

Modern Extraordinary Vessel Case Records

Acupuncture Cases

The following four acupuncture cases are excerpted from Mei Jian-Han (梅建寒) and Yang Yu-Hua's (楊玉華) *Clinical Application of the Eight Extraordinary Vessels in Acupuncture and Moxabustion — Illustrated, Collated and Verified (Qi jing ba mai yu zhen jiu lin chuang-tu kao zu he yan zheng 奇經八脈與針灸臨床-圖考組合驗證)*.¹ They exemplify an approach to the extraordinary vessels that is consistent with the perspective presented by Li Shi-Zhen in that they do not rely on the so-called master-couple holes. Other examples of this approach can be found in Yitian Ni's *Navigating the Channels of Traditional Chinese Medicine*.²

Case No. 1: Panting and Wheezing (Bronchial Asthma):

A Chong Vessel Disorder³

Qian was a 13-year-old male student. Since infancy, he had suffered from panting and wheezing, chest oppression, and rough breathing which, when extreme, would make his lips purple and cyanotic and prevent him from lying down. His Western medical diagnosis was bronchial asthma.

Initial examination. The patient had been suffering from panting and wheezing for 3 days. He reported sensations of qi surging upward from his epigastric region, chest oppression accompanied by a sense of obstruction, and being able to exhale only in rapid bursts. Qian's pulse was floating, slippery, and rapid. His tongue body was red, with a thin yellow coating. [This pattern] was caused by a counterflow of qi and internal urgency along with an ascending surge of phlegm-fire attacking the lungs. The treatment plan was to level the surging [qi] and descend the counterflow, clear fire, and transform phlegm. The holes selected were Great Shuttle (BL-11), Upper Great Hollow (ST-37), Lower Great Hollow (ST-39), and Cubit Marsh (LU-5). After pricking and bleeding Great Shuttle (BL-11) and Cubit Marsh (LU-5), the panting and wheezing diminished and then the chest oppression began to ease as well. The epigastric and abdominal distention and urgency disappeared after needling Upper Great Hollow (ST-37) and Lower Great Hollow (ST-39).

Second examination. The panting and wheezing had stopped, there was a slight sensation of chest oppression, the bowel movements were rough, and his urination was

impaired. The original prescription was administered again, omitting Great Shuttle (BL-11) and adding Branch Ditch (TB-6) to smooth and ease the elimination.

Third examination. Qian's appetite had come back, and his elimination was regulated. His pulse was floating and slippery, and his tongue was red with little moisture. Qian received two courses of treatment with six treatments to a course, and his symptoms completely disappeared.

TRANSLATOR'S COMMENT

This case illustrates the *chong's* central pathodynamic of counterflow arising from congestion in the middle or lower burners. The choice of holes is based on Ch. 33 of *Divine Pivot (Ling shu 靈樞)* where the *chong* is identified as the sea of the 12 channels and is linked to Great Shuttle (BL-11) and Upper and Lower Great Hollow (ST-37 and ST-39, respectively).⁴ In addition to their influence on the *chong*, Upper and Lower Great Hollow (ST-37 and ST-39) are the lower uniting holes of the large and small intestines, respectively.⁵ The decision to bleed Great Shuttle (BL-11) reflects the pathogenic excess in the *chong*. The treatment is a simple, elegant, and apparently effective expression of Li's view of the extraordinary vessels. Cubit Marsh (LU-5) and Branch Ditch (TB-6) are used here to treat the symptoms of asthma and constipation.

Case No. 2: Restless Viscera Syndrome: A Dual Yin Wei and Yang Wei Disorder⁶

Initial examination. Li was a 27-year-old textile worker. Relations between the patient and her husband become indifferent as a result of her infertility, and in recent years, she had become emotionally tense, absentminded, and distracted. She was melancholy and perpetually on the verge of tears. She would have hallucinations at dusk when she would imagine that she saw young children all around her, playing in front of and behind her. Mrs. Li would call to them, but there was no response; pull them toward her, but there was nothing there. She had difficulty sleeping and had confusing dreams, ate little, and was constipated. Mrs. Li's tongue was red with little coating, and her pulse was deep, fine, and wiry. She had difficulty concentrating and was unable to answer ordinary questions.

The protective is the qi, and the nutritive is the blood. The [protective] qi and nutritive were constrained and damaged, which consequently prevented the *yin wei* from binding the yin and the *yang wei* from binding the yang. The yin and yang could not bind to one another, causing her to become despondent and lose her resolve.

The treatment plan was to soothe the constraint and calm the spirit, and harmonize and regulate the yin and yang. The [acupuncture] prescription included Guest House (KI-9), Cycle Gate (LV-14), Wind Pond (GB-20), Root Spirit (GB-13), and Metal Gate (BL-63). Even tonifying and draining methods were used. The herbal prescription included Glycyrrhizae Radix (*gan cao*), and Jujube Fructus (*da zao*), 9g each, and Triticum lewis Fructus (*huai xiao mai*), 30g. This was decocted in water and taken as a tea.

Mrs. Li returned for treatment five times and was cured. She took another ten packets of the herbal prescription to consolidate the treatment.

TRANSLATOR'S COMMENT

Mrs. Li's situation could have been legitimately approached from any number of Chinese medical perspectives, but the acupuncturist focused on the overarching characteristic of her presentation: She seemed to be falling apart.

The *yang wei* arises from Metal Gate (BL-63) and terminates at Spirit Root (GB-13). Both of these holes are indicated for epilepsy and infantile convulsions, two conditions closely associated with disorders of the spirit. Although not typically associated with psychiatric disorders, Wind Pond (GB-20) is sometimes used in this way.⁷ Guest House (KI-9) is paired with Cycle Gate (LV-14) to activate the *yin wei*. Guest House (KI-9) is also used to calm fright and quiet the spirit.⁸ Cycle Gate (LV-14) does not have any overtly psychiatric indications, but as the alarm hole of the liver, it treats blood-level disorders, particularly those associated with heat.⁹ Given the practitioner's choice of herbal formulas, this may be the reason why that hole was selected.

Licorice, Wheat, and Jujube Decoction (*gan mai da zao tang*) is the fundamental prescription for restless viscera syndrome, although it is not specifically associated with the *wei* vessels in Li Shi-Zhen's thinking.

Case No. 3: Dribbling Urinary Obstruction (*long bi* 癃閉):¹⁰ Urinary Retention as a Sequelae to the Surgical Reduction of a Left Femur Fracture

Mr. Zeng was an 18-year-old male student. He sustained a closed fracture to his upper left femur and underwent surgery to reduce the fracture and stabilize it with a steel plate. Subsequent to the surgery, he began to have difficulty urinating and after four days developed urinary retention. He was catheterized seven times, but the urinary retention persisted.

The *yang qiao* vessel arises from the foot greater yang and lesser yang. (The foot greater yang vessel pertains to the urinary bladder, and the foot lesser yang vessel encircles the pubic region.) The *yin qiao* vessel travels along the inside of the thigh, and the *yang qiao* vessel travels along the outside of the thigh, such that the *yin qiao* and *yang qiao* have a mutual exterior-interior relationship. During the surgery to reduce the fracture, an incision was made on the lateral aspect of the thigh, damaging the *yang qiao* and causing it to become slack, and stretching the *yin qiao*, causing it to become tense. The two *qiao* are related to the genitals, and the damage to their network along with blood stasis and a loss of normal tone and flexibility resulted in urinary obstruction and loss of free flow. The plan was to normalize the tension and slackness, open the networks, and disinhibit the [urinary] orifices. The holes selected for treatment were left Squatting Bone (GB-29), to which a tonifying method was applied; right Shining Sea (KI-6), to which a draining method was applied; and Origin Pass (CV-4),

which was needled at an oblique angle in the direction of the pubic symphysis using a slow rotation to produce a needle sensation extending directly to the urethra. The needle was manipulated in 10-minute intervals, and the second time the needle was manipulated, the patient felt the urge to urinate. Upon removal of the needles, the patient urinated. He was treated only once and was cured.

TRANSLATOR'S COMMENT

In retrospect, the *qiao* vessel involvement in this case seems obvious, but one has to wonder if one would have thought of it on one's own. It makes use of the central pathodynamic of the *qiao*; the relationship between the slackness and tension in their associated tissues reflects a keen understanding of the terrain they traverse.

The Systematic Classic of Acupuncture and Moxibustion (Zhen jiu jia yi jing 針灸甲乙經) describes Squatting Bone-hole (GB-29) as "The intersection hole of the *yang qiao* and the lesser yang."¹¹ Here, a hole on the *yang qiao* located close to the affected area was tonified to tone the *yang qiao*, and a distal hole, Shining Sea (KI-6), was drained to release the tension in the *yin qiao*. Having reestablished balance between the *qiao* vessels, it was a simple matter to move the qi in the urinary bladder by stimulating Origin Pass (CV-4). It is unclear on theoretical grounds why the acupuncturist chose Origin Pass (CV-4) over Central Pole (CV-3). Both holes address urinary problems, but Central Pole (CV-3) has the added attribute of being the front alarm hole of the urinary bladder, which would, in principle, have made it a better choice.¹²

Case No. 4: Lumbar Pain¹³

Wang, a 46-year-old worker, had suffered from low back pain for three years. He had originally injured his low back as he twisted while carrying a heavy load. Now, he would experience pain when he began to bend his low back, when he coughed, or when he twisted his torso. The patient had already received acupuncture that had helped a little. In recent months, his low back had become particularly sore. It was worse at night or when he got cold; he was unable to bend his back; and when his condition was extreme, he would experience pain when sitting for any length of time. He experienced the pain on the left side of his lumbar spine, between the greater yang and lesser yin [regions] from where it radiated both upward and downward.

His tongue body was dull and red with a thin, white coating, and his pulse was wiry, long, and had strength. The *yang wei* vessel travels upward from the outer ankle, intersecting with and emerging behind the *yang qiao*. It ascends to intersect with the hand greater yang at Upper Arm Transport (SI-10). Its vessel is situated outside the greater yang and inside the lesser yang.

The patient first sustained a trauma that persisted, predisposing him to a contraction of an external pathogen. The pathogenic factor and the stagnant [blood] became bound to one another and subsequently obstructed the networks. The plan was to move the qi and quicken the blood, expel stasis, and open the networks. The points selected

were left Wind Pond (GB-20), left Upper Arm Transport (SI-10), left Yang Intersection (GB-39), and left Metal Gate (BL-63), all administered with draining technique. The needles were retained for 30 minutes and manipulated once every 10 minutes.

Follow-up examination. The low back pain gradually decreased following the acupuncture, and he was able to slowly twist his back. There was pressure pain in his low back region and the sides of his tongue were purple. Bend Yang (BL-39) was added to the original prescription. This point was pricked, bled, and then cupped. The patient was treated twice weekly, and after eight acupuncture treatments, his lumbar pain disappeared and his range of motion returned, becoming smooth and unhindered.

TRANSLATOR'S COMMENT

In addition to being an intersection hole of the *yang wei* vessel, Metal Gate (BL-63) is indicated for the treatment of low back pain. Yang Intersection (GB-35) is an intersection hole of the *yang wei* vessel,¹⁴ and Wind Pond (GB-20) and Upper Arm Transport (SI-10) are both intersection holes of the *yang wei* and *yang qiao*, respectively. They are not explicitly indicated for the treatment of low back pain and are used here solely based on their association with these extraordinary vessels.¹⁵

Herbal Cases

The following case records illustrate how premodern physicians used the *chong* vessel in a variety of ways in their herbal prescriptions.

The *Chong* Vessel as an Organizing Principle¹⁶

Wei Feng-Pang (female) suffered from a minor cough. There were concretions and hardness inhibiting her abdomen; she vomited foamy drool; and during her menses, she was irritable. Hence, it was appropriate to clear the lungs, balance the liver, and regulate the menses. Four packets of the following herbs were given to Ms. Wei:

- Asteris Radix (*zi wan*), 1.5 *qian*
- Ostreae Concha (*mu li*), 4 *qian*
- Pinelliae Rhizoma preparatum (*zhi ban xia*), 1.5 *qian*
- Leonuri Fructus (*chong wei zi*), 3 *qian*
- Fritillariae cirrhosae Bulbus (*chuan bei mu*), 1.5 *qian*
- Cyperii Rhizoma (*xiang fu*), 3 *qian*
- Citri reticulatae Exocarpium rubrum (*ju hong*), 1 *qian*
- Rosae rugosae Flos (*mei gui hua*), 5 pieces
- Armeniaca Semen dulce (*tian xing ren*), 3 *qian*
- Dendrobii Herba (*shi hu*), 3 *qian*
- Farfarae Flos (*kuan dong hua*), 3 *qian*
- Eriobotryae Folium (*pi pa ye*) [hairs removed], 5 pieces

PHYSICIAN'S COMMENT

When the *chong* vessel becomes diseased, there is qi counterflow with abdominal urgency. In men, there will be internal bulging, and in women, there will be concretions and amassments. When the qi of the *chong* vessel counterflows upward and attacks the stomach, there will be nausea and vomiting of foamy drool. When [the *chong* vessel] surges into the lungs, there will be an incessant hacking cough. Moreover, the *chong* vessel is the sea of blood and extends to the *yang ming*. A careful appraisal of the pathocondition suggested that treatment was indicated to settle the *chong* and nourish the stomach.

Since there are abdominal concretions and nausea, a treatment focused on clearing the lungs and balancing the liver is an extremely good prescriptive method. If one is able to combine this with the use of medicinals to settle the *chong* and nourish the stomach, the result will be especially favorable.

TRANSLATOR'S COMMENT

This case illustrates the use of the *chong* vessel as an organizing concept for treatment. A diagnosis involving the *chong* vessel does not eliminate the need to account for each facet of the pathodynamic condition, yet it provides a structure around which a treatment strategy can be built. In the absence of such a structure, one is left with a laundry list of visceral patterns with little to give them coherence. Though the concretions and amassments ultimately lie at the root of the problem, the *chong* vessel is the vector through which this pathology extends beyond the pelvis. All of the other symptoms are a consequence of the *chong* vessel counterflow.

Shao Lan-Sun covers all of his bases, treating each component of the *chong* vessel disorder. The Asteris Radix (*zi wan*), Farfarae Flos (*kuan dong hua*), Eriobotryae Folium (*pi pa ye*), and Armeniacae Semen dulce (*tian xing ren*) diffuse the lungs, transform phlegm, and clear heat to stop the cough. Pinelliae Rhizoma preparatum (*zhi ban xia*), Fritillariae cirrhosae Bulbus (*chuan bei mu*), and Citri reticulatae Exocarpium rubrum (*ju hong*) transform phlegm and redirect counterflow downward. Cyperi Rhizoma (*xiang fu*) and Rosae rugosae Flos (*mei gui hua*) harmonize the liver and regulate the menses while Ostreae Concha (*mu li*) redirects liver counterflow downward. Leonuri Fructus (*chong wei zi*) invigorates the blood and resolves stasis. Finally, Dendrobii Herba (*shi hu*) nourishes stomach yin.

Treating the Root through the *Chong*¹⁷

The [patient's] pulse was fine, rapid, and rough. This pointed to internal damage to the essence and blood of the liver and kidney. There was cough with vomiting of clear drool and turbid spittle. This represented a counterflow of the qi of the *chong* vessel. What naturally descends, [surged] upward. The qi was unable to grasp and absorb, hence there was asthma and perspiration. One must first pull up the root.

It is difficult to be effective with medicines. If a physician sees bleeding as due to heat or sees a cough and treats the lungs, this can quickly become disastrous.

Ginseng Radix (*ren shen*)

Rehmanniae Radix preparata (*shu di huang*)

Schisandrae Fructus (*wu wei zi*)

Juglandis Semen (*he tao ren*)

TRANSLATOR'S COMMENT

The *chong* vessel disorder in this case has the characteristic symptoms of counterflow occurring in the middle and upper warmers, which are rooted in a liver and kidney vacuity that is evident only in the pulse presentation. In contrast to the previous case, this case reflects a rather minimalist approach of “first pulling up the root.”

Treating the *Chong* and *Yang Wei* Together¹⁸

The [patient's] bodily qi was depleted, and over the years she had suffered from repeated coughs. During the recent spring, she experienced postpartum depression, and her cough had returned. Her spine was cold, but she experienced internal heat. There was qi counterflow with copious phlegm. The pulse was deficient and rapid, and her stools were pasty. This condition had persisted for 100 days, and the disease was weighing heavily on her.

In light of the fact that the patient was postpartum, the blood residence had become empty and deficient, and the qi of the eight vessels was the first to become damaged below.¹⁹ Added to this was grief damaging the lungs, leading to a severe cough. [Hence, there was a] thunderous quaking of the qi of the *chong* vessel counterflowing upward.

The [Systematic] Classic states: “When the *chong* vessel is diseased, there is a counterflow of qi and abdominal urgency,” as well as “When the *yang wei* is diseased, [the patient] suffers from cold and heat [effusion].”²⁰

Because she had repeatedly received wind-coursing and heat-clearing substances, her stomach and spleen were also damaged, resulting in abdominal pain and pasty stools, diminished food intake, and lack of taste [for food]. All of this is the harm that comes from seeing a cough and treating a cough.

Yue-Ren says that a depletion of ascent is [indicative of] the spleen, while a depletion of descent is [indicative of] the stomach. Both conditions are difficult to treat. The plan was to open and supplement the extraordinary channels, and calm and absorb the *chong* vessel while also assisting the spleen and regulating the lung. This is a common mistake for ordinary practitioners, and it is difficult to avoid.

Rehmanniae Radix preparata (*shu di huang*),

char-fried with Amomi Fructus (*sha ren*)

Angelicae sinensis Radix (*dang gui*), mix-fried with

3 *fen* Foeniculi Fructus (*xiao hui xiang*)

Paeoniae Radix alba (*bai shao*), mix-fried with
3 *fen* Cinnamomi Ramulus (*gui zhi*)

Fluoritum (*zi shi ying*)

Achyranthis bidentatae Radix (*niu xi*), fried in salt water

Poria Fu Ling (*fu ling*)

Fritillariae cirrhosae Bulbus (*chuan bei mu*)

PHYSICIAN'S COMMENT

The use of *Rehmanniae Radix preparata* (*shu di huang*), *Angelicae sinensis Radix* (*dang gui*), *Foeniculi Fructus* (*xiao hui xiang*), and *Fluoritum* (*zi shi ying*) warms and absorbs the *chong* and *ren*. *Angelicae sinensis Radix* (*dang gui*) and *Paeoniae Radix alba* (*bai shao*) function to regulate the *yang wei*. Then [the following medicinals were] added to the original prescription:

Juglandis Semen (*tu tao ren*)

Ginseng Radix (*ren shen*)

Dioscoreae Rhizoma (*shan yao*)

Astragali complanati Semen (*sha yuan zi*)

Ostreae Concha (*mu li*)

Vessels Wide Shut: Li Shi-Zhen's *Qiao* Vessel Pathodynamics

by Charles Chace

In his discussion of diseases of the *qiao* vessels, Li Shi-Zhen presents two apparently contradictory visions of how the *yang qiao* may become disordered and fail to transmit its qi to the *yin qiao*. The first of these interpretations is consistent with the understanding familiar to most acupuncturists. The latter interpretation, hinging on a single character, adds another dimension to *yang qiao* pathology that bears directly on how we conceptualize and treat these vessels. This chapter will explore these two interpretations of *yang qiao* pathology and their applications in acupuncture and herbal medicine.

Early Chinese medical texts were typically hand written as part of a master-disciple relationship. Nathan Sivin observes that a cornerstone of this relationship was the formal transmission of a text from the mentor and its 'reception' (受 *shou*) by the student.

Reception, we are clearly told, is a formal process that begins only after one has been 'serving' the master as a disciple for some time. When a text is 'received,' it is not simply handed over, but ritually transmitted and taught. At a certain point, the disciple is allowed to copy it out and read it, not necessarily in that order.¹

Transcription errors were an inevitable part of this process and persisted even with the advent of printing when professional carvers would inadvertently miscopy handwritten documents onto woodblocks. Since memorization was such an integral part of a physician's training, they most probably quoted from memory when writing, though not always accurately. From a scholarly perspective, many of Li Shi-Zhen's citations of classical sources are more akin to paraphrase than actual quotations. These vectors account for some of the variability that has crept into the textual tradition.

As a remedy for these inherent irregularities, the Chinese medical literature has a long history of textual exegesis in which passages are annotated and errors corrected. Most often, these annotations are of more interest to academics than to clinicians. Sometimes, however, a character that had been deemed a transcription error yields a much more interesting reading of a passage than the corrected version. As physicians, our interest in such seemingly arcane matters most often remains little more than a passing curiosity. It soon occurs to us that a team of scholars much better informed than ourselves has decided how the text should be read, and it is best to get on with more productive areas of inquiry. In light of this, Li Shi-Zhen's discussion of diseases of the *qiao* vessels in *Exposition on the Eight Extraordinary Vessels* is particularly in-

triguing. His rendering of a key passage from *Divine Pivot*, using a character thought to be a transcription error, suggests a more nuanced understanding of *yang qiao* pathology. The Chinese medical literature is full of inconsistencies, and taken on its own, it is difficult to make much of Li's rendering. The interpretation suggested by this reading, however, is also echoed in the case records of Ye Tian-Shi, suggesting that it may be more than a curious anomaly.

Li Shi-Zhen begins his discussion of the diseases of the *qiao* vessels with familiar quotations from the *Classic of Difficulties* and *Pulse Classic*, addressing the relationship of tension and slackness to *qiao* vessel pathology. He proceeds with a recitation of the *Pulse Classic's* description of the pulses associated with each of the *qiao* vessels, and then continues with a series of quotations on seizures. Li then repeats a number of passages from *Basic Questions* pertaining to pathologies and acupuncture treatments involving the *qiao* vessels. Finally, he ties these disparate passages together with a discussion of the role of the *qiao* vessels in the overall circulation of yin and yang.

[Ch. 21 of *Divine Pivot Classic*] also states: "The *yin qiao* and *yang qiao* are the intersection of the yin and yang. The yang enters the yin, and the yin emerges from the yang. They intersect at the outer corner of the eye. When the yang qi is overly full, then the eyes will stare, and when the yin qi is overly full, then the eyes will be closed. With heat reversal, select the leg greater yang and lesser yang. ..." ²

The gist of this passage is that when the yang is excessive, the eyes stay open, and when the yin is excessive, the eyes remain closed. This is familiar ground for most students of acupuncture, but there is a catch. Although most of the textual exegesis on this passage simply equates the yin and yang qi with the *yin* and *yang qiao*, respectively, the passage may also be understood as making a much more general statement regarding accumulations of qi in the yin and yang channels.

Li continues with a similar passage from *The Systematic Classic of Acupuncture and Moxibustion*, a passage that is itself derived from Ch. 80 of *Divine Pivot*.

The Systematic Classic states: "When a patient's eyes are shut and they cannot see ..., this is due to protective qi being lodged in the yin and unable to travel to the yang. When it is lodged in the yin, then the yin qi is overly full, and when the yin qi is overly full, then the *yin qiao* is full. [When the protective qi] cannot enter the yang, then the yang qi is deficient and, hence, the eyes are shut.

When a patient's eyes cannot close ... , the protective qi cannot enter the yin and constantly lodges in the yang. If [the protective qi] lodges in the yang, then the yang qi is full. If the yang qi is full, then the *yang qiao* is overly full. [If the protective qi] cannot enter the yin, then the yin qi is deficient, hence, the eyes cannot close." ³

The two paragraphs make a crucial distinction not apparent in the previous passage. The protective yang may become trapped in the exterior, causing the *yang qiao* to become full. It is not just that the *yang qiao* is full, it is overly full or congested, and this congestion prevents the qi from penetrating into the *yin qiao*. Moreover, the yang qi is not necessarily synonymous with the *yang qiao*; they are separate entities. Although this may appear to be a minor point, it is central to understanding the passages that follow. According to Li,

[Ch. 71 of] *Divine Pivot* states: “The five grains enter the stomach and are divided into three pathways of dregs, fluids, and the gathering qi. Thus, gathering qi accumulates in the chest and emerges in the throat to link with the heart and lungs and propel respiration there. The nutritive qi secretes the fluids and pours into the vessels. It transforms and becomes blood to nourish the four extremities. Internally, it pours into the five viscera and six receptacles in accordance with the time of the day.

Protective qi emerges with an impetuous ferocity, first in the four extremities in the partings between the flesh and skin, and it does so in a ceaseless manner. During the daytime, it circulates in the yang, and at night, it circulates in the yin from the level of the leg lesser yin, traveling to the five viscera and six receptacles.

When a reversal qi visits the five viscera and six receptacles, then the protective qi alone protects the outside. It travels in the yang but cannot enter the yin. By traveling [only] in the yang, the yang qi becomes overly full, and when the yang qi is overly full, then the *yang qiao* caves in. When [the yang qi] cannot enter the yin, then the yin qi is deficient and the eyes cannot close.”⁴

With the exception of a single character, 陷 (*xian*, literally ‘collapses’), this passage is in accord with those preceding it. The crux of the third paragraph is “*yang qi sheng ze yang xiao xian*” (陽氣盛則陽蹻陷), that is, “When the yang qi is exuberant, then the *yang qiao* caves in or collapses.” This changes the meaning of the passage completely. When read with this character, the yang qi has become congested in the exterior, preventing it from even entering the *yang qiao*, much less the *yin qiao*. Annotators of *Divine Pivot* typically explain away 陷 (*xian*) as a transcription error, asserting that it should properly be read as 滿 (*man*).⁵ Thus, this sentence is amended to read, “When the yang qi is exuberant, then the *yang qiao* is full,” neatly reconciling it with the others we have already examined.

Li, however, prefers the original reading of ‘collapses.’ The implication is that, according to Li, two potentially distinct dynamics may be involved in *yang qiao* pathology. In one case, the *yang qiao* becomes congested as a consequence of an exuberance of protective qi in the yang channels. This congestion prevents its descent into the

interior and the *yin qiao*. In the second case, the *yang qiao* is deficient, not excessive. The yang qi has become so congested in the exterior that it is unable to even reach the latter, causing it to collapse.

The discussion in *Divine Pivot* follows with a remedy that is one of the few herbal prescriptions mentioned in the *Inner Classic*, Pinellia and Sorghum Decoction (*ban xia shu mi tang*), the assumption being that the pathogen congesting the yang channels is phlegm. If we adopt Li's reading of this passage, then it becomes apparent that this formula need not be understood as entering the extraordinary vessels at all. Its focus is on clearing the pathogen that is obstructing the exterior yang. Nevertheless, Pinellia and Sorghum Decoction (*ban xia shu mi tang*) is the only herbal treatment Li Shi-Zhen offers for pathologies of the *yang qiao*, and he makes no mention of herbal formulas for *yin qiao* pathologies at all. At this juncture, it is tempting to dismiss the entire matter as completely irrelevant to clinical practice were it not for the fact that the case records of Ye Tian-Shi (Ye Gui) also discuss the *yang qiao* in terms of deficiency.

The most thoroughly documented case records in the premodern Chinese medical literature dealing with the extraordinary vessels are those of Ye Tian-Shi. As already noted, although he is commonly viewed as the heir to Li Shi-Zhen's lineage of extraordinary vessel herbal prescribing, Ye Tian-Shi most definitely had his own interpretive agenda. His case records are evidence of a remarkable capacity to flexibly integrate a wide range of Chinese medical influences. Li's voice was but one among many. Nevertheless, in his treatment of the extraordinary vessels, Ye, too, almost invariably refers to the *yang qiao* as being empty (*kong* 空). Curiously, however, although Ye Tian-Shi claims that the *yang qiao* vessels are empty, the elimination of phlegm-thin mucus from the yang is still a central component of his treatment strategy. It appears that Ye has taken his cue from Li Shi-Zhen in his understanding of *yang qiao* pathology. The *yang qiao* is empty because the yang is being blocked from entering it. The three cases by Ye Tian-Shi's that follow illustrate this interpretation.

Ye Tian-Shi's Cases

Case No. 1: Wang, age 47, thin mucus is a transformation of turbid yin hindering the yang qi and preventing it from entering the yin. The *yang qiao* is empty, preventing sound sleep at night. *Divine Pivot* advocates the use of Pinellia and Sorghum Decoction (*ban xia shu mi tang*) that is said to unblock the yang and promote communication with the yin, preventing an amassment of the thin mucus pathogen. The use of cold and cool medicinals such as Emperor of Heaven's Special Pill to Tonify the Heart (*tian wang bu xin dan*) is [the wrong] approach for well-established turbid yin [conditions]. During middle age, it is essential to take care of the yang, especially according to *Essentials from the Golden Cabinet* (*Jing gui yào lüè* 金匱要略), which says that one must use warming medicinals to harmonize [such conditions].⁶

The treatment strategy in this first case is quite general. Ye's counsel is to incorporate the warming medicinals recommended in *Essentials from the Golden Cabinet* into the basic Pinellia Rhizoma (*ban xia*) prescription presented in *Divine Pivot*. The warming medicinals mentioned by Ye are most likely a reference to a passage in the *Golden Cabinet* that states: "When there is phlegm-thin mucus below the heart with propping fullness of the chest and rib-sides, and dizziness, Poria, Cinnamon Twig, Atractylodes, and Licorice Decoction (*ling gui zhu gan tang*) masters it."⁷ The primary ingredients in this formula are Atractylodis macrocephalae Rhizoma (*bai zhu*), Poria (*fu ling*), and Cinnamomi Ramulus (*gui zhi*), which together warm the yang, transform rheum, dis-inhibit water, and settle the heart.

Case No. 2: Mr. Zhu, age 49, was so troubled that he damaged his yang. Thin mucus accumulated over time, therefore the *yang qiao* became empty and the patient became wakeful and unable to sleep. Because the protective yang had lost its protective capacity, the patient's hair fell out. Then, over time, the patient became ever more feeble. First, promote free flow through the rheum turbidity to revive the yang. Administer the Poria Drink from *Arcane Essentials* (*Wai tai fu ling yin*).⁸

The second case represents a further elaboration of this same idea with Ye's use of Poria Drink (*fu ling yin*), which reflects a more substantial aspect of spleen deficiency. The traditional indications for this formula include fixed phlegm and thin mucus in the chest and vomiting of water, qi deficiency, abdominal fullness, and inability to digest food. It contains Poria (*fu ling*), 3 *liang*, Ginseng Radix (*ren shen*), 2 *liang*, Atractylodis macrocephalae Rhizoma (*bai zhu*), 3 *liang*, Zingiberis Rhizoma recens (*sheng jiang*), 4 *liang*, Aurantii Fructus immaturus (*zhi shi*), 2 *liang*, and Citri reticulatae Pericarpium (*chen pi*), 1.5 *liang*.

Case No. 3: Mr. Gu (age 44), already had graying hair on his temples although the luster on his face remained good. He suffered from emotional irritation and overwork. Because there was an ascendant stirring of yang qi, the phlegm and thin mucus also spilled upward. *Divine Pivot* states, "The yang should descend and enter the yin. When the *yang qiao* vessel is full it allows a person to go to sleep and causes the qi to drain outward. Because the yang was unable to enter the yin, the patient would drink sweet wine until intoxicated in the hopes of becoming muddled-headed and thereby falling asleep. This was a poor approach to treating such a disease. In men, during middle age and afterwards, the lower base is the first to become depleted. [The patient] was given Eight-Ingredient Pill with Rehmannia (*ba wei di huang wan*) in the morning and Pinellia and Sorghum Decoction (*ban xia shu mi tang*) in the evening. (The *yang qiao* vessel was deficient).⁹

The treatment strategy in this final case more clearly distinguishes between pathogenic phlegm-thin mucus preventing the yang from entering the *yang qiao* and the underlying deficiency, which in this instance is an insufficiency of yin.

Ye Tian-Shi's preference for a pathodynamic of emptiness with regard to the extraordinary vessels may also be viewed in the larger context of his understanding of all extraordinary vessel pathology as being fundamentally one of deficiency. His trademark use of medicinals such as Cervi Cornu degelatinatum (*lu jiao shuang*), Asini Corii Colla (*e jiao*), Trionycis Carapax (*bie jia*), and Hominis Placenta (*zi he che*) to treat the extraordinary vessels is well documented. For Ye, the inclusion of these rich and cloying animal products is often the defining feature of an extraordinary vessel treatment strategy.

Implications

An immediate reaction raised by a critical review of all extraordinary vessel herbal prescribing is “so what?” Could we have reached the same conclusion without recourse to an extraordinary vessel diagnosis? In the case of the distinction presented here, the question is even more pointed since the theoretical emptiness or fullness of the *yang qiao* has little impact on the herbal treatment strategy historically used to treat it. It is definitely necessary to clear phlegm-thin mucus from some aspect of the yang, although in herbal medicine it is difficult to say with any confidence that one is clearing the congestion from the protective yang or the *yang qiao* itself. In any case, the result is the same. Is this all not an exercise in academic nitpicking? When left in the realm of herbal prescribing, perhaps it is, but the principles implied here clearly extend to the practice of acupuncture. This is particularly true when one considers the context in which this alternative reading first appears. A central characteristic of Li Shi-Zhen's *Exposition on the Eight Extraordinary Vessels* is the integration of alchemy, acupuncture, and herbal practice. As we have already seen in Chapters 1 and 2 of that text, Li clearly states that the concepts of one are germane to the others.

Ye Tian-Shi's application of the idea of *yang qiao* emptiness in herbal prescribing is evidence that Li was not alone in this interpretation. Ye's cases also provide a more concrete sense of how all these ideas have been applied clinically. Despite the fact that the crucial passage from Ch. 71 of *Divine Pivot* focuses on herbal treatment, the principle is relevant to acupuncture practice. After all, the source for this notion of a collapse of the *yang qiao* is the *Divine Pivot*, a text primarily concerned with acupuncture. The implications of a pathodynamic of *yang qiao* emptiness are particularly meaningful for acupuncture treatment because, conceptually, the distinction between the networks of the exterior yang and the *yang qiao* is much clearer in the practice of acupuncture. With acupuncture, it is much easier to address the exterior yang and the *yang qiao* as entirely separate, if interrelated, systems.

The fundamental principle implied here is that it may in some instances be necessary to open the yang prior to accessing the *qiao* vessels, particularly when there

appears to be a significant amount of congestion on the level of the network vessels. This may present as localized muscular soreness and tension, topical redness, inflammation, or poor capillary refilling subsequent to pressure.

There are many established acupuncture techniques for opening the yang in the network vessels. The cross needling method mentioned in Ch. 73 of *Divine Pivot* is a classic example of a therapy intended to specifically clear stagnation of the networks in advance of other treatments. The modern Japanese techniques of Sessokushin, Naso, and Munro, and some of Sugiyama's 18 needling techniques accomplish the same thing with less pain and trauma, although they are by no means universally applied prior to other therapies.¹⁰

The following case history exemplifies the potential of this idea for guiding acupuncture practice.

A 40-year-old female had recently begun receiving treatment for liver qi constraint with heart and liver blood deficiency presenting as a return of long-standing complaints of insomnia, depression, restless leg syndrome, body aches, mental fogging, and deep fatigue. Over the course of the past ten days, the Chinese herbal preparation she was taking had been effective in beginning to resolve her situation to the extent that all her symptoms were greatly diminished and she felt better than she had in some time. Encouraged by her progress, she indulged in a single glass of wine at a New Year's Eve party, after which she immediately felt her symptoms return. That night she did not sleep. She returned to the clinic the following afternoon, New Year's day, complaining that her symptoms had returned. Her tongue coating was slightly slimy although she complained of intense thirst. The body of the tongue was slightly dusky. Her left pulse was unambiguously *yang qiao*: it was strong and tapping¹¹ in the distal position, and otherwise wiry. Both the pulse and symptom presentation were consistent with a *yang qiao* disorder.

I palpated a number of holes to determine optimal availability and selected Instep Yang (BL-59) right, followed by stimulation of Bright Eyes (BL-1) right, with a gold Teishin, which produced a partial softening of the pill-like quality. Unsatisfied with this result, I then performed an extremely superficial needle technique on a few reactive areas on the patient's neck to open the networks. This incrementally improved the overall quality of the pulse but did not impact the fundamental *yang qiao* presentation. I then needled Instep Yang (BL-59) left, and the pulse balanced out completely. Then, I administered a meridian-style root treatment consistent with the patient's liver pattern. When the patient left, she reported that she felt much better and her acute symptoms had resolved. She slept well that night and then resumed her previous course of herbal therapy.

As we have already discussed in the introductory chapters, Li's synthesis of extraordinary vessel therapeutics does not require the use of conventional master-couple holes. Instep Yang (BL-59) is potentially as good a choice as Extending Vessel (BL-62) for accessing the *yang qiao*. In this instance, BL-59 was determined to be energetically more available and was 'coupled' with Bright Eyes (BL-1), the terminal hole on the channel, rather than Back Ravine (SI-3). The response to this pairing, however, was less than optimal until the yang networks were opened. Because nearly all the yang channels transit very superficially through the neck region, the network vessels are particularly accessible here. This, coupled with the fact that the patient's most immediate complaints were localized in her head, made Bright Eyes (BL-1) an obvious choice for treatment.

Li's multivalent interpretation of *yang qiao* pathodynamics is easily overlooked in the midst of his rehearsal of familiar material. One tends to dismiss his discussion of diseases of the *qiao* vessel as little more than an anthology of established ideas to which Li has added no insight of his own. Yet it is apparent that Li's contribution, though subtle, is substantial. Much of the genius of his *Exposition* lies precisely in its careful organization, juxtapositioning, and reinterpretation of orthodox material that is then blended with often iconclastic sources to produce something new. It is a decidedly understated presentation style that demands an informed and attentive reader. The rewards are worth the effort. The case records of at least one other influential physician echo Li's interpretation of *yang qiao* pathodynamics, and it offers a significant possibility for refining one's acupuncture practice.

Apparently anomalous readings such as those discussed here are all too easily swept under the rug or ignored by academics with little interest in their clinical ramifications. Admittedly, these investigations typically fall short of any practical application. Most are dead ends, but every so often the inconsistencies in a text lead us somewhere that enhances our capacity for real treatment. Just when we think we've mined the premodern literature for all it is worth, if we are attentive, we may stumble upon something that may make a difference, something that should not be ignored.

Master Hu's Process: The Seeds of Internal Cultivation through the Extraordinary Vessels

by Charles Chace

The various banches of the *chong* vessel lie at the core of the extraordinary vessel network. They are the hub around which the other seven vessels revolve, the stalk at the center of the primary channels and the sea of blood.¹ Yet if the *chong* are the heartwood of the eight vessels, then their descending branch, known as the *tai chong* (太衝) or Great Thoroughfare, is its taproot. Luo Dong-Yi's vision of the Great Thoroughfare as both the wellspring of and synonym for the extraordinary vessel network as a whole makes the concept of *tai chong* immediately relevant to our understanding of the extraordinary vessels.² Although his is a late contribution to the development of the extraordinary vessels writing, as he lived in the 1800s, Luo's ideas are remarkably resonant with how the term was originally used.

The words *tai chong* first appear in the early Chinese philosophical masterpiece known as *Zhuang zi* (late 4th century BCE) as the penultimate phase of internal cultivation and is generally understood to mean something akin to emptiness (*kong* 空) or the great void (*tai xu* 太虛). In light of the intimate relationship between the extraordinary vessels and practices of internal cultivation, it is unlikely that the use of the *tai chong* in relation to the extraordinary vessels is coincidental. Clearly, it merits further consideration. This essay will outline the concept of *tai chong* as it first appears in *Zhuang zi* and discuss its relevance to the extraordinary vessels as a medium for internal cultivation, particularly as it pertains to Li Shi-Zhen's *Exposition on the Eight Extraordinary Vessels*.

The last of *Zhuang zi*'s so-called "Inner Chapters" (*Nei pian* 內篇), the "Responses of Emperors and Kings" (*Ying di wang* 應帝王), is concerned with the traits of a truly effective ruler, which in this context can be taken as a proxy for the realized human. Here, a series of seven parables and anecdotes give voice to a variety of sages. They summarize many of the essential points concerning the optimal traits presented in the book as a whole.

At the heart of this chapter is the parable of Master Hu (壺子) and the magus Ji Xian (季咸).³ This story lays out a clearly sequenced vision of internal cultivation that provides an organizing framework for understanding the related material throughout the rest of the text. In this story, we see concepts that are entirely consistent with those outlined in the alchemical stratum of Li's writing on the extraordinary vessels and that are very similar to those propounded later by Luo Dong-Yi.

That Master Hu's parable contains a recognizable sequence of internal development is apparent in the commentary literature dating back at least to the Daoist commentator Cheng Xuan-Ying (成玄英, fl. 630–660),⁴ a thread that continues to the present. In discussing the use of the "Inner Chapters" as a practical manual of meditation in Daoist temples in modern Taiwan, Michael Saso identifies the Hu parable as a general outline for the stages of internal cultivation.⁵ The other tales and anecdotes in the "Responses of Emperors and Kings" chapter frame the central message of Master Hu's parable and outline its implications for effective rulership.

The two tales immediately preceding the parable of Master Hu outline how to rule in a manner that transcends humanity and that bypasses governance by externals. The first counsels that the enlightened ruler should "let the mind float in blandness and mingle the qi with vastness. Follow the self-so [nature] of things, do not let any of oneself into it, and all under heaven will be ordered" (汝游心於淡合氣於漠順物自然而無容私焉而天下治矣). In the next tale, the enlightened ruler is described as "established in unfathomability, and wanders in nonbeing" (立乎不測而游於無有者也).⁶ The Hu parable that follows describes the sign posts on the path to this concept of wandering in nonbeing.

The Parable of Master Hu⁷

鄭有神巫⁸曰季咸知人之死生存亡禍福壽夭期以歲月旬日若神⁹

In Zheng, there was a magus by the name of Ji Xian who had knowledge of peoples' life and death, whether they would be preserved or perish, whether they would experience calamity or good fortune, and whether they would live long or die young, predicting these things to the year, month, ten-day period, or even day as if he were a divinity.

鄭人見之皆奔而走¹⁰

Upon seeing him, the people of Zheng all rushed and ran.

列子見之而心醉歸以告壺子曰始吾以夫子之道為至矣則又有至焉者矣

Liezi saw him, and his mind was enchanted. Returning, he reported to Master Hu, proclaiming: "In the beginning, I regarded the Way of you, sir, to be the ultimate! But there is another who possesses something even more supreme than you!"¹¹

壺子曰吾與汝既其文¹²未既其實而固得道與

Master Hu said: "Although I have given you its patterns, I have not yet given you its substance, and yet you are confident that you have attained the Way?"

眾雌而無雄而又奚卵

"If you have lots of hens and no roosters, then how could you have any eggs?"

而以道與世充¹³必信夫故使¹⁴人得而相汝嘗試與來以予示之

"And yet you take this [lesser] way and proclaim it to the world, certain of its veracity. And for this reason you bid people accept it and assist you. Please try to bring [this magus] here and show him to me."

明日列子與之見壺子出而謂列子曰嘻子之先生死矣弗活矣不以旬數矣吾見怪焉見濕灰焉

The next day, Liezi brought him to see Master Hu. Upon leaving, [Ji Xian] said to Liezi: "Ah, your teacher is dying! He has no life left in him! He will not last even ten days! I saw the strangeness¹⁵ in him; I saw damp ashes in him."

列子入泣涕沾襟以告壺子

Liezi went in, sobbing tears that soaked his sleeves, and told Master Hu [what Ji Xian had said].

壺子曰鄉吾示之以地文萌乎不震不止是殆見吾杜德機也嘗又與來

Master Hu said: "Just now I showed my earthly pattern,¹⁶ the sprout [of life] seemed to neither stir nor be still.¹⁷ He probably saw that I had stopped up the power of my dynamic. Try to bring him back again."

明日又與之見壺子出而謂列子曰幸矣子之先生遇我也有瘳矣全然有生矣吾見其杜權矣

The next day, he again brought [Ji Xian] to see Master Hu. [Ji Xian] emerged and said to Liezi: "How auspicious that your teacher met me. He has healed! He has completely come back to life! I saw that this stoppage was only temporary!"¹⁸

列子入以告壺子壺子曰鄉吾示之以天壤¹⁹名實不入而機²⁰發於踵是殆見吾善者機也嘗又與來

Lieze went in and reported to Master Hu. Master Hu said: "Just now I showed him the vitality of heaven and soil,²¹ where neither name nor substance influences me, and my dynamic issued from my heels.²² So he probably saw me with health as my dynamic. Try to bring him back again."

明日又與之見壺子出而謂列子曰子之先生不齊吾無得而相焉試齊且復相之

The next day, [Liezi] again brought [Ji Xian] to see Master Hu. He emerged and said to Liezi: "Your teacher is unstable. I cannot get [any information], so I cannot read him. Try to stabilize him, then I will read him again."

列子入以告壺子壺子曰吾鄉示之以太衝莫勝²³是殆見吾衝氣機也鯢桓之審²⁴為淵止水之審為淵流水之審為淵淵有九名此處三焉²⁵

Liezi went in and reported to Master Hu. Master Hu said: "Just now I showed him the Great Thoroughfare where nothing is victorious.²⁶ He probably saw me balancing my qi dynamic. The profound depths stirred by leviathans²⁷ are an abyss, the profound depths where there is a stilling of waters are an abyss, the profound depths from where waters flow are [also] an abyss. There are nine kinds of abyss.²⁸ Here then, are three of them."

明日又與之見壺子立未定自失而走壺子曰追之列子追之不及反以報壺子曰已滅矣已失矣吾弗及已

The next day, [Liezi] again brought [Ji Xian] to see Liezi. [Ji Xian] stood but did not stay. He lost his composure and fled. Master Hu said: "Chase him!" Liezi chased him, but he was too late. He returned and reported to Master Hu saying: "He has already gone! I have lost him! I could not catch him!"

壺子曰鄉吾示之以未始出吾宗吾與之虛而委蛇不知其誰何因以為弟靡因以為波流故逃也

Master Hu said: "Just now I showed him that my ancestral [influences] had not yet begun to emerge,²⁹ I was empty and entwined with him, so we could not know who was who. Thus were we blown like the wind; thus did we flow like a wave.³⁰ It was for this reason that he fled."

然後列子自以為未始學而歸三年不出為其妻爨食豕如食於事無與親雕琢復朴塊然獨以其形立紛而封戎一以是終

Afterward, Liezi himself understood that he had not yet even begun to learn [from Master Hu] and returned [to his studies]. He did not go out for three years; cooking for his wife and feeding the pigs [with such care], it was as if he were feeding people; he had little to do with the affairs of the world. From the carved and polished, he returned to simplicity. Clod-like, his singularity became established in his form, he sealed himself off from confusion,³¹ and he uniformly remained like this to the very end.³²

Damp Ashes and the Patterns of the Earth

Ji Xian's first encounter with Master Hu leads Ji to believe that Hu is a dying man. He reports to Liezi that his master looks like "damp ashes." His grim turn of phrase is actually something of a technical term that is part of an entire complex of imagery. In Ch. 22, "Knowledge Wanders North," Quilt Coat (Bei Yi 被衣) proclaims of his compatriot Gnaw Gap (Nie Que 齧缺): "His form is like a withered carcass, his mind like dead ashes" (*xing ruo gao hai, xin ruo si hui* 形若槁骸, 心若死灰). Far from an insult, this is high praise. In *Lao zi*, the imagery of the Way is most familiarly associated with the dark feminine (*xuan pin* 玄牝) womb of fecundity, the suppleness implicit in bending to become straight (*wang ze zhi* 枉則直), and again becoming a newborn child (*fu gui yu ying'er* 復歸於嬰兒), but this is only part of the equation. *Zhuang zi* commonly evokes the Way using the imagery of death. Although Ji Xian is disconcerted by his ashen presentation, Master Hu is merely expressing the nature of his mind. Precisely what is it that Ji Xian is looking at? Some visual cue apparently. It soon becomes clear that Ji Xian's concern with seeing (*jian* 見) is but a poor substitute for what is described in Ch. 4, "The Human World" (*Ren jian shi* 人間世), as listening (*ting* 聽)³³ with one's qi. In any case, despite the fact that Ji Xian does not see very deeply, his perceptions at each turn in the story illustrate the relationship of the mind, body, and qi in *Zhuang zi*.

Many essayists have written about the relationship between the cognitive and the corporal in *Zhuang zi*, particularly with respect to the concept of heart–mind (*xin* 心).³⁴ Although mind, body, and qi are clearly understood as distinct and interrelated concepts in *Zhuang zi*, the mind has undeniable primacy. Its relationship with the body and the qi is such that any stage or trait of consciousness must necessarily manifest in both the form and the qi until the final stage where such distinctions ultimately dissolve. It is not only one's mind that ultimately becomes unified with the Way, it is one's entire being. The Hu parable makes this transition clear.

Master Hu explains to Liezi that he had merely embodied the patterns of the earth (*di wen* 地文) for Ji Xian. He had dammed up the power or virtuosity of his dynamic (*de ji* 德機) so that there was neither activity nor the cessation of activity. All of the states described by Master Hu are expressions of his dynamic disposition (*ji* 機). He is not so interested in demonstrating the nature of his mind as he is in demonstrating the nature of his qi as it expresses his mind. The state referred to in this first encounter is described elsewhere in *Zhuang zi* as "fasting of the mind" (*zhai xin* 齋心). It is not described as a final stage of practice, but instead establishes the preliminary conditions for one's unification with the Way.

When not mercilessly ridiculing him, *Zhuang zi* often puts remarkably Daoist ideas into the mind of Confucius, who first utters the term "fasting of the mind." This practice is what allows one to truly listen to the piping of heaven.

若一志無聽之以耳而聽之以心無聽之以心而聽之以氣聽止於耳心止於符氣也者虛而待物者也唯道集虛虛者心齋也³⁵

