

A Model of Juxtaposition: introduction & terminology

The model proposed in this series of papers creates a framework for an understanding and explanation of the three major theoretical structures of traditional Chinese medicine (TCM) in terms of the bioscience-based knowledge of 'western' medicine (WMB).

It is thought to incorporate an explanation for the therapeutic procedures of acupuncture, an explanation for diagnosis by palpation of acupuncture points, Meridians and for pulses, and is also thought to be relevant to similar analysis of TCM herbalism.

The three TCM theoretical structures are:

- i) the Meridian system - the Jing Luo,
- ii) the Chinese Organs - the Zang Fu,
- iii) the Five Phases of Change - the Wu Xing, as applied in the TCM Concordances.

The model is established within parameters that encompass much of the anatomical and physiological knowledge of western medical science (WMB), as well as the theoretical structures of traditional Chinese medicine just noted. It includes within its scope the autonomic nervous system, the endocrine and immune systems, and significant components of the somatic nervous system. It also embraces the limbic system.

While each TCM Organ (Zang Fu) may bear little or only passing resemblance to an anatomically defined organ and its associated functions in 'western' medicine, this lack of equivalence, or correspondence, across paradigms reflects a real and significant difference in the perceptual orientation of TCM vis-à-vis WMB. Such a gulf is thought to be satisfactorily bridged by the model.

The view is presented that the Zang Fu incorporate (in fact are largely constituted by) complex homeostatic hierarchies of large effect - with modulation and control mainly centred in the central nervous system, and with each major homeostatic grouping being identified as a separate TCM 'Organ' - an 'Orb' if you like (Porkert, 1974). The model is also thought to encompass diagnosis by palpation of the Meridians, acupuncture points and pulses, as well as embracing TCM herbalism.

As well as the idea of a dynamic homeostatic hierarchy, it incorporates an integrated (TCM & WMB) notion of Depth.

It is argued that those uniquely Chinese theoretical structures, the Meridians, may be considered to be detailed functional and behavioural 'reflections', onto the periphery, of regions of the central nervous system that are the integration and control centres of ongoing homeostasis. Much of the interaction which occurs between (and within) the Zang Fu is suggested to be focused in the hindbrain, midbrain and diencephalon - in tier two of the model, as well as in the gross anatomical body, tier one.

This approach to explanation provides insight into why each TCM Organ, together with its related Meridians, may be thought of as a continuous single entity. They are encompassed within one functional homeostatic 'Orb', and so may be viewed as being the same 'energy' - a complete Zang Fu.

The fact that neural regions participating in affective behaviour have been difficult to separate from those involved in autonomic control in central nervous system investigations (Jordan, 1990) is of little surprise to TCM. Both physiology and behaviour are important components of each Zang Fu (refer to relevant papers on the 'TCM Theory' web page). Both are essential participants in the overall expression of a TCM Organ.

Following the papers which establish and describe the model per se, one of the yang Organs of the Fire Element, the San Jiao, is discussed in juxtapositional terms for what the writer believes is considerable elucidatory benefit. The papers dealing with the San Jiao form a complete series and are best read as a whole in order to better appreciate the application of the model to this aspect of TCM theory.

Of course it should be understood that the essential argument in these papers is *not* that the model provides a complete, detailed and comprehensive explanation of the theory and clinical effectiveness of TCM, but that it creates a framework in western medical bioscience which allows for considerable discussion and analysis to that end. TCM's major theoretical structures should become more accessible to the unfamiliar western mind as a result.

Finally, it is worth noting that underlying all this work of juxtaposition, integration and explanation is some straight-forward logic.

For many disease or disharmony states, either medical system (TCM or WMB) may be used as the primary treatment modality. While each undoubtedly has inherent strengths and weaknesses, both systems have demonstrated considerable success over the years by treating legions of patients (although with sometimes variable results in individual cases), often for very similar illnesses, and in more recent times perhaps in the very same patient.

In these circumstances it seems clear that despite vastly different concepts of bodily functions, of language, of organ systems, and of treatment modalities, both medical systems simply must have their therapeutic impact on the same cells, tissues and organs. This is really an immutable truth. How else could improvements in health be consistently brought about for a large range of illnesses across broad and different population bases? Both are clinically based medicines.

Given this commonality of impact, it follows, at least in theory, that a considerable degree of integration and common ground in the perceptions and therapeutic mechanisms of these medicines should be able to be demonstrated, despite the complexity and magnitude of their apparent differences.

It would seem to be a matter of refining the knowledge and perceptions of investigators until this occurs.

Preamble

The basic impetus for this endeavour has been provided by the perceived need for traditional Chinese medicine to come to terms, in quite a direct way, with contemporary mainstream 'western' medical knowledge. And vice versa.

Mainstream medicine has a quite solid foundation in scientific verities (physiology, anatomy, pathology, neuroscience, pharmacology, microbiology, etc.), and it is thought it will be beneficial to TCM, to the broader medical community, to patients, and to society generally, when the clinical benefits of TCM are more accessible to the western mind via a more complete understanding of its theoretical framework and clinical modalities.

So it is towards an understanding of the relationship and juxtaposition of western medical bioscience and TCM that the focus of these papers is largely directed. While only a broad framework results from the model developed here, a greater understanding of TCM should still be the result.

While the colourful and lyrical language of TCM is a world away from the scientific concepts and language of WMB, it seems reasonable to suggest that a complete integration of the theory, knowledge and practice of these paradigms should be possible, at least in theory, simply because both paradigms are able to treat (almost) the same patients and diseases. However in the final analysis there will probably never be a thorough alignment of views which allows the complete comprehension of one in terms of the other.

In seeking to establish some degree of commonality and integration there are occasions when significant lateral and tangential thinking is involved. Some of which when considered alone and at first meeting, may appear to be somewhat tenuous. However as the reader proceeds through the papers on this webpage it should become apparent that there is a significant degree of explanatory value in the framework the model establishes, especially for those unique attributes of TCM, the Meridians and Points, and for the Zang Fu (TCM Organs) generally.

Indeed when viewed from the perspective of the model, many of the differences which are generally recognised between TCM and WMB appear to be as much matters of different (cultural and historical) perceptions and different technical terminologies, as they are differences in fact.

On a more personal note, another reason for this approach of explanation lies somewhere within the hallowed halls of Lincoln School of Health Sciences (as it was called in the 1980's, now the Faculty of Health Sciences, La Trobe University), which was the WMB venue when the writer studied both traditional Chinese medicine and western medical biosciences over five torrid years of unremitting toil.

On the one hand was an immense body of western scientific knowledge with its readily apparent intellectual, laboratory, and clinical achievements.

On the other was an ancient body of knowledge still very much alive. It treats legions of patients in the contemporary world, both developed and developing. It also presents quite a 'fresh' perspective (to the west) into the nature of human health and disease, even though its origins may be traced back to the misty realms of Daoist philosophy. It has stood the test of more than 2500 years of clinical experience - surely an extraordinary appraisal of its effectiveness.

No wonder this clash of traditions for many TCM students is frequently found to be rather unnerving, is sometimes calamitous, and occasionally makes a schizoid state of affairs seem positively normal.

Somewhere during those student days, when unexpected flashes of lucidity burst in upon the rocky, beleaguered student landscape, the possible mutual benefits of these very different medicines could be glimpsed. Surely patients would benefit from a welding, yoking, or merging of these paradigms?

Was there a chance of mutual growth, mutual support, mutual respect and mutual fertilization, perhaps like the workings of Yin and Yang? After all, isn't the experience of the human condition pretty much universal, with no single viewpoint validly claiming sole access to absolute verities?

Scope

In its broadest context traditional Chinese medicine regards itself as a comprehensive medicine (Maciocia, 1989; Kaptchuk, 1983; O'Connor and Bensky, 1981; Cheng, 1987; Needham and Lu, 1980; Zhang, 1990; Soulié de Morant, 1994; Porkert, 1974).

As is the case with medicine of the west, it seeks to encompass pretty much the whole field of health and therapeutic intervention (but excluding most medical technology), as well as provide the theoretical and conceptual structures which establish its intellectual foundations and support its therapy.

TCM includes such fields as acupuncture, chinese herbs, shiatsu, tuina, acupressure, Tai Qi, and Qi Gong. Not only is its contemporary field of knowledge and intervention vast, but the traditional medicine of China is probably as old as Chinese civilization itself (Porkert, 1974; Needham and Lu, 1980).

Because of the enormity of this body of knowledge (contemporary and historical), it has been necessary to confine the TCM scope of this series of papers to a consideration of the Zang Fu (Organs), the Jing Luo (Meridian system) and the Wu Xing (Five Elements) - as presented in contemporary texts and colleges in China and Australia (refer to other pages of this web site for details of much TCM theory, particularly acupuncture).

So how should the Zang Fu, the Jing Luo and the Wu Xing be approached from the standpoint of western medical bioscience ?

What is the nature of the relationship between the Jing Luo, the Zang Fu and the Wu Xing from a WMB perspective?

As the discussion proceeds, it becomes apparent that not only does WMB appear to offer considerable explanatory insight into these aspects of TCM theory, and so consolidate and support the Chinese teachings from a WMB standpoint, but that a major diagnostic tool of TCM, pulse diagnosis, may also be seen to fall neatly within the scope of the model. This is thought to be true of TCM herbal medicine too.

The coalescence of these separate aspects of TCM theory within the scope of the model adds a satisfying completeness to the analytical framework, and confirms that TCM, in both its

theory and practice, is indeed an internally consistent whole (if indeed such confirmation is necessary). As a consequence, the model also appears to provide considerable 'western' insight into the reasons for TCM's clinical achievements.

Methodology

The methodology employed in these papers has been largely dictated by the nature of the subject matter.

The 'western' explanation and understanding of traditional Chinese medicine is at quite a rudimentary stage, despite the concerted efforts of the past 50 years or so. Because of this, there remains a considerable amount of work to be done in bridging the gap between the functional and poetic imagery of TCM, and the scientific knowledge and language of western medical bioscience.

Attempting to integrate and explain such vastly different conceptual frameworks has meant developing a model which cannot easily be argued for in a precise and rigorous manner, right or wrong, black or white, 'A' follows directly from 'B', et cetera. It has meant creating one which is sufficiently broad, and structured in a manner, that encompasses the language, knowledge and concepts of both paradigms. Their inherent differences, however mean that such a model cannot be logically proven.

Consequently the model deals with equivalence of ideas, or parallel and common images, and invites the reader to consider the merits of the parallels identified and explanations suggested.

The method employed has therefore been to identify parallel and equivalent ideas which occupy the same (or similar) intellectual territory. These must obviously cover areas such as functional anatomy and physiology, concepts of disease processes, and therapeutic and clinical experience, and clearly must adequately deal with TCM theory and practice as well as satisfy WMB. It is by establishing satisfactory equivalence in such areas that bridging these paradigms has been approached.

However in the final analysis agreement on the validity of this model will require that such parallels be accepted as broadly equivalent by those who understand these disciplines in considerable depth and are able to think constructively (and perhaps laterally) within them.

The task of model development has proved anything but straight-forward and the one finally proposed is thought to be both simple and complex. Simple in its conceptual and inclusive elegance, and yet highly complex in the detail of its application.

Abbreviations

The following abbreviations are used on this web site. All of them have become standardised to some extent in the TCM literature.

The list begins with abbreviations for the acupuncture Meridians and Zang Fu. These are in Horary Clock order which is a standard order of presentation. Alternative abbreviations to these are also commonly found in the TCM literature. They are noted in brackets where appropriate.

Acupuncture Meridians and Zang Fu

LU	Lung
LI	Large Intestine, Colon (Col)
ST	Stomach
SP	Spleen
HT	Heart (HE, HRT)
SI	Small Intestine
BL	Bladder, Urinary Bladder (UB)
KID	Kidney (K, KI)
PC	Pericardium (PE, P)
SJ	San Jiao, Three Heater (3H), Triple Burner (TB), Triple Heater (TH)
GB	Gall Bladder
LIV	Liver (LV)
REN	Ren Mai, Conception Vessel (CV, Co), Directing Vessel
DU	Du Mai, Governor Vessel (GV)

General Abbreviations

TCM	Traditional Chinese Medicine
WMB	Western Medical Bioscience

Terminology

Throughout the papers on this web site, whenever important technical TCM terminology is employed, the words used begin with an upper case (capital) letter. These are listed below with an indication of their meaning. Reference to a TCM / English medical dictionary or TCM text would provide further information for the interested reader.

The reason for this formatting is to emphasise the distinction which frequently needs to be drawn between the meaning of TCM and that of WMB. Precision in meaning, even within a single sentence, is essential for adequate discussion. This formatting procedure attempts to provide correct and accurate context.

In many cases technical TCM language is easily recognised because Pin Yin terms are used (eg. Yin, Yang, Wu Xing, Zang Fu). In these cases they are clearly part of the TCM lexicon. However there are many technical TCM terms where the directly translated English word either lacks precision, or has rather a different meaning in WMB or in common English (eg. heart, liver, kidney).

The capitalising format used in these papers emphasises the connotation of TCM, and so minimises the possibility of such terms being directly equated with a western counterpart.

Exactly how TCM concepts and terminology may be interpreted and equated across paradigms is a matter of debate to which this series of papers contributes. Virtually without exception, the TCM Organs cannot be directly equated with WMB organs, even though the terms used are directly translatable in a linguistic sense.

For example, the TCM Lung is capitalised (Lung, as distinct from lung), so as to emphasise that it is the Chinese Organ which is referred to, and should be understood to include all the TCM connotations associated with this organ. In most cases this will also be apparent from the context in which a word is used.

Although this method of indication may not be ideal, it is quite adequate in most circumstances. Whenever it is thought to be inadequate, clarification is made in the discussion. An example of this may be at the beginning of a sentence, where a capital letter would normally be used whatever the context.

Further, the TCM Organs should not be considered to be confined to particular anatomical entities, although for some purposes such a designation may be adequate. They commonly also refer to functions, behavioural attributes, processes and relationships. For this reason the distinction between the TCM and WMB perspectives needs to be made explicit. There are real differences which need to be recognised and respected.

Similar remarks may also be made for many technical TCM terms. For example, Wind, Heat, Cold, Phlegm, Dry, Damp, are all commonly used words in English, but they are also very particular technical terms in TCM. So precision in their use is essential for detailed and sensible discussion, and the capitalising format is an appropriate indicator.

Until there is general or widely accepted agreement on these matters, it is appropriate to recognise such differences via the use of upper case letters. In due course it may be that this capitalising format is the one which becomes the accepted standard in cross-paradigm analyses and discussion.

A final comment which deserves to be made, is that this difficulty or awkwardness with terminology basically derives from the fact that this area of endeavour (juxtaposition etc.) is positioned astride two major medical paradigms, which have only relatively recently begun to be explained and integrated in an appropriate and detailed way.

Introduction to the Terminology of Traditional Chinese Medicine

This introduction to TCM terminology is considerably abbreviated but provides reasonable explanation of the terms used within these papers.

If more detail is needed there is now an extensive literature which may be referred to. Good examples of a glossary and clinical dictionary are Wiseman and Boss (1990) and Wiseman (1994) respectively. General texts on TCM also provide very adequate explanations of most words and phrases (e.g. Kaptchuk, 1983; Maciocia 1989; O'Connor and Bensky, 1981; Wiseman et al., 1985; Soulié de Morant, 1994; Deadman, 1998).

Further explanation of many terms may be found in other papers on this web site, particularly relating to the Zang Fu, Meridians and Concordances.

Ah Shi Points	acupuncture points which are tender upon palpation. They may or may not correspond to formal acupuncture points. In diagnosis these points indicate disharmony in a channel. Literally 'that's it!'
Associated Effect Points (AEPs)	back Transporting points, back Shu points, Shu Xue
Ben	Root, origin, foundation
Biao	Branch, manifestation
Bladder	Urinary Bladder, one of the six Fu, Yang Organ of the Water Element
Bladder Meridian	Zu Tai Yang Pang Guang Jing, Urinary Bladder Channel of foot Tai Yang
Blood	one of the Fundamental Substances of TCM. Similar to the blood of WMB but more conceptually amorphous
Body Fluids	Jin Ye, one of the Fundamental Substances, similar to the body fluids of WMB but more conceptually amorphous
Cheng point	Well point, most distal of the 5 antique points. (Jing point)
Chi	proximal pulse position on the radial artery at the wrist
Chong Mai	penetrating vessel, one of the 8 Extra Meridians
Cold	1) the Pernicious Influence associated with the Water Element 2) one of the classifications of the Eight Principles
Command points	acupuncture points on the primary Meridians which have special energetic qualities, particularly related to the Five Elements
Concordances	diverse and heterogeneous structures, functions, objects, behaviours, qualities, relationships and phenomena which are associated with each of the Five Elements, and particularly the Zang Fu. Refer to paper on 'Concordances' on TCM Theory web page.
Coupling point	acupuncture point which is frequently combined with a Master point to activate an Eight Extra Meridian
Cun	inch, a proportional inch.
Cun	distal pulse position on the radial artery at the wrist
Curious Organs	Blood Vessels, Uterus, Bones, Marrow, Brain, Gall Bladder. These have both yin and yang characteristics. With the exception of the Gall Bladder, they tend to be of less direct clinical significance.
Da Chang	Large Intestine, Colon
Dai Mai	girdle Vessel, one of the 8 Extra Meridians
Damp	the Pernicious Influence associated with the Earth Element
Dan	Gall Bladder
Deep	Internal, relatively Internal

Deficiency	1) one of the classifications of the Eight Principles 2) a designation of insufficiency, Xu
Disharmonies	commonly recognised variations in normal function for each of the Zang Fu; any variation from normal function for each of the Zang Fu
Dry	the Pernicious Influence associated with the Metal Element
Du Mai	governing Vessel (GV), one of the 8 Extra Meridians
Earth	one of the Five Elements, or Five Phases of Change: Spleen, Stomach, Transportation and Transformation, yellow, sweet, lips, obsession, meditation, etc.
Eight Extra Meridians	Du Mai, Ren Mai, Dai Mai, Yang Wei Mai, Yin Wei Mai, Chong Mai, Yang Qiao Mai, Yin Qiao Mai; 8 Meridians which are extra to the 12 primary Meridians
Eight Influential points	acupuncture points which have a particular influence on specific tissues or Fundamental Substances. Meeting points: LIV-13, REN-12, REN-17, BL-17, GB-34, LU-9, BL-11, GB-39
Eight Principles	preliminary classification of signs and symptoms in identifying Patterns of Disharmony: Yin/ Yang; Internal/ External; Deficiency/ Excess; Cold/ Heat
External	1) exterior, a designation of Depth 2) one of the classifications of the Eight Principles
Excess	1) a designation of superfluity, Shi 2) one of the classifications of the Eight Principles
Fei	Lungs
Fen	1/10 cun, 1/10 proportional inch
Feng	Wind
Fire	1) one of the Five Elements, or Five Phases of Change: Heart, Small Intestine, Pericardium, San Jiao, Blood Vessels, summer, growth, south, joy, Shen, tongue, etc. 2) a Pernicious Influence associated with the Fire Element, Re
Five Elements	Wu Xing, or Five Phases of Change: Wood, Fire, Earth, Metal, Water
Fu	the Yang Organs - LI, ST, SI, BL, SJ, GB
Fundamental Substances	Qi, Blood, Jing, Shen, and Body Fluids (Jin Ye)
Gall Bladder	one of the six Fu, Yang Organ of the Wood Element; one of the Curious Organs
Gall Bladder Meridian	Zu Shao Yang Dan Jing, Gall Bladder Channel of foot Shao Yang
Gan	Liver

Guan	middle pulse position on the radial artery at the wrist
Gu Qi	food Qi, grain Qi
Gushing point	Spring point, Ying point, Yong point, one of the 5 antique points
Han	1) Cold, one of the classifications of the Eight Principles 2) the Pernicious Influence associated with the Water Element
Heat	1) a Pernicious Influence associated with the Fire Element 2) one of the classifications of the Eight Principles
Heart	one of the six Zang, the (major) Yin Organ of the Fire Element, sovereign Fire. Related to the Small Intestine.
Heart Meridian	Shou Shao Yin Xin Jing, Heart Channel of hand Shao Yin
He point	Sea point, Uniting point, most proximal of the 5 antique points
Horary clock	1) the circadian clock which allocates each of the Organs to a particular time of day; LU 3-5am, LI 5-7am, ST 7-9am, SP 9-11am, HT 11-1pm, SI 1-3pm, BL 3-5pm, KID 5-7pm, PC 7-9pm, SJ 9-11pm, GB 11-1am, LIV 1-3am. 2) the normal order of flow of Qi and Blood through the Jing Luo
Hou Tian Zhi Qi	Post-heavenly Qi
Hui Xue	Gathering points, meeting points
Huo	1) Fire, one of the Five Elements, or Five Phases of Change: Heart, Small Intestine, Pericardium, San Jiao, Blood Vessels, summer, growth, south, joy, Shen, tongue, etc. 2) a Pernicious Influence associated with the Fire Element
Hun	ethereal soul. Relates to the Wood Element.
I	thought, ideas (Yi). Relates to the Earth Element.
Internal	1) one of the classifications of the Eight Principles 2) interior; a designation of Depth
Jiao	burn, scorch, parch, anxious, vexed
Jiao Hui Xue	intersecting points between Meridians
Jin	thinner fluids (compare Ye)
Jin Ye	Body Fluids; one of the Fundamental Substances, similar to the body fluids of WMB but more conceptually amorphous
Jing	Essence, Kidney Essence; one of the Fundamental Substances
Jing	channel, Meridian, to pass through
Jing Luo	the Meridian system
Jing point	River point, Traversing point, one of the 5 antique points
(Jing point)	Well point, most distal of the 5 antique points, Cheng point
Jue Yin	one of the Six Divisions: absolute Yin, terminal Yin, Liver and Pericardium
Ke cycle	control cycle of the Wu Xing, Five Elements, or Five Phases of Change

Kidney	one of the six Zang, Yin Organ of the Water Element
Kidney Meridian	Zu Shao Yin Shen Jing, Kidney Channel of foot Shao Yin
Large Intestine	one of the six Fu, Yang Organ of the Metal Element
Large Intestine Meridian	Shou Yang Ming Da Chang Jing, Large Intestine Channel of hand Yang Ming
Li	Interior, root
Liver	one of the six Zang, Yin Organ of the Wood Element
Liver Meridian	Zu Jue Yin Gan Jing, Liver Channel of foot Jue Yin
Lung	one of the six Zang, Yin Organ of the Metal Element
Lung Meridian	Shou Tai Yin Fei Jing, Lung Channel of hand Tai Yin
Luo Xue	Connecting points
Luo Mai	Connecting Vessels
Mai	Vessel, pulse
Main Meridians	the twelve Meridians of the Zang Fu plus Ren Mai and Du Mai, those Meridians which have their own acupuncture points, the Primary meridians plus Ren Mai and Du Mai; 14 in all
Marrow	undifferentiated substance from which bones, bone marrow, brain and spinal cord derive
Master point	acupuncture point which 'opens' or activates one of the Eight Extra Meridians. Frequently combined with Coupling points.
Meridians	Channels through which Qi and Blood travel. The Meridian system is referred to as the Jing Luo. Each Zang Fu includes its related Meridians. Types of Meridians include: Primary Meridians, Eight Extra Meridians, Divergent Meridians, Luo Meridians, Muscle-tendino Meridians. The Meridians are a unique theoretical structure of TCM.
Metal	one of the Five Elements, or Five Phases of Change; Lung, Large Intestine, white, skin, harvest, autumn, grief, anxiety, west, etc.
Ming Men	gate of vitality, gate of life, point Du Mai 4.
Mu Xue, Mu points	Alarm points, Collecting points on the anterior aspect of the trunk
Orb	generic term referring to an individual Zang or Fu. It is not a standard term in TCM. It is used here in the context of inter-paradigm research to emphasise that the Zang Fu encompass all three tiers of the model presented in these papers. Its use began with Manfred Porket (1974). He also uses the term 'functional circle' to indicate similar ideas.
Pang Guang	Bladder, Urinary Bladder
Pericardium	one of the six Zang, (secondary) Yin Organ of the Fire Element, ministerial Fire. Related to the San Jiao.

Pericardium Meridian	Shou Jue Yin Xin Bao Jing, Pericardium Channel of hand Jue Yin
Pernicious Influences	deleterious influences on the body and/or Organs: Wind, Heat, Fire, Damp, Dry, Cold
Phlegm	a sign of Disharmony associated with Body Fluids (Jin Ye)
Pi	Spleen, the Yin Organ of the Earth Element, one of the six Zang
Pin Yin	the official Chinese government system of romanising Chinese characters, Hanyu Pin Yin
Po	corporeal soul, animal soul. Relates to the Metal Element.
Primary Meridians	the twelve Meridians of the Zang Fu, each of which has its own constituent acupuncture points, (excludes Ren and Du Mai).
Qi	energy, breath, air, active aspect of matter in the body; one of the Fundamental Substances
Re	1) Heat, a Pernicious Influence associated with the Fire Element 2) one of the classifications of the Eight Principles
Ren	man, person, human being
Ren Mai	Conception Vessel (CV), Directing Vessel, one of the 8 Extra Meridians
River point	traversing point, Jing point, one of the 5 antique points
San Jiao	Three Heater (3H), Triple Burner (TB), Triple Heater (TH); one of the six Fu, a Yang Organ of the Fire Element, related to the Pericardium
San Jiao Meridian	Shou Shao Yang San Jiao Jing, San Jiao Channel of hand Shao Yang
Sea point	Uniting point, He point, most proximal of the 5 antique points
Shao Yang	one of the Six Divisions: lesser Yang, San Jiao and Gall Bladder
Shao Yin	one of the Six Divisions: lesser Yin, Kidney and Heart
Shen	Kidneys
Shen	Spirit, one of the Fundamental Substances, Mind
Sheng cycle	generating cycle of the Wu Xing, (Five Elements, or Five Phases of Change)
Shi	Fullness, Excess
Shou	upper limb, hand
Shou Jue Yin Xin Bao Jing	Pericardium Channel of hand Jue Yin
Shou Shao Yang San Jiao Jing	San Jiao Channel of hand Shao Yang
Shou Shao Yin Xin Jing	Heart Channel of hand Shao Yin
Shou Tai Yang Xiao Chang Jing	Small Intestine Channel of hand Tai Yang

Shou Tai Yin Fei Jing	Lung Channel of hand Tai Yin
Shou Yang Ming Da Chang Jing	Large Intestine Channel of hand Yang Ming
Shu	acupuncture point
Shu point	Transporting point, Stream point, one of the 5 antique points
Shu Xue	back Transporting points, AEP's
Shui	Water, fluid
Six Pernicious Influences	the six Evils; Wind, Heat, Fire, Damp, Dry, Cold. Deleterious influences on the body.
Six Divisions	a particular grouping of the Zang Fu which reflects i) the importance (or 'preciousness') of Organs to an individual; ii) the penetration of disease. From superficial to deep they are: Tai Yang [SI,BL], Shao Yang [SJ,GB], Yang Ming [LI,ST], Tai Yin [LU,SP], Jue Yin [PC,LIV], and Shao Yin [HT,KID].
Small Intestine	one of the six Fu, a Yang Organ of the Fire Element. Related to the Heart.
Small Intestine Meridian	Shou Tai Yang Xiao Chang Jing, Small Intestine Channel of hand Tai Yang
Spleen	one of the six Zang, Yin Organ of the Earth Element
Spleen Meridian	Zu Tai Yin Pi Jing, Spleen Channel of foot Tai Yin
Spring point	Gushing point, Ying point, one of the 5 antique points, (Yong point)
Stagnation	impedance to the normal flow of Qi, Blood, Body Fluids etc.
Stream point	Transporting point, Shu point, one of the 5 antique points
Stomach	Wei, one of the six Fu, Yang Organ of the Earth Element
Stomach Meridian	Zu Yang Ming Wei Jing, Stomach Channel of foot Yang Ming
Superficial	External, relatively External
Syndrome	Commonly recognised pattern of Disharmony
Tai	great
Tai Yang	one of the Six Divisions: greater Yang, (Urinary) Bladder and Small Intestine
Tai Yin	one of the Six Divisions: greater Yin, Spleen and Lung
Tan	Phlegm
TCM	traditional Chinese medicine
Transporting point	stream point, Shu point, one of the 5 antique points
Uniting point	Sea point, He point, most proximal of the 5 antique points
Urinary Bladder	one of the six Fu, Yang Organ of the Water Element

Water	one of the Five Elements, or Five Phases of Change: Kidney, (Urinary) Bladder, salt, fear, winter, north, black, storage etc.
Wei	Stomach
Wei Qi	defensive Qi
Well point	Cheng point, most distal of the 5 antique points, (Jing point)
Wind	the Pernicious Influence associated with the Wood Element
WMB	western medical bioscience
Wood	one of the Five Elements, or Five Phases of Change: Liver, Gall Bladder, green, east, spring, birth, anger, frustration, etc.
Wu Shu Xue	Command points, five Transporting points
Wu Xing	Five Elements, Five Phases of Change
Xian Tian Zhi Qi	Pre-heavenly Qi
Xiao Chang	Small Intestine
Xi-cleft points	Accumulating points, Xi Xue
Xi Xue	Accumulation points, Xi-cleft points
Xin	Heart, mind, affections. Relates to the Fire Element.
Xin Bao (Luo)	Pericardium
Xu	Deficiency, Emptiness, Empty
Xue	Blood; one of the Fundamental Substances of TCM. Similar to the blood of WMB but more amorphous
Xue	hole, cave, acupuncture point
Xue Mai	Blood Vessels
Yang	sunny side of the hill, complement of Yin: active, External, heavenly, male, energetic, light, above, posterior, superior, etc.
Yang Ming	one of the Six Divisions: Yang brightness, Stomach and Large Intestine
Yang Qiao Mai	Yang heel (motility) Vessel, one of the 8 extra Meridians
Yang Wei Mai	Yang linking Vessel, one of the 8 extra Meridians
Ye	thicker fluids (compare Jin)
Yi	thought, ideas (I). Relates to the Earth Element.
Yin	shady side of the hill, complement of Yang: passive, Internal, earthly, female, substantial, dark, below, anterior, inferior, etc.
Yin Qiao Mai	Yin heel (motility) Vessel, one of the 8 Extra Meridians
Yin Wei Mai	Yin linking Vessel, one of the 8 Extra Meridians
Ying point	spring point, gushing point, one of the 5 antique points, (Yong point)
Ying Qi	Nutritive Qi
(Yong point)	spring point, gushing point, Ying point, one of the 5 antique points
Yuan	first, primary, origin, source
Yuan Qi	Original Qi, Source Qi

Yuan Xue, Yuan points	Source points, associated with Yuan Qi
Yun Hua	Transformation and Transportation function of the Spleen
Zang	Yin Organs - LU, SP, HT, KID, PC, LIV
Zang Fu	Internal Organs, Yin and Yang Organs. Each Zang Fu includes its related Meridians
Zhen Qi	true Qi, Meridian Qi
Zheng Qi	upright Qi, normal Qi
Zhi	will, will power, determination
Zhong Qi	central Qi
Zong Qi	gathering Qi, Qi of the chest, ancestral Qi
Zu	lower limb, foot
Zu Jue Yin Gan Jing	Liver Channel of foot Jue Yin
Zu Shao Yang Dan Jing	Gall Bladder Channel of foot Shao Yang
Zu Shao Yin Shen Jing	Kidney Channel of foot Shao Yin
Zu Tai Yang Pang Guang Jing	Urinary Bladder Channel of foot Tai Yang
Zu Tai Yin Pi Jing	Spleen Channel of foot Tai Yin
Zu Yang Ming Wei Jing	Stomach Channel of foot Yang Ming

Associated Publications

The following articles have been published in Australian and international journals. Various aspects of the model and the conceptual framework it creates and utilises have been applied in these, with related themes and issues discussed and developed.

All of them are available for download from this web site, although now with some small degree of editorial revision since the original articles were published.

Davis E. H. (1991a) Diabetes mellitus, part 1. Australian Journal of Traditional Chinese Medicine, 6(1), 23-31.

Davis E. H. (1991b) Diabetes mellitus, part 2. Australian Journal of Traditional Chinese Medicine, 6(2), 17-23.

Davis E. H. (1992) Diabetes mellitus: West meets East, some reflections upon TCM theory. Australian Journal of Acupuncture, 19, 9-19.

- Davis E. H. (1993a) Asthma: West meets East, reflections upon TCM theory. *Australian Journal of Acupuncture*, 20, 13-32.
- Davis E. H. (1993b) West meets East: the small intestine fu and relationships, part 1. *Pacific Journal of Oriental Medicine*, 1, 22-36.
- Davis E. H. (1994a) West meets East: the small intestine fu and relationships, part 2. *Pacific Journal of Oriental Medicine*, 2, 24-36.
- Davis E. H. (1994b) West meets East: the small intestine fu and relationships, part 3. *Pacific Journal of Oriental Medicine*, 3, 32-41.
- Davis E. H. (1995) West meets East: the small intestine fu and relationships, part 4. *Pacific Journal of Oriental Medicine*, 4, 36-50.
- Davis E. H. (1996a) West meets East: the small intestine fu and relationships, part 5. *Pacific Journal of Oriental Medicine*, 6, 13-22.
- Davis E. H. (1996b) West meets East: the small intestine fu and relationships, part 6. *Pacific Journal of Oriental Medicine*, 7, 24-38.
- Davis E. H. (1996c) West meets East: a model for the integration and synthesis of traditional Chinese medicine and western medical science. *European Journal of Oriental Medicine*, 2(1), 35-40.
- Davis E. H. (1996d) West meets East: the small intestine fu and relationships, part 7. *Pacific Journal of Oriental Medicine*, 8, 31-42.