

Paul U. Unschuld (1985) **Medicine in China, a history of ideas**. University of California Press.

3. Unification of the Empire, Confucianism, and the Medicine of Systematic Correspondence

(Second .pdf file of chapter 3, pp.83-100, 373-375).

3.3. FUNDAMENTAL PRINCIPLES OF THE MEDICINE OF SYSTEMATIC CORRESPONDENCE

3.3.3. Diagnostic Principles of Systematic Correspondence

The symbolism reflected by the physiology of the influence-medicine reappears in the pathology of this conceptual system. In the state, disruptions occurred—especially as the result of a failure in the transportation system or an obstruction of canals, whether due to human sabotage or natural catastrophes—which interrupted the harmonious flow of goods from outside and within the country. Disturbances of this kind could lead to deficiencies of supplies in a population center and to surpluses in production centers or storage facilities. The opposite situation, the all-too-rapid depletion of the latter and an excess of supplies in the former, likewise meant a disturbance of the harmonious circulation of goods. Similarly, depletion (hsü) and repletion (shih) in the body's depots (tsang) and palaces (fu), as well as obstructions in the transportation channels (ching) are the three central diseases in the medicine of systematic correspondence. They are primarily a result of the inability—or willful negligence—of man to adapt his behavior to the influences of his environment. At rest and at work, in eating and drinking, in their senses and desires, so criticizes a passage in the Huang-ti nei-ching, men violate the "correct" (cheng) course of things, thus providing an open invitation to the influences of "evil" (hsieh).

A method existed, however, that enabled man to protect himself against all of the influences that the body did not require—and which were thus "evil" if they managed to enter the organism—or, if an irregularity had already appeared in the equilibrium of influences, to regain his health. This knowledge was based on an understanding of the correspondences between the structure and functions of the organism, on the one hand, and the phenomena of the macrocosmic environment, on the other hand. The link was provided by the lines of association of yinyang dualism and the Five Phases which encompassed the depots, the palaces, and the conduits, inside and outside, front and back, upper and lower sections of the body, the spirit and the blood, the two souls hun and p'o, all emotions, and, of course, the multiplicity of influences (ch'i) that enter the body from outside or which are present in the body itself. Since, furthermore, every cardinal direction, the sun, the moon, and the stars, the time of the day, the seasons, food, color, sound, and odor, and so forth were all incorporated into the system of correspondences, it was possible to assess a code of behavior on the basis of both natural and moral-normative principles that represented the harmonious assimilation of all vital influences and provided protection against all evil influences. Conversely, in cases of illness, the color of specific regions in one's face, the condition of the skin of the lower arms, the pitch of one's voice, and the odor of one's breath, the longing for food with specific taste, and the condition

of body orifices and sensory organs, one's emotional state, and last but not least, the condition of the movement in the conduit vessels indicated which of the depots, palaces, and transportation channels had been affected by an irregularity of influences and, hence, which influences had to be increased or drained, or where an obstruction had to be cleared.

It is important to mention the special contribution made by the Nan-ching (Classic of Difficult Issues) to the examination of the movement in the conduit vessels for diagnostic purposes in particular and to the systematization of the rather heterogeneous body of knowledge accumulated in the Huang-ti nei-ching texts in general. The Huangti nei-ching texts contain—for instance, in the discussion of wind as a cause of illness—numerous passages with concepts predating systematic correspondence, and they contain, furthermore, numerous treatises marked by early formative stages of the development of systematic correspondence where, for instance, the antagonism between schools advocating the yinyang paradigms and those advocating the Five Phases paradigm is still recognizable. In contrast, the Nan-ching should be considered the mature classic of systematic correspondence. In the history of this particular conceptual system it occupies a prominent place since it appears to be the only ancient work we know of that combines a high degree of innovative thinking with a consistent—in the Chinese sense—body of thought. The application of the paradigms of systematic correspondence was not limited, in this work, to the introduction of a new set of diagnostic patterns; the Nan-ching offered new ideas in physiology, pathology, and treatment as well. The eighty-one chapters of the Nan-ching, called nan ("difficult issue," or "question"), are structured as dialogues, each consisting of one or more sets of questions and answers. The questions often quote terms or passages that appear in the Huang-ti nei-ching too, asking for their interpretation. However, the answers, in general, fill these terms or passages with entirely different meanings and concepts. The terminologies employed in the Huang-ti nei-ching and in the Nan-ching appear similar, if not identical, on first glance, but in fact the two convey different ideas. The Nan-ching is the Chinese medical classic that provoked the largest number of commentaries in subsequent centuries. It is safe to say that in terms of intellectual importance and influence, the Huang-ti nei-ching texts, with their unsystematic, heterogeneous, and partly pre-systematic correspondence contents, were pushed almost into oblivion during the first millennium A.D. by the Nan-ching. Commentators and authors of separate works acknowledged, accepted, and further developed concepts introduced by the Nan-ching. It was only after the Sung era that conservative commentators arose who considered the Huang-ti nei-ching—the older text—as the one and only source of truth, and who lacked any understanding for the innovative character of the Nan-ching, which had been compiled to transcend the Nei-ching. Hence these authors, among them, for instance, the famous Hsü Ta-ch'un of the eighteenth century, interpreted the Nan-ching on the basis of the Nei-ching and could not help but criticize the former whenever it seemed to misrepresent the ideas of the latter. Ever since, the Nan-ching has been termed a "commentary" compiled to elucidate more difficult issues of the Huang-ti nei-ching text, an erroneous and quite misleading characterization that has been accepted by Western secondary literature as well.⁵³

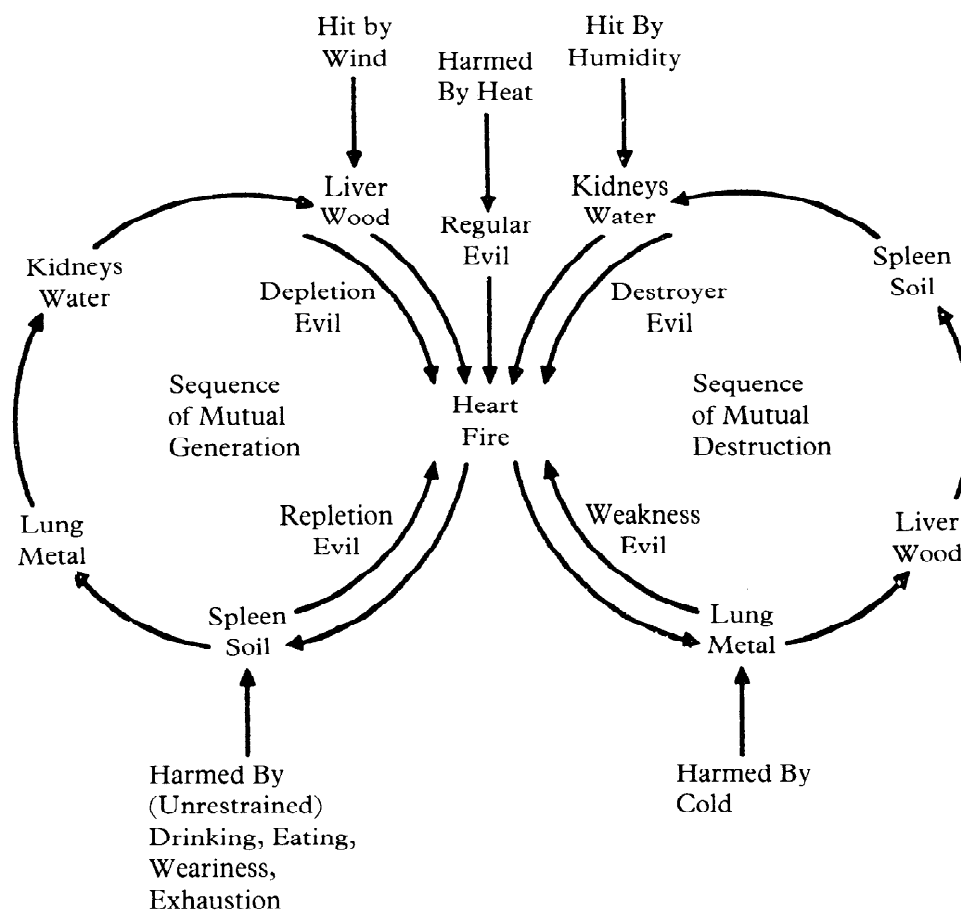
One of the major contributions of the Nan-ching may be seen in its solving the contradiction between the "discovery" of ch'i-circulation in the organism, on the one side, and certain diagnostic (and

therapeutic) principles outlined in the Huang-ti nei-ching texts, on the other side. In the Ma-wang-tui scripts, as I have pointed out repeatedly, the eleven vessels named were considered separate entities, each being associated with a distinct set of symptoms indicating an illness of that particular vessel. We may assume that the eleven vessels had to be examined individually in order to determine the nature of their respective illnesses, that is, whether they suffered from depletion or repletion. In contrast, in the Huang-ti nei-ching texts, the twelve conduits were known to be connected to each other, forming an extensive circuit passed by ch'i. Still, the individual movement in any of the twelve conduit vessels—which were now, in fact, simply sections of the entire circuit—was regarded as an important parameter for determining the presence, the nature, and the location of an illness in the organism. Hence, the Huang-ti nei-ching refers to numerous points on all the twelve sections of the conduit circuit, spread all over the body, where the movement in (or of) the conduits can be felt, and where specific diagnostic data can be obtained. Of special importance are the jen-ying holes on both sides of the larynx, and the ch'i-k'ou holes near the wrist of both hands. It is the merit of the unknown author (or authors) of the Nan-ching to have conceived and published, possibly during the first century A.D., the theoretical consequences of the "discovery" of the circulation of ch'i for diagnosis. If the contents of the conduit circuit do indeed circulate through the entire organism, there is no point in checking the condition of this movement at various locations and for each conduit separately; it should suffice to conduct this examination at one location only. The location chosen was the "influence-opening" (ch'i-k'ou) at the wrists, an idea introduced in the first of the eighty-one chapters comprising the Nan-ching. However, when it was understood previously that the condition of the influences in each depot or palace, and in each of the twelve conduits associated with the depots and palaces, could be assessed by feeling the movement in each of the conduits individually, a method had to be discovered now to obtain similarly detailed information on each functional unit in the organism from the one location at the wrists. The first twenty-two chapters of the Nan-ching offer the solution to this problem.

In a manner characteristic of ancient Chinese scientific thinking, the Nan-ching developed numerous diagnostic patterns, all based consistently on the doctrines of systematic correspondences; however, these patterns were not necessarily compatible with one another. While the resulting intricate diagnostic system cannot be outlined here in all its details and ramifications, a survey of some of its central features may suffice to illustrate the reasoning of the Nan-ching author. The following diagram (Fig. 1) uses the example of an illness in the heart to show the basic pathophysiological assumptions supposedly guiding a Chinese physician when prescribing an appropriate treatment for a patient on the basis of the concepts outlined by the Nan-ching.⁵⁴

The heart is depicted here as one of the Five Phases. The Five Phases are related to, and may influence, one another in various ways, with the so-called sequences of mutual generation and of mutual destruction (or mutual control) being considered as the major parameters offering an understanding of the mutual interaction of the five depots in the organism (the sixth depot, i.e., the heart-enclosing network was disregarded in the context of the Five Phases paradigm). Five external evil influences were known to be capable of harming the organism, and each of them was believed to be able to enter the body through but one specific depot.

Figure 1

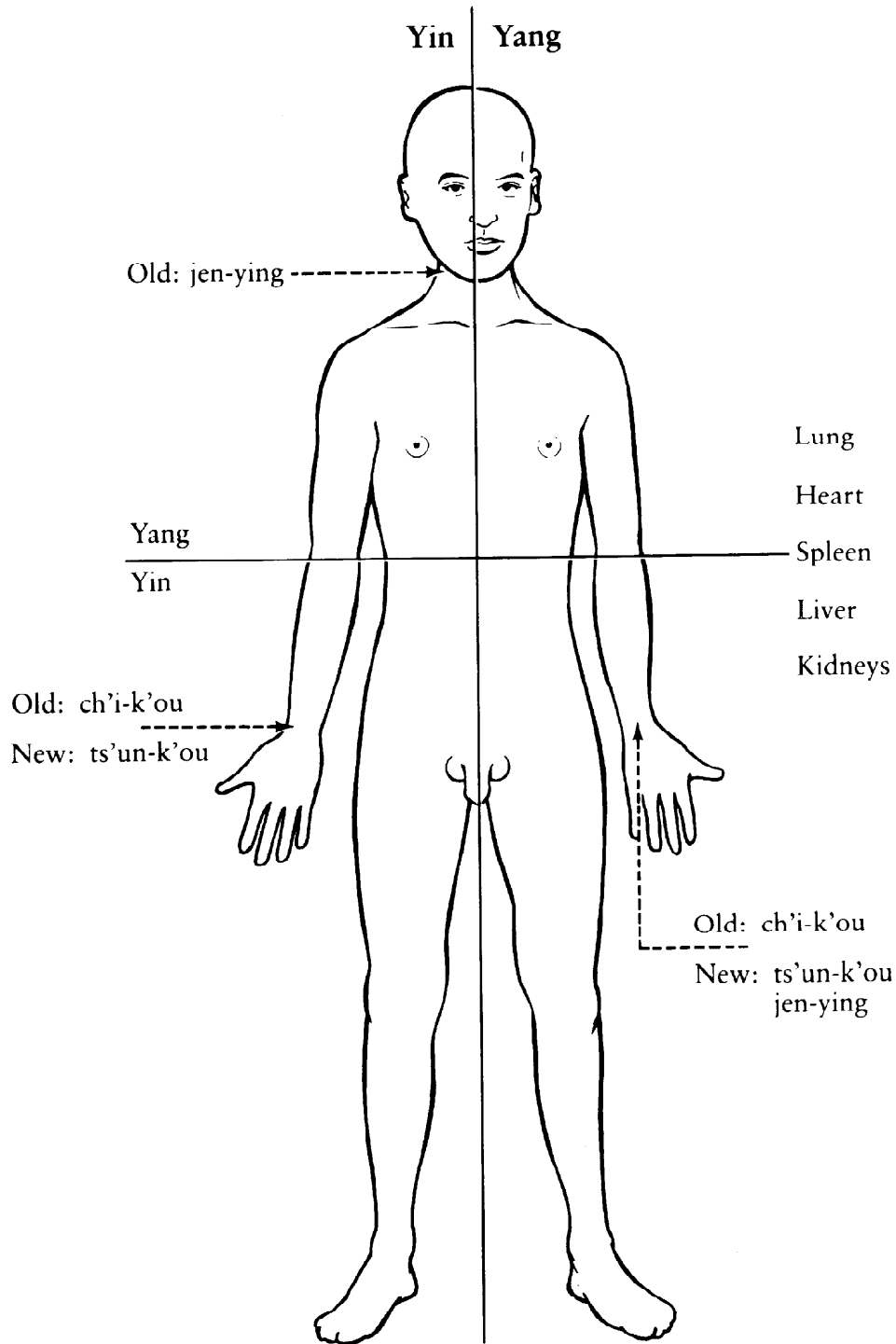


Heat corresponds to fire and so does the heart. Hence evil influences of heat can enter the organism only through the heart. Similarly, both wind and the liver correspond to the phase of wood; hence wind will always harm the liver first. Humidity and the kidneys are associated with the phase of water; hence humidity will always harm the kidneys first. Cold and the lung are associated with the phase of metal; hence cold will always harm the lung first. And, finally, the evil influences associated with unrestrained eating and drinking, weariness, and exhaustion, as well as the depot spleen correspond to the phase of soil. Hence such influences will always harm the spleen first. However, the individual depots that have been affected by wind, heat, humidity, and so forth may transmit these evil influences to other depots in the organism, and when a physician is confronted with a patient he must find out the current situation of this transmission. He has to examine whether the illness is still in the stage of primary affection.

In the case of the heart, the physician might realize that the patient was harmed by heat, and if these heat-influences were still confined to the heart, the heart would be diagnosed as being hit by its "regular evil." If, however, the heart was recognized to be subject to a secondary affection, the physician would have to determine the source of the evil influences within the organism, and label the illness accordingly. In the sequence of mutual generation of the Five Phases, wood generates fire. The liver, accordingly, is the mother depot of the heart. Evil influences transmitted from mother to child are called "depletion evil"; they need a therapeutic approach that differs from a "repletion evil" which is present when evil influences were sent from the child depot, in this case from the spleen. If

the affection originated from the kidneys, it should be labelled as "destroyer evil" since water (associated with the kidneys) is capable of destroying fire (associated with the heart), according to the sequence of mutual destruction of the Five Phases. Prognosis in such a case is rather bleak. However, if the lung had been harmed by cold first, and had then transmitted these influences to the heart, this would constitute a "weakness evil." Since fire can overcome metal, but not vice versa, prognosis in this case would be rather favorable.

Figure 2

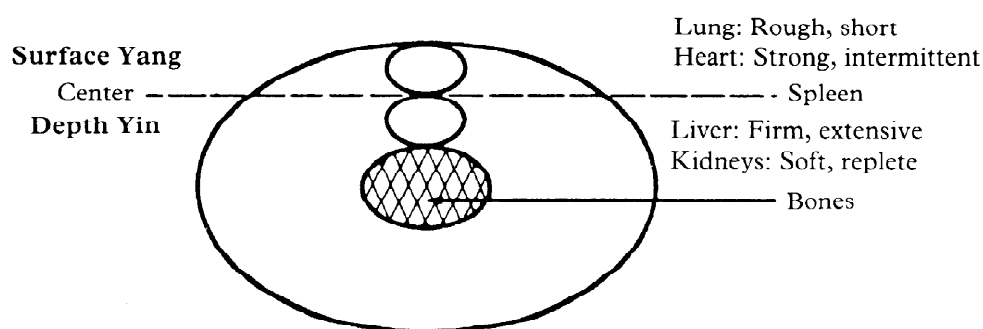


Consequently, the physician should treat the depot where the illness is situated at the moment of diagnosis, but he should also take care of the depot affected primarily; the latter must have some problem, otherwise it could not have been affected by evil influences from outside. Finally, the physician should be able to determine which depot might be affected next. Once he understood all this, he could prescribe the treatment needed to cope with this particular case successfully. The issue to be solved as a necessary consequence of the "discovery" of the circulation of ch'i-influences through the organism was how to gain all the data necessary to assess the status of a given patient through examining the movement in his conduit vessels at one single location only.

According to the concepts of systematic correspondence, like corresponds to like. Hence, as is illustrated by figure 2 above, the fact that the body has an upper half (yang) and a lower half (yin), a left side (yang) and a right side (yin), as well as the location of the lung (top), heart (next to top), spleen (center), liver (next to bottom), and kidneys (bottom), should be reflected in the movement of the influences through the conduit circuit at any given location. The location most convenient for an examination and, as one Ch'ing commentator suggested, the ones most suited in the context of Confucian prudishness,⁵⁵ were the wrists of the hands. In addition to their former designation, these locations were now called ts'un-k'ou ("inch-opening"); the location at the wrist of the left hand was called jen-ying (which contributed to some confusion, see above), whenever it was deemed necessary to distinguish between left and right.

The various patterns offered by the Nan-ching to assess the condition of the individual depots through an examination of the movement in the vessels include, among others, the one diagrammed in figure 3.

Figure 3



The "influence-opening" of either the right or left hand could be touched slightly. This would enable one to perceive a movement in the vessels revealing the condition of lung and heart, both of which are located above the diaphragm. Pressing down to the bone and slightly lifting the finger would enable one to examine the condition of liver and kidneys, both of which are located below the diaphragm. The movement in the vessels indicating the condition of the spleen could be examined in the center (see fig. 3).⁵⁶

Another pattern offered by the Nan-ching (fig. 4) distinguished five different levels and recommended five different degrees of pressure to be exerted by one's fingers (degrees that had to be calculated in accordance with the weight of increasing amounts of beans) in order to reach the

individual levels where movements indicative of the condition of the corresponding depot could be felt.⁵⁷

Figure 4

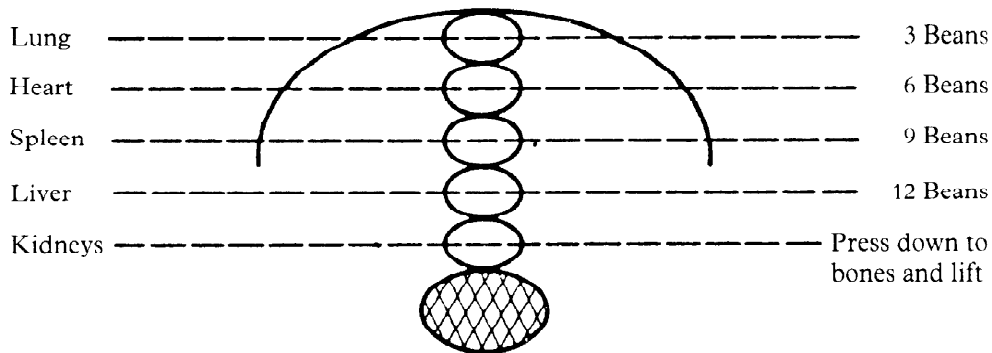
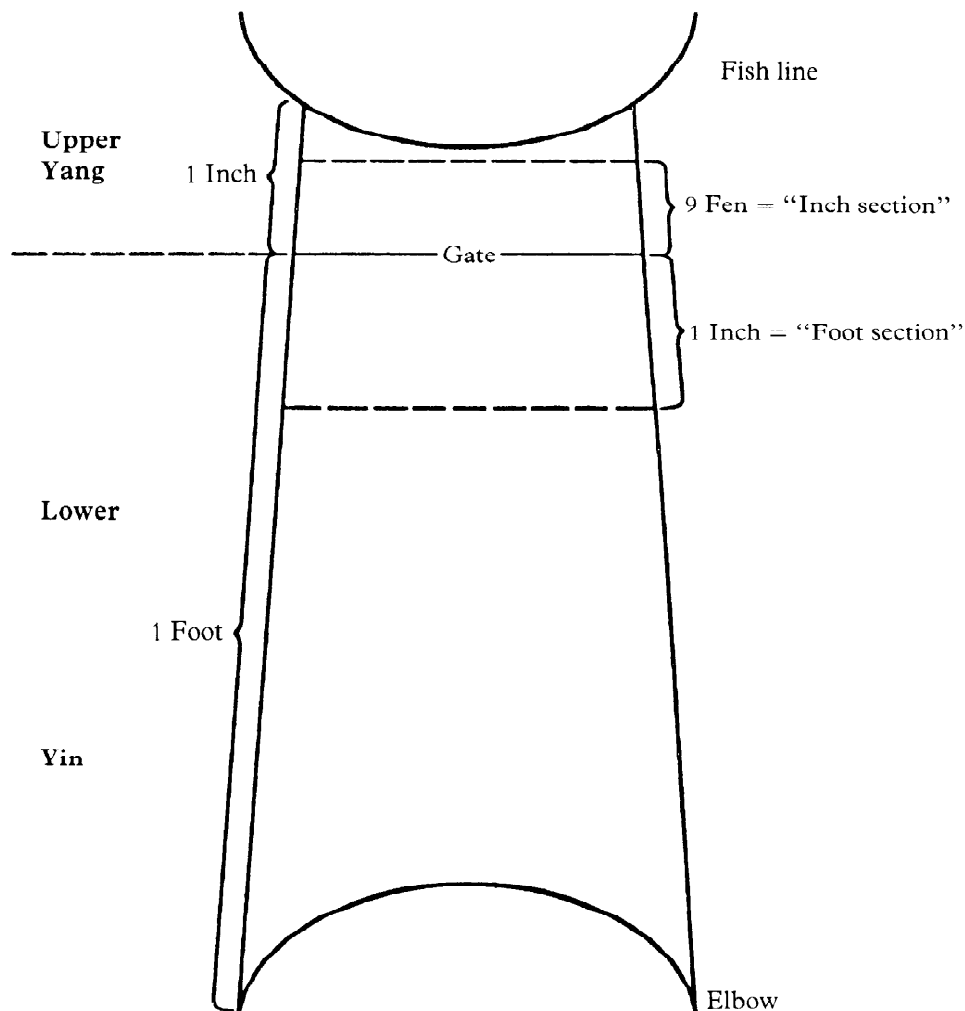


Figure 5

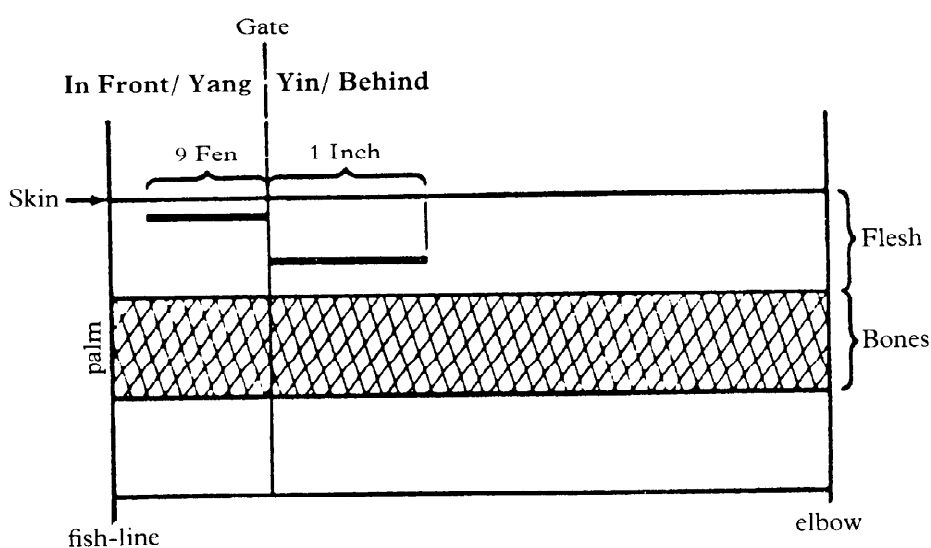


In addition to these longitudinal patterns, cross-sectional patterns were developed. Figure 5 shows a lower arm in an upright position. The palm (above) is separated from the wrist by the so-called fishline. The influence-opening at the wrist is divided by an imaginary line called gate; the gate

corresponds to the diaphragm. The movement in the vessels that can be felt in a nine (uneven number = yang) fen section above (= yang) the gate reveals the condition of lung and heart; the movement in a one-inch (equalling ten fen, even numbers are categorized as yin) section below (= yin) the gate reveals the condition of liver and kidneys.⁵⁸

In another, slightly more complicated pattern, longitudinal and crosssectional patterns are combined. Here (fig. 6) the movement indicating the condition of lung and heart is to be felt in the nine-fen section near the surface (= yang), while the movement indicating the condition of liver and kidneys is to be felt in the one-inch section in the depth (= yin).⁵⁹

Figure 6



While it did not matter whether one used the wrists of the left or right hand to apply the diagnostic patterns mentioned so far, by far the most intricate pattern suggested by the Nan-ching distinguished between information that could be obtained from the jen-ying location at the wrist of the left hand (yang) and information that could be obtained from the ts'un-k'ou location at the wrist of the right hand (yin). This pattern, as did some others, redefined the gate-line as a section of its own, and allowed the physician to obtain data not only on all the six depots but also on the six palaces (see fig. 7).⁶⁰

In addition to diagnostic patterns relying exclusively on an examination of the movement in the vessels, the Nan-ching recommended patterns that linked the vessel movement to a wide range of further symptoms. Figure 8 depicts one of these patterns, where correspondence between complexion, vessel movement, condition of the skin of the lower arms, the five pitches, and so forth signals health, while any deviation from this schema indicates illness. The application of this pattern involves an examination of the vessel movement at the wrists, too, but the differentiation among nine-fen, one-inch, and gate-section (or line), or among longitudinal levels, are not necessarily of concern here.⁶¹

Figure 7

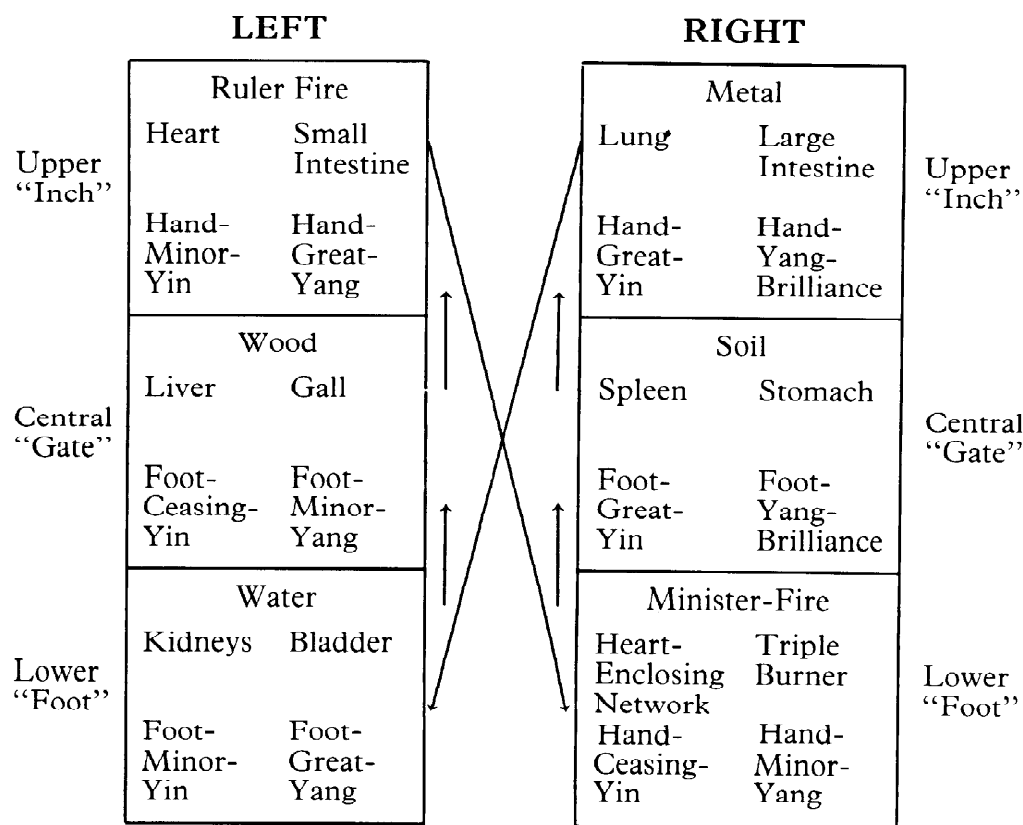


Figure 8

Five Phases		Wood	Fire	Soil	Metal	Water
Five Depots		Liver	Heart	Spleen	Lung	Kidneys
Corre- spondence Between	Color	Virid	Red	Yellow	White	Black
	Vessel Move- ment	(In the Depth) Tense Stringy	At the Surface Strong Dispersed Vast	In the Center Relaxed Intermittent	At the Surface Rough Hairy Short	In the Depth Soft Stony Smooth
Corre- spondence Between	Vessel Move- ment	Tense	Frequent	Relaxed	Rough	Smooth
	Skin	Tense	Frequent	Relaxed	Rough	Smooth
Five Pitches		Shouting	Laughing	Singing	Wailing	Groaning
Five Odors		Rank	Burnt	Aromatic	Frowzy	Foul
Five Tastes		Sour	Bitter	Sweet	Acrid	Salty

The physician, then, was free to choose among all these different patterns which were only indirectly compatible with one another in that all of them were based on the concepts of systematic correspondence. The individual patterns could not, in most cases, be reconciled with one another; some even appear to exclude others. But the "either/ or" question that might be posed by a scientist used to deductive reasoning obviously did not concern a Chinese theoretician or practitioner who thought in terms of systematic correspondence. It cannot be stressed enough that this phenomenon is one of the basic characteristics distinguishing traditional Chinese thought from modern Western science, and it is in this context that one should regard all those attempts as questionable and misleading that try to eliminate this distinctive feature of traditional Chinese thought by artificially isolating a coherent and—in the Western sense—consistent set of ideas and patterns from ancient Chinese sources.

3.3.4. Classic Acupuncture: Origins and Therapeutic Principles

Acupuncture is a technique whereby the movement of the ch'i-influences through the body's transportation channels is regulated. As such, it is described for the first time by Ssu-ma Ch'ien in his biography, in the Shih-chi (of 90 B.C.), of a physician named Shun-yü I. This man was accused of malpractice, and one cannot but infer that the techniques he used were unfamiliar to those who accused him and asked him for explanations. In the course of two trials, one allegedly in 167 B.C. and the following in 154 B.C., Shun-yü I defended his practices. As the cases quoted in his biography suggest, Shun-yü I knew about the movement of the ch'i in the organism, but a concept of circulation does not appear yet. Acupuncture needles, in the opinion of Shun-yü I, were suitable to cause influences which had moved unduly upward in the organism to descend again (and vice versa); to cause inflow and outflow of ch'i; to affect evil influences which had entered the organism, and to reverse a movement of influences contrary to their proper course. Apparently, some of the points on the skin used by Shun-yü I to insert the needles lay on recognized transportation channels, others not.⁶²

With the compilation of the Huang-ti nei-ching texts, only slightly later than Shun-yü I's lifetime, acupuncture was considered useful—in addition to the indications mentioned by Shun-yü I—in stimulating the circulation of ch'i through the body by exerting an influence on the function of the depots and palaces as well as on obstructed transportation channels.

When, in 1973, numerous medical texts were unearthed from the Ma-wang-tui graves of 168 B.C., for the first time textual evidence became available which definitively predated the Shih-chi and the Huang-ti nei-ching. It is obvious, as various analyses have shown, that the Ma-wang-tui texts reflect early phases of traditions which reappear, in more refined stages, in both the Huang-ti nei-ching and the pen-ts'ao literature.⁶³ The Ma-wang-tui texts are impressive because of the broad range of concepts and techniques recorded and recommended, including moxa-cauterization, oral spells and magic rituals, gymnastics, sexual practices, drugs, massage, cupping, bathing, and fumigation, based on the paradigms of magic and systematic correspondence, on demonological concepts as well as, presumably, on straight-forward experiences. The use of pointed stones is recommended several times for opening abscesses and once for applying hot pressure to hemorrhoids. Moxabustion, that

is, the burning of powdered mugwort plants on the skin, is recommended as the sole stimulus for influencing the contents of the eleven vessels. No specific points are suggested for the application of such treatments; obviously, the treatment directed at a specific tract had to be performed on that tract, wherever possible or most convenient.

The absence of acupuncture in the Ma-wang-tui texts is quite conspicuous. If virtually the entire range of available paradigms and curative means was brought together for assistance in the buried person's afterlife, why should the relatives or officials responsible for furnishing the grave have left out acupuncture? It is hard to believe that they harbored an aversion specifically against this one technique, and it is quite legitimate to assume that acupuncture was unknown to them.

The origin of acupuncture in China is not clear. No known Chinese source prior to the Shih-chi (90 B.C.) contains any reference to the technique.⁶⁴ Of course, one can, as several Chinese and Western authors have done, cast the net rather wide and consider the existence of bamboo or bone needles in Chou China as sufficient evidence for the presence of acupuncture at the same time; and one also can accept early references to pointed instruments used for opening abscesses to drain the pus from them as references to acupuncture.⁶⁵ In contrast to such an inclusive definition, though, the Huang-ti nei-ching—the classic scripture of acupuncture treatment—clearly distinguishes, in a discussion of the origins of different therapeutic techniques, between the treatment of boils and ulcers with pointed stones (originating in the East) and the treatment of cramps and numbness or paralyses with needles (originating in the South) (see appendix 2.5). In fact, no available evidence supports the assumption of a sudden monilinear development of the Huang-ti nei-ching acupuncture—a rather sophisticated therapeutic approach—from primitive petty surgery such as the opening of abscesses.

Elements clearly recognizable in ancient Chinese literature as possible sources of a multilinear development toward acupuncture include the following: First, the practice, already mentioned, of opening abscesses. This practice in turn may have originated from demonological concepts. I have alluded in the previous chapter to public health measures based on demonological concepts practiced by Chou communities. Just as one attempted to kill invisible spirits responsible for all kinds of public problems by stabbing with swords and lances into the corners of streets, yards, and houses, the belief that demons took refuge in the organism, causing various illnesses there, may very well have suggested the pricking of afflicted body parts with lances and swords of a minor scale, that is, with needles.⁶⁶ As we have seen, only one Chinese source known, that is, the Ch'ien-chin i-fang of the early seventh century, directly refers to a demonological background of acupuncture; this source cannot be accepted as primary evidence, though, because its distance from the events is too great. Second, related to the concepts and practice of opening abscesses are the concepts and practice of bleeding, or blood-letting. In the Huang-ti nei-ching texts, a development of the purpose of needling is clearly discernible.⁶⁷ It ranges from a strongly mechanistic and organic release of bad blood to a stimulation of the flow of ch'i-influences. Several treatises refer to needling as a means to induce bleeding, without mentioning ch'i. The practitioner is explicitly instructed to stick a needle in a given site so that blood flows out. In some other treatises, the removal of noxious elements was supplemented with the therapeutic goal of restoring a proper equilibrium of blood and ch'i; subsequently this notion was replaced by the indication of needling as a means to drain surpluses and

to fill depletions—now of ch'i only—without removing anything from or adding anything to the body other than the needles. In due course, the vascular basis of needling lost its significance, while the conceptualization of a system of specific insertion points as a late addition to the Huang-ti nei-ching texts, formed the basic tenets of acupuncture as they are known still today. As Epler concluded:

These concepts appear in part to be from an external theoretical structure which is suddenly imposed on a body of medical thought and practice, . . . [and] the mechanistic, recognizably organic concepts are submerged under a system of cosmological correspondences which could not have evolved from the body of data accumulated through the practical use of needling.⁶⁸

Third, moxa-cauterization had obviously been chosen first as a technique to influence the movement of ch'i in the individual vessels, as is documented by the Ma-wang-tui texts. Perhaps the original meaning of the character ch'i, that is, "rising vapor," suggested an application of heat to stimulate its movement.

Finally, one might speculate about a foreign element which entered the stage to provide the catalyst for the fusion of all these separate elements in front of a variegated background composed of sociopolitical ideals, socioeconomic facts, and cosmological reasoning. Liu Tun-yüan, the discoverer of the Han reliefs depicting Pien Ch'io as a human-headed bird, suggested that the latter could have been influenced by the Indian gandharva myth which may somehow have reached the East China coast.⁶⁹ The gandharvas, human-headed birds known in India since Vedic times, were traditionally regarded as skilled physicians.⁷⁰ Maybe some healers adopted not only the bird-human disguise but also an innovative technique that came along with it!

Returning to the facts, in the second century B.C. acupuncture was adopted, supplementing moxa-cauterization, as the dominant conceptually integrated therapeutic technique of the medicine of systematic correspondence.

We have seen above that the Huang-ti nei-ching texts, although referring to the circulation of ch'i through the organism, had not yet perceived the far-reaching diagnostic consequences of this "discovery." The same applies to needle treatment. The Huang-ti nei-ching texts name a large number of holes which are located all over the body on the twelve conduit vessels. The texts claim that through an insertion of different kinds of needles into these holes, all the therapeutic effects were achievable that might be desired in case of illnesses such as "repletion evil," "depletion evil," or others conceived by the influence-medicine. Just as unknown as the origins of acupuncture in China per se is the origin of the knowledge of the more than 300 holes mentioned in the Huang-ti nei-ching as suitable for needling. Their sudden presence in Chinese medical literature can hardly have resulted solely from experiences with abscess opening by means of pointed stones; if this knowledge developed in China itself, the pricking of painful or swollen locations all over the body with symbolic lancets in a demonological context may have led to an awareness of numerous physiological effects to be achieved this way. The fact that the courses of the eleven vessels outlined in the Ma-wang-tui scripts differ from one another, and that the conduits described in the Huang-ti nei-ching differ again from the courses recorded in the Ma-wang-tui scripts, indicates historical changes (or a simultaneous existence of various schools) resulting from differing experiences with the technique of needling.

Consequently we may assume that the selection of the holes recommended by the Huang-ti nei-ching texts was empirically rather than theoretically legitimated.

It was again the author of the Nan-ching who must have realized the logic contradiction between the concept of circulation on the one hand, and the practice of needling "individual" conduits—as if these constituted separate entities with distinct illnesses—on the other hand. The Nan-ching, therefore, disregarded the conventional circuit-needling outlined by the Huang-ti nei-ching, and concentrated, instead, on a system of acupuncture that was legitimized solely by the paradigms of systematic correspondence. Certain aspects of the Nan-ching system of needling can also be found in the Huang-ti nei-ching texts; the author of the Nan-ching may have adopted and further systematized them. One can, however, not exclude the possibility that later authors editing the Huang-ti nei-ching texts added some of the Nan-ching innovations to them.

The Nan-ching system of acupuncture located six short hand- and foot-conduits in the forearms and in the lower legs, respectively, each with but five holes.⁷¹ These conduits were not considered as parts of the larger conduit circuit, although their holes do appear on the conventional conduits too. Rather, these short conduits of the forearms and lower legs were conceptualized as streams, originating from the hands or feet and submerging into the tissue near the elbows and knees, respectively. The names of the twelve short conduits of the Nan-ching are identical with the designations of the twelve conduits listed in the Huang-ti nei-ching, that is, hand-great-yin conduit of the lung, and so forth. The holes located on the short conduits, though, have generic designations in addition to their individual names. The first holes are called "well"; the remaining four holes are called "brook," "rapids," "stream," and, finally, "confluence." Each of these five holes on each conduit is associated with one of the Five Phases and with yin and yang, and hence with one of the depots and palaces. To apply the needles at these few holes in order to transform diagnostic insights gained by feeling the movement in the vessels at the wrists into therapeutic action, required not only proficiency in the theories of systematic correspondence; it required, in addition, a firm belief that these theories worked independently of traditional experience.⁷² However, while the diagnostic innovations introduced by the Nan-ching gained wide acceptance in subsequent centuries and have remained, in theory at least, the dominant diagnostic tool of the practitioner of the medicine of systematic correspondence to this day, the Nan-ching system of acupuncture did not receive much attention later on. Acupuncture therapy has continued to rely on circuit-needling. The resulting immanent conceptual incongruity in the medicine of systematic correspondence may present today's historian of science with questions that touch on the very validity of the theoretical foundations of this healing system; it appears not to have constituted an epistemological problem in China at any time.

Before I conclude this outline of basic ideas of the medicine of systematic correspondence, a few words must be written on the status of drugs in this therapy system. Natural substances must have been widely used as drugs by the end of the Chou era; the Wu-shih-erh ping fang, a fragmentary prescription text unearthed from the Ma-wang-tui site, provides ample evidence of a large materia medica applied in a context of sophisticated and complex pharmaceutical techniques.⁷³ And yet, a pharmacology of systematic correspondence was not developed prior to the early second millennium A.D. This issue will have to be discussed in detail in chapters 4 and 7, but I may at this point already

indicate one major reason that may account for the astonishing fact that the medicine of systematic correspondence did not, during its formative phase, integrate a rich body of knowledge concerning the therapeutic utilization of pharmaceutical substances which existed in the population and cannot have been without positive effects.

The belief in drugs as valuable preventive and curative means releases man from a perceived necessity to follow a specific life-style as the basis of health. In the system of correspondence, this "health" was defined as an integrated personal and social health. The one of these two aspects was guaranteed by the other, and both were maintained through a behavior in conformity with a specific ethic. If personal health could be secured by means of drugs, the link with social health was severed and social order was no longer guaranteed because what better stimulus could be thought of to compel an individual to follow a strict code of moral norms than the reward of personal health! The concept of acupuncture differed from that of drug application in that it constantly reinforced the system of correspondences, providing stimuli only where man had not been able, owing to his own negligence or external conditions, to balance his existence in the proper way.

3.3.5. Concluding Remarks

The preventive and therapeutic principles of the medicine of systematic correspondence make plausible the pre-eminence of this system of healing in Confucian society. The structure of the human organism and the functions assigned to its individual elements reflect a complex social organism founded on the wide-scale movement of goods both internally and to and from the outside. They further reflect the bureaucratic apparatus of a state in which a wide variety of tasks have been delegated to a responsible ruler and his many civil servants. This is no longer the small feudal state and principality of the waning Chou period, but rather the Confucian-Legalist administration system of the united empire. Consequently we read in the Huang-ti nei-ching:

The Yellow Emperor asked: "I should very much like to hear about the relative importance of the twelve depots and their mutual relationships."

Ch'i Po replied: "That is truly an informed question! Let me answer it immediately. The heart is the ruler. Spirit and enlightenment have their origin here. The lung is the minister; the order of life's rhythm has its origin here. The liver is the general; planning and deliberation have their origin here. The gall is the official [whose duty it is to maintain the golden] mean and what is proper; decisions and judgments have their origin here. The heart-enclosing network is the emissary; good fortune and happiness have their origin here. The spleen and stomach are officials in charge of storing provisions; the distribution of food has its origin here. The small intestine is the official charged with collecting surpluses; the reformation of all things has its origin here. The kidneys are officials for employment and forced labor; technical skills and expertise have their origin here. The triple burner is the official in charge of transportation conduits; water channels have their origin here. The urinary bladder is the provincial magistrate and stores body fluids; once the influences [of the latter are exhausted through] transformation, they may leave [the bladder].

"If the ruler is enlightened, peace reigns for his subjects. He who carries out his life on these principles is assured of longevity; he will never be in danger. He who rules the empire in accordance with these principles will bring forth a golden age. If, however, the ruler is not enlightened, the twelve officials are endangered; streets shall be closed and all traffic interrupted. Form will suffer great harm. He who carries out his life on these principles will bring down misfortune. He who rules the empire on such principles shall endanger his entire clan."⁷⁴

Unschuld's Footnotes (from Unschuld, 1985, pp. 373-375).

53. Lu and Needham (1980, p. 115) deny the Nan-ching its innovative character when they characterize it as follows: "Covering no really new ground, it brings out many subtleties of theory and practice."
54. *Medicine in China: Nan-ching—The Classic of Difficult Issues*, "The Fiftieth Difficult Issue."
55. *Ibid.*, "The Second Difficult Issue," commentary by Liao P'ing.
56. *Ibid.*, "The Fourth Difficult Issue."
57. *Ibid.*, "The Fifth Difficult Issue."
58. *Ibid.*, "The Second Difficult Issue."
59. *Ibid.*, "The Third Difficult Issue."
60. *Ibid.*, "The Eighteenth Difficult Issue."
61. *Ibid.*, "The Thirteenth Difficult Issue."
62. In contrast to Shun-yü I, Pien Ch'io, a semi-legendary physician of the Chou era, is presented by Ssu-ma Ch'ien in the *Shih-chi* as a man who argues in terms of yin and yang vessels, who knows that yang influences may enter the yin system, and who is aware of the fact that the flow of the influences may be interrupted, in which case a sharpened needle brings about the cure. No supporting evidence exists, though, to prove that Ssu-ma Ch'ien recorded here ideas other than of his own time.
63. Akahori 1979,1981; P. Unschuld 1982a; Wu-shih-erh ping fan", 1979, pp. 187-191.
64. I find it rather difficult to accept two early incidents documented in the *Tso-chuan* (a historical work relating events of the Chou era), quoted by Lu and Needham (1980, pp. 78-79), as indications of acupuncture practice in China prior to Han times. The first incident concerns the Physician Huan who told the Prince of Chin: "Nothing can be done about [your] illness. It has settled in the region between the heart and the diaphragm. It cannot be attacked, and it cannot be reached, because drugs will not get there!" (Or: "to attack it is impossible, to reach it will not succeed, and drugs will not get there!"). The former version of the translation would refer to drugs only; the latter does not indicate what could be the means to "attack" or to "reach" the illness, that is, the demons in the patient's body. Lu and Needham's rendering of the last sentence as "No [needle] can penetrate to it, no drug can reach it" is based on a conjecture which, if true, would support the very argument refuted by the authors a few lines later, namely, that of a possible demonological origin of needling therapy. In the course of the second incident quoted as evidence, from the *Tso-chuan*, for the pre-Han practice of acupuncture, Tsang Sun told his charioteer: " Chi Sun's loving me made me suffer from a fever; Meng Sun's hatred [had the effect of a] medicinal mineral [or: "of drugs and stones"]. Still, a nice fever is not as good as a bad mineral [or: stone], because [the effects of] a mineral [or: stone] are like

bringing me to life again, while even a nice fever spreads its poison to many [places]. Meng Sun is dead. My own end will come soon!" (Cf. Legge 1960, 5:499). From the second and third reference to a mineral [or: stone] it becomes quite obvious that the rendering of "medicinal mineral" as "drugs and stones" cannot be justified. However, even if one were to split the Chinese term yao-shih into two separate components, a reference to acupuncture could still not be read into it. For comparison, the rendering of this passage by Lu and Needham is added: "Chi Sun was attracted to me because my slight recurrent fever gave me a handsome hectic flush. Meng Sun disliked me because I took drugs and acupuncture to cure it. But the most becoming fever is not as good as the worst stone needle, for that could keep me alive instead of spreading poison through me as the fever did. Now Meng Sun is gone I shan't last long."

65. In Western literature see, for example, Lu and Needham 1980, pp. 69-79, and Chow Tse-tsung 1978, pp. 81-83.

66. Chow Tse-tsung 1978, p. 81: "there seems to be no question that one aspect of the ancient wu[-shaman] physicians was acupuncture."

67. Epler 1980.

68. *Ibid.*, pp. 361-362.

69. Liu Tun-yüan 1972. If we follow the arguments offered by Japanese scholars, Pien Ch'io belonged to a group of shamans, roaming through East China dressed like birds. Shantung, the home of Pien Ch'io, was also the region where a belief in bird-spirits controlling the wind existed. (Kano Yoshimitsu 1980, pp. 284-285.) In this context it may not be without significance that the caves in which the phoenix, that is, the wind-spirit of the Shang, resides were called hsüeh, a term that reappears in the Huang-ti nei-ching as a general designation of the holes in the skin through which influences can pass and where the needles may be inserted. Cf. Huai-nan-tzu chu, "Lan-ming hsün," 1968, chap. 6, p. 93.

70. Lu and Needham 1980, p. 87.

71. Occasionally a sixth hole was conceptualized to account for six depots and palaces. See Nan-ching, "The Sixty-sixth Difficult Issue."

72. In addition to the holes on the streams located in the body's extremities, so-called concentration holes and transportation holes were acknowledged by the Nan-ching to be located on the front and on the back side of the body, respectively. While the needling of the extremities was integrated primarily into the Five Phases theories of correspondence, the holes on the back and front side of the body were associated with yin and yang. See Nan-ching, "The Sixty-seventh Difficult Issue."

73. Wu-shih-erh ping fang, 1979; Shang Chih-chün 1980; Li Chung-wen 1980; Harper 1982; P. Unschuld 1982a, 1983a.

74. Huang-ti nei-ching su-wen, 1971, chap. 3, pp. 1b-2a.