longer narrative statement.

Review & Assessment

At the end of the first stage, of the weekly treatments series, we go back to this list to re-assess and measure changes and improvements. In this way we are able to gauge treatment progress and benefits, and what has taken place.

In Summary

From a number of points of view this Intake Examination is important and necessary. I approach it in the spirit of two people getting to know and understand each other better. I will explain further details as we proceed, and will be pleased to answer any questions you may have. It is at this point that you accept me as your practitioner, and that I accept you as my patient. Having made this commitment to each other I will proceed to do everything I am able to - in the best interest of your treatment, and of you.

By contrast, if you are talking to somebody about something they are hearing for the first time, by the time you say the next thing the previous statement may not have even made sense to them and they may still be thinking about it, so it may all just bounce off their ears, and not go in. But if they have already read it, and then somebody talks to them about the topic, it may go in straight-away and make perfect sense.

This information sheet took a long time to write – not because of the typing, but the amount of time it took to refine what was said. It was at least 10 years before I had this. And there was not much change to it, for 15 – 20 years. It says what needs to be said.

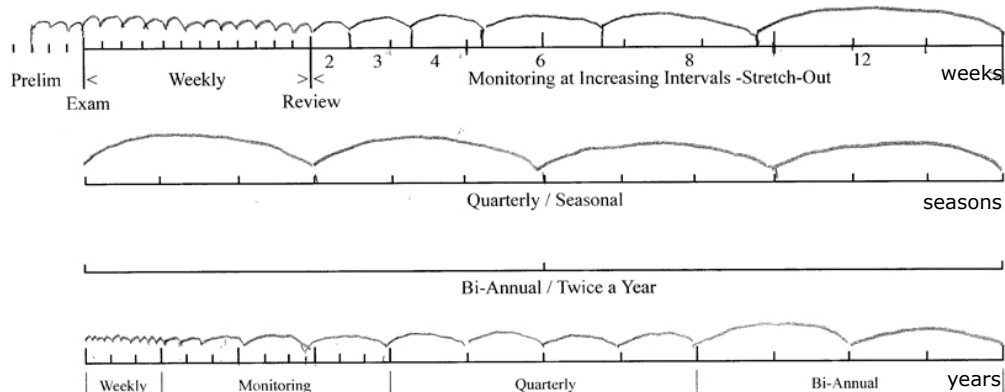
And it also explains what to expect, and gives a clear statement of treatment progression, and specific goals and stages. I considered this to be what people needed to know.

Then the final part of the introduction to the Intake Examination is to walk through the following two diagrams and charts.

First is the time-line. This shows at a glance the whole progression of treatment – from the first phone call to seasonal maintenance treatment. This is very important, because if along the stages of treatment people question what is happening with the progression and length of time of the treatment, I can refer back to this chart, and show them where they are on the line. I do not need to go into a song-and-dance routine to convince them we are moving along, and that they are doing well because I can feel it on the pulses, and they should keep doing treatment... and have to re-negotiate the whole thing all over again. I can just say where we are along the progression - for example, we are 2/3rds the way through, or 75%, or we need to still do the ending wrap-up treatments, or whatever it is, and show them the chart again.

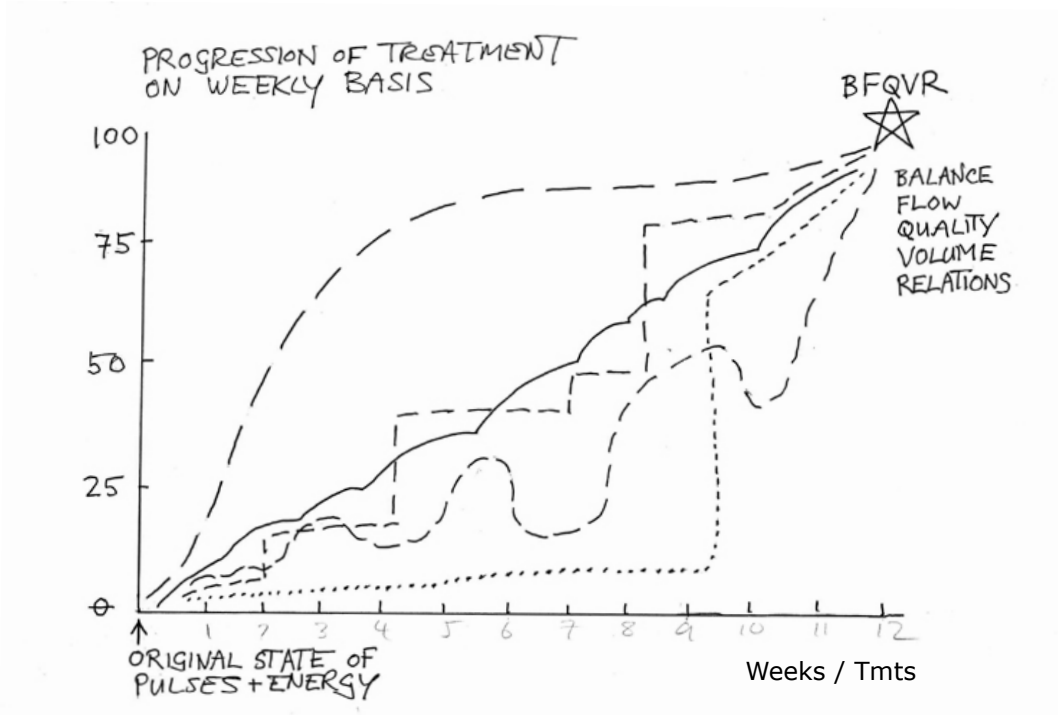
The Seven Stages of Treatment Progression

- | | |
|-----------------------------|--------------------------------|
| 1. The Initial Consultation | - First Meeting |
| 2. Preliminary Treatment | - Negative Energy & Left-Right |
| 3. Intake Examination | - 2 hour Comprehensive Exam |
| 4. Weekly Treatment | - Until pulses are correct |
| 5. Review | - Progress Assessment |
| 6. Monitoring | - Increasing Intervals |
| 7. Maintenance | - Seasonal / Bi-Annual |



The value of the chart is that it is not words, it is a visual image that they get in one glance. Like a symbol.

The last of these charts is about treatment progression during the first stage of weekly treatment.



This shows the span and range of responses people can have to treatment. In the original version it is colour coded for easy comprehension. It allows me to talk through what may happen in different treatment progressions, and that we are headed for the end result of correct Balance, Flow, Quality, Volume and Relationship / BFQVR. Again it sets people's expectations in a realistic way.

Having gone through this introductory explanation and overview, which could take 1/2 hour to one-hour dependent on what they may ask and what we need to talk about, and then answered any questions, it is usually time for a short break.

After a break we begin the Intake Exam.

The first thing is to get the list of Issues and Priorities identified and written down.

This itself can take the rest of the time available for that visit, dependent and determined by what the person has to say.

Refer back to the original sheet when they came in to do the Initial Consultation. On this list, under the heading 'Reasons' is their original statements of why they want to get treatment. This contains their language, not my interpretations, or the translation into medical terminology, Chinese or Western. This is their words in the way they said them.

Go through this and write down a list of each separate item or issue. This requires editing and condensing what they said into a simple summary of a single word, or a sentence or two. Then read through the list and ask them if there is anything to add, and that could be on any level, not just physical – it can emotional, social, family, relationships, mental, spiritual, employment, historical, future... whatever they want can be on the list.

Keep going until everything they can think of is there.

Then, present and explain to them anything that should be there but is missing, that they did not include – such as work, family, anything they said in passing...

See example Issues & Priorities Sheet 1a + 2a

The next job is to organise the list into priorities of ABC.

A is high
B is medium
C is low

I would go about this in a particular way, which was time consuming but ended with appropriate information and organisation, as follows.

Name one item on the list and ask if it is an A, B or C priority. Go through in random order, that is to say you do not start from the top and then work your way down. The person probably told you their major items first when they made the list, but by reading in random order you get behind their conscious mind, and thereby get a more accurate reading of what is important to them.

In this way you get things organised into basic categories. This is often surprising, in the sense that what I would think or consider to be a priority, they do not... and things I would think are minor are major for them.

All I do is ask the question then write down what they say. No judgement on my part.

Once you have everything organised this way, then rank them in each category – so that there is a number 1, then 2, then 3 etc., in each of the A, B & C categories.

I do this in a specific way.

- Read through the list beginning with everything in the A's, again in random order, then ask people which is number 1.
- Then read through the rest of the list, in random order, and get number 1 from those items.
- Then the rest, and number 1... and so on until you get to the end of the list.

However, you write it down as 1, 2, 3 etc

I think that having people do it this way, and for them not to have to 'juggle' 1, 2 & 3... in their minds, gives a clearer picture of what their priorities are.

Just going 1, then 1, then 1... somehow gets behind their conscious editing mind, and gets a more accurate and real picture.

It takes time, but working through the items in this way ends up with an organised and prioritised list, as illustrated in the following examples.

See example Issues & Priorities sheets 1b & 2b

Next write this down on a fresh piece of paper – A at the top, B in the middle, and C at the bottom, in clear capital letters.

Then give them a pencil (which can be erased as needed) and leave them for five minutes with the list – and the instructions to see if everything is all there, that it is now organised correctly. If anything needs to be added or taken away, or joined together, or broken apart... then they can do so.

At this stage most people will make changes to the list, sometimes substantial. So I make those changes on the paper, in my own handwriting (thus erasing their pencilled notes) so that the page looks as clear, clean and consistent as possible.

Sometimes, if there are lot of changes, I write a fresh sheet – so it is clear and can be read easily.

See example Issues & Priorities Sheet 1c + 2c

ISSUES + PRIORITIES

- Get very emotional
- Right shoulder hurts
- Mood Swings
- Regrets abt lot things
- Children.
- Sleep. ↓.
- Fears + anxieties
- Bladder Control
- Work. To be more appreciated
- Anxiety - performance
- Need to feel more whole
- (R) with Husband
- Aging - 54 y.o.

ISSUES + PRIORITIES

- Heart Irregularities
- Sinus drainage
- Blood pressure
- Imbalance L/R
- Digestion
- Physical Energy
- Weight - 30 lbs ↑
- Hands - arthritis
- (L) knee
- Pain - upper (R) arm
+ shoulder
- Skin spots

ISSUES + PRIORITIES

- A3. - Get Very emotional
- A6 - Right Shoulder hurts
- A7 - Mood Swings
- B1 - Regrets abt lot things
- A2. - Children.
- c1 - Sleep. ↓.
- B2 - Fears + anxieties
- A8 - Bladder Control
- A.1. - work. To be more appreciated
- A4 - Anxiety - performance
- A5 - Need to feel more whole
- B3 - (R) wth Husband
- c2 - Aging — 54 y.o.

ISSUES + PRIORITIES

- A3 - Heart Irregularities
- A5 - Sinus drainage
- B2 - Blood pressure
- A4 - Imbalance L/R
- C2 - Digestion
- A1 - Physical Energy
- A2 - Weight - 30 lbs ↑
- C1 - Hands - arthritis
- B1 - (L) knee
- B3 - Pain - upper (R) arm
+ shoulder
- B4 - Skin spots

ISSUES + PRIORITIES

- A/
1. WORK. NEED TO FEEL MORE APPRECIATED.
 2. CHILDREN. x3.
 3. VERY EMOTIONAL
 4. ANXIETY — ESP ABOUT PERFORMANCE.
 5. NEED TO FEEL MORE WHOLE
 6. RIGHT SHOULDER
 7. MOOD SWINGS
— TAKE ANTI-D's
 8. BLADDER CONTROL
- B/
1. REGRET — ABT LOT THINGS
 2. FEARS + ANXIETIES
 3. (R) W/ HUSBAND
- C/
1. SLEEP — COULD BE BETTER
 2. AGING — 54 y.o.

ISSUES + PRIORITIES

- A/
1. IMPROVE PHYSICAL ENERGY
 2. WEIGHT — LOSE 30 lbs
 3. HEART IRREGULARITIES
 4. IMBALANCE BTW L+R
 5. SINUS DRAINAGE

- B/
1. (L) KNEE
 2. LITTLE HIGH B.P.
 3. PAIN UPPER (R) ARM + SHOULDER
 4. SKIN SPOTS

- C/
1. SLIGHT ARTHRITIS IN HANDS
 2. DIGESTION

One final thing to say is that they can look at it again when they come in the next time, and make any further changes – or add anything they thought about in the meantime, which happens more often than not. Then they will not see it again, until the end of the weekly treatment series, when we do a Review. We will not be going through each item, each week, and checking from the top down – because we are not treating these issues one after the other, we are treating the Causative Factor – and thereby treating everything at once.

I sometimes sit with the person when we have this list, and go through each item, one by one, from the top down – and give a sense of what may or may not improve from the treatment, and how much.

Sometimes I make notations of this on the sheet, so they have an idea of what to expect. Then we can compare it at the end.

And that also conveys to them that I am informed, and know what I am talking about, just like when you ask a Medical Doctor how long something may take to repair or heal, and they give you an appropriate response. You take that as a reference and rely upon it.

I say that it appears to me, having done this with most patients over an extended time, that there is an internal 'template' in their awareness, which this list matches and reflects. Each person knows when it is 'right' for them, when it matches their internal sense of what is correct.

And this will probably be the first time they have seen such a list, organised in this way. And it may contain things they have not been conscious of, or identified before, or paid attention to. You have facilitated their awareness of themselves.

Dependent upon how long this took, and what was involved in it, this may be an appropriate time to end the session. It may be that the person is a little impacted by the information, and needs to take a break, for a few minutes or until the next visit. Or it may just be that you simply ran out of time, and do not have enough left available to get through the next section, which will take a minimum of a half-hour.

Or perhaps you carry right on.

Whatever the preceding, the next section is historical information - medical, family and personal.

The Medical History

Just walk through it. Start with the persons birth.

“How was it?”

Not that they will know it, but the real question is, were there any complications? They may well know if there was. This give you info about any congenital factors.

Then the usual history of illnesses, injuries, surgery, outstanding events. Just write it down and ask relevant questions

Then three additional ones:

- Hospitalisations
- Broken Bones
- Scar tissue

It is interesting how many people do not remember these items until asked.

This is followed by family medical history.

- Father
- Mother
- Siblings
- Children
- Grandparents

That is, those people in a direct genetic relationship to the patient, to track if there are any hereditary tendencies.

Then questions about their early family.

Childhood:

How was it?

What was the emotional environment they grew up in?

Did the parents stay together, or separate?

Love each other or argue?

What was their relation to parents, siblings, family members...?

This is then followed by questions relating to their biographical history.

This could obviously take a long time, and people could get lost in it. It is necessary to keep control of this section of the Exam, or it can easily run away with time. Make it clear by saying that you need the skeletal outline, not every detail.

- Where they were
- What they were doing
- Any special events – jobs, marriages, children, travel etc

You can ask for details as needed, but it is important to keep control, because otherwise this can go off in all kinds of directions. When I was early in practice I spent far too much time on this, because I was interested in people's stories and lives - everyone is the Star of their own Show - and it was all new and fresh to me, but I came to realise it took up too much emphasis, and was off the main point and purpose.

Everybody's life is full of events – for them. And the format of this situation is such that it can be highly 'loaded' for people to go through their whole Life Story in 15 – 30 minutes. They can get overwhelmed by it. Be mindful of what is going on for them.

This is also the point where you can connect with, and establish a dialogue with, the person. It is where it is appropriate for you to share some things about yourself, so they feel a two-way connection. But it is important to see this correctly, and not fall into engaging in too much dialog. You are the practitioner, they are the patient - you are not establishing a friendship, but a professional relationship - although a professional friendship could develop out of this later, when their pulses are operating correctly and they are on maintenance treatment.

The final stage is what I refer to as 20 questions. There may not actually be 20 questions, depending on what you count as a question, but there are sub-questions. However, as a turn-of-phrase, it is common and familiar to people. Some of this may have been already answered.

The questions are:

- Sleep
- Appetite
- Diet
- Fluid intake
- Bladder
- Bowels
- Alcohol
- Smoke - cigarettes
- Medications
- Drugs – medical and recreational
- Exercise
- Menstruation/Menopause for women
- Blood Pressure. Take it if they don't know
- Anything else indicated

Then four final questions more related to Acupuncture diagnosis.

Favourite and worst:

- Time of Day
- Season – Spring, Summer, Late Summer, Autumn, Winter
- Taste – sour, bitter, sweet, spicy, salty
- Colour – green, red, yellow, white, blue

And there you have it. You have all of the standard information required in an Intake Examination. This is a very comprehensive overview of the person – compared to what a medical Doctor may ask or find out. A Doctor I worked with was quite astonished at how much a knew about the patient after doing this Exam. I explained how this was standard, and it is how you got to know somebody. And that you needed to know this in order to perform treatment adequately.

What you have done is generated a complete overview of the person on physical, emotional, mental, transpersonal, and chi/energy levels. By the end of this process you know what you need to know.

For my own practice I end the appointment at this. I thank the person, then make the next appointment.

However, if this visit was performed as the second part of the Intake Exam, because you did not finish it all last time, we take a short break then do the next treatment - to find and resolve any blockages in the energy system.

This next stage is to check for 'Blocks', that is to say obstructions along the pathways and channels.

This can be understood as coming under the second characteristic and definition of the energy blueprint and pulses - Free Flow.

To re-state, these primary characteristics are:

Balance,
Free Flow,
Right Quality,
Good Volume,
Proper Relationships.

If there are blockages in the energy pathways nothing will be able to go any further – the chi will get stuck, backed-up and distorted at that place. The system cannot self-correct or self-regulate. It will not be able to adjust to the day, month or annual cycles.

And furthermore, other treatments may cause the chi to become congested or blocked at these points, or because of them, and thereby cause detrimental effects. And the pulses will never be able to flow freely – they may get congested and backed-up at that point

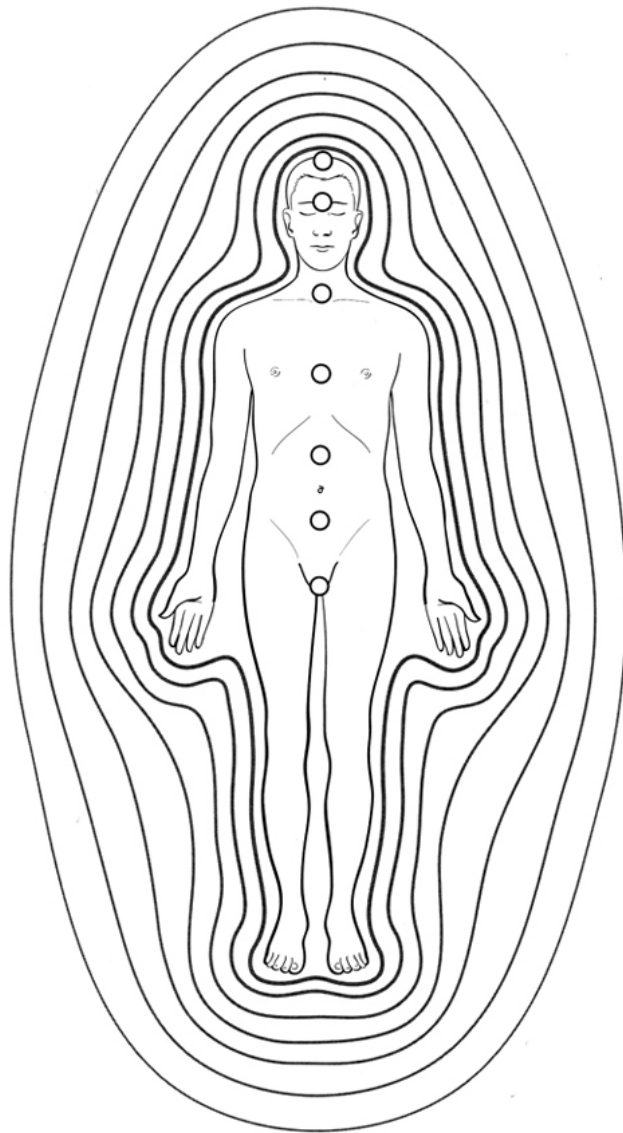
Therefore it is essential to resolve these blocks before proceeding further.

There are a number of possible blocks:

- Scar tissue
- Exit > Entry points
- Junction points
- Windows of the Sky
- Seven Dragons
- Emotional
- Mental
- Spiritual

Scar Tissue

This is easy to identify if the person had surgery, because it will be very clear to them where it is located. The indicated action is to locate the scar, test it, and if it is closed or blocked, to open it. Do this for all scars.



However, there are other injuries which can have closed meridians, but which the person does not remember, or even know about, or which happened in the early childhood.

One time, after looking for any non-surgical scar tissue blocks with a patient, she came in the next week and said that she had remembered that when she was a little child she had been bitten on the hand by a dog. On close examination I observed what could be scar tissue at PC 8, which was difficult to see clearly because of the natural skin folds there. Upon testing with a pendulum, sure enough it was reversed. I treated and opened it, and the pulse changed on the Pericardium channel accordingly.

And there does not even have to be scar tissue for the point to be blocked.

Another patient reported being hit on the head by a golf ball, which was very painful at the time. They were able to put their finger on the exact spot, which was on the Gall Bladder line on the side of the head. I tested with a pendulum. It was closed, so I opened it.

I was taught to use the point before and after the scar, to 'jump' the scar, to by-pass it. The theory is that the chi would go down to deeper levels until it passed under the scar and reconnect with the next point of the meridian channel on the other side of it. On this basis it was not that it was necessarily 'blocked', but could have been narrowed or reduced, like an artery can get blocked but not shut down altogether, and treatment opened it up again to its full width and flow.

The way I ended up reading blocks is to use a pendulum. Hold the pendulum over the point - if it moves clockwise in a normal size and speed, the point is open. If it is large and fast and excessive it is backed-up at that point, and can't flow through correctly. If it moves counter-clockwise, or stay still, or just moves backwards and forwards across the point, then it is closed or blocked.

Simply hold the Pendulum over the point and see how it responds, which way it moves. If it is blocked then there are some Chi Kung techniques that can be used.

Using Chi Kung Finger Needle, touch the middle finger on the points either side of the scar. Draw in Chi from Heaven and Earth into you. As you breath-out send the Chi down the right hand middle finger, and as you breath-in draw it into the middle finger of the left hand. Repeat this a number of times until it feels open and clear. If you are left-handed this should probably be done in the opposite direction - left to right.

The principle here is that normally Chi flows within you, the practitioner, from right to left, and in doing this procedure you are forcing it through, opening the block, and accelerating and assisting it.

Check with the pendulum and see if the points have opened. Then check the pulses to confirm it - if you can detect via pulse reading, which is sometimes difficult because it can be so subtle.

Another method is to have your hand away from the patients body, in their Wei Chi field, and use the Lao Gong point in the centre of the palm, with the tip of the middle finger/PC 9 directed to the point

like a laser-pointer, and spiral in, in ever decreasing diameters, until the tip of the finger touches the point - thus drawing down the external chi in a vortex to the point. You can start at the edge of their field, or somewhere within it.

A third method is using a pendulum to find an open point in front of the closed one, and one on the other side of it, and using the tip of the middle finger/PC 9, as you breath out draw you finger along the channel, over the closed point, to the next open one. In this way you draw the chi along the channel and over the block. This can open it, but it has to be confirmed by the pendulum.

Some people have no scars, but others have so many – from accidents and surgery – that blocks may need to be done over two or three treatment visits, or even more.

If there is a block that is not obvious or visible, such that the person does not even know about it, then sometimes it becomes clear that is the case, because the pulses only improve so far, then stop getting better. No matter what you do, they don't improve beyond that stage.

Then it is indicated to go looking for a block. This can be done by checking each point along a meridian with the pendulum. Easy enough on short yin meridians on the arm. More long-winded on the long yang meridians from head to toes.

Another major advantage of a pendulum is that it is possible to pre-test along a meridian. Previously it was necessary to use each point along the course of a pathway with moxa and needle, but a pendulum allows for finding out exactly which is involved, and just treating that one.

And Qigong allows for this to be done with fingers, rather than needles, which is not only faster for the practitioner but more comfortable for the patient.

Exit > Entry Points

The next category of Blocks are Exit and Entry points. These are familiar to anyone trained in the Worsley style. One meridian is not flowing into the next on the 'Wei Cycle', the superficial circulation of energy – following the Chinese clock. This can usually be felt distinctly and clearly on the pulse.

There is an indication of these from symptoms, or pulses, or statements from the patient.

They also include the Conception Vessel and the Governor Vessel.

Every Acupuncturist knows what and where these points are, as it is a part of basic training. However, it is usual for only one of a given pair to be blocked or shut down, and then the issue becomes which one.

The standard way of doing this procedure is well described on various website. For this information just Google 'Akabani Balancing' and you will find statements and reports.

Again, using a pendulum this can be pre-tested, and often only one point of the pair needs to be treated.

However, there may be more than one-pair that needs to be opened. So it is possible to check whichever is indicated and treated accordingly.

Window Of The Sky Points

The next stage is Windows of the Sky points. Not all meridians have 'Windows' – specifically the yin leg meridians of kidneys, liver and spleen,

Windows of the Sky are identified in Worsley style as

HT 2	Blue-Green Spirit
SI 16	Heavenly Window
SI 17	Heavenly Appearance
BL 10	Heavenly Pillar
PC 1	Heavenly Pond (men)
PC 2	Heavenly Spring (women)
TH 16	Heavenly Window
LU 3	Heavenly Palace
LI 18	Support And Rush Out
ST 9	People Welcome
CV 22	Heaven Rushing Out
GV 16	Wind Palace

As usual, there are various opinions about what these are, what they are called, where they originate, and how they function.

What I understand is that they are primarily concerned with the psyche and the mind. They open the mind in order to see more clearly. Like cleaning the Windows.

Having used them for 30+ years I have no hesitation in understanding them as described.

What I do is to check them with a pendulum to see if they are open or closed. If closed then I would open them, with needles or Qigong. Then re-check to see if they were then open. If not, repeat the treatment.

If they did not open then there is likely a block somewhere on the channel, so go look for that, and resolve it, then come back to the Window.

This was all corroborated by the pulse for a number of years. I would always carefully read the pulse to see if it changed, and if the window was closed and then opened, the pulse did change. After a period of time doing this to my own satisfaction, I just made the assumption that if I did the treatment and the point opened then the pulse would also have changed, so did not put the same level of attention into it, or check it every time.

Having the ability to 'read' a point with a pendulum allowed me to test other points related to that particular Window of the Sky points.

I found two other important points were involved in Windows.

LU 4 is related to LU 3 by proximity. It is one ACI away. It is called "Valiant White".

This point is said to be 'Like a Source point to the first three points' on the lung channel - LU 1, 2, and 3. It is also described as a 'generalised spirit point' and that it 'supplements LU 3 with solidity and essence'. So it is a pretty big player.

One time I was treating somebody with Lung problems, Asthma, and could not get the treatment to maintain and hold. The pulse kept falling off from one visit to the next. So I checked LU 4, with a pendulum, as well as LU 3, and it was closed. I opened it, and it worked - and everything stayed open thereafter, and the symptoms improved.

Similarly with LI 17. It was said by Worsley that this is "like a Window of the Sky point" and "one of the strongest spirit points on the Large Intestine" so I always check it when using LI 18, and open LI 17 if it is closed.

However, because I use a pendulum to determine if the points are open or closed, if I find that they are both closed I use 18 first, then check if 17 has opened - if it has not, then I open it. This is based

on the obvious assumption that the furthest point along the channel in the direction of flow should be treated first.

Additionally GB 20 is used because there is no point listed on Gall Bladder, which seems strange, and also it aligns with the other Window points on the neck.

When referencing back to the Nei Jing, Ling Shu and Su Wen, where apparently these points are initially discussed, it should be born in mind that the language of pre-medieval China uses the concepts and ideas that were used in their mind-set and world view then. This was before our very recent contemporary ideas such as psychology and philosophy. It is equivalent to going back to ancient Greece or Rome, or the time of the Druids in England, and taking that as the point of reference. They thought and experienced things differently than now. We know more than they did. Information has evolved.

For example, their idea of ghosts and spirits may be compared and contrasted with our knowledge of mental illness, imbalance and psychosis, which we now understand to be based on structural, biochemical and neurological dysfunction.

When they talk of the Heavenly Realm they did not know about the pineal and pituitary glands and other brain structures and their functions, or the Beta, Alpha, Theta, Delta and Gamma brainwaves as read by EEGs, and their relationship to state of consciousness. Cross Cultural comparisons have to take into account the different phases of social evolution in history. To reference back to ancient texts as 'the truth' can miss the point, so to speak.

Seven Dragons

This is considered to be a major block from the Worsley point of view. For a comprehensive description of this, again check the Internet - I got thousands of results.

Having wrestled with this for a number of years I came to the conclusion that it was so indistinct, and so complicated, subtle, difficult to perform, and poorly described, that I would only use it if everything else failed, if I got to a point where it could be the only possible explanation. So I stopped looking for it, or using it as an initial diagnosis and treatment. And really stopped using it or thinking about it much at all. It is mentioned here in passing, as a nod of acknowledgement. If people use it, then good wishes to them.

The procedures and sequences described in this book ended with correct function of the Chi and pulses, so I did not feel the need for the 7 Dragons and did not pursue them.

Emotional Blocks

There are emotional blocks that can be identified from listening to and observing the person. These are often seen through statements people make, or responses they have if you mention something.

We are bordering on the realm of psychology and psychotherapy, but it should be born in mind that those categorisations are indeed recent in human history, especially in regard to Emotions. There is no common agreement in the field of psychology about how many emotions we even have, never mind how they work. Prior to the modern era there were no such descriptions.

From a Chinese Acupuncture perspective it relates to the Table of Correspondence, and how the Chi energy, organ/officials and emotions interact and relate to each other. This is very clearly understood and described for the whole of recorded Chinese history. For further information on this please refer to the chapter on Cleansing Negative Emotions in the Eight Extraordinary Meridians Qigong book.

This understanding is now being incorporated into contemporary psychology. There are organisations and centres with such names as: The Association for Comprehensive Energy Psychology, The Energy Therapy Centre, The International Energy Psychology Conference...

In clinical application this diagnosis is conducted by Listening and Seeing and Observation - if somebody vehemently says that they 'Hate' something, then that is an indication that there may be an emotional imbalance. If they talk in a sad, melancholy way about another person, or situation, then that tells you something. If they are always over-excited and cannot stop talking at high-speed, that is an indication. If you test it, by discussing a topic that causes an inappropriate response, then that is an indication.

The definition I have always operated by regarding emotions is that people should:

- a) have the full range of emotions available to them
- b) they should be appropriate to the situation.

If somebody is asked for the time, and they go into a screaming rage, that is inappropriate.

If a person witnesses somebody beating a child, and think that is just fine and OK, then that is inappropriate.

If somebody does not laugh at my jokes, then there is obviously something seriously wrong with them. (Did you laugh at this? This is a test!)

Observing inappropriate emotional responses and reactions will give you an indication of what actions need to be taken, and can indicate the CF.

Mental Blocks

Similar to emotional blocks these are observed by what people say and do. If they have obsessions about something, or cannot deal with what seems normal and usual, then it is an indication. If they talk about the same thing over and over that is an indication. If they have an inappropriate belief - like the sky is falling, or they were born in sin - then this can be a block. This kind of mental block can be observed through dialog. Pay attention to, and make careful note of, what people say.

Spiritual Blocks

Spiritual Blocks are similar to emotional and mental blocks, and again relate to the Table of Correspondences. In this instance it is indicated to look at what are so-called Spirit points, given, as discussed earlier, that the words Spirit and Soul are not direct translations of the Chinese terms, but only the nearest Western equivalence. In this context Spirit points are any point name that has the word 'Spirit' in it. There are lists of point names easily accessible from a variety of sources. Spirit Path, Spirit Seal, Spirit Burial Ground, Spirit Storehouse...

This is in the context that there are no Western words to describe the subtlety and complexity of the Chinese understanding and meaning of such terms as Po, Shen, Hun, Yi and Zhi etc, because mainstream Western religion, science and medicine has never recognised or understood the Energy System.

And this is further complicated by Westerners talking about the 'Spirit of the Points'. This is a bit of cross-cultural mistranslation. Things are not just 'Lost in Translation', they are also 'Lost in Mis-transliteration'.

In these cases, as a practitioner you can consider the meaning of the Chinese names, and get a cross-reference of three different translations from three different sources and authorities as a guide. This usually gets you into the general arena of the meaning.

Conclusion About Blocks

It is a requirement and prerequisite to get any Blocks in the system resolved, before proceeding further.

If there is a block, then treatment can cause more problems than it solves. Any treatment can cause Chi Deviation, and you don't want that. And neither does your patient.

Once you have established to your satisfaction that the blocks are clear, it is time to proceed to the next stages of treatment.

For myself this is now the Eight Extraordinary Meridians.

The Eight Extraordinary Meridians have many names – The Eight Miraculous Meridians, The Eight Deep Pathways, The Eight Strange Flows, The Eight Miscellaneous Channels, The Eight Original Mo... They are known as Qi Jing Ba Mai in Chinese. They are the deep, primary and core energy channels in the body, said to originate at conception, and to structure the familiar common shape of the human body.

They underlie the more familiar 12 organ meridians known and used in Acupuncture, and are the sub-structure of the whole energy system. I believe that understanding them is a pre-requisite for advanced levels of treatment.

The Eight Extraordinary Meridians / 8ExMs are a reflection and manifestation of the Ba Gua – the eight-sided configurations of Trigrams known as the Earlier Heaven and Later Heaven arrangements. These are also the basis of the I Ching / The Book of Changes. The Ba Gua itself is widely regarded as a mystery by authorities on Taoism – the ancient Chinese philosophy of the 'Way' of nature. The Ba Gua is a profound knowledge, and I have not come across any book comprehensively explaining its function. It is rooted in pre-history, and cloaked in legend. It is thought to underlie the structure of DNA and RNA. According to some people it may be the correct operating system of reality.

The Eight Extraordinary Meridians Chi Kung is the name given to a 9 month training program created and taught by the author. As previously mentioned this is available free at www.globalqipproject.com, along with audio tapes which guide people through the practices as if they are in a class.

8ExMs Qigong is a 'Nei Dan' form of internal practice, in contrast to 'Wei Dan' external styles, and it is an essential foundation for all higher forms of Taoist Inner Alchemy training and practice. The 8ExMs are common to all forms and styles of Qigong, as they underlie everything else. This is a valuable knowledge for primary self-control and personal evolution.

Rationale

Having written three books on Chi Kung -

Chi Kung : Cultivating Personal Energy,
The Chi Kung Way – Alive with Energy,
Chi Kung – Energy For Life

required wide research and contacts with many teachers and traditions. As Founder of the National Qigong (Chi Kung) Association * USA, I have been introduced to a multitude of forms and styles and many teachers in the US. While attending a dozen international conferences I met a vast array of teachers from around the world. And visiting China twice to train showed it in its own setting. Given all of this I have no question that the material presented here, as the Eight Extraordinary Meridians, is at the root of all Qigong / Chi Kung.

It should be stated clearly that this description of the 8ExMs is the authors own thoughts and conclusions, after teaching the practices over 25+ years, and using them clinically as a standard part of treatment protocol with most patients. The clinical applications came out of teaching classes.

After a number of years (10 or so) of teaching the 8 ExMs Chi Kung training program it became clear that this work was indeed primary, that when people learned how to developmentally and progressively open these basic channels all of the lights turned on.

The program had been developed based on training with various teachers, knowledge as an Acupuncturist, research of the available material, and analysis based on personal clinical and Qigong practice experience.

Given that opening the 8ExMs was so effective for students who had undergone the 9 month training program, and had learned how to activate the whole energy body, the question arose of how this could be applied clinically for patients who had not gone through the training, or had no idea how to do the practices.

The Mystery of the 8 Extraordinary Meridians

The 8ExMs are something of a mystery. In the Acupuncture programs I trained in, and the literature studied, they were simply not addressed - apart from the generalised statement that they were 'reservoirs' that 12 meridians could draw from when needed, or flow into when in excess. That seemed to be the commonly agreed description of the 8ExMs for Acupuncture, and it was left at that.

There were also lists of symptoms and conditions that were manifested, or that affected particular Extras, which were as confusing as they were illuminating. There was no sense of how they should or could be used, and no way of diagnosing them or treating them.

Now there may well have been some practitioners and teachers who were informed and skilled in these ways, but I did not know them, or become aware of their work. 25 years later, having been keenly focused and concentrated on this topic, I have only met one teacher, the highly regarded Chinese teacher Jeffrey Yuen, who has what seemed to me to be a comprehensive overview, so it appears that my original perception and reading of the situation and field was correct.

It was not until I studied Chi Kung that I became aware of how these deep structures could be experienced and used, and it was only after trying them all kinds of ways in practice, and thinking it through every which-way, that I was able to come up with some kind of coherent understanding and picture of how they were organised and structured, and what to do with them.

This resulted in the slow development, through careful trial and error, of methods and processes for how to read and treat the 8ExMs. Perhaps this could be called experimentation and clinical investigation. This process may not adhere to established protocols of scientific method or medical research, but I am a practitioner, not a researcher - I was simply following my intuition and instincts to find answers to questions, and find the best way to treat my patients. And develop the skills. These methods and processes, as far as I have come to understand so far, are described and detailed below.

I once heard in a lecture by the renowned Sinologist, Joseph Needham, in the late '70's that in China it was found that approximately 23.5% of people did not respond to Acupuncture treatment. I observed in my own practice that in the region of 25% of patients / one-in-four did not seem to respond, no matter what I did. Not a satisfactory result.

I assumed and reasoned that there was a relationship between these two statistics, and a common underlying cause and reason.

Could it be the Eight Extra Meridians?

Could it be that because the 8ExMs underlay the 12 organ/officials that if the 8ExMs were out of order beyond a certain range, then it would not be possible for the 12 organ/officials to be corrected?

Perhaps they simply could not because the foundation and ground that they were resting upon, and dependent upon, was too far out of order to be able to be brought back into correct function by just treating the CF.

Perhaps it needed direct intervention and treatment of the 8ExMs ?

I considered that given that it was possible for the progression of treatment to originate from the Causative Factor/CF, and that this procedure could 'drive' the 8ExMs, then this was what was accounting for the 75% success rate. But for 25% of people the 8ExMs were just too far out to be able to be brought back into alignment.

But if the 8ExMs were so primary and basic then having them functioning correctly was the most preferable method and sequence. And this would at least accelerate treatment progression.

The question became how to first of all read this, then secondly how to treat it.

One thing I knew was that there were so-called Master and Coupled points. There was very little information on them. My experience through my own Chi Kung practice was that these had a strong and real effect when activated by touch, or with the mind. They seemed to be an access point worth investigating.

When I presented my research and findings on these at various conferences, the presentations were well attended, and the attendees included Chinese practitioners who commented afterwards that this was a relevant and interesting line of research and investigation that they had not seen before.

When this comes from informed and experienced senior practitioners the impression I got, and the conclusion I came to, was that what I was doing was original work. At least it was for me.

Also, when I attended presentations given by these practitioners and teachers, a number of whom were Chinese and Taoist practitioners and lineage holders, what they said was familiar, and sometimes obvious to me, even though they were presenting it as esoteric or secret knowledge.

I remember almost getting into a bar fight with three Western Buddhist guys, while having a drink in a theatre bar after witnessing and experiencing a very elaborate 2 hour ceremony by a highly renowned visiting Tibetan Buddhist teacher. He was a reincarnated Tulku visiting the West for the first time, with a stage area full of monks and chanting and ritual and prayers. The three guys were in awe and talking excitedly at what they had just experienced, and I just happened to remark that I taught that in the 2nd stage of my Chi Kung training program.

If a lady friend had not just turned up at that moment I thought there might be chairs flying and a full-on bar fight with them - they were so outraged that I would have the audacity to know the most secret teachings, but it seemed obvious and straight-forward to me, and what we did in class - except for the chanting robed monks blowing the loud horns.

I had researched the available literature of people who had written about and commented on the 8ExMs including Larre and Rochat, Needham, Matsumoto and Birch, Manaka, O'Connor and Bensky, Worsley, Ross, Ellis-Wiseman-Boss, Maciocia, Deadman, Kaptchuk, Chace and Shima, and others.

A practitioner in Australia, Ted Davis, had written about The Eight Extraordinary Meridians / Qi Jing Ba Mai as part of what appeared to be a thesis for an academic degree. It was 400+ pages of every authority and piece of research he could find, from all sources. It seemed very comprehensive and complete.

However, in reading it I was disappointed to not find any coherent way of diagnosing or treating the 8ExMs. And there were large areas missing of what I know Chi Kung to be. And there were no practices for readers to do for themselves.

What the book did for me was to confirm what I had long suspected - that there was not a great deal known in the Acupuncture literature, and particularly in relation to what was understood in Chi Kung.

In examining the information on Chi Kung it also became clear that 8ExMs understanding was more part of Nei Dan (Internal) in contrast to Wei Dan (External) practices, and it bordered on what is known as Inner Alchemy. That is to say that it is part of the more meditative esoteric practices.

So no wonder it was not commonly known of, or included in, standard Acupuncture.

My conclusion was that Acupuncture and Chi Kung were different but complementary fields with some overlap, but with their own specialties of operation and application.

However, what was in front of me was the question and issue of how to combine and apply them in clinical practice with patients.

In the book by Ted Davis there is a transcript of a lecture given by Elizabeth Rochat, who is widely regarded as one of the most informed Westerners about the meaning of the Chinese medical language and the ancient classics.

The following question is asked:

“Are the terms ‘master and couple point’ translations of the Chinese?”

Elisabeth Rochat answers:

“In the Zhenjiu Dacheng / The Great Compendium of Acupuncture and Moxibustion, the points Gong Sun/Spleen-4, and Nei Guan/Heart Master-6, are said to be in free circulation with the Chong Mai, and in free circulation with the Yin Wei Mai.

After that they say that there is a conjunction of the effect of these two points at the heart, thorax and stomach. And the sentence construction is the same for the others.

This is not the first book to present this kind of systematisation of the eight meridians. There are other presentations of the coupling of these points which say that they are in resonance with each other and with the eight extraordinary meridians.”

As a matter of clarification:

Spleen 4 is the Master Point of the Chong Mo/Thrusting Channel, and Heart Master/Pericardium 6 is its Coupled Point.

However, to reverse the order of sequence - Heart Master 6 is the Master Point of the Yin Wei Mo, and Spleen 4 is its Coupled Point.

Rochat says “The sentence construction is the same for the others”. I presume that this can simply be taken to mean that the same applies to the other coupled pairs which share Master and Coupled points:

- Governor Vessel and Yang Qiao – SI 3 & BL 62
- Conception Vessel and Yin Qiao – LU 7 & KI 6
- Girdle Vessel and Yang Wei – GB 41 & TH 5

So the issue becomes what the meaning is of the phrases:

‘in free circulation’

- and -

‘in resonance with each other and with the eight extraordinary meridians’

What can be presumed is that there is a relationship and connection between the Master and Coupled points. Quite what that relationship is, is not explained. But given this I decided to see what happened

if I activated both related M & C points, according to what could be read on the pulses.

This was at first done with needles. I never did use the Ion pumping cords taught by Manaka, although I had seen them in use and had attended a training program on it by Kiiko Matsumoto in the '80's. For whatever reason, at the time they did not capture my interest or imagination, it just appeared to be another technique, without much rationale or purpose.

In reviewing that procedure recently, for this document, it still is unclear and indistinct in terms of diagnosis, which is vaguely based on palpation of areas of the torso and patients statements. To my mind it does not really give anything very clear to go on.

But this was before I had really discovered the Nei Dan practices of Chi Kung, or appreciated the importance of the deep extra meridians.

Using needles which were left in for a time – 10-15 minutes – produced some results, but nothing startling.

Then I had the idea of holding the needles, and adding my own chi into the equation, as if I was the Ion Pumping Chord, as if I was the 'jumper cable' between the needles, and therefore the points, and therefore the meridian channels. This was more interesting. It seemed that if I could 'turn off' my mind and just put my attention into the experience and sensation, then I could begin to feel the chi, but only just, ever so slightly. Maybe I was fooling myself. But it seemed that it was something that could be developed, as a skill, over time. And this is what I did for a profession, for my livelihood – so it would be a good thing to develop and cultivate.

Then I had the idea of dispensing with the needles, and just using my fingers, and applying Chi Kung so that I would be engaged in the process by adding my own chi energy into the procedure.

And without the needles the patient was more comfortable and therefore more receptive, and I was able to feel the chi/energy more easily. It was all more sensitive and subtle.

Then I began to add my mind to direct the Chi into the channels and thereby move the patients chi.

Then I began to use that to open the points and channels, and activate the chi to equalise it – one middle finger/pericardium 9 point on one of the points on the arm or leg, the other on the coupled point on the corresponding arm or leg.

Then I added the pendulum as a way to read and see if the point was open or reversed / clockwise or counter-clockwise.

With one finger on one of the two points, hold the pendulum with the other hand over the other point, letting it hang freely. Clear the mind and let the pendulum do what it was going to do – rotate clockwise or counter-clockwise. Or it could also just stay still, or it could move side-to-side.

I made the assumption and presumption that clockwise meant that the point was open, and that counter-clockwise indicated it was closed or reversed. That what was needed and desired was to have them both rotating in a clockwise direction.

The purpose and goal was to get to a stage where both points were rotating in a clockwise direction, which I took to mean that they were both open, and therefore “in free association” and “in resonance” with each other.

The next stage was how to record this? How to notate the readings and changes – similar to notating the pulses?

I tried different ways, over a period of time, and finally settled on the following, which gave me the information that I needed to know. This allowed me to quickly and easily see what the pattern, configuration and relationships were.

Using a check mark to indicate that everything was OK.

Using either a double or triple check to indicate excess, that is to say that the larger and faster the rotation, the more excessive

i.e. \checkmark or $\checkmark\checkmark$ or $\checkmark\checkmark\checkmark$

or a single, double or triple plus for excess

i.e. +, ++, +++

For a reverse or counter-clockwise rotation it was a left-rotating circle, i.e. the size and speed indicated by a circle

small and slow rotation = small circle,
large and fast rotation = large circle
or a single, double or triple plus sign inside the circle.

If it stayed still it could just be a Dot.

Hand	GOV	SI 3	DU	II 3
Foot	BRIDGE YANG	BL 62	YANG QIAO	III 62
Hand	CONC	LU 7	REN	IX 7
Foot	BRIDGE YIN	KI 6	YIN QIAO	IV 6
Foot	BELT	QB 41	DAI	VII 41
Hand	LINKING YANG	TH 5	YANG WEI	VI 5
Foot	THRUSTING	SP 4	CHONG	XII 4
Hand	LINKING YIN	PC 6	YIN WEI	V 6

The above charts are four descriptions of this diagram layout

If it moved side to side it would be a line with an arrow at each end angled in the direction it was moving, i.e. from 1 o'clock to 7 o'clock, or from 10 o'clock to 4 o'clock

This gave information about the overall pattern. Then there was the issue of the relationships between these configurations, and what that amounted to.

And then what to do about it.

CV & GV

The other piece of this diagnostic reading was to read up the central line of the front and the central line of the back – the Conception Vessel and the Governor Vessel. This is done with the patient lying horizontally flat – either on their back or their front.

The pendulum is held over a set of points that are the primary points of the Microcosmic Orbit meditation.

These points are the front and back points corresponding to the cauldrons along the Chong Mo / Thrusting Channel.

Along the front they are:

CV 1. CV 6. CV 8. CV 12. CV 17. CV 22. GV 24.5. GV 20

Along the back they are:

CV 1, GV 2, GV 4, GV 6, GV 11, GV 14, GV 16, GV 20

Note that CV 1 and GV 20 are common to both - they are the bottom and top ends of the circuit.

These points are not only Microcosmic Orbit points but also have other functions such as Meeting Points or Window of the Sky points.

Along these channels there are three points of the Three Tan Tien that are especially significant and strong –

CV 6, CV 17 and GV 24.5 in the front,

and

GV 2, GV 11 and GV 16 on the back.

These indicate the state and condition of the Three Tan Tien, and therefore the Three Treasures of Jing, Chi and Shen.

And then there is the point of the Original Tan Tien or the True Tan Tien - the Navel / CV 8 / Shen Que / Spirit Gateway. This is considered in Nei Dan Chi Kung to be the original centre of the original cell, that we all began as, and has unique importance.

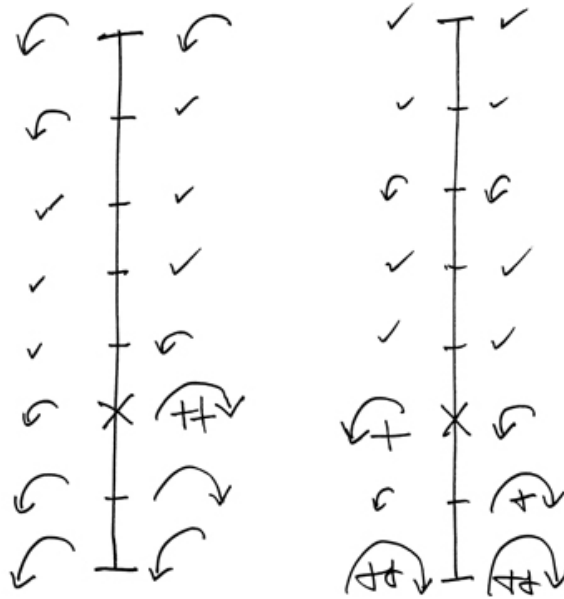
Its opposite on the centre line of the back is GV 4, with the name Ming Men / Gate of Life.

If any of these points on the central lines are reversed or closed then almost always the Master and Coupled points will be out.

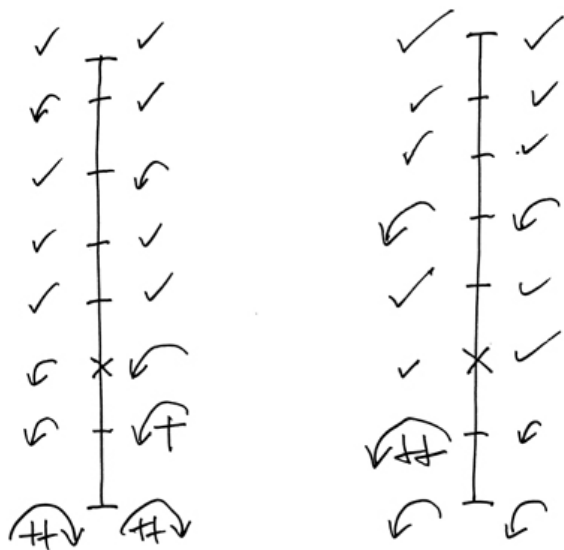
The first action of treatment is to correct these centre-line points.

For example:

- It has been observed on a number of occasions that ALL of the Secondary/Coupled points are reversed.
- Then it was found that the Navel was reversed.
- When the navel is corrected the Coupled Points usually corrected.



Four examples of GV & CV notations



These central points are of such underlying significance that if they are not corrected then the M & C points will not be open correctly, therefore the Eight Extra Meridians will be out, and therefore the channels and pulses of the 12 organ/officials will be also.

So then the question arises of how to correct and treat them ?

This is where Chi Kung treatment comes in.

For further details on this please refer to the later section/chapter on Chi Kung Treatment.

Enough here to say that the palms/Lao Gong points, on one or the other hand, are used to spiral the energy down from the edge of the field, the Wei Chi Field around the body, to the point on the surface. This is done in decreasing radius, while exhaling breath and also concentrating and focusing the mind / Yi. It is performed in a clockwise rotation, which brings the energy into the point. Or in other words, it creates a vortex that concentrates the chi/energy into a single point focus.

It may also be done by finger-tip focus on the point, or by surrounding the point with the tips of the five fingers – then activating the chi at the finger-tips just using the mind, and thereby effecting the chi at the point – but this is a more advanced technique requiring greater control and skill by the practitioner.

Other Points

Given that there are all the points along the Extra Meridian pathways, they each have their own significance and importance, but some more so than others. They can each be 'read' with a pendulum. And they should all be open and functioning correctly.

Bladder 1

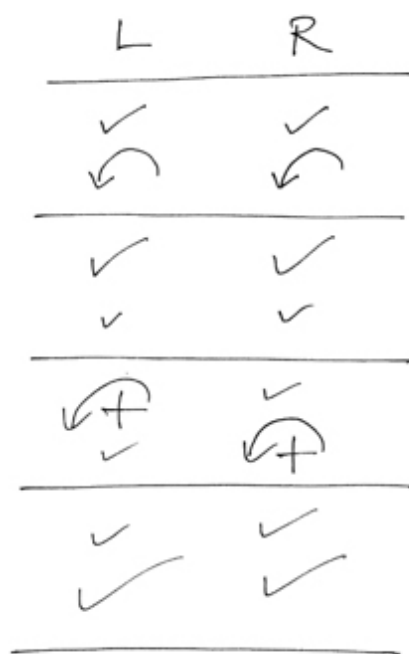
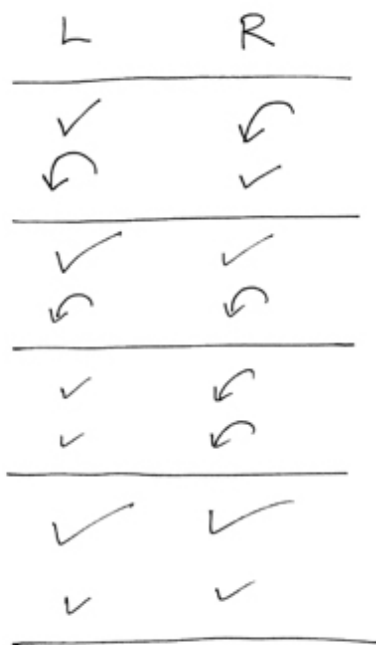
However, one point that seems to have more importance than many others is Bladder 1, as it is the point where the Yang Qiao and the Yin Qiao meet. There are a number of other points that meet there also. I have compared Bladder 1 to Times Square or Piccadilly Circus on a Friday night – lot going on there. It has often been found that if this is closed or reversed then the 'Coupled' points of BL 62 and KI 6 are often reversed or closed, and vice versa.

Opening BL 1 can correct BL 62 and KI 6.

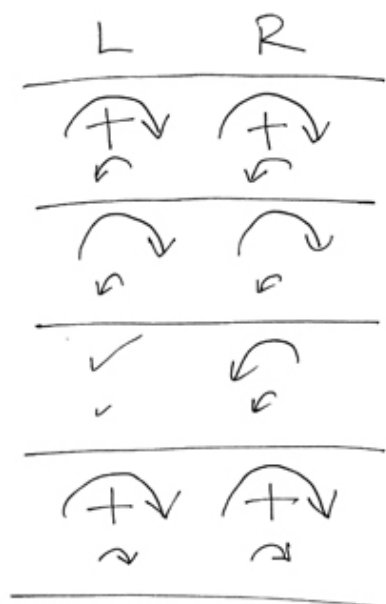
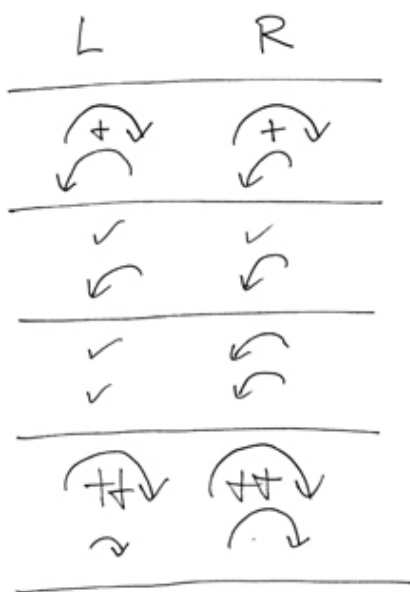
Opening BL 62 and KI 6 can correct BL 1.

The Layout Of The 8 Extra Meridians

Having long considered the layout of the extra meridians and their trajectories I came to some insights and conclusions, which I have operated from, and which seem to work and be effective.



Four Examples of 8 Extras Notation



First there was no way it seemed to make any geometric sense when looking at a person in a standing position, with arms by the side, palms facing forward and the little finger next to the lower torso.

Given that this is considered to be the 'Anatomical Position' in western science, it does not make sense from an energy anatomy point of view.

The Chinese anatomical position is when the arms are overhead, palms facing forward, with the thumbs facing towards each other.

A difference here is that in the first position the little fingers are the medial aspect/side of the arms and the thumbs are the lateral aspect/side.

In the second position the the thumbs are the medial aspect/side and the little fingers are the lateral aspect.

A Very Different Alignment.

But this is all dependent upon standing in an upright position. And this is not how we evolved.

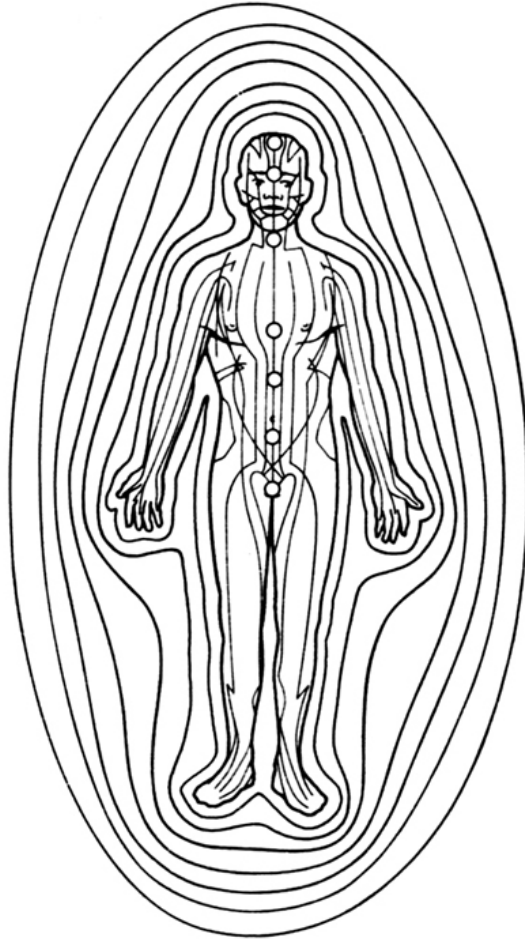
Prior to us humans standing upright, some years ago, according to evolutionary science we were quadrupeds – that is to say we were on all fours. Now this suddenly makes all kinds of sense about the meridians, and especially the 8 Extras.

The Governor Channel is horizontal and faces towards the Yang Heaven.

The Conception Channel is horizontal and face towards the Yin Earth.

The centre of the hands, the Lao Gong point, is in contact with the ground, as is the center of the foot, the Yong Quan point.

The head, with the tele-receptors of eyes, ears, nose – which tell you what is out there – are facing forward. For them to be horizontal with the horizon, which is a pre-requisite for correct orientation, the neck at the base of the cervical vertebrae has to be raised at GV 14 / Great Hammer, because otherwise the eyes are looking down at the ground rather than directly forward. Two other major points to make this positioning of the head happen are Gall Bladder 21 and Stomach 12 - which may explain why all of the yang channels entering and leaving the head have deep pathways which meet at these three points.



Another consequence of the torso being in a horizontal position is that the side of the torso, the lateral line, runs directly from Small Intestine 10 to Gall Bladder 29 in a straight line. I was informed by a scientist, who is also an angler, that fish have a line of pressure-sensitive cells along the side of their torso, which explains how they are able to swim in vast shoals in perfect synchronisation, with every fish moving in the right way in relation to the whole – they sense and 'feel' it along the sides of their bodies.

And apparently, before we became four legged animals we were fish, as embryological development shows.

One of the remaining questions about the trajectories and pathways of the 8ExMs is how the M&C points on the lower arms and feet connect into the commonly established and agreed meridians that travel over the arms, legs, torso and head.

Well, given that there are junction points between paired meridians, that is to say smaller meridians called collaterals, or Lou channels to the Chinese, then it would be reasonable and appropriate to assume

that meridians that pass very close to each other, say within an inch or two, would connect together via some kind of minor collateral channel.

And given that there is no explanation of how the four M&C points on the arms connect with or tie into their corresponding points on the feet, in some kind of 'free association' or 'resonance', it seems reasonable to make some assumptions based upon the local anatomy and geography.

Therefore, the following:

Small Intestine 3 tracks up its channel to join with Yang Qiao Mo at Small Intestine 10.

Lung 7 tracks up its channel to Lung 2 where it connects with Yin Qiao Mo at Stomach 12, where they are within an inch of each other.

Triple Heater 5 tracks up to connect with Yang Wei Mo at Triple Heater 15.

Pericardium 6 tracks up to connect with Yin Wei Mo at Stomach 17, where they are within an inch of each other.

Given the simple and common sense assumption that there is a 'resonance' between points that are right next to each other, then this layout makes sense of how the M&C points relate to each other, and tie into the whole extra meridian system.

The next piece of the puzzle is how the channels flow into each other at the ends of their trajectories.

A nurse once made the comment that the human body operates in loops, nothing just ends, it all loops back in a circulatory manner – blood, nerves, fluids...

Well in this case it is easily possible to see the relationship of the TH 5 / Outer Frontier Gate and PC 6 / Inner Frontier Gate being connected. They are indeed junction points for each other, connecting the TH and PC channels through the junction collaterals. No mystery there.

Also BL 62 and KI 6 are practically opposite each other either side of the ankle. It is simple to see them, 'in resonance' with each other – determining where the tibia ends and the foot begins.

If we make the assumption that SI 3 and LU 7 are connected together, then it would be reasonable to see this as being at the principle point in the middle of the hand – PC 8, the centre of the palm.

And if we looked at the corresponding relationship on the foot then SP 4 and GB 41 can easily be seen to connect at KI 1, the centre of the foot.

From this perspective PC 8 and KI 1 were the points that were in contact with the ground when we were quadrupeds, as they are for quads today.

Given these assumptions what remains is how these trajectories relate to the head.

The Head

Of the eight trajectories of the channels, only the Yin Wei Mo does not enter the head directly – it ends at the throat.

GV goes over the head from GV 16 to GV 28
CV goes to CV 24 on the bottom lip.

Yang Qiao and Yin Qiao go over the face and head to terminate at GB 20 and GV 16.

Yang Wei goes to BL 1

Yin Wei goes to CV 22 and 23 on the throat – the Windows of CV.

Chong Mo goes through the centre of the head and brain to GV 20.

Dai Mo extends into the field, expanding out sideways around the head and above to the very top-most edge of the personal field.

Given the significance of the head in the ancient Taoist charts known as Nei Jing Tu (Internal Energy Circulation) and the Xiu Zhen Tu (Cultivating Perfection Diagram) it is clear that there is a great deal going on above the neck.

However, there is a point of interest in the fact that we did, indeed, stand upright, and the human brain did evolve and grow in ways that quadrupeds did not.

It could well be that standing upright aligned the head and brain with the yang of heaven, and the central channel of the

Chong Mo in a vertical position, with the consequence that we thereby established the possibility for the brain and consciousness to evolve.

The images on the following three pages give a comparison of different versions of the head.

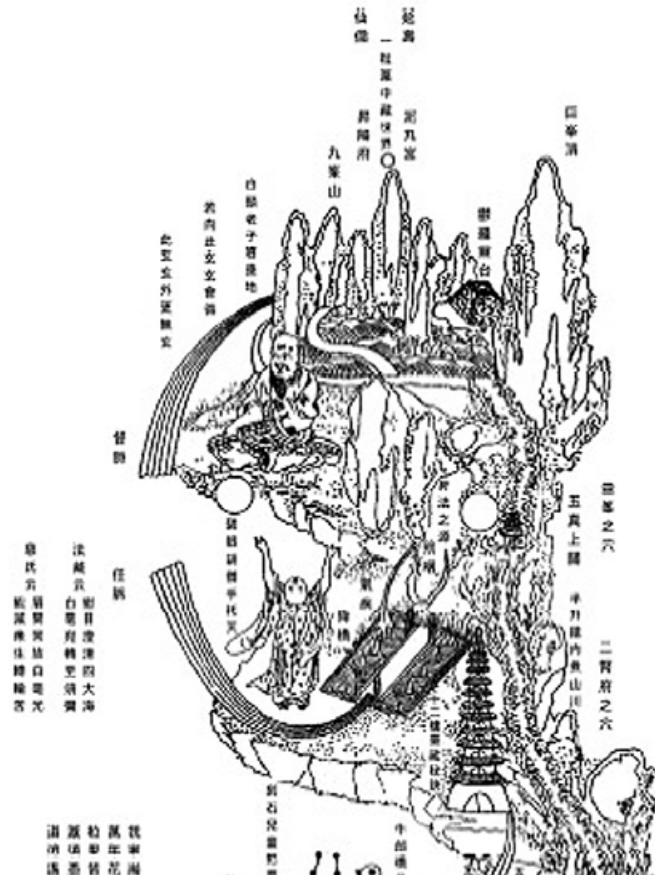
One observation is that the pathways of the Thrusting, Governor, Bladder and Gall Bladder channels that traverse the upper head, and therefore the brain, are all part of the 8 Extra Meridians.

How this might relate to such conditions as Alzheimers and Parkinsons is a valid question worth investigation.

The Eight Extras are a primary and fundamental foundation for further treatment, as they are the sub-structure that the 12 organ/officials rest upon.

The preceding describes the protocols I have developed for diagnosing and treating this level of the Eight Extraordinary Meridians. The exploration of this is ongoing and a work in progress.

The next stage of treatment is what may be considered to be most basic level of all - the Causative Factor.

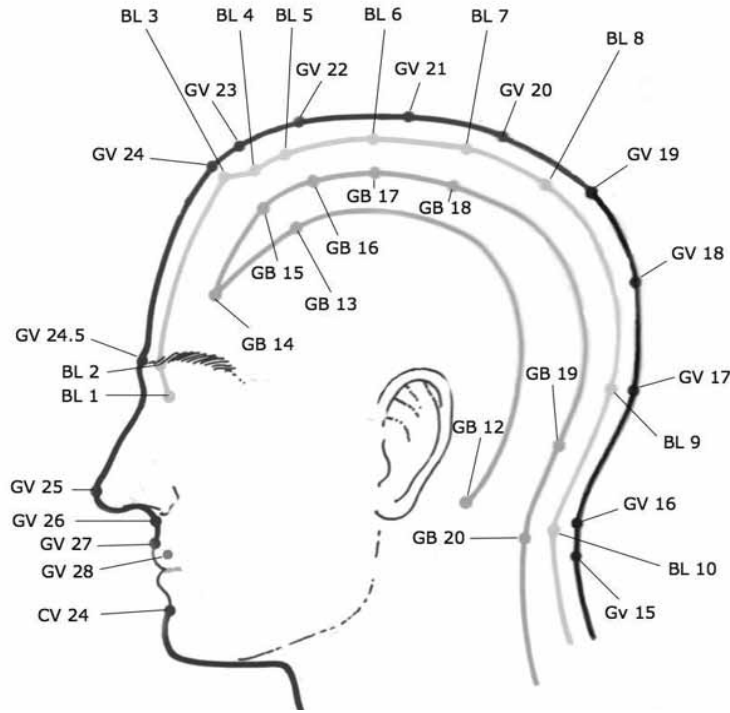


The ancients called this area and its points

- Mountain Of Nine Peaks
- Nine Sacred Realms
- The Immortal Realm
- Numinous Platform
- Obscure Spirit Altar
- High Place Of Many Veils
- The Thickly Meshed Net
- The Paradisiac Realm
- Mysterious Vault Of The Jade Emperor's Palace

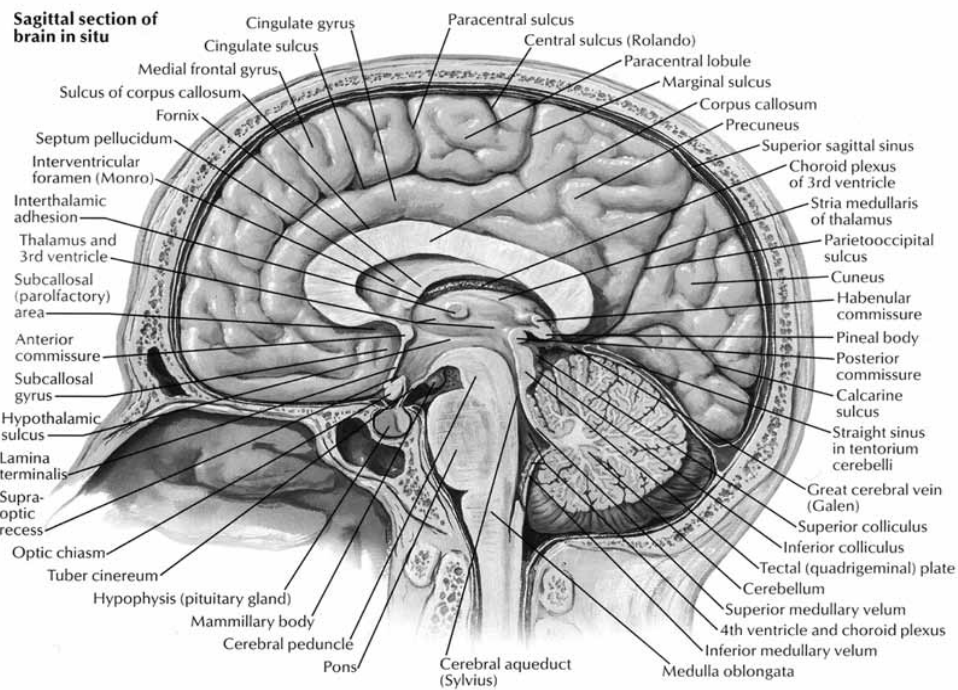
The area is called The Upper Tan Tien / The Upper Elixir Field, and is said the house the Shen.

Major Head Points



Acupuncture points. Three different translations

Governor	Conception	Bladder	Gall Bladder
15 Gate of Dumbness Door of Muteness Mute's Gate	21 Pearl Jade North Star Jade Pivot	1 Eyes Bright Eyes Bright Eyes Brightness	12 Final Bone Finished Bone Completion Bone
16 Wind Palace Wind's Dwelling Wind Palace	22 Heaven Rushing Out Heaven's Prominence Heaven Projection	2 Collect Bamboo Gathered Bamboo Collecting Bamboo	13 Root Spirit Original Sprit Spirit Root
17 Brain Door Brain's Household Brain's Window	23 Angle Spring Modesty's Spring Corner Spring	3 Eyebrows Rushing Eyebrow's Pouring Eyebrow Ascension	14 Yang White Yang White Yang White
18 Strength Divider Between Strength Unyielding Space	24 Receiving Fluid Contain Fluid Saliva Receiver	4 Crooked Servant Discrepancy Deviating Turn	15 Head Above Tears Near Tears on Head Falling Tears
19 Posterior Summit Behind Top Posterior Vertex		5 Five Places Five Places Fifth Place	16 Eye Window Vision's Window Eye Window
20 One Hundred Meeting Hundred Meetings Hundred Meetings		6 Receive Light Support Light Light Guard	17 Upright Living Upright Encampment Upright Construction
21 Anterior Summit Before Top Before The Vertex		7 Penetrate Heaven Reaching Heaven Celestial Connection	18 Receiving Spirit Support The Spirit Spirit Receiver
22 Skull Meeting Fontanel's Meeting Fontanel Meeting		8 Lou End Decline Declining Connection	19 Brain Hollow Brain Cavity Brain Hollow



We now know that at the base and centre of the brain are biological structures such as:

Pineal Gland - Pituitary Gland - Thalamus - Hypothalamus - Amygdala - Hippocampus - Cerebellum - Medulla Oblongata - etc, etc...

And Delta, Theta, Alpha, Beta and Gamma brainwave frequencies - different ranges of frequency from low and slow to very high and fast, which co-ordinate the mind and thought and consciousness.

The Microcosmic Orbit meditation and Qigong practice may contribute to healthy function of the human brain. It may help offset such degenerative conditions as Alzheimers and Parkinsons Disease.

After all, you are not going to get very big, juicy, healthy tomatoes from your tomatoe plants if they don't get enough water. It is the same with the brain - and Chi, Blood and Fluids.

Qigong may become a Gold Standard for helping prevent such conditions, and for correct function of our brains, our minds and our consciousness!

As previously described, I trained primarily in Acupuncture with Prof. J. R. Worsley, at The College of Traditional Chinese Acupuncture in the midlands of England – from 1975 to 1981.

As a student and young practitioners I took what I learned at face value, because I had no basis to think otherwise. I did what I was told, and practiced as I had been taught. And it worked !!! That was pretty convincing to me.

As an older practitioner now, with a longer, broader and deeper perspective based on my own clinical history and experience with some thousands of patients, I can say that the principles Worsley taught of The Five Elements and the Causative Factor have proven to be correct, for me. Not having been much involved since then in the schools, training programs and curriculums of 'Worsley 5 Element Acupuncture' (given that my principle focus over the past couple of decades has been on Chi Kung), I never-the-less adhered rigourously to these basic teachings.

When I recently came to close my practice in Boulder and moved back to England, I made the announcement to my colleagues in my local area, looking for whoever would take over my practice and take care of my patients. What soon became clear was that the only people who could understand what I had been doing with my treatments and patients, and would be able to continue in that way, were people trained in the Worsley tradition. Nobody from any of the other traditions understood what I was talking about.

In the ensuing discussions with eight or so Worsley Acupuncture trained practitioners, the issue came up with each one of what the primary characteristics of this style are. They all said the same thing – The Five Elements and The Causative Factor. That is what distinguishes Worsley Acupuncture from almost every other school and tradition. However, it is somewhat controversial. It does not appear as such in any of the literature. And no other schools or styles seem to do it the same way.

But we all know it works, because we use it as the primary diagnosis and treatment – hundreds of practitioners, from those with no previous clinical training to Medical Doctors with extensive experience.

And it was what Worsley said over and over and over again. "You have to treat the Causative Factor. You have to get the CF".

Indeed, during the clinical sessions that he would conduct annually on visits to Boulder, when practitioners would bring patients for him to diagnose and treat, the first question asked of the practitioners/clinical students after they had observed him conducting his examination of the patient, was 'What is the Causative Factor?'

Each practitioner or student would give their own reading/diagnosis/analysis, then he would conclude the session by stating what it was. It was serious training, but it also had something of the flavour of a parlour game.

- The ones who got it right would smile, and feel pleased.
- The ones who got it wrong would groan.

In the book 'Five Element Constitutional Acupuncture' published in 2004 by John and Angela Hicks, and Peter Mole, who co-direct the College of Integrated Chinese Medicine in Reading, England, they essentially affirm that Worsley was correct. John, Angela and Peter had previously been part of Worsley's faculty at his school, before forming their own, and were not only very familiar with his emphasis on the CF, but had spent over a decade in their own school examining this from every angle, including TCM, with some of the heavy hitters from all traditions.

They use the term CF, but for them it means Constitutional Factor, instead of Causative Factor. Same difference, really. Seems to me to just be a matter of semantics. In the book they say "J.R. Worsley, however, developed his style based upon ... diagnostic criteria, which are set out in the Nei Jing and the Nan Jing. The practitioner's focus is on certain signs that arise as a patient's Qi goes out of balance."

They also say "The notion is very old. (it appears in the) Ling Shu Ch 64. Also in Japan and Korea" and that it represents a "primary imbalance".

Good enough for me.

There are a number of schools of thought, theories and attitudes towards the Causative Factor. One major question is 'Where did Worsley get this from?' He never said himself.

Some people say he learned it, others that he invented it, that it was passed on when he was in Asia when young, others say he dreamed it, that it was transmitted... He could also have discovered/uncovered it during his extensive practice experience.

What we do know is that acknowledgement or credit was never given for the origins of the CF. He never cited any source or teacher or tradition. It was just announced as being the fact of the matter, and the truth.

When I had a personal conversation with him about it, in the early 2000's when he was elderly, I asked him how he came to be so convinced that as a young man he had stood alone in defiance against the massed ranks of the British Acupuncture Association, who were all previously medically qualified, some of whom had been to train in post-war Communist China, and who primarily practiced and promoted TCM.

His answer was so direct and straight-forward that I can still hear it a decade later, clear as a bell, and there were no further questions.

He said:

"That's simple, Jim. I tried everything else, and this is what worked".

That is all I needed to hear !

The issue for me is that I accepted it, and used it all my professional life, and low and behold, it worked. When you 'got the CF' then most often the person got better, in all ways, on all levels. If they didn't it was because you had the wrong CF (unless there was something else seriously wrong). So you would reconsider, and if you got it right, then the patient improved. It was like magic.

If you did not get the CF correct, then treatment only went so far, the pulses did not improve, and the patient did not progress. And generally they would stop coming for treatment.

So who had to know anymore than that?

But there was a problem. There was no systematised way of going about diagnosing the CF.

The general attitude and approach taught in Worsley Acupuncture was:

'Do the Intake Exam, Get the CF, begin treatment and stay on it.'

But if you didn't get it correct there were all kinds of complications – and patients did not improve beyond a certain point.

A few years into my practice I modified this attitude and approach. I came to the conclusion, following too many unsuccessful treatments with patients, that there was an improved way to go about it, a different principle. This was simply –

“Follow the Chi”

If my pulse reading was good enough I could read how the person was responding to treatment. The pulse always reflects the treatment.

If I was on the correct CF then there would be a very clear and positive and total response.

So it was not only to do with the colour, sound, emotion and odour – it was measurable, and readable, on the pulses.

“Follow the Chi”.

That is to say that if I did my diagnostic procedure correctly then I could come up with a hypothesis of what the CF was, and the Elements within, and the Element within the Element, and the levels of all three. And begin treatment accordingly.

But it did not really amount to being correct unless the pulses and the patient changed.

Every practitioner who works in this style knows what it is like to “be on the wrong CF”.

However, this change of approach was based on the context, definition and framework that I put it into.

For me the reference definition was:

BFQVR, or

Bal-Flo-Qual-Vol-Rel, or

Balance
Free Flow
Right Quality
Good Volume
Proper Relationship

HEALTH =

**Balance,
Free Flow,
Right Quality,
Good Volume, &
Correct Relationships**

of the Energy System

If I stayed on that focus, and 'Followed The Chi', then I could always continue to progress, adjusting my treatments accordingly.

What this amounted to practically is that I could easily and fluently adjust my treatment focus, dependant on how somebody was responding according to their pulses.

So I did.

And it worked more often than not.

Then it moved to another stage.

My partner, and wife at the time, practiced Chi Kung Healing, and had none of the requirements or constraints I worked under as an Acupuncturist. She was an RN / Registered Nurse of 25 years. She had trained with an assortment of teachers in the US and China, and was creative in her approach. One of her innovations was to diagnose people by using a pendulum over the middle Tan Tien / Heart Centre. She had never trained in reading the pulse, but she reasoned that if the pulse reflected all of the 12 organ/officials, then as the pulse originated in the heart, the heart could be read diagnostically using a pendulum. The principle was that the Heart was the Mother of the pulse. This made sense to her, and she got good results.

I asked myself what the consequence would be of using a pendulum to read into the person's energy by using it over the heart – to diagnose the Causative Factor.

If I could get into the Middle Tan Tien field / the Xin / Heart-Mind, maybe I could ask all manner of questions, and get all kinds of answers.

So holding my breath, and clearing my mind, I tried the basic Chi Kung technique of using the Lao Gong point / PC 8 in the centre of the palm, and, with the patient lying down holding it over the Middle Tan Tien at CV 17 / Dan Zhong / Middle of the chest.

This point is on the mid-line of the sternum, in the depression level with the 4th intercostal space, at the level of the nipples on a man.

Lao Gong is one of the most powerful points in the body. It is one of the reasons people 'wave' with their hand, sometimes both hands – they emit their Chi. Whether to one other person, or a stadium full.

This point allows the practitioners Chi to be emitted in a very direct way. In Chi King treatment this is very focused to one other person.

Over the course of time I developed the method whereby I would use my left hand over CV 17 and transmit Chi out, in a clockwise spiral, into the point, and then continue on down to the cauldron on the Chong Mo, to connect with the person's Chi centre there.

Then counter-rotating my energy with my mind (the mind moves the Chi) I would slowly and gently draw it upwards, so that it came to the surface, then sat as a Chi Ball on the CV 17 point on the sternum and chest.

Once this was established I held a pendulum inside this chi ball, and confirmed that clockwise rotation indicated 'Yes', and counter-clockwise indicated 'No'.

Staying still, or moving side to side indicated 'Don't Know'.

Or in other words I calibrated the pendulum.

Then I would 'set the intention', to establish the intended purpose.

I later discovered that I could ask all manner of questions related to treatment, through using this point in this way. It was as if I had found the main access point into the person's energy system, the

main terminal to connect my own field up to theirs. And subsequent experience confirmed for me that this was indeed effective.

After all, if you take your car into a garage these days, the first thing they do is to hook their computer up to the cars computer, and run a series of readings and diagnostic tests. This is essentially what this technique is doing. The critical thing is what the garages computer is programmed to do, and what it 'knows'.

Similarly, the effectiveness of this technique depends on what the practitioner knows, not just in terms of the understanding of Acupuncture, but most importantly in their ability to practice Chi Kung at the deep level of the Eight Extraordinary Meridians, and particularly the Chong Mo / Thrusting Channel.

As I am using my Lao Gong point / Pericardium Channel / Heart Protector Meridian over their Middle Tan Tien, I am connecting directly with their Pericardium and Heart.

Our Chi Fields and Bio-computers are directly connected.

If you are a practitioner try it yourself - for a year or two - and see how it works for you.

I would say to myself "Read the Causative Factor and the level, the Element Within and the level, and the Element Within The Element and the level".

The questions / algorithm would be in the sequence

- Causative Factor.

- Element. Yes or no?

wood
fire
earth
metal
water

When I got a Yes / clockwise confirmation I would still continue through whatever was left unchecked, as a way to confirm for myself. I needed to get a No on the remaining elements. It became a habit.

Once on the particular element, the question would be

Yin or Yang?

Yin. Yes or No
Yang. Yes or No

This identified which one of the coupled Yin Yang pair in the element was the CF, except in the case of Fire where there was a further question

Fire Sovereign or Fire Minister?

Then again, Yin or Yang?

In the space of minutes I had, through this procedure, identified the Causative Factor as one of the 12 organ/officials.

The next issue was the level.

In Worsley Acupuncture there are considered to be three levels of Body, Mind and Spirit.

This never jived for me, never made sense for a number of reasons. The terms Body, Mind, Spirit appears to be a recent Western attempt to describe the integrated wholeness of ourselves – which is fair enough. But the Chinese never had these terms – their words are Jing, Chi and Shen, and relate directly to the Three Tan Tien - the Cauldrons along the central Chong Mo / Thrusting Channel.

Now we enter into a sea of confusion in the translation and transliteration of Chinese into English. We have to use the words that we have, to try to equate to the words and meaning that they have. But their words originated in calligraphic characters, pictures, which have multiple interpretations and meanings, many of which depend on the context they are placed in.

So we end up using the nearest equivalent. But we do not have a vocabulary for the energy system because we have no knowledge or history of the energy system in our mainstream culture, so we do not have a direct equivalence.

In the currently accepted translation it could be said that

Jing = Essence
Chi = Vitality
Shen = Spirit

For myself, this does not feel adequate or appropriate. One particular problem is that the word Spirit does even have a commonly agreed definition in English, neither does the word Soul for that matter. They are generalised conglomerations for what is

beyond our physical body, and indeed beyond our individual selves. It is generally understood that the Soul and Spirit are somehow beyond our physical bodies.

Because we do not comprehend or understand the chi/energy system we have no way of differentiating or distinguishing between the various dimensions and aspects of it all.

However, the Chinese do, and they have many terms and words for this differentiation – of which Jing, Chi and Shen are three. They are also known as The Three Treasures, because of their fundamental importance.

Anyway, Body Mind and Spirit are English words, and although it is the predominant global language, every one of the other 7,000+ languages have their own words for this.

So it may be better to look at the function of what Jing, Chi and Shen refer to and mean.

JING is in the lower abdomen on the Chong Mo, at the level of CV 6 / Chi Hai / Sea of Chi. It relates to fundamental physical power, the animal essence you inherited from your parents and fore-bearers. Big people tend to have big parents, small people tend to have small parents.

CHI is in the middle of the chest, on the level of CV 17. It has a direct relationship with the Heart. Apart from its other aspects and functions the heart is a centre of feeling and emotions. A commonly accepted word for this is the Soul, the capacity and ability to feel emotions, expressed as someone being 'big hearted' or 'open hearted' i.e. capable of a wide range and depth of emotions.

SHEN is on the Chong Mo at a level with Yin Tang point between the eyebrows. This relates to the base of the brain. The brain is commonly considered to be the organ of the Mind and consciousness.

So one configuration of this is to think of these three centres as:

Power
Feeling
Mind

This, to my understanding, does not equate to Body, Mind, Spirit. But there is another level that has to be taken into account, familiar to Chi Kung practitioners and Taoists. This is the point which is above the top of the head. It can be considered to be half-way

between the physical top of the skull at Bai Hui and the outer edge of the Wei Chi Field. This is a point that the Energy Body is said to be centred upon, gathered at, and cultivated. And it is somewhat esoteric, not described much in writing, but taught orally from teacher to chosen student. For want of a name I personally use the word Tao Point, for this. And to me it more accurately equates to what in the West is referred to as 'Spirit'. But for myself, in order to try to avoid confusions of language, I use the term 'Transpersonal' instead of Spirit. It seems more appropriate, and avoids confusion.

So what we now have is:

Jing, Chi, Shen, Tao - in an ascending hierarchy, each one based upon the one below it.

And each one with its vibrational frequency – Jing as the lowest, thickest and slowest, and Tao as the highest, finest and fastest.

For me these became the 'levels' that were being identified in the diagnosis of the Causative Factor.

So once I had established which organ/official was the CF, I would ask which level it was on. And as I asked this I would internally focus on my own 'level' of my own cauldrons – thereby running vertically up my own Chong Mo with my mind.

I would ask:

Jing	and focus on Lower Tan Tien
Chi	and focus on Middle Tan Tien
Shen	and focus on Upper Tan Tien
Tao	and focus on the Transpersonal point

And the pendulum would respond with Yes / clockwise on one of them, and No / counter-clockwise on the others.

In this way I would now have a Causative Factor and its Level.

The next question was asked about the 'Element Within', and its level. Same procedure with the pendulum.

Then the 'Element Within The Element', and its level. Same procedure with the pendulum.

In this way I would end up with three pieces of information, which culminated in a diagnosis:

The Causative Factor, and its level.
The Element Within, and its level.
The Element Within The Element, and its level.

On a simple mathematical calculation this was 1 out of 19,200 possibilities.

Options		Possibilities
12 organ/officials		= 12
4 levels	4 x 12	= 48
5 elements	5 x 48	= 240
4 levels	4 x 240	= 960
5 elements	5 x 960	= 4,800
4 levels	4 x 4,800	= 19,200

This would all be checked and compared with my own observation and sense of whether it was correct or not.

If it was wildly disparate from my own sense of what was involved, then I would re-assess - but it never really was.

In fact, it sometimes contradicted what I thought, but made me look closer and see things that I had not considered. At other times it surprised me... and caused me a lot more work.

Whatever the conclusion I took it to be a beginning point, and would start treatment, watching the pulses carefully.

Over the course of 10 - 15 years working in this way I came to some conclusions about what this meant, and how to go about treatment. I came to a hypothesis that given there were three levels, that these were accumulated and laid down over time. That this represented three chronological stages.

The first was congenital and hereditary. A person was born with it.

The second was established in early life, under the influence and effect of circumstances, particularly what a person's early family and home environment was.

The third was the consequence of an event(s) that happened. In this way, the CF was 'layered' over time.

Another conclusion was that the Element Within, and the Element Within The Element, could change. That is to say that it could be corrected, cured, resolved. And then another version would appear - so that there was always a version of it able to be read.

This was observed by comparing readings over different periods of time. I did this for most of my patients, when I was passing on my practice to the practitioners who took it over from me, and was greatly surprised by the readings. Things changed over time.

However, one thing I did observe is that for the majority of patients the primary CF stayed the same. That could be understood to mean that the Causative Factor / Constitutional Factor was indeed constitutional.

So then the question arose of how to treat the CF.

I devised a protocol in three stages based on the experience of practice, and my best sense of how to go about it.

This involved moxa, then needle with the corresponding level through Chi Kung.

1. Treat the Source Point of the Causative Factor, at the diagnosed level.
2. Treat the Source Point, then use the Element point on that same meridian.
3. Treat the Source Point, and the Element Point, then use the 5 elements point within that Element Point.

How To Use Chi Kung

With your own Chong Mo / Thrusting Channel as the conduit, use your mind to draw in the Yang Chi of heaven through Bai Hui at the crown, and the Yin Chi of earth through Yong Quan and/or Hui Yin at the perineum. Draw in the energy in counter-rotating spirals – that is to say, see it as if there is a clock-face on your head facing upwards, and a clockface at the perineum facing downwards. Looking at them from the outside, clockwise for one is the opposite direction of clockwise for the other, in other words they are counter-rotating with respect to each other.

As you breath in you draw the Chi into you.

Gather the combination of these Yang and Yin energies at the designated cauldron on the Chong Mo – lower, middle, upper or transpersonal Tan Tien.

Examples of Patient Causative Factor Patterns
at the beginning and end of treatment.

These Readings are in the following format,
and each contains the specified information:

Left Side - First Date		Right Side - Last Date	
	<u>CF</u>		<u>Level</u>
Top	Causative Factor	Phys =	Physical
Middle	Element Within	Emot =	Emotional
Bottom	Element in the Element	Ment =	Mental
		Trans =	Transpersonal

10/12/10
METAL/IX - TRANS.
EARTH - TRANS.
WATER - MENTAL

11/27/12
METAL/IX - TRANS.
EARTH - TRANS.
WATER - MENTAL

7/12/10
WATER/IV - MENTAL
WOOD - PHYS
METAL - TRANS.

3/22/13
WATER/IV - MENT
FIRE - EMOT
EARTH - TRANS.

4/15/05
FIRE S/I - EMOT
WOOD - MENT
EARTH - TRANS.

3/4/13
FIRE M/V - EMOT
EARTH - MENT
WATER - TRANS.

9/4/08
EARTH - TRANS.
WATER - EMOT.
METAL - MENT

3/28/13
EARTH - TRANS.
METAL - EMOT
WATER - MENT

7/1/05
WATER/IV - MENT
WATER - MENT
METAL - MENT.

3/8/13
WATER/IV - MENT
WATER - MENT
METAL - MENT.

Further research and analysis of the implications and possibilities
of this approach is in progress

What this amounts to is that you are borrowing the energies of Heaven and Earth and mixing them in the crucible of your Chong Mo to attune them to the frequency of the relevant Tan Tien.

You are accumulating Heaven and Earth energy to transmit it to the patient at the correct frequency to match the appropriate 'level' of the CF.

In order to do this it is necessary to do the Nei Gong practices described in the Eight Extraordinary Meridians Qigong program, which are available free in written and audio form on the Global Qi Project website: www.globalqipproject.com

However, if you are an experienced practitioner you are most probably doing something akin to this in your daily work, maybe unconsciously, so focus your attention and chi, and there will be some corresponding effect. Try it yourself and see.

This describes, for the first time in writing, the processes I have developed for diagnosing and treating the Causative Factor. I would be interested in any comments, observations or feedback.

And this constitutes my process of the Causative Factor level of weekly treatment, which is usually done in three treatments.

Now to join it all together.

Having treated the Causative Factor at its various levels, we come to the last stage of weekly treatment, which is to tie everything together so that the chi energy self-regulates.

This uses the Meeting Points, where the channels meet and join – first in groups of three, then in groups of 6, and finally all 12.

There is a strange twist to the story of this treatment. I have used it since the early '80s, as the way to 'wrap up' the series of weekly treatments. It seemed like such an obvious and straight-forward procedure – to ensure that the system was self-regulating and equalised. After all, a primary objective is to get things so that they are able to adjust to the natural cycles of day/night, the moon and the sun cycles – which we call the 24 hour clock, the month and the year. These are the natural 'drivers' of our energy circulation. If our energy cannot do this, then there will be consequences and symptoms.

In casual conversations with other practitioners I would say something like "You know when you tie everything together at the end of treatment with the Meeting points..." and they would look at me blankly, like they had never heard of such a thing – then wrote down a note about it thanking me for telling them.

It dawned on me that I had, in fact, invented it myself, but I had become so familiar with it, having used it on almost every patient over 30 years, that I just presumed that everybody did it. Not so.

I once had a similar situation when writing a book on Chi Kung for HarperCollins, a major publishing company. To describe the various kinds of Chi, I used the analogy of there being dozens of shades of white snow to an Eskimo. My editor adamantly told me I could not use that because it was such a widely used cliché, and everybody said it. When I pointed out to him that, to my knowledge, its first use was in a book that I had written 10 years earlier in the early '90's, and I had originated it, that it was in fact my original phrase, he still refused to include it. I was forbidden to use my own cliché!

Groups of Three

The first group of points are the meeting points of the three yin of the arms, the three yang of the arms, three yang of the legs and three yin of the legs.

I used these points in a specific sequence – left first, then right. So it went as follows:

PC 5. The Intermediary
Meeting Point of Heart, Pericardium and Lungs

TH 8. Three Yang Junction
Meeting Point of Small Intestine, Triple Heater and Large Intestine

GB 39. Hanging Cup
Meeting Point of Bladder, Gall Bladder and Stomach

SP 6. Three Yin Crossing
Meeting Point of Kidneys, Liver and Spleen

Using this sequence not only joins it together, it also moves and encourages the chi to flow in its natural sequence – from chest to hands, hands to head, head to feet, feet to chest. And it has the effect of moving all three channels together, so each one flows into its own next meridian - that is, heart into small intestine, pericardium into triple heater, lungs into large intestine etc, etc.

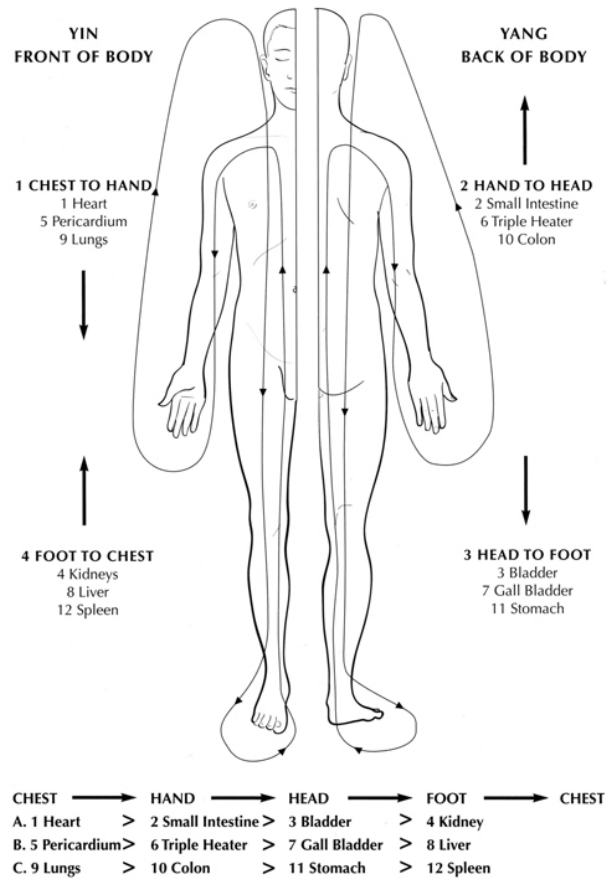
Joining this group of three usually takes one treatment, because of the time required to mark out the points correctly. There are eight points, and they all have to be hit correctly for the full effect. The patient will let you know when you get the point, because they will feel the Chi sensation / Deng Chi at the point.

Deng Chi is a Chinese phrase which essentially means 'the arrival of the energy at the point'. Chinese patients, and some Western ones now, simply say Deng Chi when they feel this sensation. Another way of saying this could be 'You got it', to the practitioner.

I usually would only use needle on these points, because moxa takes such a long time, and there are a lot of points to get round, and they are bi-lateral in sequence.

When using these points I would move to each side for the points on the arms, and the Gall Bladder points on the legs, so it is left/right, left/right... However, because of its location SP 6 can be easily done from the one position. That is to say that I would not lean across the patient, for two reasons – one is that it is not as easy to get the point, the other is personal maintenance, not to stress or over-work my own back and torso muscles over the course of a long busy day. Much easier to just move to the other side of the table.

There is a Chi Kung exercise that moves the Chi in this way, called Jing Lou Chi Kung, where one hand sweeps along the pathways of the other arm, torso and leg in the direction of flow - first left, then right.



Groups of Six

The next set of points are the six yin and six yang meeting points on the torso.

These are:

Liver 13. Chapter Gate

Meeting Point of Heart, Kidneys, Pericardium, Liver, Lungs and Spleen.

CV 12. Middle Duct.

Meeting point of Small Intestines, Bladder, Triple Heater, Gall Bladder, Large Intestine and Stomach.

So the treatment is:

LI 13 left and right.

CV 12 centre line front.

With these points I would always use moxa, then needle. Partly because they are deeper than the points on the arms and legs and therefore moxa heat helps prepare the point, and partly because there are only three points, so easier to get done in the course of one treatment.

Again the patient had to report Deng Chi, or I would go back at the point until they did.

After using a needle I would use Chi Kung with my middle finger / Lao Gong finger. And with this finger lightly pressing on the point would focus my attention, then turn clockwise 180 degrees. And go through all six channels this way. And I would say the name of each organ/official/meridian aloud but quietly, so that the patient heard it, and therefore could assist and reinforce the treatment by directing their own attention/Yi to the organ/official accordingly.

It also informed them what I was doing, and why.

All 12 Together

The final point in the sequence was the Meeting Point of all of the Meeting Points, Spleen 21.

This point is quite remarkable. It is known as the last point on the Spleen meridian, and its Exit Point. Its Chinese name is Da Bao. Its English name is variously Great Enveloping, Great Envelope, Great Embracement or General Control. Its function is the Grand Luo-Connecting Point - as it connects all the Luo channels. It is also called Central Connecting Point.

Some years ago I was reading the first book on Acupuncture in English, by the Foreign Language Press in Beijing, titled 'Essentials of Chinese Acupuncture', published in 1980. It was jointly written by Beijing College of Traditional Chinese Medicine, Shanghai College of Traditional Chinese Medicine, Nanjing College of Traditional Chinese Medicine, and the Acupuncture Institute of the Academy of Traditional Chinese Medicine.

That is to say, the Big Four in China at the time. The 'home' of TCM.

In describing the meridian system they say:

“Each of the twelve regular channels possesses a collateral. These added to the two collaterals of the Du and Ren channels and the major collateral of the spleen form the fifteen collaterals.

There is a chart that describes the fifteen collaterals as being “The collaterals of the fourteen channels plus the major collateral of the spleen”.

It also states that there are 35 meridians and collaterals – the twelve regular channels, the eight extra channels and the fifteen collaterals.

From the viewpoint of Investigative Journalism I was once told that if something is mentioned three times, in separate places, then follow up on it.

I reasoned that as there were Meeting Points which connected the energy system up in larger units, then given the name ‘Great Envelope’ and the description ‘Grand Lou Connecting Point’, and its inclusion in the first major textbook from China as the only point in the whole body which is given the status of a meridian, then it was something special.

And I made the assumption that it was the Meeting Point of all of the Meeting Points.

Pulse Changes

For a while, a year or two, I assiduously read the pulses before and after, and was eventually convinced that this was the case, because all the other pulses evened out and equalised after using it.

I also made the assumption that this was happening because of the Meeting point treatments I had done in the previous two treatments. They were accumulative and dependant on each other. That is to say, I concluded that if I did Spleen 21 before using the other points I would not get the same results, because the connections had not been made, and the preparation not done.

After I had convinced myself, by having it confirmed over and over again, I just came to the conclusion that this was how it was, and stopped checking pulses so clearly.

But there was another factor.

If this was the last point of the last treatment of a sequence of weekly treatments that may have stretched over at least 12 weeks/3 months, then I needed to carefully read and notate the pulses, because this is what they got to after the program of weekly treatment.

And this is what had to be compared to the original pulse picture which was read at the first Initial Consultation visit, and was therefore a major focus of the Review - which would occupy the next visit.

So I always made careful note of the pulse picture, not from the point-of-view of the effect of that treatment, but as a summary of everything to date.

One other observation happened in 2009, when I was thinking about how the geometric layout of the meridians, and the physical body, existed in three dimensions of top and bottom, front and back, and left and right - particularly in terms of the Chi Kung perspective and the Dai Mo.

It struck me that the significance of Spleen 21/Da Bao/The Great Envelope, and its major functions, was probably because it was the left and right axis channels of the Middle Tan Tien, and related to the front and back points of CV 17 and GV 11, and therefore has a major role in the channels effecting and controlling the heart. It was the left/right point of the Heart, the Supreme Controller, the Emperor / Empress - and therefore had great significance.

So for all these reasons I began to use it as the last point of all of the Meeting Points, but also the last point of the whole sequence of weekly treatments - and that felt very right and correct.

After completing the series of weekly treatments there is one more thing to do before moving into the Monitoring stage, and this is to do a Review.

I did this as a formal process. Over time it refined into a procedure that I conducted in a specific way, because this is what worked best. However, it was adjusted to each person, and gave information that was very particular to them.

This review went back to the original Intake Examination list of Issues and Priorities, described in Stage 4 earlier. That original listing was what the patient had stated as their primary concerns, in a considered and thorough way. And then they had been able to double-check that it was right for them.

But they had not seen it, and we had not discussed it, since then. We had just concentrated on treating the CF.

One thing that is significant is that because they had not seen it they had most probably forgotten in detail what it contained, and in what order. But somehow, in the holographic mystery of the brain and consciousness, when they originally wrote it down it matched an internal template that was correct for them. So to go back to it now was significant.

To begin this procedure they were not shown the sheet or told what was on the list. That remained out of their sight, because it was important for them NOT to know what they had written. There is a way in which this process gets behind the conscious mind, and allows a more direct and correct evaluation to take place.

The starting point is the original categorisations into A, B or C - high, medium or low priority. To do this so that the person did not get a sense of what they had previously said, in what order, the issues on the list were selected randomly, not from the top down. The items were simply read out, and they had to decide if it was an A, B or C now. This was noted in pencil on the left side column, which had been left empty for this purpose.

And there was a new category, which was 'Gone', it was no longer an issue. I would mark this with an X.

The notation was in pencil for a couple of reasons. First, pencil is erasable. If they make a mistake, or change their mind

"No! Hold on. Wait a minute. On second thoughts. There's something I would like to add..." it can be easily changed.

Secondly, pencil is a different colour than the original black ink that it was written in, so it is obvious to see the difference between the original and the changes.

Once it was in A, B or C then each category was ranked into 1, 2, 3... This was done by first going through the A list, as in the Intake Examination, and getting the person to choose number one from that list, then go through the remainder, in random order, and choose number one from that, and so on. The person was not read out a list then asked to mentally organise it into 1, 2, 3... so that they would be juggling and comparing in their minds.

Selecting 1, then 1, then 1... was much easier and direct, and gave a more accurate result.

To make this more effective and efficient people were given the list in a particular way. At first the complete sentence or statement they had originally made was read out, so that it refreshed and activated that statement in their mind, then each item on the list was reduced down to one or two words only. The intention with this was that they would 'upload' the issue from their memory, and thereby make it very immediately accessible. This was done in this manner because it seemed to give a clearer and more accurate evaluation. Once the A list was complete, then we moved to the B list, then the C list.

Percentages of Change

The next stage was to do an evaluation on the right side column. This was to get a different assessment – whether an Issue/Priority had improved, stayed the same, or had become worse - according to a subjective evaluation of the percentage of change. Or perhaps they did not know.

For example, was something 5% better or 90% better, 50% worse or 200% worse.

If something was not known, or knowable - like they had to have a blood test or wait until another season - then it was just noted with a question mark.

For this evaluation I would simply start from the top of the original A, B, C list, and work down. As we got to each item the person said

if it had gotten better, stayed the same, or got worse, and they gave the percentage of change. We could also discuss what had happened with that issue, and any details or specifics about it. In this way it was easy to just work down from the top to the bottom of the list.

Then there was one final evaluation. This was written horizontally across the bottom, below the original list.

The title for this section was 'Other' – anything they had noticed that was not on their original sheet. Any type or level of response might be brought up – from simple physical relief of discomfort to spiritual unfolding, from the relationship to their family to situations at work, feeling more relaxed to having more energy. The whole range of somebody's life and experience was available for them to report on.

And then there were obvious things they had not originally put on the list themselves, like sleep or appetite or libido, to observations you had about them that they were not aware of - like their facial colour, or change of attitude or the way that they dressed, or their general state of being.

A final question I would ask would be for them to give one single percentage, a sum-total, of what they had noticed. I would put it this way:

"If you were at a party and met somebody that you know, and they asked you what difference getting Acupuncture treatment had made – if you factored in everything that had happened, and factored out all the other things you had done and other events that had happened during that time – and you told them, and they said 'Thanks', but they had to go meet somebody and left. If you had to give one lightening fast, instant, percentage without thinking about it, what would that percentage be ?"

This usually gave a pretty clear answer that was more or less accurate. The unconscious and the subconscious know things the conscious mind does not, which is why they are un and sub.

So at this point you have information that will allow you to summarise the changes that had taken place as a result of treatment.

And you can compare the A, B, C list of the left column with the percentage of change on the right column, and thereby be able to assess if they were congruent, or not. Did they match? And if not, what did that mean?

In this way you end up with a re-evaluated list of their Issues and Priorities. This gives valuable information – for the patient and for you.

I would then re-write the new list on a fresh sheet of paper, so you have a fresh, clean, new list for the next review - which usually takes place at the end of the Monitoring stage of treatment, in approximately 9 months.

See the examples on the following pages, in comparison to the examples in the Intake Examination of chapter 4.

The next part of the Review was to compare the original pulses from when you did the first Initial Consultation, to when you read them after treating the final point of Spleen 21.

This depends very much on the pulse notation system. I devised this system partly so that patients could see what had happened with their pulses, otherwise they would just have to rely upon my statements and reports to them, which would necessarily be couched in a vague unfamiliar language, and words they did not understand and that did not make much sense to them.

Doing it this way, my reasoning was that if I drew a 'picture' or diagram of the pulse then they would be able to see what it was by just looking at it. It would not need a verbal interpretation. See the chapter on Pulse Reading later, for more details on this.

So on a second page to the Issues and Priorities sheet I would begin by drawing a diagram of the layout of the pulses at the top, as indicated in the chapter on Pulse Reading.

This provided a map, and allowed the patient to know what position on the diagram related to which pulse and organ/official.

Underneath this, on the left half of the page, I would draw out the original pulse reading, as per the example sheet, with the date on top of it.

On the opposite right side of the page, I would draw the pulse as read after doing Spleen 21, with the date above it.

Then I would explain what a good pulse looked like so that the patient would have a way to compare the before and after pulse pictures – which usually made obvious straight-forward sense to them because now they could see it.

A critical aspect of this process is that I could provide a detailed pulse picture drawing, because I had devised a visual pulse notation picture, and had paid such close attention to doing it in the most accurate way.

This may possibly have had something to do with the fact that I went to Art College for 5 years after regular school, and studied painting and drawing, and that I had been good at Engineering Draughtsmanship. And maybe that also had something to do with why I enjoyed marking out people's bodies with coloured pens to locate Acupuncture points? Body Art ! Real 'Life Drawing'.

I would then explain that there was a direct relationship between the difference in these two sets of pulses and how they had changed, and the before-and-after of the Issues and Priorities – and therefore the positive results of treatment. Their energy system was now operating correctly, as shown on the pulses, and the improvement in their health and state-of-being was the result.

One further point is that there were obviously large variations of how different people responded to treatment, and what results they got. These were always individually interpreted for each person.

A relevant issue here is that if they had not had positive improvement along the way, they would most probably not have stayed in treatment – so it is somewhat self-defining. If they got to the end of treatment then they had some good results.

But a further issue is that we were not treating symptoms, we were getting the whole energy system functioning correctly, so that it established the foundation for the state of Health, and thereby gave people their best option.

To wrap up this stage of weekly treatment, which could have gone on for 2-4 months of 8-16 weekly visits or even longer, I would give the person a copy of the Issues & Priorities sheet, and of the Pulse Reading sheet. These were simply photocopied, and put into an envelope. I always wrote their name on the front of the envelope. And as an acknowledgement of the time and attention we had put into it, I would semi-formally present it to them, as if it was a graduation diploma, with a small bow of my head, and a Thank You. We had completed a comprehensive program of treatment. It was important to acknowledge it.

And this was also the appropriate time and opportunity to say that if they knew of anybody else they felt would benefit from treatment then please refer them. I would be pleased to do an Initial Consultation for anybody they referred, without cost.

Example 1d

Female. 54 y.o.

Review of Issues and Priorities into new
A, B, C's and Percentage Change

	<u>ISSUES + PRIORITIES</u>	11/9/11
5/16/12		%
X	A/1. WORK. NEED TO FEEL MORE APPRECIATED.	✓ 75
A1.	2. CHILDREN. x3.	✓ 25
B5	3. VERY EMOTIONAL	✓ 15
C1	4. ANXIETY — ESP ABOUT PERFORMANCE.	✓ 50
B3	5. NEED TO FEEL MORE WHOLE	✓ 25
X	6. RIGHT SHOULDER	✓ 85
A2	7. MOOD SWINGS — TAKE ANTI-DS	✓ 25
C3	8. BLADDER CONTROL	✓ 50
B1	B/1. REGRET — ABT LOT THINGS	X 0
C2	2. FEARS + ANXIETIES	✓ 30
B2	3. (R) W/ HUSBAND	X 0
C4	C/1. SLEEP — CUD BE BETTER	✓ 20
B4	2. AGING — 54 y.o.	✓ 25
	OTHER/	
	1. HAVE MORE ENERGY	
	2. FEEL BETTER	
<u>TOTAL</u>		
60%		

Example 2d

Male 71 y.o.

Review of Issues and Priorities into new
A, B, C's and Percentage Change

9/20/11	<u>ISSUES + PRIORITIES</u>	5/25/11	%
A1	A/1. IMPROVE PHYSICAL ENERGY	✓	20
B2	2. WEIGHT — LOSE 30 lbs	↔	<10
A2	3. HEART IRREGULARITIES	✓	10
B1	4. IMBALANCE BTW L+R	✓	40
B3	5. SINUS DRAINAGE	✓	10
B6	B/1. (L) KNEE	X	0
C1	2. LITTLE HIGH B.P.	✓	20
B4	3. PAIN UPPER (R) ARM + SHOULDER	✓	20
C3	4. SKIN SPOTS	0	
C2	C/1. SLIGHT ARTHRITIS IN HANDS	0	
B5	2. DIGESTION	✓	30
OTHER	1. WHOLE SYSTEM BALANCE		
TOTAL	70% ↑		

Example 2e

Male 71 y.o.

New list of Issues and Priorities.
To Review at the end of Monitoring Stage

ISSUES + PRIORITIES 9/20/11
= REVIEW =

- A/
1. IMPROVE PHYSICAL ENERGY
 2. HEART IRREGULARITIES

- B/
1. IMBALANCE BTW L/R
 2. WEIGHT
 3. SINUS DRAINAGE
 4. PAIN UPPER (R) ARM + SHOULDER
 5. DIGESTION
 6. (L) KNEE

- C/
1. BLOOD PRESSURE
 2. ARTHRITIS IN HANDS
 3. SKIN SPOTS

Pulses before and after weekly treatment series

<u>5/25/11</u>	x13Tx	<u>9/20/11</u>
+ - - - - - - - - - + +	- - - - - - - - + +	+ +
- - - - - - - - - - - + +	- - - - - - - - - - + +	+ +
- - - - - - - - - - - + +	- - - - - - - - - - + +	+ +

And I would give them three business cards to pass out. Personal recommendation was always the best source of referrals, and this was the perfect time to suggest it.

Now the focus became how to maintain the improvement they had, and to do this I referenced back to the Time Line Chart that I had originally shown them when we did the Intake Examination. This clearly showed how treatment was Monitored, by extending out from once a week to 2 weeks, then 3, 4, 6, 8 and 12 weeks.

Very few people declined to continue. They had felt and experienced the benefits of treatment, and now they wanted to continue and maintain it.

The next stage of treatment is monitoring at increasing intervals

As mentioned earlier, during the Intake Examination, I explain to people that there are 3 Phases of treatment.

The 3 phases are:

1. Weekly Treatment
2. Monitoring
3. Seasonal

Within this framework are the following sections:

- 1a. Preliminary Treatment
- 1b. Intake Examination
- 1c. Weekly Treatment series
- 1d. Review
2. Monitoring – at increasing intervals
3. Seasonal Maintenance

So having completed the first phase of weekly treatment the patient knows what to expect, as we already laid it out and explained it.

Monitoring means slowly increasing the time between treatments, to ensure that the chi is maintaining its balance, flow, quality, volume and relationship in correct function.

This is pretty straight-forward in that the time between treatments just increases.

The best development would be

2 wks > 3 wks > 4 wks > 6 wks > 2 months > 3 months

and then progress to the 3rd phase of seasonal treatments every 3 months. This may be an ideal progression, but it is certainly possible, and not uncommon.

The purpose of Phase 2 is to make sure that the person's chi/energy/pulses are holding well, and not falling off more than they should from visit to visit.

If you got to the end of weekly treatments in the described fashion, the pulse should maintain easily and well.

You have the CF defined, so stay on that as the focus of treatment. Even just using Source Points on the CF and its Element partner can give good results.

However, things happen in people's lives, and the chi/energy is effected. Unpredictable and unanticipated events (catching a cold, injury, shock, relationships, life situations...) can throw it off course. Some people's lives are organised and regular, others are surfing on the edge. Some are very stable and know what is going on for them, others need to talk and have their life experience interpreted in terms their energy according to the principles of the Tao. Treatment is always relative to the individual's reality.

If disturbing events have happened in someone's life it is necessary to carefully monitor the pulses, and if they have changed beyond 25% or so from where they should be, then do not extend out the treatment. Keep it at the same frequency – so that, for example, if you see somebody after a month and their pulse has fallen off, or not maintained how it should have, then keep it at 3 week intervals. If two months is too much, then drop back to 6 weeks until that holds, and only then increase it again.

The primary issue is to do whatever treatment is required to get to 3 months between visits.

When you do that you get to the final phase - Seasonal Treatments.

The final stage of treatment is Seasonal Maintenance. This is, in many ways, what you have been working for – to get somebody healthy and keep them that way. It is also what provides the basis and foundation for your on-going practice on a practical business level.

For new or young practitioners having patients doing Seasonal Treatment, and coming in to see you four times a year, is like having a savings account. You can build a practice, it can grow as you see more people, and you become a cornerstone of people's lives – keeping them healthy.

When I left the US to return back to England, one of the most difficult things was leaving my patients.

I had relationships with people that went back decades. I knew these people and they knew me. We had that strange hybrid relationship that could be called a Professional Friendship. It was not that for the vast majority you ever saw each other outside of the treatment room, other than maybe sharing a coffee or lunch after a treatment.

But with my own particular overlaid realities during three decades - which included not only running an Acupuncture practice, but also The Evolving Institute, The Body-Energy Centre, Qigong classes, workshops by visiting teachers, presenting national and international conferences, participatory social events, graduation ceremonies, book signings, getting together with the guys, and so on - friends became patients, and patients became friends. And that was one of the rewards of being in practice and of doing this job. It certainly wasn't the money!

In doing Seasonal treatments, as every practitioner knows, we identify five seasons, corresponding with the Five Elements, not the usual four. The extra season corresponds to the Earth element in Late Summer, which I always took to be the first part of September in Colorado. It could last for as short as one week, but rarely extended beyond three. This is the time you would focus on, and treat, Stomach and Spleen, particularly if that was the patients CF.

But this was always a hard-sell with Maintenance patients. The ordinary Western person did not understand that there were 5 seasons, and after a decade or so of struggling with that I gave up going over it with everyone. I capitulated in the face of normal reality, and accepted that most people were comfortable with

four seasons and four visits a year. It was just practical common sense. So I adjusted the timing of treatments to incorporate and accommodate four visits a year.

Of course, if somebody was an Earth CF, they would definitely be seen in the Earth season, as that was their most potent time to get treatment.

Over the course of time I came to conclude that, unless there was an obvious other need, there was a way, a rule, a formula almost, for how to treat people in the season.

In my own experience this was never taught this way. It just became apparent to me over the course of time and clinical observation.

This might best be summarised as:

Treat the CF on the Source point, and then use the element point of the season. Then support it by treating its paired official in the same way.

That is to say, if they are a Triple Heater/Fire Minister Yang CF, being treated in the Spring, use TH 4 first, followed by TH 3, the wood point.

If it is Fall/Autumn use TH 4, followed by TH 1, the metal point.

If the CF is Wood Yin/Liver, in the Spring treat LV 3, followed by LV 1, the wood point.

If it is Winter use LV 3, followed by LV 8, the water point.

And so on, for all of the CFs.

Then support this by treating the paired channel.

For a Triple Heater CF in the Spring, treat the pericardium and use PC 7, and PC 9.

In the Fall/Autumn, use PC 7, and PC 5.

For a Liver CF in the Spring, treat the Gall Bladder and use GB 40 and GB 41.

In the Fall/Autumn, use GB 40 and GB 44.

I consistently found that this would bring the pulses back into order, and there would be a positive response all around.

Of course, if the pulses did not respond, then it was indicated to look for whatever else might be involved. For instance there may be a left/right imbalance, or an invasion by wind, or they had caught a cold, or got exhausted, or lost a relative, or had surgery, or an unexpected life event happened... or whatever else a person can be subjected to in the course of normal life.

You may have to treat this as a separate condition – e.g. treat their lungs if they have a cold, unblock a scar if they had surgery, relieve a headache, open a Window of the Sky if they had a loss in the family... – but it always supported and helped to also treat the CF. And if you did not have time to treat the presenting condition, and the CF as well, ask them to come in the next week or so for a follow up treatment. If this was necessary I would charge a reduced fee, or depending on the circumstances of the patient, no fee at all.

Possibly the worst impression you could give would be for the patient to think you were just getting them to come back in for the money.

The best impression would be that the money did not matter to you, and you would do whatever was needed for their best treatment.

Patient Loyalty

I think, on reflection, that the reason I had a long-established practice and such loyalty from patients, in an incredibly supersaturated context of Boulder with, at the end, 164 practitioners, was because I was sincerely and genuinely connected with them. I related to them as one person to another. There may have been a somewhat formal, clinical and professional aspect to our relationship, but none-the-less I was in a direct personal relationship with them. That it to say I was not just 'giving care', or 'fulfilling my professional responsibility', or 'being a good practitioner' – I was in a direct personal exchange with them. After all, I was giving them my Chi. And when they entered my treatment room they were entering into my Chi Field.

I always felt that my practice was busy because I genuinely and sincerely cared about my patients. They had found their way to me, and I had a responsibility to them to take care of them in the best way that I knew how. And as far as I was able to I did.

And it did not really matter if they paid me or not. I saw a significant number of patients that could not pay me, because they had no money, but were sick, and hopefully money had little influence on how I treated them - I endeavoured to treat everybody

the same. I always thought that I should take care of people irregardless of whether they could pay me or not.

This was not 'pro bono', as it is called in the legal profession, it was doing the right thing.

Of course, I needed to make a living, particularly with a growing family and expenses to meet, and so I kept my non-paying patients to a certain percentage of my whole practice, which may have been 20-25%. And it was a help and a relief when two schools opened in town, with student clinics, where people could get treatment at reduced rates.

Seeing people on a seasonal basis is the foundation stone of a stable, successful practice. It is something that can be developed, cultivated and grown.

Although I did not end up with excess money after 30 years in practice, I did have 150 patients getting seasonal treatment. And I maintained a full-time practice as my sole source of income for that whole time.

Now some people did not want to come in four times a year. They are accustomed to seeing a medical Doctor for annual check-ups, and that is commonly accepted, so four times a year felt to some like they were still under treatment, rather than being on maintenance, even though I explained it to them.

But these people seemed perfectly happy with coming in twice a year, which was better than not at all. So I would schedule appointments in the season of the CF, and the opposite season 6 months away. And apply the same principles of treatment as described earlier for seasonal visits. And this worked out fine. Of my maintenance patients, a couple of dozen preferred this bi-annual treatment program, but they kept coming back – year after year - some for decades. And during this time their life happened, in all of its unpredictableness. And you remain as a metronome for them, and they rely upon you.

And bear in mind that people do not only come in for Seasonal or Bi-Annual treatment, they also come in on an 'As Needed' basis, because they can get ill, or have an accident, or injury, or just feel like they need to see you. So you do not just see them four times or twice a year. It can very likely be more often.

I should just mention that I never saw an Acupuncture Practice in Boulder that remained consistently busy by just seeing patients when they were ill or had problems. There was just not the volume

of people. Although I was living and working in a small city of 100,000 with two schools and many Acupuncturists, I was told that this same principle applied in New York City. And there are more practitioners and more schools in New York.

If an Acupuncturist does not develop a Seasonal Maintenance practice then I do not see how they can possibly develop a busy practice.

If you are a practitioner reading this, who does not work on a Seasonal Basis because nobody taught you how, then I hope this document provides some guidance and tips on how to go about developing one.

So once you have a maintenance practice, what you then have to do is maintain it, and yourself.

And, again, one of the best possible ways to maintain yourself is to learn and practice Qigong.

PART THREE

THE NEW STUFF

PRACTICE MANAGEMENT

Of Your Patients and Yourself

Practice management is the most important thing, because if you don't get this right, for yourself in your own way, then there will be no practice, and nothing to manage.

What this entails is building a practice, keeping it flourishing, and maintaining it in the right way for you. And living your life as a practitioner. There are no absolute correct ways of doing this – it all depends on what you want and need for yourself.

I have observed a tendency in the magazines and literature to an 'image' of what a practice should look like and be like - a bit like those Ads for life insurance or health coverage you get in the mail with pictures of perfectly happy families of four all smiling and looking incredibly happy – which look like nobody that you know. Or those web sites where Acupuncturists are dressed for success, New Age Chinese style. And the language describing it, the words on the website, seems to be becoming increasingly uniform – as if everybody is incestuously reading and copying everybody else. There seems to be growing consensus and conformity about what it should look like, and be like. Not that this is particular to this profession – it seems to unconsciously happen in all fields.

Given my own 35 years in practice, the following are notes and observations on how I managed my practice - which you may find interesting and helpful, or not. I'm sure you have your Practice Secrets – these are some of mine.

What is a full practice ?

I can only speak from my personal perspective, so should make some initial statements about that.

The first fact is that I would generally see one patient an hour, or optimally at least try to allow one hour for each patient. And I did not have a Receptionist.

If you practice in the style were you see multiple patients an hour, and have a receptionist, then this may not relate to you, but may still be of interest. And I never prescribed herbs, so that is not in the picture.

I found that I needed an hour with each person, given my way

of practicing, and that after the treatment you are also wrapping things up, answering questions, making the next appointment, having conversation, following up on phone calls, making a cup of tea... I suspect this is not uncommon for practitioners.

Well, if we 'do the math' it turns out that in an average forty hour week there are 2,000 hours in a year – $50 \times 40 = 2,000$, given 2 weeks vacation/holidays.

Personally I did 40 hours in 4 days.
Mon 12, Tues 12, Thurs 8 and Fri 8 = 40

I took Wednesdays off, mid-week, to catch my breath, do admin, go shopping for supplies... and also to avoid 'burn out' and let my mind and finger tips rest.

Three consecutive days I can do, but if I do four I start to loose concentration and focus. So I needed the mid-week break.

You might work 6 days a week, or 3 days a week, or 5 half days a week - or whatever permutation, but the following mathematical principles still apply, adjusted to your situation.

If you are working 40 hours a week and seeing patients for seasonal treatments, once every three months/4 times a year, then you would need...

$2,000 \text{ divided by } 4 = 500 \text{ patients}$

...to be full all of the time, just seeing seasonal patients on a quarterly basis.

And if you charged \$60/£40 an hour and got paid by everyone you would be grossing \$120,000/£80,000 a year.

\$80 an hour would be \$160,000
£60 an hour would be £120,000
and so on...

Bingo! You made it.

After 35 years I had 120+ seasonal patients and a couple of dozen who were only coming in twice a year/bi-annually, and then others along the way from first treatments to monitoring – which kept me busy, but not enough to be full enough, or generate enough income, or to not have to think about it.

And there is the natural attrition of people discontinuing treatment for whatever reason - leaving town, trying something else, the symptom and condition they had improved and so they decided not to continue, they ascended into the Immortal Realm...

So you always need new people coming in and starting. This raises the question of how you get new patients, which is addressed later in this document.

Medical Capitalism -v- Socialist Acupuncture

One aspect of my practice that may have been unusual in Boulder was that being essentially a socialist (the greatest good for the largest number, perhaps what the Buddhists call 'compassion', or in the West is called 'empathy') I was inclined to see people if they needed treatment, not only if they could afford to pay me. There are always people who need treatment, who are sick, but have no financial resources. A rule of thumb in America, which impacts the debate there on Medicare, is that the sicker people are, the less money they have, and the less money they have, the sicker people are. And some of them found me.

Initially, when I was one of the only practitioners in town, I would really have no choice - if I did not treat them they did not get treatment that they needed. And I could not just stand by and let that happen. Coming from England, with its National Health Service, Medical Capitalism (generating profit from peoples pain, suffering, misery, and death) was anathema and abhorrent to me. So I could hardly ever turn people away - only if they were too obnoxious.

Later, when there were enough other practitioners in town, I felt OK with suggesting people see others. At least they had an option. And I felt I had paid my dues.

The Ever-Rising Tide Of Practitioners/Competitors

One thing that happened was that there were ever-increasing numbers of Acupuncturists in town. Boulder was, according to various surveys, known as the happiest, smartest, most desirable and best place to live in the US (therefore the World). People would live in their cars just to be there. And it was super-saturated with everything. It was said that if you were selling wild-bird seed in Boulder you would find that the field was completely over-crowded.

The same happened with Acupuncture.

There were a series of events that precipitated and compounded this.

- Getting laws passed, so it became legal
- Practitioners moving into town from all over, because it was legal.
- The opening of Colorado School of Traditional Chinese Medicine in Denver
- The opening of South West Acupuncture College in Boulder
- The opening of the Institute for Taoist Education and Acupuncture in Boulder

And these school kept graduating students, 50 – 70 a year, a percentage of whom stayed in town and set up shop.

Also each school opened low-cost student clinics, where people could get treated at minimum charge.

I was told that the student clinic at SWAC was seeing 200 patients a week. And these patients probably did not know the difference between one style of Acupuncture and another, or what the various practitioners did or did not do. They just knew it was cheap, oh sorry!, affordable.

Later it came to light that only a few practitioners where in full time practice i.e. making a living and supporting themselves and families by it. Most people who graduated could not get established, could not get traction, and never got up to speed, so they ended up working part-time. They kept their day jobs. Acupuncture became something of a hobby.

It ended up, at the last count, with 160-plus Acupuncturists in a town of 100,000 people, and probably over 200 in Boulder County. Not a good financial basis for running a practice under any version of reality. And they were all doing everything they could, pulling out all the stops, to promote their own practices. All of these practitioners with a part-time hobby seeing a half-dozen patients a week each adds up.

I spoke to a couple of practitioners who had been in practise for 18 years and 20 years. They were down to 3 patients a week, or a half-dozen patients in total. In other words – they had been driven out of business by the sheer volume of competition.

When I told this to an long-established Osteopath in England, after arriving there, her eyes opened wide and her jaw dropped open and she was speechless. "No wonder you had to leave", was her comment. I had gotten used to it. Like a frog in boiling water I did not notice anymore because I had just gotten inured and used to it. And I understand it is the same in many places. Like any other successful and effective activity it became super-saturated.

Lowest Fees

One direct consequence of this is that I had to keep my fees as low as possible.

Then the recession hit.

A principle I operated from, that I shared with many businesses and independent business people I spoke to, was that in times of economic difficulty, with a sheer wall of competition, the best strategy was to lower your prices and work harder. Deliver a better product at a cheaper price. Survival becomes the hallmark of success. This is how many businesses survive in an economic downturn - consider supermarkets, restaurants and car sales.

For years people would say "Raise your prices". My response was that that would be the fastest way of putting myself out of business.

So I charged as little as I could, kept my expenses to a minimal, lived at the lowest possible level – and survived in practice. And, thankfully, helped some of people.

Patient Management

One of the greatest and most important skills in running an Acupuncture practice (or maybe any other private health practice for that matter) is dealing with the patients, the people who come to see you. This could be called Managing Patients.

Patients come in all shapes and sizes, with all kinds of conditions, at every stage. It could be compared with a staying upright facing a full frontal tidal-wave of a cross-section of humanity in random order all day long, without back-up. Personally, I think every Acupuncturist should be given a medal at the end of everyday, preferably made of chocolate.

If you already have an established, stable, mature practice and see all the patients that you want to see, when and how you want to

see them, and generate all of the income you need... then no need to read the next section. Skip ahead to something of interest to you.

New Patients

Where do new patients come from? How do they get to you? How do you attract them, especially in a crowded market?

To begin with, early in practice, you have to 'beat the bushes' - Get out there and make it happen. Promote. Advertise. Do talks. Lectures. Draw people in. Articles in newspapers and magazines. Interviews. TV. Personal contact... Talk about it to everyone you meet and invite them in to get their pulses checked. Whatever it takes.

When I first arrived in Boulder one thing that seemed important was the phone book Yellow Pages. At the end of my time there if somebody called from the Yellow Pages it was 90% sure that they would not show up, even if they made a free appointment for an initial consultation. Only one out of ten would show up.

Partly this was because at the beginning I was the only person in the phone book, in the days before the Internet and websites. At the end I was one of 80+ in the Yellow Pages. And not everybody is in the phone book these days.

So how did my practice develop

Well I set up connections with other complementary professionals – not a lot of people, a few Medical Doctors, a couple of Chiropractors, a Healer, some Massage Therapists, a partner in my office... this was not an intentional goal I set out to achieve, but just came about by 'natural selection and affinity'. Many years later, in a seminar I attended on practice building, I found out this is called a Referral Network.

I referred patients to practitioners as I considered appropriate, and that I liked and trusted, and they referred people to me. This was not because it was a business and economic proposition, but given the circumstances it was my best judgement of what the patient needed. And often these professionals were the people who took care of me and treated me in their specialty, and I treated them with Acupuncture. We were colleagues and professional friends. I talked to everybody I met - in meetings, parties, shops, the library, the post office - gave them business cards, invited them to do a free Initial Consultation. I took it wherever I found it.

Once people know that you are an Acupuncturist they are highly likely to tell you about what is going on for them if they have a problem or issue - which they usually do. The conversation often starts "Can Acupuncture help with..." The door is open, so you invite them in by offering a free consultation.

But the thing to do here is not just to give them your card and suggest that they call you. What I would say is that although they have my card I usually don't pick up the phone as I am busy treating patients, so if they give me their phone number I can call them when I have time. Then I did.

By giving your their phone number they agreed to it, they gave you permission to call them. This works more often than not.

And if they decline, and don't want to give you there number, they are probably not serious, but at least you gave them your card, so you just have to wait and see if they call.

Generating Patients

I had a rule that, for 40 hours a week, if I did not have patients I would be in the office, doing whatever I needed to do to generate patients.

I sent out brochures, which were well designed and interesting. Initially these were three times a year, and they contained a range of interesting programs and activities involving The Evolving Institute and The Body-Energy Center. And with my partners we put on events and conferences and parties, and brought teachers into town, and did all manner of things that brought people in.

I wrote three books on Chi Kung with major publishing companies, and each one had a launch that was widely publicised and well attended.

And then there were the Chi Kung Training programs. Because I was teaching Chi Kung that was an obvious reason to send out brochures - to announce the programs. I taught at least two Chi Kung classes every week - a 'Before Work' class on Tuesday mornings from 7:00 - 8:30am, and an 'After Work' class on Thursday evenings from 5:30-7:00pm or 7:00-8:30pm. Sometimes two on a Thursday. And weekend workshops.

And in the organisations I created with my partners I developed friendships with like-minded people who ran their own organisations

and programs in town. I was 'one of the guys', and we were part of a wide social circle. We were very socially active.

And Boulder was home to many educational institutions, such as the University of Colorado, Naropa Institute of Buddhist Studies, the Rolf Institute, the Guild for Structural Integration, the Hakomi Institute, Shambhala International etc etc... There was a lot going on.

I wasn't just building a practice - this was my life, and I was fully engaged in it.

And it all accumulated into a busy centre of activity and action. And my practice grew.

The Other Issues in running a practice

Receptionist or self management. Reception includes answering the phone, dealing with enquiries from new potential patients, making appointments, handling business, office management etc

The vast majority, 90%+ of solo practitioners that I knew, did their own reception themselves. It was simply too prohibitively expensive to pay a receptionist in a solo practice seeing one person an hour. However, some practitioners shared an office, and therefore could jointly share a receptionist. But this never happened for me - probably because of the style of Acupuncture I practiced. One patient an hour did not warrant or justify it.

I tried on two or three occasions having a receptionist, but there just was not enough work for them to do, and I never had enough excess money, and I felt I could not raise my fees to cover the additional cost. Also I was able to do what they did very quickly and efficiently in answering patients enquiries. I 'trained' my patients not to expect long, detailed conversation on the phone because I was usually busy, so for some it just took seconds "Thursday at 3pm. OK". And if I needed to talk longer I could call people back, or do that when they came in for the next appointment. So it all seemed to work out OK.

Apart from which many people said how much they appreciated being able to talk directly to me rather than a receptionist, a third party. It was an important issue for them.

It was part of my individual personal style of how I ran my practice. It may have been what made it work well for people - the 'personal

relationship with me. I certainly developed a lot of 'personal' relationships. Patients became friends. Friends became patients.

Comparison With Other Styles Of Practice

I never got into a large-turn-over practice because I never trained in the style where points were selected and needles inserted and left in, then the practitioner leaves the room to see somebody else in another room, and maybe a third after that – so that they had a constantly rotating practice with multiple patients being treated at the same time. I presume some of them wore roller-skates! I heard of some Asian practitioners who would essentially line patients up in the same room, and go along the line popping needles in, and taking them out, all day long.

In the absence of any clarification about this, my suspicion was that it was a very Asian way of practicing, in a culture where individual attention was minimal, and patients were accustomed to being treated en masse. When 'Westerners' saw Asian practitioners doing it this way then they may have just assumed that this is the way it is done, apart from which there was more income generated. So they did it that way. Or it may have been taught that way in the school they went to.

Of course, it could also be that the Asian practitioners were very experienced, or had come from multi-generations of practitioners and it was so simple and obvious to them, or maybe they had simplified their procedures to such an extent that they did not bother with a lot of individual attention, or whatever other considerations and factors played into it.

But my observation was that American patients didn't like it and wanted personalised individual attention. And that some practitioners themselves eventually tired of such intensity, and reverted to one patient at a time.

However, this is not just economic. It is also related to doing the best treatment. I found that it was essential for what I was doing in terms of treatment to have one person at a time. It took all of my attention and focus to do that properly.

One Room / Two Rooms

Retrospectively one of the biggest mistakes I made for 25 years was only having one room, with no separate administrative office.

This meant that all the wrap-up of treatment, talking afterwards, answering questions, giving recommendations, being personable and making the next appointment had to be done in the one room before the next patient could come in.

As this sometimes ran over the next person could not come in and get ready and lie down and rest until the person you were with was finished and had left

And as a consequence I was sometimes 'late' and behind schedule.

In the last 5 years of practice I had a treatment room, with a small 9' x 7' private office next to it. At the end of treatment I could ask the patient to come into my office, while the next person was getting set up, and resting. It worked many times better.

Being On Time. Patients waiting. 15 Min Max

The person waiting could get restless and impatient, even frustrated and angry – not a good way to start a treatment session.

Some people are just so uptight that it blows their fuse, specially if they are business people accustomed to being on time - which for some was a point of pride. I had to point out many times that this was not a business meeting, neither was it a counsellor or therapists appointment that always finishes on time, leaving you to deal with whatever 'issues' were left pending. It was the practice of Chinese medicine, and therefore sometimes unpredictable. How many times have they had to wait in a Doctor's office? This was because the Doctor was involved in complicated and unpredictable physical procedures, not because they got some kicks from keeping people waiting.

Mom's with teenage kids and tight deadlines who had rushed to get there, and had to pick up the kids afterwards, were always under time pressure.

But for others it was the only time during the day they had to themselves. Some would just rest and relax, or read a magazine, or a book they carried with them.

Other people always arrived late.

A few times the whole session became focused on talking/arguing about why they had been kept waiting, that their time was valuable, it was disrespectful etc etc etc, until they left angrily without getting a treatment, no matter what I said, or what complication had

happened with the patient before them – and sometimes that was the last I saw of them.

I lost a number of patients because of this. And operated under continuous stress. Not good. Maybe Americans are more focused on time and schedules than some other cultures – but nevertheless it was an issue, on reflection primarily created because I only had one room.

I once did a list of all the reasons I could be late. There were 18 items, and only 5 of which I had direct control over. What do you do when you are about to wrap up and move on, and the patient starts telling you about their child that died? You do not say that you can't talk about that now, you listen. The next person has to wait.

What do you do when you are about to walk into the treatment room and a phone call comes in from someone making a new enquiry about treatment, and wants information about your services, and this is their first call, and your future income. You answer them.

But beyond all this I found that the important thing was to try to finish on time. I would explain to people that I allowed an hour for treatment, but it was broken down into sections. The first 15 minutes were an allowance for any of the things that can happen to cause delays - on both sides, for me and for them. I concluded that 15 minutes was the International Standard Of Acceptability - if somebody cannot wait for 15 minutes then they seriously need treatment for their Wood element.

If we were on time the first 15 minutes would be getting 'set up', talking, asking how they had been, them telling anything relevant...

I would say that I needed a half-hour to do the treatment, from getting my hands on their pulse to finishing whatever the treatment was.

And the last 15 minutes would be the wrap-up, making the next appointment, and 'transition' time for myself - to prepare for the next appointment. This was especially necessary if the previous treatment had been complicated, or the person had a strong response to it.

And one characteristic of practice is that it was always one-on-one - nobody had any idea what had happened with the person before or after them and it did not really matter to them anyway. They usually didn't care. It was not relevant. This was their time.

One of the common reasons I was late for the next appointment, early in my practice, was that I was always trying to do too much. I was always trying to maximise the treatment, to do as much as possible. And I used a lot of moxa, partly to prepare and set up the point for needling, in the interests of the comfort of the patient - but as every practitioner knows, that is very time consuming.

Later I would 'Triage' the treatment, and do the most important points with moxa first. If I had the time I would use moxa on the secondary or tertiary points, but if I was out of time I would just needle them - which is much easier and faster, and mostly as effective, especially adding Qigong/my own Chi into the mix.

Of course, you could do everything to finish an appointment on time, only to have the next person not show up, turn up a half-hour late, get stuck in traffic, phone to cancel the appointment, have the dog run away as they opened the door to leave... or whatever happens in normal everyday life.

Sometimes there were consecutive cancellations and no-shows, and a whole morning or afternoon would be empty of patients, and income.

And then in Boulder, in the Rocky Mountains, there were the 2 to 4 times a year that were Snow Days - blizzards when nobody showed up, and you would not want them to even try because they may not make it, and they would not be found until the Spring thaw.

In summary I think one conclusion about running a practice is you have 'All The Fun Of The Fair'. And you have to enjoy the ride.

NEEDLE AND HEAT

ACUPUNCTURE AND MOXIBUSTION

The name Acupuncture was apparently originally coined by a Jesuit Priest in the 11th century, who saw this procedure being performed in China. It later appeared in an early Dutch publication in the 16th century, as they were sea-faring traders who visited Asia, which was then translated into English by St. Paul's Press in the city of London, as 'A Guide To The Practical Physician' by Theophile Bonet in 1684, and it has remained in use ever since.

One can assume that the word is a composite of Accurate and Puncture, although this may never be confirmed because such naming, and creation of words, get lost in the mists of time. Anyway, that is as far as I have personally been able to trace its etymological evolution.

But the Romanised translation of the Chinese word is Zhen Jou (or Jiu), which means 'Needle and Heat' – simple, direct, straight forward and practical. In the West this becomes Acupuncture and Moxibustion

These days we have another sideways variation, at least legally in Colorado where I lived, whereby the whole of Chinese Medicine, including Herbal Medicine (a separate specialty requiring its own extensive training and certification), and other modalities, are all listed under the generalised name of 'Acupuncture' by the Department of Regulatory Agencies. Good Grief !

Before proceeding I need to make a note here of how the following is written and the words that are used. In re-reading this I came to recognise that when I talk about using my own energy I naturally refer to it as 'my Chi', not 'my Qi' because that just doesn't feel right. But when I talk about doing the practice I use the name/noun 'Qigong', because saying 'Chi Kung' doesn't feel correct either. Please accommodate this when reading this section.

Acupuncture

In my experience there is one common response to getting Acupuncture – Ouch !!!

Somewhere along the way a myth was perpetuated that "needles don't hurt". This was not my experience. One thing that I said to patients was that it was not 'pain', it was 'an interesting sensation'. This somewhat re-framed and alleviated it for them.

Needles are small and thin. There are different gauges of thickness. I use the thinnest I could find that do not buckle if you do not have them exactly aligned - which are 36 gauge. In general, for everyday use, I prefer a needle with a 1 inch shaft, with a wire-wound handle with a loop at the top, which is easy to hold and work with. Some needles have straight metal handles, which I found difficult to hold, and others have plastic handles which did not allow me to feel the Chi. Sometimes longer needles were required for deeper points.

Some needles come with a hollow plastic tube, also called a straw, such that the end of the tube is placed on the skin and slightly pushed down, causing the area under it to get tight, like a drum skin. The needle is placed in the tube with the point on the skin surface, with the handle protruding 1/4 inch or so out of the top. This is then lightly tapped, so that the needle penetrates through the surface layer of skin, where the peripheral nerve endings are. This technique is relatively painless.

I decided long ago not to use this method. I reasoned that if I did I would never develop the ability to use a needle without the aid of a tube. After all, one of the key issues as a practitioner was the development of skill – the more you do it the better you get. If I used a tube I would never develop my skill. So I made the decision to focus on the development of my 'needle technique'.

Now every practitioner has their own individual way of doing this, and they may be doing subtle things that they are not fully conscious of, because they just do it intuitively, but the following is a brief description, for the first time in writing, of mine.

Being 'right handed' my left hand is used to prepare the point of insertion. Having marked out the point location with a marking pen I would use a swab to clean the site, as per standard protocol. Then, holding the shaft between thumb and forefinger of the left hand, I spread the edge of my fingers which are in contact with the skin, slightly apart, away from each other, while pushing down gently, to tighten the skin at that exact location. This is similar to the effect at the base of a plastic tube. The right hand, which is holding the handle, then applies the thrust so the needle tip inserts into the skin.

However, on occasion one hand only was used – left or right.

Additionally there is a technique of just lightly touching the surface of the skin with the tip of the needle, to test if the person feels it is sensitive and painful right there. If this is so you are probably directly on an actual nerve ending, and the person will feel it and will let you know quite clearly. If so, move it slightly, microscopically, until it is not. This simple move saved a lot of discomfort for people.

The next part is somewhat beyond my ability to describe in words and language, but it involves focusing the mind and attention – perhaps similar to performing archery or throwing darts. There is a moment of concentration and focus, then in one movement, while breathing out, thrust or slide the tip of the needle through the skin surface. Once it has penetrated that far the patient will usually not feel discomfort at the surface, because you have penetrated through the four layers of the epidermal skin surface, where the peripheral nerve endings are, the nerves that are involved in the sense of touch and pain. The epidermis is thinnest on the eyelids and thickest on the palms and soles of the feet, where there are five layers.

Then the issue is to find the point, which can be anywhere between 1/16 of an inch to 2 inches or deeper, below the surface. Sometimes you get a direct hit and the patient 'gets the chi', but if not, it is necessary to 'go fishing'. Because the point is at some specific depth below the skin surface, the surface area is not always exactly above it - even if you have it marked out correctly to within 1/10 inch. So to locate the point involves slightly changing the angle of the needle, while it is under the skin, without withdrawing it, so that you don't have to re-insert it. The slightest change of 10-15 degrees or so would make the difference between hitting the point or not. It is like probing or searching for it. For example, beginning from a direct vertical insertion, which would be the bulls-eye in the centre of a circle, I may test at 12, 3, 6 and 9 o'clock – until I got the point, and the chi. Maybe I should work for an oil company. And the patient will surely let you know, they will say something like "You got it". This is not an unpleasant sensation. I liked it when getting treatment myself.

The patient would let you know when you got the point because of the heavy radiating sensation and feeling in the local area. The Chinese call it Deng Chi – the arrival of the energy at the point. And sometimes I had to wait, hang out, until the energy arrived there.

Then the needle was rotated a quarter turn, clockwise in the direction of flow to stimulate, and counter-clockwise against the direction of flow, to sedate.

The end points/Ting points at the tips of the fingers and toes are very shallow and small, and the skin is tight with lots of nerve endings, while Gall Bladder 30, behind the hip socket, is deep, with few nerve endings and is a much larger point. Indeed, at the Ting points I would sometimes not even insert the needle, but just hold it there – and transmit Chi through the needle, which is much more comfortable for the patient.

The technique used all depends on the location, depth and size of the point, and the purpose and intention of the treatment. For me this is different now than it was in the first year, three years or ten years of practice. Again, the more you do it the better you get.

A peculiar event that has happened since I came to Liverpool is that I found out that I could not use needles until approved by the City of Liverpool, Public Protection Division. Acupuncture is defined as 'Skin Piercing', and included under regulations governing Tattooists and Ear Piercing. To be able to practice I had to be approved and registered.

In an early conversation with the Officer in charge of this in the city, it was clear that there was no question about my credentials and experience – just that I belonged to 'an appropriate professional organisation', and my Honorary Lifetime Membership of the Acupuncture Association of Colorado covered that. The issue was the requirements in my treatment room regarding hygiene and needle disposal.

The problem with that is that I did not have such a room. And it cost money to register.

After I got my new office I had to get it set up – with hand washing facility in the room, washable floor covering, containers and a contract for needle disposal, information sheets for patients, insurance coverage etc. This all took time, given that I started with an empty bare room, and was also working three days a week at a community cultural project.

In the end it cost about £1,500 / \$2,250 to provide all that was required, including a treatment couch and furniture. When the inspector finally came to visit all the requirements were met, and I received certification. I got the room in March, but received the certificate in November.

There was a peculiar consequence of this. I had people who wanted treatment, but I could not use needles – so, guess what, I used Qigong. (see the chapter on Qigong). Everything else was the same – intake, pulse reading, diagnosis, point selections, Causative Factor, treatment... except no needles. I used my hands and my Chi. I did not 'pierce the skin'.

This turn of events could be considered serendipitous – I leave my established practice in Boulder, and move to another country to begin a practice there, and for the first 9 months I have to use Qigong. So I called it 'Qigong Acupuncture'. Now I had already been using my Chi in the last few years in Colorado, probably 50% of the time, including transmitting Chi through the needle, but now I had to use Qigong exclusively.

Well, what I found is that there was no difference in the results. The pulses changed accordingly. Patients got better just as they would have with needles, in the same time period. Some reported the same sensation of Deng Chi, when I treated the point. Some even asked 'Did you just use a needle?'

So due to a seemingly random co-incidence of unanticipated events – resulting in not being able to use needles – I have gotten to a point of just doing Qigong exclusively.

OK by me. OK by my patients. No 'Ouch !'

Now that I am registered I will begin using needles again, but probably just to show off, to let people know that I can (just joking... of course I will use needles, as and when appropriate).

A consequence of this is that in order to practice with Qigong I have to enter into 'The Qigong State' – I have to focus internally and concentrate on activating my Chi, then emit and transmit it. It is not possible to do treatment otherwise.

This is time consuming, and not as quick, easy and efficient during a busy day as using needles. However, it is a good thing to do for myself. And my patients like it.

I am curious to see where this gets to.

If this is of further interest to you, from a treatment point of view as a practitioner, I would be pleased to engage in further dialogue. Contact details are at the front.

Moxabustion

Moxabustion is abbreviated to Moxa. It is the application of heat, using the crushed-up leaves of a plant known in the West as mugwort, wormwood or *Artemisia Vulgaris*.

This is applied in a variety of ways. It is sometimes used in a cigar sized roll, known as a Moxa Stick, which is lit and held, or waved over, a point or specific area to warm or activate it. Or it may be applied directly on the point in the form of small cones, and lit until the person feels the heat, then quickly removed by the practitioner using fingers. Sometimes it is placed on a thin slice of ginger, to reduce the chance of causing a blister on the skin, but I never used it that way. Another application is to wrap a clump of it around the head of a special needle, designed for the purpose, which is then lit so that the heat travels down the shaft of the needle into the point.

There are other variations - indeed in Japan Moxabustion is a specialty, and I have seen Japanese practitioners use it with astonishing deftness - but the above are the main ones. Whole treatment series can be performed just using Moxa, when somebody has needle aversion.

And there are many different qualities and grades of moxa – the ‘purer’ forms being more expensive. The production and manufacture of Moxa is a specialty in Asia, and it is widely used, but in the West it is not economically viable to produce, so it is imported.

Moxa can be used just on its own to activate the point, or used to prepare the point, to set it up for needling by bringing heat and warmth to it.

I mostly used the direct moxa cone on the skin for the whole of my practice. This was the way I was taught, and the way that other practitioners would treat me over the years, so I did it that way. This was not always easy because it would sometimes get hot fast, and people would be anxious and tense about it, rather than relaxed during treatment.

Usually 3 moxas would be enough, sometimes 7, but occasionally if using back points I would use 30... on each point.

A friend / patient who was a carpenter, and whose occupation required exact and precise measurements, and counting quantities of materials – pieces of wood, nails, supplies – estimated how many individual moxa cones I had used in my time in practice, it came to 1,500,000. And I breathed-in some of all of that.

My own rule-of-thumb estimation is that Moxa took +/- 50% of the time I spent doing treatments.

Moxa cones are tricky, difficult to deal with, messy with all of the ash, it can cause blisters (rarely), required absolute attention and focus, resulted in hot fingertips, and sometimes burnt clothing. Sometimes it just fell apart and crumbled and fell on the floor. There would be holes in the carpet. In fact I would put expensive wool carpets in my treatment room, because acrylic carpets would turn into a molten glob of black plastic if the moxa burnt them. Wool fibres could just be scraped off, and you couldn’t see any marks left over.

Moxa is banned in some places – it smells like a similar substance that is usually illegal. For example Boulder Community Hospital allowed Acupuncture to be performed, but not Moxa – because of the smell. I even had a couple of people who came to do an Initial Consultation, and I gave them information to read in the waiting room, but when I went back out to ask them to come into the treatment room to talk, they had left. When I phoned to ask what had happened they said they would not get Acupuncture from somebody who was in the treatment smoking marijuana! When I said it smells nothing like that they did not believe me.

Why and how Moxa works is not clearly understood. Apart from the obvious benefit of heat it may be that this particular substance has a specific signature, an infra-red frequency, when it burns, that effects the chi/energy system. Or it may be that it just burns well and easily.

I originally went to Acupuncture School to find out about 'energy' in the body - at the time I was running The Natural Dance Workshop and was a dance provocateur and choreographer. I only slowly got intrigued about using needles, and partly went into practice because I wondered what it would be like to actually do it, to be a 'Doctor' treating patients. Thought I would just give it a go and see what developed. And moxa was part of it.

In my later years I sometimes thought that if I had known how much moxa would be involved I may not have gone into practice. 75% of the 'equipment' I used on a given day was for Moxa - ash trays, incense sticks, containers, lighters... And it gets on you, you end up smelling of it. Good job I liked the smell. But I believed it was a necessary part of treatment, so I just got on with it. And it was somewhat exotic and meditative, and took time, during which I could talk with the patient. I like talking with patients.

But I always wondered "What if I could substitute something else for it - to the same effect ?".

Well, having been to China twice and studied with Master Qigong Practitioners, attended international conferences, got to know a large number of the most prominent Western practitioners, and done all the research for my books, it just became clear that the substitute for Moxa was Chi... my own chi.

And all I had to do was develop the ability to transmit and project Chi through my finger tips. So I did. This is one advantage of studying and learning Qigong !!!

In summary what I can say is that I seem to be getting the same results with patients - their energy ends up functioning correctly, symptoms and conditions diminish or disappear, and they continue treatment on a seasonal maintenance basis.

And I don't need wool carpets.

THE PENDULUM

In the last few years I have used a pendulum in my practice, all of the time. My basic equipment now is needles, moxa and pendulum. I wonder what the Chinese name is – Zhen Jiu ????

How else are you able to know what is happening at, or with, a point? Or what is taking place along a meridian line? Or which of the seven levels of the field surrounding a person is blocked or reversed?

And when it comes to diagnosing the Causative Factor a pendulum added to the diagnostic procedures and tools.

One reason that I began to use a pendulum is that my first partner, and later wife, was in the next room doing Energy Healing using a pendulum in treating patients for 14 years. Then my second partner and wife was in the next room doing Chi Kung Healing treating patients and using a pendulum for 20 years.

To reduce this to simple terms it could be said that Doctors use stethoscopes, Acupuncturists use needles, and Healers use pendulums. So I always thought I should try it and see.

But I was resistant because it was never part of anything I had been taught, and no other Acupuncturist I knew of was using one. And I have always been somewhat cautious and conservative in my clinical practice (although the same could not necessarily be said about my personal and creative life). I always measured what I was doing against a somewhat strict reference to the tradition, and was wary and cautious of over-treating anybody, on the principle that it is better to under-treat than over-treat.

Then an unexpected life event happened that changed this attitude.

I had gone to Costa Rica in central America with my second wife and 15 year old step-son Hagan, and his friend John. As part of the adventure we went into the tropical rain forest, with the intention of heading in deep and staying overnight in a Ranger station. Well we eventually got there OK, and found a party of a dozen Dutch adventurers there also.

What we had not counted on was being hit by a Hurricane. We were stranded for three days in a small compound with corrugated metal roofs. It sounded like every inch of the roof was covered with monkeys who had ball-point hammers that they were using to pound on the roof all day and all night long. The only compensating

factor was that the Olympics were on and they had a 12 inch television in black and white which had at least 10 ghost images of the action, and a Costa Rican girl swimmer, Claudia Poll, won the first and only gold medal for her country. You can imagine how many times it was replayed

When it was time to leave and go back out we left with the Dutch team. It was a 2-3 hour trek through the jungle to get to a dirt road. At the bottom of a steep hill we came to a river that was swollen and overflowing its banks with the on-rush of water flowing down from the hills. There was no option but to get across it.

A couple of the experienced professional Dutch outback guides managed to get across and tie a rope across that people could hold onto while forging across. One by one people did.

When my wife, who was not tall or muscular, began crossing she tightened her backpack around her waist and began to edge across, sideways to the on-rushing water. Then she made a big mistake – she turned her body towards the water... and her hips and legs got swept away, so she was just holding on to the rope by both hands. Then the backpack started to fill with water. And her face was being submerged.

I had two choices – start taking photographs, or start running down the bank of the river, throwing off everything as I ran, and looking backwards to see when she let go so I would know when to dive in. I chose the latter, although I know I lost some great pictures.

As it turned out the dutch guide was a tall guy with skinny legs, and he was able to wade in without the water reaching his torso, so he was able to get to her and grab her and move towards the river bank, then he lost his balance, but not his grip on her, and they were both being tumbled downstream below and above the water. One of the problems is that the smooth rocks of the river bed were moving and rolling all the time under the pressure of the moving water, so it wasn't possible to get firm footing.

Then suddenly, as if the thought had only just occurred to them, the two tall 15 year old dudes, who had come with us to surf on the world class surfing beaches in the area, and had been doing so all week, sauntered into the water with their long rubbery muscular legs, picked up the mother, and carried her to safety on the river bank.

I was a couple of hundred yards downstream waiting to dive in to a torrential mountain river with a 1% chance of even grabbing her, never mind getting out of the water together.

I reckoned it would have at least made the newspapers back home, and what a romantic end to a love affair.

But we all got across safely and continued through the jungle until we finally got to a hotel and dried out – then had a candle-lit dinner in the elegant restaurant.

But there was another consequence to this mis-adventure. What struck me was that not only would I/we have been washed down river, and eventually into the sea and the ocean, but there would not have been any remains. I would have become fish food.

It had never occurred to me before that there would be nothing left to bury. I would have simply just ceased to exist.

This realisation left me not only dumbstruck, but also released me from many self-imposed restraints and limitations on what I could and could not do. I realised that each lifetime is limited, there is a mortality fact that we all get old and eventually die, but sometimes we don't get old - it just comes to an end. So it was time to get on with the job and do whatever I wanted to do, using my own best judgement as the guide – not some imposed set of rules given by somebody else. And one consequence of this was that I decided to just pick up a pendulum, and start using it.

So why do I use a pendulum in my Acupuncture practice ?
Because I almost became fish food in Costa Rica.

How Is A Pendulum Used, What For And When ?

Well the simple answer is that a pendulum amplifies or magnifies the energy of a point or area, and it can also inform you about the status of the chi. There are various uses and applications for a pendulum.

- It can be a secondary diagnosis to pulse reading
- It can provide information about specific acupoints.
- It can track along a pathway to identify which point along the meridian is closed or blocked.
- It can read what is happening at which level of the seven layers of the wei chi field around the body.

And a pendulum can help guide an experienced practitioner to the Causative Factor, the Element Within, and the Element Within The Element, and can indicate which of the four levels each one is at. This is achieved through accessing the Middle Tan Tien in the centre of the chest (that is to say the heart) which is, after all, where the pulse originates - the heart is the mother of the pulse. A pendulum can identify what is the best treatment for somebody, at what level.

Right or Left / Yes or No

In using it in this way I have a progression of questions, an algorithm of sorts, that allows me to go through a sequence of questions and get Yes or No answers.

Right / Clockwise is Yes
Left / Counter-Clockwise is No

The answers allow me to focus on and organise what treatment to do in what order.

Beginning, for example, with the initial question of 'What is the best treatment now?' the sequence that I ask is:

- Negative Energy
- Left-Right Balance
- Blocks
- Eight Extras
- Causative Factor
- Spirit Level
- External factors
- Anything else

The response to these questions allows me to zero in on the specific issue of the best treatment to do at that time. For instance, if it is a block, what kind of block - Exit-Entry, Window of the Sky, Scar tissue, physical, emotional, mental, transpersonal...

If it is an Exit > Entry block I can go through each of the pairs of points i.e. Ht 9 > Si 1, Si 19 > Bl 1 and so on... tracking the points with my mind / attention / yi as I ask the question.

If this indicates a particular couple of points I check the points with the pendulum to see which point is open or closed.

Then I may check the pulse, just as I would have done before even knowing about the pendulum.

Then treat the point(s) and finally confirm by pulse and/or pendulum to see if it all went through OK.

How To Do It.

Well, much depends on what questions are asked. And how they are asked.

You get a Yes or a No. Clockwise or counter-clockwise. It is a Binary response. So it depends on your ability to ask the appropriate questions in order to get appropriate answers.

And it also depends on getting out-of-the-way by clearing your mind and allowing the pendulum to swing and respond on its own. You do this best by reducing or shutting down the high-frequency beta rhythms that control and generate thinking, language, calculations, numbers... and turning up the mid-range Alpha rhythms - to create a state of calm, detached awareness.

To learn how to do this I recommend studying The Awakened Mind consciousness training by Anna Wise.

The website is: www.annawise.com

Her books are: 'Awakening The Mind : A Guide To Harnessing The Power Of Your Brainwave' and 'The High Performance Mind : Mastering Brainwaves For Insight, Healing, and Creativity'. Both available on www.amazon.com

Other information on this work is available at the Institute for the Awakened Mind with Judy Pennington, at

www.institutefortheawakenedmind.com:

Aside from the above description of using a pendulum there are no doubt other methods and techniques that people use. To find out more, talk to healers and ask them what they do. Research and see what you can find. Try it and see for yourself if it works for you. Get out of your own way, and let it tell you.

If any Acupuncturists reading this are already using a pendulum I would be most interested to hear about your experiences, so please feel free to contact me.

PULSE READING

So what is the state of someone's chi/energy?

How is it understood and measured?

What is happening to the organ/officials?

What is the quality and character of it?

How are the organ/officials relating to each other?

There are many questions that could be asked.

This brings us to one of the most unique and astonishing characteristics of the meridian system and Acupuncture - the Pulses. Six on each wrist, for a total of 12 - each related to one of the 12 organ/officials.

Every Acupuncturist knows and reads the Pulses, in whichever tradition and way they learned it. However, there are a number of systems of pulse reading - Tibetan, Indian, Japanese, Korean... each with their own variations. Which is the best one, or the right one? Well one answer is - the one that works for you.

The pulse reading system that I use is a predominant style and widely accepted, and can be found from many sources. This is the system taught in the Worsley 5 Element tradition. Given that there are other possibilities of reading pulses, what I can say is that this worked for me. Using this system, when the pulses were corrected people got better, and stayed better.

The pulse is felt on the wrist at the usual location for feeling the heart-rate, however, in Acupuncture diagnosis there are three positions on each wrist - one at the middle position opposite the styloid process, another one finger-tip in front of this, and the third position one finger-tip behind. In each position there are two levels - one superficial, the other deep, so therefore there are six positions on each wrist, for a total of 12 on both wrists together, each one relating to one of the 12 meridians, and therefore the 12 organ/officials. These are shown in the illustration.

Left wrist
 Surface Deep
 Small Int + Heart
 Gall Bladd + Liver
 Bladder + Kidneys



Right wrist
 Deep Surface
 Lungs + Colon
 Spleen + Stomach
 Pericard + Tri Heater

Some schools teach the fundamentals of pulse reading but do not seem to have an adequate way to describe what the pulse is. Their pulse reading system is very fundamental – describing only volume, e.g. plus 1/2, minus 2 etc, on a scale of plus 3 and minus 3. This may also be accompanied by other descriptions - tight, small, floating etc. So they primarily rely upon other diagnostic procedures such as colour, sound, emotion, odour – otherwise described as To See, To Hear, To Touch, To Smell – or some such listing of observations. Their point-of-view seems to be that the pulse is not the final means of diagnosis - but how could it be for them, if they do not have the ability to read or measure it with much subtlety.

However, after applying the style of +3 / -3 for some 10 years it occurred to me, almost by accident, that there was a way to describe the pulses which was based upon drawing diagrams and pictures of them.

Over time it became increasingly clear that the primary issue in understanding the pulse was the Notation System that was used, how it was written down and described.

After all, you are not going to write very interesting poetry with only 12 words = +1/2 to +3 and -1/2 to -3. And this simplified system can hardly describe or reflect the sensitivity and scope and depth of human experience, and the range of our states of health and being.

Over the course of 20 years I devised and refined a Pulse Notation System that has such a range of sensitivity and nuance that it has not been exhausted, even seeing something in the region of 8-12 patients a day or 1,500+ patient visits a year, and still presents new possibilities and discoveries on a daily basis.

The pulse is one of the great mysteries, of anything, anywhere. Through the whole of human history nobody seems to have figured it out, at least as far as I have become aware of. There is no comprehensive explanation of how little blips on the wrist, felt by the end of your fingertips, can tell you information about the whole of somebody on all levels.

As an Acupuncturist you are taught how to feel the pulses, to varying degrees of competence, dependant on who your teachers were, but I have never, personally, heard a comprehensive technical explanation of how it works, and my suspicion is because nobody knows.

Given that this cannot be explained by any known description of physics, anatomy or biology, but this is how you know the subtlest detail of what is going on with somebody, and given that I spend large portions of time feeling people's pulses, the patients need some explanation. What I say is something like this:

"Our understanding of reality changes and evolves as we learn more. Before we understood quantum physics there was no sense that this is what underlay everything. What we do know now is that there is an aspect of reality that is based upon the Hologram, such that one part reflects the whole, just as one cell becomes the whole of what we are. The pulse is a reflection of this Hologram. We do not understand it yet, and we may do in 100 or 1,000 years time. We don't yet know HOW it works, but we know how to work it, and we know that it DOES work, because when it functions correctly then the symptoms and problems diminish and people get healthy and stay healthy."

As the person is there to get treatment for some reason, they generally don't need to know anymore than this, and this is usually enough.

A Pulse Notation System

This is the first time I have attempted to put into writing and language this visual notation system that I have slowly developed and used for maybe 20 years. I hope it makes sense, but if it is not completely clear, that it at least gives the general idea and inspires your own thinking about these possibilities.

It was partly inspired by seeing the chart drawn by an Ophthalmologist of the back of somebody's retina that he was examining with optical lens equipment.

He had a printed circular map of the retina, and he would look at the retina through his lens, then make a mark on the chart. Then he would look again, then mark the sheet, and so on, until he had documented what he was observing.

The marks looked like squiggles, circles, spirals, cross-hatching, dots, lines, etc. In this way he ended up with a visual record

of what he was seeing. Later he translated this into words in a written report. What struck me was that he had a visual language to describe what he observed, a notation system that worked for him, and served his specific needs. Written language, words, was secondary, and probably used for communicating with others.

One day while writing down a pulse picture I had the thought that rather than writing +1, +2 and +3, I could do it like this

Use a single plus	+	for +1,
a double plus	+ +	sign for +2,
and a triple plus	+ + +	for +3.
a single minus	— —	for -1
double minus	— — — —	for -2
and triple minus	— — — — — —	for -3

It was a short-hand notation.

This, almost by accident, then took off in all kinds of directions and possibilities. It led to the initial convention of using + in four levels of 25% each, +, ++, +++, +++++, quartiles, to represent from zero up to full yang of +100%.

Similarly, using — — in four quartile levels of minus 25% each,

— —	— —	— —	— —
— —	— —	— —	— —
— —	— —	— —	— —
— —	— —	— —	— —
0-25	25-50	50-75	75-100

to represent from zero down to full yin of -100%.

Zero was represented by a check/tick – which meant it was OK/good/even.

These notations represented volume, or quantity.

If a pulse was within 0-25% + or -, then that is OK, within the range of normal fluctuation based on the time of day, season, what a person ate for lunch, etc.

25-50% indicated something probably not going to self-correct and needing attention.

50-75% would definitely have symptoms associated with it, of varying degrees of severity.

75-100% indicated somebody was in jeopardy. If excessive they were probably suffering hyper-tension, and may be in danger of a stroke or heart attack. If deficient they would have chronic fatigue, debility, exhaustion.

Then there were ways of indicating the 'character' of each pulse, by the way in which they were drawn - its 'shape'.

There could be a + that was very small and tight, or + that was big, loose and wavy. Or one that was normal sized.

There could be a double minus = = that was small, tight and close to each other, or large lines faint, wavy and uneven.

The next description was about 'level'. Was it floating or sinking.

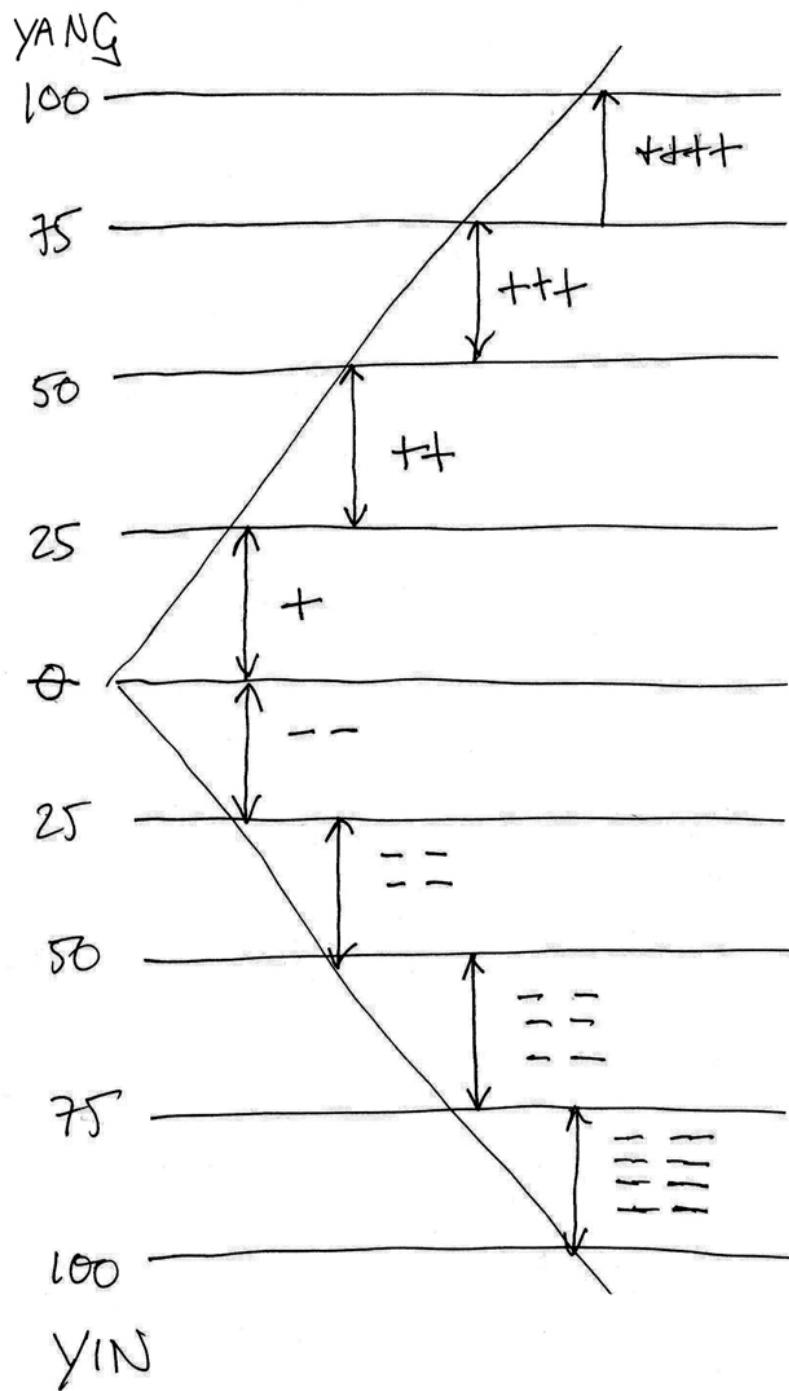
Level was indicated by having a long unbroken line _____

Any notation below the line meant that the pulse was sinking - i.e. dropping away from the finger tip, therefore weak and deficient
= yin

Any notation above the line meant that the pulse was floating - i.e. pushing up against the finger tip, therefore strong and excessive
= yang

Another indicator was the horizontal space between the yin lines. The larger the space, the emptier the pulse, which to me indicated that there was no 'body' in the pulse, that there was a larger space than should be, between the top level of that particular pulse / organ / official and the bottom level of it - as if the wall of the artery was too expanded, as if the rubber walls of the inner-tube of a bicycle tire were weak.

Given that the top level represented the top edge of the wall of the inner-tube, and the bottom level represented the bottom edge, but both on the same pulse / organ / official.



Pulse quantity in quartiles
0 - 100 in 25% units + / -

Another way of thinking of that is feeling the inside of the pulse as being the space between the top and bottom wall, or what was the state, quality and condition of the rubber the wall is made of.

Using this basic visual vocabulary gave a 'picture' of the pulse – its strength, volume, size, position, level... such that you could see its nature, condition, state and relationships.

When this was marked out on the pulse diagram chart, a number of things became clear –

- its character
- its relationship to the other pulses
- its relationship to its paired yin-yang meridian
- its mother-child relationship, on the Shen cycle
- its father-child relationship, on the Ko cycle
- the overall condition of the pulses
- imbalances between pulses, and therefore elements
- the relationship between the pulses and symptoms
- if it is stuck or blocked
- its volume or size

Following later in this chapter are some real sample pulse pictures of patients

So what does this add up to?

How does this relate to the end objective of Correct Function?

And what does a good pulse picture look like?

To indicate this, apart from just using a tick or check mark, which did not say much to the patient, I used the sign of a minus on top and a plus below it.

— —
+

In the I Ching / The Book of Changes the hexagram with Yin on top and Yang below is Peace, Hexagram 11. The commentary on this says that the nature of Yin/Earth is sinking and the nature of Yang/Heaven is rising. This configuration indicated a state of balance and harmony.

+ + $\text{a} \zeta \mu$

$\begin{array}{cc} \text{--} & \text{--} \\ \text{--} & \text{--} \end{array}$ $\begin{array}{cc} \text{--} & \text{--} \\ \text{--} & \text{--} \end{array}$ $\begin{array}{cc} \text{--} & \text{--} \\ \text{--} & \text{--} \end{array}$

$\begin{array}{c} + \\ \hline \end{array}$ $\begin{array}{c} \hline + \end{array}$

$\begin{array}{cc} \text{--} & \text{--} \\ \text{--} & \text{--} \\ + \end{array}$ $\begin{array}{cc} \text{--} & \text{--} \\ \text{--} & \text{--} \\ \text{a} \zeta \mu \end{array}$ $\begin{array}{cc} \text{--} & \text{--} \\ \text{--} & \text{--} \\ + \end{array}$

$\begin{array}{cc} \text{--} & \text{--} \\ \text{--} & \text{--} \\ \text{+++} \end{array}$ $\begin{array}{cc} \text{--} & \text{--} \\ \text{--} & \text{--} \\ \text{a} \zeta \mu \end{array}$ $\begin{array}{cc} \text{--} & \text{--} \\ \text{--} & \text{--} \\ \text{a} \zeta \mu \end{array}$

Variations of Pulse Notations

If the positions are reversed then they would move away from each other - Yang would rise and Earth would sink.

A correct full pulse picture would look like the following diagrams, but even in this there are subtleties - which maybe only I could see, because I drew it. After all, these pulse pictures are primarily for my own information in deciding treatments and treating patients. They are secondarily for patients to understand about their own pulses.

Three final pulse pictures of three actual patients are shown here for comparison. According to the criteria I have defined and adopted for reading the pulses, this notation system allows you to see the Balance, Flow, Quality, Volume and Relationship of the pulses, and therefore the organ/officials, and the whole person, when referenced to the Table of Correspondences.

- It provides a criteria to aspire to and work towards.
- It creates a goal to get the pulses to.
- It sets an objective for treatment.

As a first attempt to put this in writing and language, this description obviously needs more development and refinement, but I hope it inspires you to create your own visual pulse notation system based on some of these, or your own, principles.

I would be most interested in your comments and feedback.

Examples of Pulse Changes with three patients
 - before and after weekly treatment series.

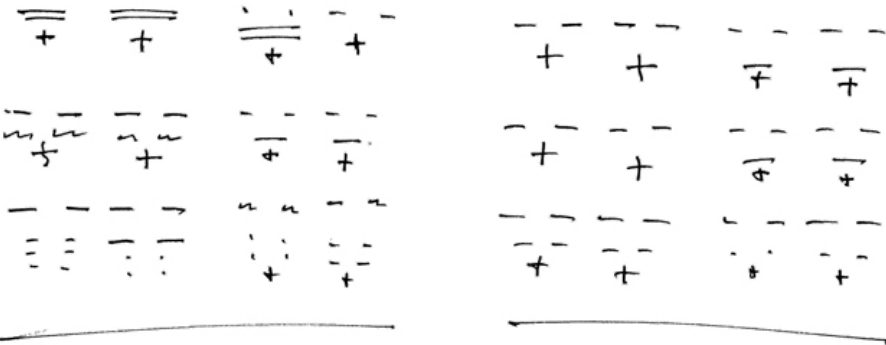
Pulse layout is
 Left Right

SI HT LU CO
 GB LI SP ST
 BL KI PC TH

A.

6/11/10

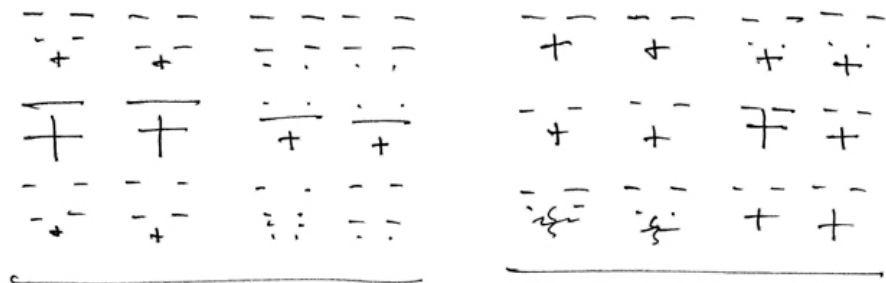
11/15/10



B.

7/1/10

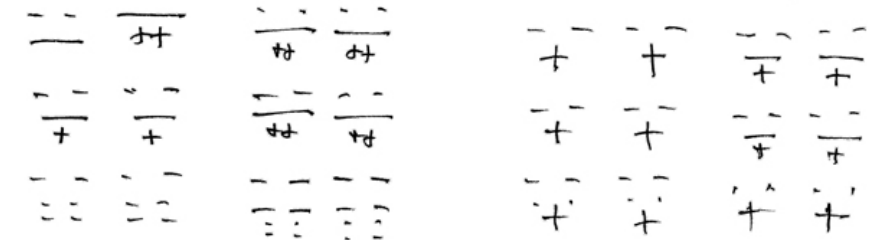
11/8/10



C.

4/21/08

11/17/08



CHI KUNG / QIGONG

Chi Kung / Qigong is a word that has no direct equivalence in English, because there is no equivalence to it in Western mainstream tradition, so no name for it ever existed - it was all just 'Energy', and still is for most people.

But if Chi Energy is not so basic, and fundamental, and important why is the country called Chi na ?

In the West we simply have never known about the Energy System in the way it is known and understood in Asia - it never existed in Western science, biology or physics. There are valid questions about why this is so, but not many answers.

My suspicion is that it was something to do with its suppression by political, religious, financial and other vested interests. If Chi Energy is the foundation of the highest and deepest of ourselves, what is known in the West as Soul and Spirit, and if that is what inspired the best in people - climbing mountains, crossing oceans, writing books, singing hymns, painting pictures... then it is the most powerful dimension, equivalent to religion and our sense of what is Holy, sacred, and divine.

So just letting this run around free, without being able to tax it, was not encouraged by those who collected and benefitted from the taxes - the monarchy and the church, and the power classes.

Or perhaps it was just a case of missed opportunity. After all, the immense (and in many ways equal to Chi Kung) tradition of Yoga never got adopted by the West, until very recently, even though it was thousands of years old and of unquestionable value.

Or perhaps it never got transferred, maybe because of the language, maybe because when you abstract things into a symbolic alphabet it is different to drawing a picture of it - which is the difference between the Roman alphabet and Chinese calligraphy. Perhaps the notation system of the language limits and determines the possibilities of experience, or opens it up?

What we do know is that in the last 50 years the awareness of 'Energy' has flooded into the consciousness of the West, and is everywhere now - yoga, meditation, healing, Tai Chi, martial arts, et al. Simply reference the flowering of Acupuncture, which hardly existed before, and now is all over the Western world. This is part of a social movement that became known as The New Age - but now, fifty years later, may more appropriately be called The Middle Age.

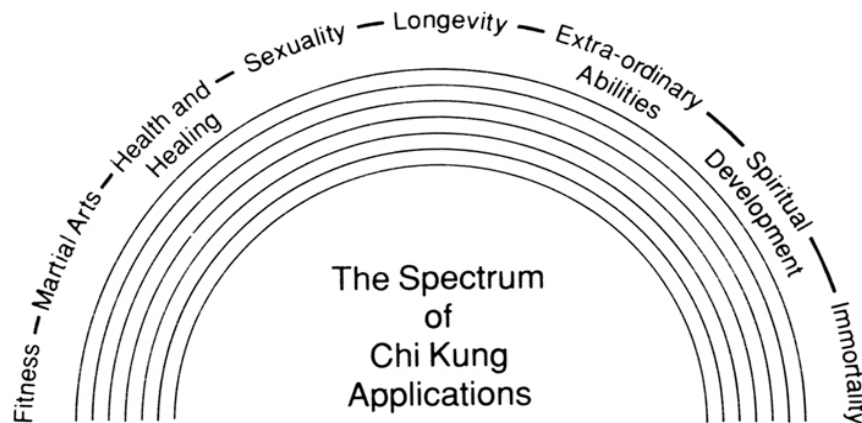
However, Chi Kung is not 'new' at all, in fact it is one of the oldest known things, because it is so primary, and basic and fundamental - indeed it could be said to be Life Itself.

Chi translates as energy, vitality or life. Kung translates as working, developing or cultivating. So there are at least three translations:

- Working with Energy
- Developing Vitality
- Cultivating Life

They are all equally valid, but personally I prefer to Cultivate Life.

There is a vast range of applications of Chi Kung / Qigong - Fitness, Sports, Martial Arts, Health and Healing, Sexuality, Longevity, Extra-Ordinary Abilities, Spiritual Development and Immortality. Essentially, every aspect of ourselves.



The term 'Working with Energy' can apply to all manner of activities - you only have to look at the Ads in any Holistic Health magazine or New Age Journals. It has become its own minor 'industry', and something of a 'turf war', with no limits to the claims that can be made. So the question arises of what distinguishes Chi Kung from everything else.

Well this question has come up multitudes of times, in all kinds of contexts - when compared to Healing Touch, Reiki, Tai Chi, Energy Healing, Jin Shin Jyutsu, Polarity Therapy and all of the other forms and styles that use 'energy' as a medium.

The answer that emerged from informal discussions amongst senior members of the National Qigong Association USA, is that Chi Kung

is distinguished from all of these other forms and styles because it utilises the anatomy of the meridian system, as understood in Acupuncture and Oriental Medicine. It works according to the principles and rules of its physiology - which in other words could be described as the laws and principles of Tao - Yin Yang, Five Elements, Table of Correspondences, Ba Gua, Three Tan Tien, Twelve Divisions, etc.

It could be said that Chi Kung follows the Tao of the body, and Practicing Chi Kung is Manifesting Tao - in ourselves and our lives. Or that we are attuning to our true nature, and enhancing our being, and thereby becoming healthier and happier.

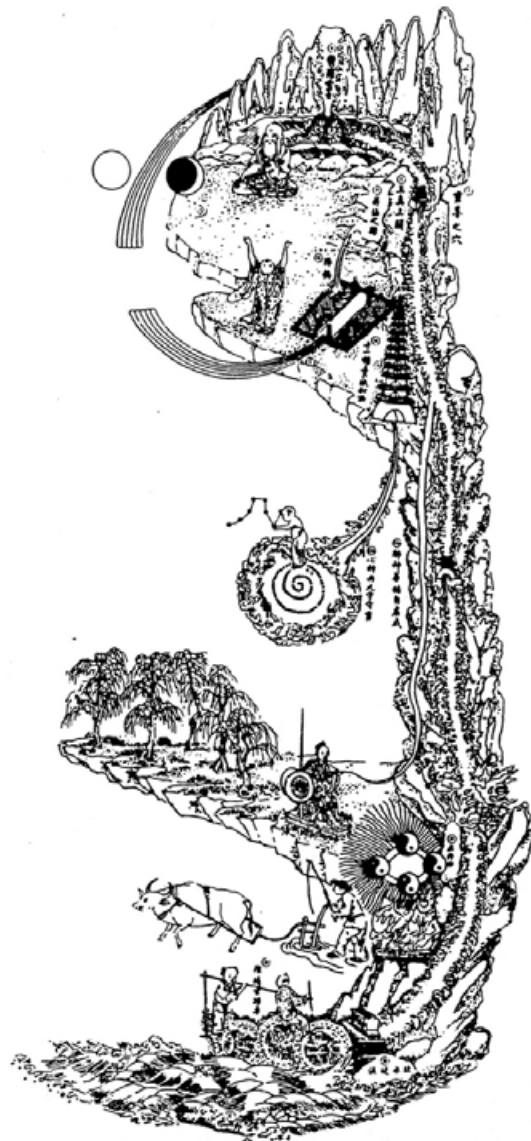
Over the course of 25+ years I worked with this from a Nei Dan/Internal Chi Kung approach. To re-state from earlier discussion, in the simplest terms Wei means External, and Nei means Internal. So there are primarily two different styles of Chi Kung, which overlap - one is External Chi Kung/Wei Dan, the other is Internal Chi Kung/Nei Dan.

There are many forms and styles of External Wei Dan Chi Kung, hundreds, if not thousands, of them. They are very obvious because they involve movement and/or stances, and they are often old and classical - Five Animal Frolics, Eight Pieces of Brocade, Standing Like A Tree, Swimming Dragon, Wild Goose, Iron Shirt, Golden Bell and on and on...

Internal Nei Dan Chi Kung is a meditation form. It was practiced by monks, Doctors, martial artists and the aristocracy. It was kept secret, and taught orally from teacher to chosen student. It was also protected by esoteric language and symbolism so that the uninitiated could not understand what was being said or taught - they would not know what 'The Dragon and The Phoenix Cultivating the Pearl in the Inner Cauldron' meant.

Nei Dan was kept secret partly because it was so powerful, and needed to be taught and practiced correctly in order to avoid negative results with detrimental consequences. Chi deviation. Think nuclear energy. There are many stories of people who practiced incorrectly, and ended up with scrambled eggs for brains.

I concluded early on, from an assortment of different clues and indications, that the primary foundation of all forms of Chi Kung was the Eight Extraordinary Meridians / 8ExMs. I focused my attention and research in this direction, and over the course of time developed this into a nine-month training program of weekly classes.



*Inner Alchemy
The Microcosmic Orbit
Circulating Chi in the Governor and Conception Meridians
Tang Dynasty Internal Body View 7–10th Century AD*

Nei Jing Tu
Inner Energy Circulation

Carved in stone at The White Cloud Monastery

Having studied and taught this over 25+ years, been exposed to a wide range of influences, trained with a number of advanced teachers, been given 'transmission' by some high-level Masters, and researched ancient classics and modern methodologies, I am now convinced that this was a correct assumption.

This program is described in detail in the associated book that I created in 2008, called The Eight Extraordinary Meridians Qigong Training Program, which is available free on the website www.globalqiproject.com. This book leads people step-by-step through a progressive and developmental sequence of practices. It is also accompanied by a full set of audio tracks, which teach people as if they are in a classroom, which are also free. To date, at the time of writing, it is estimated that 60,000 have downloaded this program in 147 countries - with no advertising. It just sits there, and people come looking for it, and get it.

It is also only one megabyte in size, so that anybody can send it to anybody else, anywhere, over the internet - without restrictions of file-size being an issue or limitation.

At the end there is an optional final set of advanced audio practices which people have to pay the relatively modest sum of \$20 for, which at one-a-month keeps the site open without any attention or monitoring required, because that is what it costs to keep everything connected together and turned on. So these days it just runs itself, and I occasionally look and see how it is doing.

One interesting dimension of this is that I found out, by accident, that because I gave it away free, it appears that 30 or so other people are giving it away free on their own websites, and that accounts for something in the region of 20,000 of the estimated people who received it. It is just being passed on, and spread around, because people like it, and like Chi.

So this 'chapter' is not about how to practice Qigong for yourself, that is well covered by the book and I do not think I can improve much on that.

This chapter is more about the teaching program, and how it came about, from the viewpoint that it may help people who want to begin teaching in this style of Nei Dan practice. It is partly about how to set up and teach training programs, from my personal perspective and experience.

It is also about how to treat clinically, how it relates to clinical applications and the ways in which it can be applied and incorporated with Acupuncture.

The 8ExMs training program evolved slowly, but a primary characteristic of it was that it had to be contained within a 1.5 hour class, once a week, for the simple reason that was when people would turn up. You can't teach a class if nobody is there. Over the course of time, and through trial and error, I found out that if I held classes on Tuesday mornings from 7:00 to 8:30am people would show up because it was 'before work'. They could come and do the class, then get to work, or an academic class if they were in college or university, by 9:00 am. It fit within their normal schedule.

Similarly, if I taught the class on Thursdays at 5:30 to 7:00pm, or 7:00 to 8:30pm, or sometimes both, it was After Work, and people would show up then.

These times worked consistently for over two decades. If I tried teaching during the day, then only 2 - 3 people would show, if that. So the morning and evening times was what the program had to fit within. And the way my week was organised, I never tried Tuesday evening and Thursday morning, or any of the other options. Then there was the aspect of progression. The program had three parts, three sections, in a progressive development.

Originally, in the early '80's, it was a 12 week training in The Inner Smile, Creating The Ba Gua at the Navel, and the Microcosmic Orbit meditation, otherwise known as the Small Heaven Circulation. As I learned other levels of practices they were added. The next stage was originally called Fusion of the Five Elements, but I renamed it Cleansing The Emotions and Cultivating Virtues, so it was in simple, straight-forward English that described what it did. Then I learned the Macrocosmic Orbit, also known as the Greater Heaven Circulation, which incorporates the extremities of the arms and the legs into the practice.

This was followed some time later by the Dai Mo / Belt Channel, that extended out around the physical body into the field, and also drew the external energy of heaven and earth into it. And then the Chong Mo / Thrusting Channel, which activated the central channel and the Cauldrons along it. And finally it became clear that this whole practice constituted, and incorporated, all of the Eight Extraordinary Meridians, so the last section was using the Master and Coupled points, which was largely uncharted territory - but for a Chi Adventurer, that was a challenge. This all happened over the course of some years.

And practicing and teaching this program had to fit into the structure of my 9 month training program of weekly 1.5 hour classes, in three 12 week sections. That was the box, the container, it had to fit into. The issue then became how best to teach it in that context.

Through experience I learned how to adjust my teaching so that it was at a speed and development that a cross-section of people, with different levels of experience, could learn simultaneously, and so that everyone felt they had moved forward in each class. A class might contain someone who had never done anything like this before, an Acupuncturist with years of experience, a former student from long ago, a person who was doing this for the third consecutive year, someone who was experienced in other forms of meditation, an advanced level martial artist and an old friend of mine.

And also, most importantly, I learned how to stop talking, and start practicing, a familiar trap for teachers. I was personally interested in the theories behind the practices, and had lots of comments, stories and thoughts about it all, but that was not what people were there for, they wanted the experience. So we practiced.

Teaching It

The program started in the Fall/Autumn, in line with the Academic year of schools and colleges. Summer was not a time to teach weekly classes, because that is when kids are on school vacation, people were travelling, or family and friends were visiting or whatever else meant they would not turn up consistently.

Autumn/Fall was when everyone settles down again, and prepares for the internal withdrawal of Winter - the Metal Element transitioning into the Water Element. So it was when I started my programs.

These began with a Free Introduction, an Open Class when people could come and find out about the whole program, and have questions answered. I mapped out the whole progression and development, and why Chi Kung is important to learn and do.

This was announced in an annual brochure that I would design myself, and have printed at high-quality. Having been to Art School and studied design, and having done 50+ of these brochures since my mid-20's, meant I knew how to go about them. In fact I was of the opinion that the quality and creativity of these brochures was a major factor of why I remained busy, and people showed up. The design mantra was 'Give Them Art'.

These brochures described all of the activities going on at any given period, of myself and whoever I was working with at the time - Acupuncture treatment, visiting teachers, special events, books and publications, workshops, teaching at the local hospital, conferences I was involved in or producing... and the Chi Kung program. They were always new, fresh, varied and creative, and hopefully interesting.

They were sent out to my patients, and people who had inquired by phone over the years, and who I had met over the course of time. This mailing list was kept tight and small, only being sent to those people who would find it of interest. It was sent out in September, to announce classes starting at the beginning of October. The timing of the mailing was important - too far out and it was sometimes forgotten, too close in and it was not enough advance notice. Three weeks was about right.

Also you had to allow for the inevitable 'returns' from the Post Office, because people had moved and addresses had changed. These usually came back quick enough to re-send the envelope and still have it arrive before the classes started.

And all of this mailing was done by hand. When I co-directed the Body-Energy Center we would mail out 2,500 items - locally, nationally and internationally that had just accumulated from all kinds of sources. We used a professional mailing service for this, as we also split the cost. However, many of these names and addresses were no longer very valid or relevant or were not associated with me, but rather with my partner.

When I was working on my own, over the later 5.5 years in the US, I cleaned up the mailing list so it was only half of what it had been. I needed to have more control of who it was sent to, and it was all prepared and mailed by myself and sometimes a friend, or volunteer, which usually took a couple of weekends. Then a week before the Introductory Presentation I prepared a single separate sheet only about the Qigong classes. One side was the information about the program, the other side was usually quotes from people who had attended it the previous year. This was sent out to a highly-targeted short list of no more than 200 people, who had expressed specific interest in it. They received this the week before the class started.

I found out, through experience, that if I did not send out this follow-up sheet, then there was much less response. It was the clincher, and very important to do so to get people turning up for the Intros. Then I would phone up a small number of individuals who had expressed specific interest, and talk to them personally.

And one other factor, of greater importance than I realised at the time, was that I talked to all of my potentially interested Acupuncture patients, and encouraged them to come to the Intro. And many of them did. I put it in the context that they had gone through a program of treatment, and now it would be very good for them to learn how to maintain their own energy themselves. Which it was. And they came.

The Intro was often a 'warm up'. It would have been one-year since I had done the previous one, and I had spent a great deal of time, and money, preparing for it - 4-6 weeks from the first thoughts of the design of the brochure to walking into a room of people who had come to hear about it. So the actual event was a culmination of a lot of time and attention. And usually not everyone who said they were interested showed up.

But the Intro acted as a spur to me, to focus my attention and increase my concentration on it. And so I talked to more people, and followed up. I said to those who came to the Intro who wanted to start the program that it would begin the next week. But for myself I thought of the first class as a second Intro, one in which people could come in without knowing anything. And in this first class/second Intro we did more practice, so there was some substantial experience for those who had been there the previous week, and not just the same talking and outline.

And from then on, other people could still join for the next week or so, because people brought friends, and others found out about it.

In the early days I would put 'flyers' and posters up around town, and take Ads out in the newspapers and magazines - all taking valuable time, money and effort. At the end I only sent my brochure out to people on my own mailing list - whose names and addresses I had collected.

But I also put the full notices on my website - the brochure and the one-page announcement. And in later years a fair number of people just walked in on the night, having seen it on the website, and ended up doing the classes. They would just Google 'Qigong, Boulder' and my name would come up with all the info, and they would show up.

The first few classes were always chaotic, with people coming to just see what it was about, but not really serious about training, and not coming back - window shoppers and tourists. Or I was the wrong teacher for them. And others finding out about it once it was rolling, and coming to join when it was already underway. I got to

the point of concluding that I did not know who was actually in the class, and committed, until half way through the first program.

Another issue that arose was that I had long thought that it was a 9 month training program, and that was what people should do. If they did not complete the whole thing, which only a limited percentage did, then there was a sense of failure. I held this view for 10 to 15 years.

But people were discontinuing after the first 12 weeks with great appreciation and thanking me for what I had taught them, saying it was enough, and they would continue to practice what they had learned. However, I was always living with a sense that it was somehow less than successful, less than it might have been.

Then in the late '90's I changed the structure and organisation - in my own mind. I came to the view that the program was in fact in three distinct parts. The first part got them to The Microcosmic Orbit. The second part got to The Macrocosmic Orbit. And the third part ended with the Master and Coupled Points.

My expectation changed so that if people only did the Microcosmic then that was good. If they did the Macrocosmic that was better. And if they did the whole program that was best.

With this simple change of mind I turned the whole program into a success at each stage. Which goes to show that it is sometimes easier to change your mind than to change reality.

Of course, there was natural attrition, and the numbers could not grow because only people who had done the earlier classes could do the later ones. For instance, if there were 12 in the Autumn, there might be 8 in the Winter, and 5 in the Spring who completed the whole program.

At the end of the whole program each year we had a Graduation Ceremony, and each person was given a Certificate of Completion, and a disc of the book and the audios. We had created and shared a unique Chi Field over our time together, which was like no other experience. There was a level of intimacy as a group that you did not have anywhere else. There was a friendship like you had been on a trip to some exotic place together. And we took pictures of the graduating class, which remain great personal treasures.

But it was not just about that particular class, for me I was doing research. I was learning about how to teach this material, so that I

could put it out there, so I could put it into writing, or a book, or an audio that would convey the essence of this to as many people as possible. Which is what the 8ExMs book and audio tracks did. For me these classes were also about learning how to do that.

The Application of Qigong to Acupuncture

Before continuing further I would recommend that you at least look at the book and training program of the Eight Extraordinary Meridians on the Global Qi Project website - www.globalqipproject.com. That was the first book in a Trilogy. This one you are reading now is the second book. I have no idea what the third book will be about, but probably something to do with Tao. Maybe it will consist of blank pages that you fill in yourself !

8ExMs Qigong Training is a 186 page self-contained document, so there is no need to try to present an abbreviated version here. You can download this book, and even print it out on your own printer, or at any print shop, if you wish.

If you have never practiced Nei Dan Qigong (which is also sometimes called Nei Gung or Neigong) before, then it may take some time to learn the practices, develop, and become accustomed to them. If you are familiar with some of these practices, such as the Microcosmic Orbit or the Macrocosmic Orbit, then these versions will be somewhat familiar and easy to learn.

If you have your own internal practices that are equivalent, then this may be of interest, and provide a different way of thinking about Qigong.

However, continuing from the assumption that you are now somewhat familiar with the foundations, principles and language involved, the following are notes about applications in Clinical Practice.

A starting point is that Qigong Acupuncture, as I practice it, operates according to the descriptions and principles outlined previously in this document, which are essentially - Treat the Causative Factor according to Five Elements, Yin Yang theory and the Table of Correspondences. One of the major reasons for practicing Qigong is that you increase the volume and heighten the frequency of your energy, and put it under your conscious control. In other words, you have more energy, and it works better, and you are in control of it. But it is a skill, and as with most skills, the more you do it the better you get.

The value of Nei Dan / Internal Qigong practice is that you learn to control and focus your chi/energy with just your mind, so you are able to direct it in various ways, according to what you are trying to accomplish.

- You can transmit it to patients
- You can run chi along meridian pathways
- You can draw negative energy out of people
- You can correct wrong function
- You can open points that are closed
- You can reverse incorrect spirals
- You can bring chi into yourself from Heaven and Earth
- You can 'mix' it inside yourself to a specific frequency
- You can focus it down to a needle point
- You can open it up into a person's whole field
- You can create a Chi Field to fill a room.....

After 30 years of practice I am still discovering new aspects and dimensions.

Using Intention

There is a common phrase that is often used by Acupuncturists, when you ask what they do regarding directing their own energy when treating a patient. The phrase is "I use my intention". And that is it. No more statement. No further explanation. No elaboration.

I suspect that this is a faint echo of Qigong treatment. Indeed, Qigong is using your mind and using 'intention', but it is purposeful and specific and focused and precise, and it slowly develops over long personal cultivation. You have to do it in a very specific way. Somebody just saying that they use 'intention', without any further explication, seems like somewhere along the historical timeline it was recognised and understood that this was what happened, but the methodology and requirements were not understood in any particular or specific way. To be able to control your own chi, and do what needs to be done, requires correct practice.

It seems self-evident that Chi Kung training will become part of the curriculum of Acupuncture schools in a meaningful way, as a foundation of practice, as it is in traditional Taoist training. I heard a keynote lecture given by Mao Shing Ni, the co-founder, with his brother Daoshing Ni, of Yo San University in California, one of the premier and most highly regarded schools for Acupuncture and Oriental Medicine in the United States, and a true Taoist. Their father is the reknowned Taoist, Master Ni, Hua Ching, and they come from 38 generations of teachers and practitioners of these Arts.

When asked if they included Qigong in their programs he simply said "Why would we teach students Acupuncture, without teaching them Qigong first? That doesn't make any sense". That says it in a nutshell.

For Acupuncturists, Qigong is not just something you do in the morning before seeing patients, or to relax and refresh after a busy day, or as an hour-long optional session at 7am at an Acupuncture conference before they get down to the real thing. Qigong is the fundamental business Acupuncturists are engaged in - but it is hardly included in the curriculums of schools. However, it seems that it is just a matter of time before it becomes part of standard training - and the sooner the better.

I would like to be very clear that I am certainly not laying any personal claims for establishing any standards or criteria, in regard to my own program and website - I am simply reporting on my own experience. When the National Qigong Association USA, for which I served as Chair of the Standards and Credentials Committee for some years, tried to create qualifications for clinical practice, it was a very undefined area, with little agreement between various teachers, schools and traditions. It almost came down to a matter of personal opinions, coloured by vested interest. There were no commonly agreed standards of reference. This is often the case when establishing a new field, and particularly so in this case, when it is the practice of Medicine, Oriental Medicine.

I do not think it is going to be soon that there will be established and accepted professional standards of training and qualification. It is a brand new field and enormous in its range and scope and potential, so will take a long time for all the interested parties to come to agreement. Fortunately for myself I was qualified and licensed to practice Acupuncture, and including Qigong was simply an enhancement of that knowledge and skill. Indeed, it is said by some that Acupuncture is part of Qigong - one way of 'working with energy'. What I can say is when I began including Qigong in my practice more of my patients did better, faster, and continued treatment.

For Acupuncturists wanting to explore this dimension then perhaps the best I can say is to encourage you to continue to investigate the possibilities, find teachers, train and practice.

My hope is that my book and training program in Eight Extraordinary Meridians Qigong, and this Clinical Autobiography on Qigong Acupuncture, may be helpful signposts along the way.

SUMMARY

Thank You for taking the time to read this document. It took some time for me to write it, but 35 years to have something to write about.

The purpose of doing this comes back to the original quote about Yoshio Manaka.

"At the culmination of their professional careers, Oriental physicians often write books setting forth the mature versions of their clinical vision, their creations and accomplishments."

They did this partly so their experience was passed on and others could learn from it. And I feel that they also did it for themselves.

From my own viewpoint this is a Clinical Autobiography, a statement and record of what I did, and experienced, practicing Qigong and Acupuncture for three and a half decades, and ultimately combining them. I hope there are no assumptions or presumptions in it.

On a personal level I just went through a major life change, and one thing writing this has done is help wrap it up, to summarise my clinical experience to date, and get ready for whatever happens next.

It was also a way to get me landed back in Liverpool and England, after spending the second half of my life in Boulder, Colorado. 33 years seems like a significant number.

Writing this book has re-minded me of what I have done in my life as an Acupuncturist and Qigongster, because over an extended time you can forget what happened, and when. It helped me review and reclaim myself as a practitioner. So here it is. Please take it for what it is worth to you.

I hope you find it of interest and relevance - whether you are an experienced senior practitioner with a mature practice and your own style, a new practitioner starting off, or somebody who is just reading this out of interest or curiosity.

Your comments and feedback are welcome.

Qigong Acupuncture is great stuff. I encourage you to go get more.

Best Chi,

Jim MacRitchie

AFTERWORD

Every book is written by somebody, who each has his/her story about it. This is my personal story of this book.

I began the study of Acupuncture in 1974 in London, England, at the age of 27. Having returned from a year studying Dance with Anna Halprin in San Francisco, California, I wanted to know more about energy in the body, and Acupuncture seemed a good place to start. Little did I suspect at the time that it would occupy the rest of my life, or would lead into Qigong / Chi Kung and the study of the deeper levels of Taoism, and infuse all levels of my being.

针灸

Zhen Jiu
Needle Heat
Acupuncture & Moxabustion

After studying with Prof. J. R. Worsley, and his associates, I graduated Acupuncture School at the end of 1977, and began practicing part-time in downtown London in 1978. At the time I was primarily co-directing The Natural Dance Workshop and teaching, leading workshops and presenting participatory performances, in England and Europe.

In early 1981, at the age of 33, the opportunity arose of doing a one-year sabbatical in Boulder, Colorado, in the United States, having been invited to run a colleague's Acupuncture practice while she was on maternity leave. As my wife/partner, Anna Wise, had attended university in Boulder and her parents lived in the area, it seemed like a golden opportunity. So we took it. I returned back to England 33 years later in 2013, at the age of 66.

When I moved to Boulder, Acupuncture was a-legal, neither legal or illegal because no-one had paid attention to it. There were no laws governing it. I became the first Registered Acupuncturist in the state, as a Physician Extender working under the supervision of a medical Doctor, Dr. Robert McFarland. This was something of a joke, as he had no idea whatsoever what I was doing - I would tell him what to tell me, and he tell me what I had just told him to tell me, so we met the minimum requirements of 'supervision'.

In 1983 I helped initiate, and became the Founding President of, the Acupuncture Association of Colorado, and worked with others to get the profession legally established. When I left Colorado there were over 1,200 Acupuncturists fully licensed as independent practitioners in the state, and three schools. From beginning as the only registered practitioner in a small town of 100,000 people - about the size of Bath, Cambridge or Chester in England - there were 164 Acupuncturists in Boulder when I left, which is wonderful growth and development and social evolution... unless you are trying make a living.

Also in 1983 I met my first Qigong teacher, Master Mantak Chia, and began to practice his style, his 'Gong Fa'. This grew over the years into the 9 month training program described earlier.

氣功

Qi Gong
Chi Kung
Energy Work
Life Cultivation

Half-way through my time there, in 1996, I founded and became Founding President of, the National Qigong (Chi Kung) Association USA, and produced two conferences in Boulder, and attended a dozen more in the US, Europe and China. And I wrote three books for international publishing companies. My primary personal focus was on Chi Kung / Qigong and its applications, especially in clinical practice - therefore, Qigong Acupuncture.

And, as mentioned, I developed my own Qigong training program, called Eight Extraordinary Meridians Qigong, and taught versions of it over 50 times. This is now available free on the website.

For a list of reasons, including my three children growing up into good, strong, healthy adults, and being single again after two marriages, in May 2013 I left Boulder to move back to Liverpool, that legendary seaport in north-west England which was my home town.

In the early '70's I had worked at Great Georges Community Arts Project / The Blackie (now called Great Georges Community Cultural Project / The Black-E) - a unique centre integrating arts and community in the hard-core, multi-racial, inner-city, which had been established and co-directed by Bill and Wendy Harpe. I had stayed in contact with them ever since. 40+ years later the place was still fully-functioning, and the opportunity presented itself for me to work there again. So I took the leap. I figured I was still young, fit and healthy enough to make one more life change, have another ride on the merry-go-round, and do what I could to help.

In regard to Acupuncture and Qigong my intention was to practice and teach three days a week, rather than the previous five.

One strange irony is that I found myself writing the first draft of this book in the top 'attic' room of a house, which was five houses down, on the same row, as the room I had lived in when I was 17 years old and attending Liverpool Art School. I was back in my 'hood.

So after three decades in Colorado - two marriages, three kids, some thousands of patients, trips to China, a dozen international Qigong conferences, books, organisations ... - life comes around and the Yin Yang symbol loops back to where it started.

And so this book.

