Traditional Needling Techniques as Practical Constructions from Reading Historical Descriptions

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In 2009 I published in two parts the first of a series of papers on acupuncture ‘Filling the whole in acupuncture’ [6]. I am still working on the other papers in that series. The 2009 paper described a traditional supplementation needling technique from the Toyohari system of acupuncture and then explored historical and modern ideas about how to model what might be happening with the needling technique.

Since publishing the paper I have had a chance to reflect on the issue that most readers were quite unfamiliar with the needling technique and probably many could barely credit it to being a form of ‘traditional acupuncture’. I can sympathise with this since it is a specialised technique from Japan quite different from modern Chinese influenced methods and it involves use of needles that are not inserted. Some might naturally wonder how that can be acupuncture? What happened to the ‘de qi’? In this paper I want to focus on these and related issues and at the same time propose how ‘traditional acupuncture’ techniques might be constructed in the modern period. The following is a variation of an appendix in a book chapter on how acupuncture has engaged with the historical literature especially the Nan Jing and Ling Shu from an edited book and modern ideas about how to model what might be happening with the needling technique.

Below, I describe the needle technique from the perspective of the practitioner using the language that describes for him/her what is happening. Other untrained observers watching the needle technique will probably want to describe the technique in different terms. I feel it more suitable to use the more natural language rather than the language of another interpretive model. After describing the technique I then cite relevant passages from the historical literature, especially the Su Wen, Ling Shu and Nan Jing upon which the details of the needling technique are based. Others familiar with the same historical passages may have different interpretations or practical applications of the same passages, but that is one of the purposes of this paper – to illustrate how over time and through clinical practice different needling techniques develop based on syntheses of practical interpretations of passages from classical texts.

Take the example of ‘needing with the flow of the channel’ as an important historical idea about how to apply the ‘bu fa’ [補法] or the supplementation method. Many authors mention this idea [27:13; 30:151; 30:151; 43:164; 58:184; 73:163]. Of this and a number of other historical ideas about needling, Ellis and colleagues wisely state, ‘The above methods are not a subject of unanimous agreement. Through the ages different opinions have been proffered. We present them here as an introduction to the subject, realizing that each practitioner must develop his or her own preferences on the matter’ [27:14].

One of, if not the original passage [24], that is interpreted as discussing the idea of needling with the flow is found in Ling Shu chapter one which says (隨而濟之急得無專). The term ‘zhui’ [隨] is similar in meaning to ‘sui’ [隨], to ‘follow’ and is usually interpreted in this passage as needling along with the flow of (qi in) the channel. But many alternate interpretations can be found that appear to depend on the style of needling and the amount of historical literature the translator is familiar with. The following are from modern Chinese translators: ‘To tonify means to follow, to assist, to agitate’ [69:2]; ‘In invigorating, the prick can be carried out at any time’ [70:495] – though the same phrase in Ling Shu nine is rendered by the same translators Wu and Wu as ‘when one twists the needle along with the running direction of the needle, it is the invigorating therapy’ [70:546], and a similar phrase in Ling Shu three as ‘assisting along with it” means to prick in the direction similar to the channel’s circulation’ [70:511]; the same passage is rephrased in the Zhen Jiu Jia Yi Jing (282 CE) and translated by Yang and Chace ‘Supplementation may be defined as tracking. Tracking implies (insertion of the needle) in a seemingly casual way’ [72:291].

In addition to finding quite different translations in the modern period of the same passage, different styles of practice interpret historical passages within the context of that practice style. The three cited translations are from people influenced by the modern TCM style of acupuncture where the needle is done more deeply to get ‘de qi’. In the TCM literature, the angle of insertion is less important in relation to bu fa [48:409; 48:409; 52:192] partly due to the fact that needle tend to be deeper in TCM acupuncture in comparison to historical descriptions [17:53; 54; 54; 81] and changes of needle angle from perpendicular needling are considered in TCM related to constitution, age, condition of the disease and location of the acupoints [52:192] not the application of the technique for bu fa. On the understanding of the term ‘sui’ in relation to needling, differences of opinion can be found in the historical texts as well. Nan Jing seventy-two discusses the principle of ‘sui’ when needling; Zhang Shi Xien (1510 CE) and Xu Dachun (1727 CE) interpret this passage as meaning to needle with the flow of the channel [63:602-603], while other commentators of the same passage see other interpretations [63:599-603]. Meanwhile Nan Jing seventy-nine offers a completely different explanation of the idea of ‘sui’ in

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relation to its theory of systematic correspondence and thus explaining the treatment principle from Nan Jing sixty-nine ‘in the case of depletion fill the respective mother’ [63:583]; it is seen in relation to five phase engendering cycle and acupoint selection rather than the angle of the needle [63:641], see factor one below for discussion.

We often find that passages from historical texts have different layers of meaning [see e.g. 24; 63; 65] that can be picked up on by different practitioners in each modern period. This has been in part responsible for generating the historical variety we find in the field of acupuncture. But, as the passage from the Ling Shu and the Nan Jing variation of it show, the Nei Jing and Nan Jing present very different views on acupuncture, their theories seem to be quite different, something discussed by Unschuld [62, 63, 64, 65] and others [10]. So, while I cite various passages from the Su Wen, Ling Shu and Nan Jing to justify the particular influences, applications or techniques within the whole needling technique, I am by no means implying that these are the only valid interpretations. These are reasonable interpretations upon which this particular practical application is based. To help the reader grasp this, in what follows, I also include the original Chinese passage along with the most reliable translation I could find. Thus for the Nan Jing I use Unschuld’s 1986 translation [63], for the Su Wen I use the recent translation by Unschuld and colleagues [65]. I could not find any reliable translation of the Ling Shu. I cite passages translated by Chace and Bensky [23; 24] and as default I use the translation of Wu and Wu [70] recognising that it is not optimal. Where my teachers have used a particular interpretation that is different than what these sources render, I cite that interpretation in a note. No translation is perfect. With these limitations in mind, I believe the original texts that I cite along with the practical interpretation made from it tell a substantial story. If one wishes to deny that the following technique is not ‘traditional acupuncture’ I believe that one then has to argue that such a thing exists nowhere anymore.3

The needle technique
In this needle method, the needle does not penetrate into the body, the needle tip is held at the skin surface or perhaps touches the skin but it does not penetrate the skin:2

1 Non-inserted needling methods are not uncommon: in Kiatsu Chiryo, Japanese Meridian Therapy. Several authors describe their routine use with specialized terminology for techniques such as ‘sesshokushin’ (touch contact needling) and ‘sanshin’ (rapid contact needling over an acupoint) [30; 35; 49; 58; 59]. It is helpful to remember how two of the nine needles from the Ling Shu (shizhen, yuanzhen) were also not inserted in order to influence the qi [20:45-54]. While non-inserted needling methods are not how ‘acupuncture’ is normally thought about today (given the assumption about ‘puncturing’), they are a routine part of the larger field of acupuncture practice in paediatrics [7] as well as adult acupuncture in both historical and modern contexts.

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body and that to judge the xulshi condition of the jing mai we are instructed in the pivotal chapter ten of the Ling Shu to feel the mai (pulses) [70:570+574, and 43:153] thus it is logical to check the pulses in order to examine the changing state of qi in the jing mai. In the Kozato method, one can give feedback to every stage of the needing as different changes occur at each stage. For the technique described below I assume that it was applied well and that the desired changes in the radial pulses were each step by step achieved and confirmed by other qualified practitioners.3

Bu fa (Japanese hoho) [補法] – the supplementation technique

1. A silver needle (40mm long, 0.18mm gauge) is used for this technique.10
2. After selecting the appropriate acupoint to be treated, the practitioner stands in the correct position relative to that acupoint. The acupoint is usually needed only on one side rather than bilaterally following simple clinical rules.
3. Holding the needle in the right hand (sashide), the practitioner places their left hand on the patient in order to find the acupoint.
4. Touching very lightly the left index finger is softly and slowly stroked along the (flow of) channel (jing mai) to be treated, looking for the acupoint to be needled, paying attention to find signs of vacuity to identify the exact location. The vacant point has certain physical characteristics (is soft, loose, etc) but more subtle feelings are also detected, the (experienced) practitioner becomes aware of something – touching or contacting the qi of the patient (at the ‘live point’).
5. After finding the exact (‘live’) location to be needled, and still touching very softly, the practitioner places the thumb of the left hand next to the index finger, pressing the pads of finger and thumb gently together directly over the acupoint to be supplemented. This forms the ‘oshide’. In order to stabilise the oshide, the other fingers of the left hand are placed lightly on the body to secure it. These movements are done all the while retaining the awareness of qi at the point to be treated.

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vi. The practitioner relaxes and adjusts their posture so as to relieve any unnecessary tension and then introduces the needle into the space between the index finger and thumb over the acupoint, angled along with the flow of the channel and directed towards the acupoint.

vii. Very carefully and slowly the practitioner advances the needle tip towards the acupoint with their right hand (sashide) paying special attention to feeling when the needle tip engages or contacts the qi. This can occur with the needle tip a small distance above the actual surface of the skin or at the skin surface. The practitioner feels this contact in their left hand (though other sensations elsewhere in their body may also be detected [5; 14]).

viii. Once the practitioner has ascertained that the needle is at the correct ‘depth’ (here the language is depth within the flow of qi, not within the body), the right hand stops advancing the needle and holds the needle handle very softly while the left hand finger and thumb are pressed slightly more together (this is ‘sayuatsu’, ‘left-right pressure’ [30]) to seal the space around the needle tip to prevent qi leakage.

ix. Throughout these actions the practitioner remains calm and quietly focused noticing and relieving any tension that develops in their body.

x. With the needle no longer advancing the practitioner seeks a change in the feeling (of qi) at the tip of the needle. If this change does not come automatically the practitioner may apply additional subtle manipulations with the right hand very gently or observe his body to identify and release any residual tension until this change of feeling starts.

xi. As the change starts and the feeling of qi (usually felt in the left hand) increases, the practitioner monitors it, then at the last moment increases the pressure of the left finger and thumb and as the patient inhales he rapidly removes the needle from the acupoint while simultaneously rolling the index finger or thumb over the acupoint (to close the ‘hole’ or space where the needle had been).

xii. The timing of this increased ‘left-right pressure’, needle removal and closure of the ‘hole’ is very precise and takes time to learn.

xiii. The pressure is maintained on the acupoint for about one breath, then the digit is removed and the technique finished.

**HISTORICAL ORIGINS**

The following is a list of fourteen historical concepts or descriptions that have been employed in one practical form or another in the above needling technique. For each I cite relevant chapters from the Su Wen, Ling Shu or Nan Jing with sources, further relevant passages are in the footnote.4

**Mechanical factors**

1. Insert the needle at an angle in the direction of flow of the channel treated (e.g. Ling Shu 1, 9) (如蚊虻止)

   ‘By pursuing and assisting it, how could one not achieve repletion [of the qi]?’ (Ling Shu 1 – [24]).

   This passage is often seen to mean angle the needle with the flow of the channel for supplementation effects. The Nan Jing explains this Ling Shu 1 passage about needling ‘sui’ (following) in Nan Jing 79 as related to use of the sheng or creative cycle of the five phases which influences which channels and acupoints to needle (隨而濟之，安得無實) ‘One provides support (to the qi) by following it, how can one not create a repletion?’ (Nan Jing 79 – [63:641]). Hence by choosing a specific acupoint following this theory from the Nan Jing, e.g. Lu 9 for lung vacuity, the needling technique additionally adds supplementing effects. Related to i, iv and especially vi above.

2. Insert the needle on the exhalation and remove on the inhalation. (e.g. Su Wen 27, 62)

   (氣出鍼入…氣入鍼出) ‘Wait for an exhalation to insert the needle … when the qi enters (the patient’s mouth) remove the needle’ (Su Wen 62 – [65:2:126]). Related to xi above.

3. Place one’s finger over the point immediately upon removal of the needle from the point. (e.g. Su Wen 27, 62, Ling Shu 1)

   (閉其門) ‘Obstruct its gate’ (close the hole) (Su Wen 62 – [65:2:126]). Related to xi and xii above.

4. Advance the needle slowly, withdraw the needle quickly (e.g. Ling Shu 1)

   (徐而從之) ‘When one slowly inserts and quickly removes the needle this will make the qi replete’ (Ling Shu 1 – [24]). Related to i, x, v, vi and especially vii and vi.

5. Apply the needling on one side of the body rather than bilaterally (to help address xieqi [邪氣] that might be lodged in the body) – needling opposite to the side where the xieqi is located. (e.g. Su Wen 63)

   (以左取右以右取左柰何) ‘Given [a disease is] on the left, one selects the right, while given [a disease is] on the right, one selects the left. Why is that?’ (Su Wen 63 – [65:2:133]). Related to ii above.

6. Obstruct the ‘needle hole’ on four sides (so that the essence qi cannot leak) (Su Wen 62)

   (鍼空四塞, 精無從去) ‘The needle hole is obstructed on four sides and the essence (qi) has no (possible) exit from which it could leave’ (Su Wen 62 – [65:2:126]). Related to vi, vii, viii and xi above.

**Skill based factors**

7. Insert the needle so that it is completely painless, (literally like a mosquito bite) (Ling Shu 1)

   (如蚊虻止) ‘The feeling of the patient is like a mosquito bite on the skin’ (Ling Shu 1, [70:495]), understood to mean painless insertion since one does not feel the mosquito bite at the time of the bite [30].

   The passage more literally says ‘like a mosquito and then stop’ which both implies painless and shallow insertion. Related to vi, vii, viii and ix above.

4 For each factor one can see relevant translations: 1 [43:164; 70:546]; 2 [64:281+283]; 3 [64:281+283; 70:494]; 4 [24; 70:494]; 5 [68:104]; 6 [64:281]; 7 [70:495]; 8 [63:655+646]; 9 [63:655+646]; 10 [63:655]; 11 [63:646]; 12 [64:281+283; 39:91; 24]; 13 [64:281+283; 39:91; 23]; 24, 25, 51, 56, 71. 

5 Given the recurrent use of hydrological analogies in Chinese thinking [1] which are also found in the theories of the jing mai and qi flow (25), it is difficult to resist the further application of those to explain the role of angling the needle with the flow of the jing mai or bu fa and against the flow of the ying mai for xieqi. Inserting an object like a piece of wood into a flowing stream can be used to encourage that flow when placed along with the flow (bu fa), while it can sluice out of the flow when placed against the current of that flow (xieqi).

6 In the Toyoari system, following initial investigations by Mr Kozato and then confirmation by his colleagues, an important part of the supplementation technique is ‘sayuatsu’, ‘left-right pressure’, where the index finger and thumb pads are pressed together so as to close the space around the needle. This concept clearly copies this Su Wen passage and the role of the left hand described in Nan Jing 79, 80 (see ‘14 base factor’).

7 Although the needle is not per se inserted, it can touch the skin, the important feature being that the needling is painless.
8. Feel the arrival of qi before inserting the needle (e.g. *Nan Jing* 78, 80). Related to vii and especially xi and subtle (attend to the junctures and the superior attend to the dynamic). As soon as the arrival of the influences [felt below one's left hand] resembles the [pulsation of the influences at the usual locations] where the movement [in the vessels] can be felt below the skin, one inserts the needle (*Nan Jing* 78, [63:635]). Related to iv and v above.

9. Feel the qi arrival with the left hand (*Nan Jing* 78, 80) (知為候者，信可議). Those who know how to needle rely on their left [hand] (*Nan Jing* 78, [63:635]). Related to ii, iii, iv, vi, ix and especially v, vii, viii and x above.

10. Begin the supplementation needling technique after the arrival of qi (has started) (*Nan Jing* 78) (隨氣而得其動，其氣以至，適而自護). Related to ix, x, xi and xii above.

11. At the moment when the feeling of qi is at its maximum (feels replete) remove the needle (*Su Wen* 62) (方實而疾出鍼). Right at the moment of repletion, quickly remove the needle (*Su Wen* 62, [65:2:126]). Related to xi and xii above.

**Internal factors of the practitioner**

12. Focus on the timing of needle removal as the qi ‘arrives’ (e.g. *Su Wen* 25, 27, 62, *Ling Shu* 1), also described as related to the mechanism/dynamic ji (機) associated with the movements of qi, *Ling Shu* 1. (方實而疾出鍼… 微在遲速 知其往來，要與之期) ‘The needle lies down like a cross-bow; and it rises as if a trigger had been released’ (*Su Wen* 25, [65:1:431]). The sentiments are calm and [one] concentrates on what is right to do [here]. This way one observes the changes as they happen. That is what is called ‘obscurity’ (*Su Wen* 25, [65:1:430]). (如臨深淵手如握虎神無勞於眾物) [One must be calm] as if one looked down into a deep abyss; the hand [must be strong] as if it held a tiger. The spirit should not be confused by the multitude of things (*Su Wen* 25, [65:1:432]). (問氣深淵者不敢嗟也。手如握虎者試其壯也，神無勞於眾物者靜側觀病人無左右視也。義無邪下者欲端以正也。必正其神者欲審病入目而其神令氣易行也) ‘As for “as if one looked down into a deep abyss”, that is, do not dare to be careless. As for, “the hand [must be strong] as if it held a tiger”, that is, one wishes it to be strong. As for “the spirit should not be confused by the multitude of things”, that is, have a tranquil mind and observe the patients, look neither to the left nor to the right … As for, “one must rectify his spirit”, that is, one must look into the eyes of the patient and control his spirit, thereby letting the qi flow easily’ (*Su Wen* 54, [65:2:19:20]). (隨氣用巧，針針之間，毫芒可發，神存於心手之際，可得解而不可得言也) ‘Following the flow of qi requires consummate skill. When inserting needles, an error of a hair’s breadth will mean failure. A kind of spirit connects the physician’s heart with his hand, and that is something I can know but not explain’ (Guoyu, [53:176-177]). (迎之隨之，以意和之) ‘Whether meeting it or following it, by means of one’s attention, one harmonizes it’ (*Ling Shu* 1, [24]). (深居靜處，佔神往來，閉戶塞牖 … 李惡一種) [The practitioner] must deeply reside in a place of stillness and divine the comings and goings of the spirit with one’s [sensory] doors and windows shut … his mind must be focused’ (*Ling Shu* 9, [23]). (審病者，靜視觀病人，無左右視也) ‘Those who would examine disease must calm their minds when gazing upon a patient, looking neither left nor right’ (*Ling Shu* 1, [24]). Related to iii, iv, v, vii, xi, xii and especially vi and ix above.

**Neebling style**

14. Needle shallowness (*Ling Shu* 1, 9, *Nan Jing* 70, 71) or with non-insertion (*Ling Shu* 1, 7, 8) (謂手而留之，微而浮之，以移其神) [In this way the practitioner may skilfully practice] shallow insertion while retaining the needle, or gentle superficial insertion so as to successfully transform the patient’s spirit (*Ling Shu* 9, [23]). (著其勿斥) ‘Apply the needle without pushing (into the depth)’ i.e. perform very shallow needling (*Su Wen* 62, [65:2:106]). Related to vii and viii above.
DISCUSSION
The needling technique described in the previous publication [6] has been broken down into thirteen components (1-13) some with several things happening within them. I have shown how all can be reasonably traced to historical passages in the Su Wen, Ling Shu and Nan Jing as practical interpretations of those passages. The technique can thus be construed as a practical composite of these historical descriptions or ideas – interpreted and developed in the modern period in light of modern thinking and understanding. The technique has been developed through efforts to reproduce the historical ideas practically guided by feedback from both clinical practice (clinical observations and results) and group studying (the Kozato method feedback approach). It is important to recognise that in this technique, the approach has attempted to establish a practical interpretation and clinical application of the historical sources. It is a kind of practical composite or synthesis of interpretations clinically observed to be relevant or to work. Others may look at the same historical sources and make a different interpretation of the various texts, that is alright, but it in no way demonstrates that what is done above is somehow wrong. Following historical trends in East Asia, knowledge in traditional acupuncture is practice-based [15; 16; 21], interpretations of the same passages are correct if they lead to a practical application that can be reasonably related to the original text, not a scholarly translation of the text. This is of fundamental import as this is one of the major reasons why the field of acupuncture has manifest both historically [11; 31:6; 62; 63; 64; 65] and in the modern period [4; 17; 41; 57] with such variety. In this example, the interweaving of techniques from the Nei Jing and Nan Jing is accomplished despite the fact that the needling techniques of the Nei Jing and Nan Jing are conceptually quite different [10; 11; 63:639-640].

Implications from the above
Needling is a complex thing: we acupuncturists are not machines whose only job is to stick needles into patients, we have to be skilled, trained, perceptive and continuously adjusting what we do in order for our needling to be maximally effective; as such, acupuncture is a complex intervention. There is by nature a fundamental ‘interaction’ going on between the patient and practitioner that is present above and beyond the physical actions of the needle. For the most part, ‘sham controlled’ trials of acupuncture (often confused as ‘placebo-controlled’ trials of acupuncture) [9] treat the therapist as a machine whose only purpose is to stick and manipulate needles, and the patient as an organism that changes with treatment solely due to placebo response and specific physiological actions of the needle insertion and manipulation. But acupuncture involves much more than this and as a complex intervention it may well be inappropriate to use sham acupuncture as a control treatment in controlled RCTs of traditionally based systems of acupuncture, as they will often or usually treat all the non-needling aspects of treatment (as well as other needling aspects of treatment [19; 40]) as incidental placebo effects [50].

It is not useful to imagine that what any one of us practises or has been taught is THE truth. It is understandable how leading researchers have come to the conclusion that defining ‘acupuncture’ is still not clear [37]. Take for example popular modern arguments about the nature of ‘de qi’ [待氣] and the need to get de qi for treatment to work. The passages cited above from Nan Jing seventy-eight and eighty are the first historical texts to say anything about who feels the qi (the practitioner), this occurs before the needle is inserted and manipulated and it is explicitly called ‘de qi’ [11; 14]. Nei Jing descriptions of needling to make qi arrive ‘qi zhi’ [氣至] are not clear on who feels what [71], but they imply by virtue of the difficulty of doing this that it must be the practitioner [11; 14]. There is also a passage in Ling Shu chapter one that even modern Chinese translators acknowledge which implies that the patient seems not to feel anything or rather what is felt is more a feeling of loss or gain [言貴於虛,若有若無 … 為虛與實,若得若失] translated as ‘in supplementation and draining, the patient seems to feel it yet to feel nothing’… whenever the supplementing or draining therapy is used, it must cause the patient to feel something gained when supplementing and to feel something being lost when draining’ [70:495]. The modern TCM interpretation of ‘de qi’ where the patient must feel sensations such as ‘soreness, numbness, heaviness, distension’ for needling to be effective [25:326] cannot be found in the Nei Jing or Nan Jing [71], instead we find descriptions of needling that closely match the above Japanese ‘traditional’ needling technique. Does this make the TCM needling technique wrong? Not at all! It is different and probably developed the way that it did for specific reasons unrelated to a universal understanding of qi or de qi [11].

For those that still feel the above needle technique cannot be valid, that it must be nothing more than for example a grand placebo, I am happy to report the following: i) we have data from a controlled study of a clear physiological effect associated with the needling technique [47]; ii) there are clear results from controlled RCTs in Japan that unbelievably shallow needling (0.6mm deep) with no de qi can produce clear clinical effects in sham controlled trials [e.g. 34]; iii) there are rather impressive results from a recently published uncontrolled trial in the UK illustrating the effectiveness of Toyoharu non-inserted needling treatments [28].

Clearly the physiological models we have of how ‘acupuncture’ works that are almost exclusively associated with modern ‘de qi’ descriptions and techniques or electrical stimulation of the needles [51] cannot capture the range of things that acupuncture needling can produce [8]. We can propose many levels of physiological effect depending on what techniques are used and who is using them [8; 17; 42]. Models of how ‘traditionally based systems of acupuncture’ [3] work have yet to be developed and physiological evidence developed [8; 15; 33; 37]. In a very real sense, we need to go back to the drawing board if we want to understand this. This is one of the reasons I have been working on the unfinished papers in the ‘Filling the whole in acupuncture’ series. I feel we need to develop a larger more comprehensive and deeper model if we want to move forwards. It is also one of the reasons I have been...
involved in developing a research agenda for the investigation of traditionally based systems of acupuncture in co-ordination with the ARRC, ETCMA and others.

It is clear from what I have described above that the internal mental state (especially the yi [yi]) of the practitioner is important for the needling to be effective. In my previous paper [6] I proposed a three-level model to start explaining how the needle technique might work in traditional terms and modern biological terms. I suggested simple ways of how treatment acts at three levels to correct distortions at each level. These are level 1 – functional systems, level 2 – channel regulatory systems, level 3 – overall vitality [6; 7:93-94]. There is a basic rule for these levels, the level above controls the level below it. Thus an action that improves level three also improves the levels (e.g. helps strengthen or balance) below. The model needs to be expanded to incorporate the mental level [9] and to explain the role of the practitioner better, I described a preliminary model of this in my paediatric acupuncture book [7:93-94]. The astute reader will have also noticed that I am describing how the mental state of the practitioner can influence the patient or at least how the needling technique affects the patient. To model this is much more complicated! This is one of the themes I have been working on in the next part of the ‘Filling the whole in acupuncture’ series [12]. I hope one day soon to complete that paper. When complete I hope to have created a model of how healing and disease can be understood both in the natural language of traditionally based systems of acupuncture and modern biological, biophysical models of the body, thus allowing more informed research questions and approaches to be developed in an ‘integral research’ model [13] capable of engaging research of ‘whole treatment systems’ and ‘complex interventions’ [66].

CONCLUSIONS

I have described a needling technique that on the face of it looks too incredible to be real. Yet, as I have shown, almost every component of the technique can be traced to historical passages in the seminal texts of the Su Wen, Ling Shu and Nan Jing. This is possible because the very nature of knowledge in these historical textual traditions is practice based. I have argued that the needling technique is a construct of practical applications and interpretations of passages in these historical texts confirmed through clinical practice and clinical study. I presented the original Chinese passages with scholarly translations of those passages to show how the practical interpretations could have developed. I suggest that other traditional needling methods should likewise be constructs of practical applications and interpretations of historical sources. Acupuncture is an immensely varied clinical practice approach, traditionally based systems being no less so. The kind of practical interpretations I have described here are examples of how a ‘traditional’ system of practice can be constructed bit-by-bit through the interplay of historical texts, interpretations, practical applications and observed clinical effects.

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References

Another interpretation of the image of ‘holding the tiger’s tail’ is that it should be done most delicately and gently, rather than being about strength. Often the interpretation is holding or grasping a ‘sleeping’ tiger’s tail \[30:151\], which you would not want to wake up!

The astute reader may wonder why choice of needle type is related to this factor. Thin silver needles are very soft and flexible, they are thus advanced more slowly and carefully since trying to push or rush with them simply bends the needle. Stainless steel on the other hand is much harder and does not bend so easily. The same force applied to them simply bends the needle. Stainless steel on the other hand is much harder and does not bend so easily. The same force applied to needles made of metal of a negative electro-valence \[20:42-45; 44:143-144\].

For a discussion of this contrast of intended meanings see Birch \[10\].

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