

Fall 2018

# MEDICINAL ROOTS 相慧 MAGAZINE

*Ancient Wisdom - Modern Healthcare*



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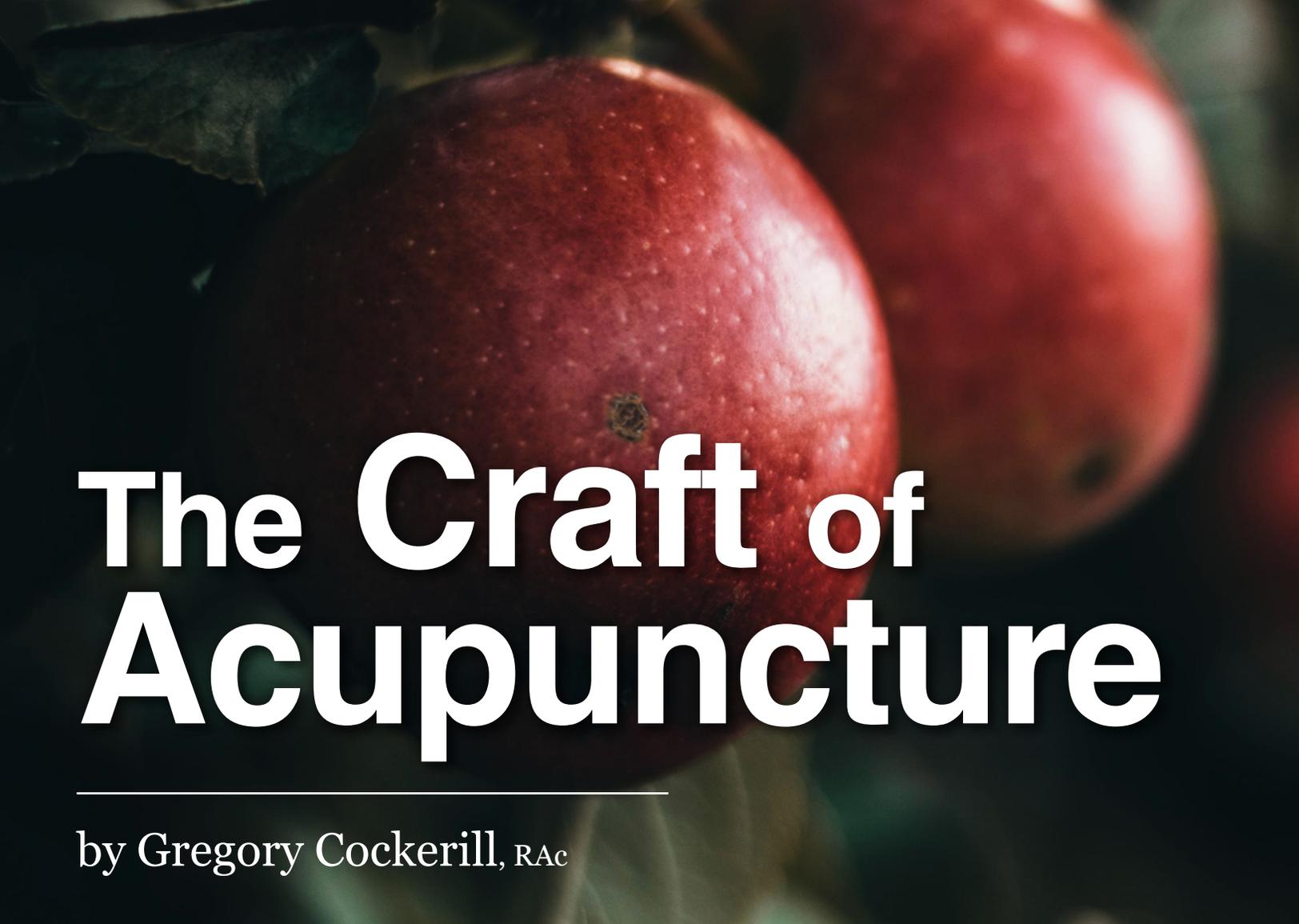
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# The Craft of Acupuncture

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by Gregory Cockerill, RAc

*In writing, Stephen King says the most essential element is the honesty of intent. The same is true of most crafts. It can be said of making jazz from a trumpet, tossing opponents in Judo, or seasoning a fish. So what then of medicine?*

What of the dichotomous art-science of acupuncture specifically? How is intent conceived, craft perfected and perhaps most importantly in medicine, outcome achieved?

Deliciousness in fish gustation can be accomplished with proper seasoning: salt, pepper and the famous Western spice, butter<sup>1</sup>; together perfection, if one should go in for that sort of thing. A jazz trumpet requires lips calloused by a million hours of repeated embouchure, a thorough immersion in every previous master and an innate sense to swing despite the dance floor. Judo requires intent, grips and leverage - Ippon<sup>2</sup>! This is achieved after 10,000 hours of randori<sup>3</sup>.

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<sup>1</sup> The author would never 'butter' a fish

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<sup>2</sup> To win a match by perfect throw onto an opponents back.

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<sup>3</sup> Sparring with an equally resisting opponent.

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What then are our rudiments as acupuncturists? Or what are your rudiments in whatsoever it is you seek to master? There is surely more depth and gauge to our craft. What then are our variables? It could be argued that our foundations are based on tradition, experience and creativity.

## TRADITION

We practice ancient medicine. To ignore the thousands of years of insight is to neglect the philosophical paradigm, appropriating medicine, boiling sea-bass as haute cuisine. 'Tradition' includes an equal part of modern medicine. To ignore the present is to ignore the future and most tragically, to neglect our patients. We do not cure headaches, we eliminate wind. However, we are burdened with tremendous responsibility to be able to recognize 'Liver rising'<sup>4</sup> from an encephalopathy. These medicines are not mutually exclusive - they are Yin and Yang.

## EXPERIENCE

Jazz giant Wayne Shorter once said, that ninety-nine percent of everything improvised on stage has been played and practiced beforehand and that it is a very special night when something completely and utterly new would happen on stage. A good physician is an old physician, but I'm not talking about years. The right observation, correct diagnosis and effective treatment are not learnt from a book, a single source or even inspired - they are earned through effort and proper repetition. The good news is that anyone can master their craft. The reality is that most quit before they get a chance to express their art and share it with others. A trumpet on a shelf. Bland. Shido<sup>5</sup>.

## CREATIVITY

We are lucky that our medicine is both an art and medicine. It took courage and imagination to invent the first vaccine. It takes love to achieve "DeQi"<sup>6</sup>. Given the same information, ten different people will go out and do ten different things. That is not a lack of predictability but the beauty of individuality. This is where you do play something utterly new. This is what makes you unique as a practitioner. It is a gift

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<sup>4</sup> A common TCM differentiation for a headache

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<sup>5</sup> Penalty in Judo for stalling.

---

<sup>6</sup> The desired heaviness or needling effect in traditional acupuncture.

to yourself and to your patients. It is a pearl inside of you that can never be diminished and will carry you through difficult times.

I hope this serves as a useful meditation on craft. Someone once put butter on fish and praised heaven. Someone once needled 'Chengqi'<sup>7</sup> to treat muteness. It might even have been the same person but the odds are low. What is your intent? And what are the tools to your craft?

- Gregory Cockerill

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<sup>7</sup> Acupoint Stomach 1- famously located within the eye socket.



## ABOUT THE AUTHOR

Gregory Cockerill, has been a lifelong follower of Eastern philosophy and a registered acupuncturist since 2008.

A lover of music, medicine and martial art, Gregory has an honours degree in Composition/Arranging (Humber/BCOU), and is a graduate of the Alberta College of Acupuncture and Traditional Chinese Medicine. He has a private Acupuncture practice in Roncesvalles, Toronto named Live Hand Acupuncture and also teaches Acupuncture and Chinese Medical Theory at the 'Eight Branches Academy of Eastern Medicine' as well as the 'Ontario College of Traditional Chinese Medicine'. Gregory still performs music regularly and received a Juno in 2017 for his contributions to "Ride the One"- (blues album of the year). He has trained in Brazilian JiuJitsu since 2006 and holds an instructor certificate and 3rd Dan black belt in Hapkido.

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# Time to Hold Your Association Accountable

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Article by Jason Tutt, RAc

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## HISTORY

The first organized association was the Acupuncture Association of British Columbia (AABC) founded circa 1974 either coincidentally with or just after the landmark court decision declaring acupuncture as the practice of medicine. Their standards were based on the California qualifications existing at that time. The AABC required all new members to pass a written and practical competency test prior to being accepted as members. This created a problem as several of the China trained practitioners who were multi-generational practitioners refused to write the qualifying test and started their own Associations. According to a former ATCMA Vice President, this number of Associations was believed to peak at about 21, which created a credibility issue with most of the government and unionized agencies that the AABC attempted to negotiate with. It is still happening today.

In the early 1990's six of the smaller associations joined together to form an umbrella Association called the 'Alliance'. In the mid-nineties, the AABC was able to work with the Alliance with the hope that, as the senior association leading the way, others would follow suit. In 1996, the Government introduced the regulation of Acupuncture, and the Qualified Acupuncturists & TCM Practitioners Association (QATCMA) was formed. As practitioners completed the grandparenting process and became 'registrants', they could join the QATCMA. Circa 1997-1998, the Alliance formally merged with the QATCMA. At about the same time as the QATCMA started, another association called the Traditional Chinese Medicine Association of British Columbia (TCMABC) was formed and once the grandparenting process was complete, the QATCMA and the TCMABC became the two largest associations, each with a couple of hundred members each.

The first attempt to merge these two associations into one stalled at the last minute due to disagreements among board members. In 2011, a second attempt to merge the two into 'One Voice' was initiated, with a transitional board selected with equal members from both associations. Their first step was to hire legal counsel who provided them with a road map to follow. The official announcement was made in April 2013 and the two associations formally merged to become the British Columbia Association of TCM & Acupuncture Practitioners (ATCMA), which became a registered society in early November 2013. The first elected Board of the ATCMA occurred at that time.

At inception, the ATCMA boasted close to 500 members, but since then the ATCMA has lost around 160 members due to what some feel is a lack of transparency, accountability, value for money and action on behalf of the Association. Many members barely know who is on the board of directors, or who the President of their Association is and this has scared many members, in particular non-Chinese members, away from the ATCMA.

*Fast-forward to Fall of 2018, the College of Traditional Chinese Medicine Practitioners & Acupuncturists of British Columbia (CTCMA) has twelve TCM associations listed on it's website despite efforts to unify the profession, although none are as big as the ATCMA. This type of fracturing has continued to make negotiating with government agencies and unions very difficult.*



PHOTO: Pixabay.com

## THE PRESENT

Where does the profession go from here? According to the CTCMA, around 65% of registrants are not a member of any Association, meanwhile every other profession has at least 50% of their registrants as members of their association, many with much higher involvement, and all other professions have one single and unified association.

*A unified association with enough members has strong political influence, buying power and negotiation abilities.*

Physiotherapists and chiropractors were covered by the Insurance Corporation of British Columbia (ICBC) in the 1990's, massage therapists were covered in 2011 but TCM practitioners took until 2018 to receive coverage, which was thanks to the efforts of an ATCMA and ICBC Task Force. TCM practitioners still have a lot of catching up to do; WorkSafe BC, Teachers Federation of BC, the Ministry of Health and others. This all requires unity, money and hard work from all board members, committee members and general members of the profession.

TCM associations and the profession in general still continue to be plagued with many issues and disagreements among several factions. Unless the profession can unite and ensure that any official and unified association is fair and transparent, this will be an ongoing issue for many years to come in BC. While some progress has been made by the Associations to include acupuncture coverage under the BC Medical Services Plan (MSP) and now ICBC coverage beginning in April 2019, there is much work to do and at this pace it could take a long time due to all the internal issues this profession faces.

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As of October 1, 2018 I have been elected as the President of the ATCMA. We have a diverse board from many ethnic backgrounds, and over the next two years, have a huge opportunity to move the profession forward.

*To effectively lobby the government however, we need to be able to represent the majority of the profession, meaning we need a larger and more unified membership. If you have ever been on the fence about joining your Association, now is the time.*

The ATCMA's goal is to be transparent and accountable over the next 2 years and I urge you all to get involved.

*- Jason Tutt*



## ABOUT THE AUTHOR

Jason Tutt is a registered Acupuncturist practicing in British Columbia. Jason served on the Board of Directors for the BC Acupuncture & TCM Association from 2016 – 2018, has been the President of the BC Chapter for the Chinese Medicine and Acupuncture Association of Canada since 2016, and is currently serving on the Patient Relations Committee and the Registration Committee for the College of Traditional Chinese Medicine of BC.



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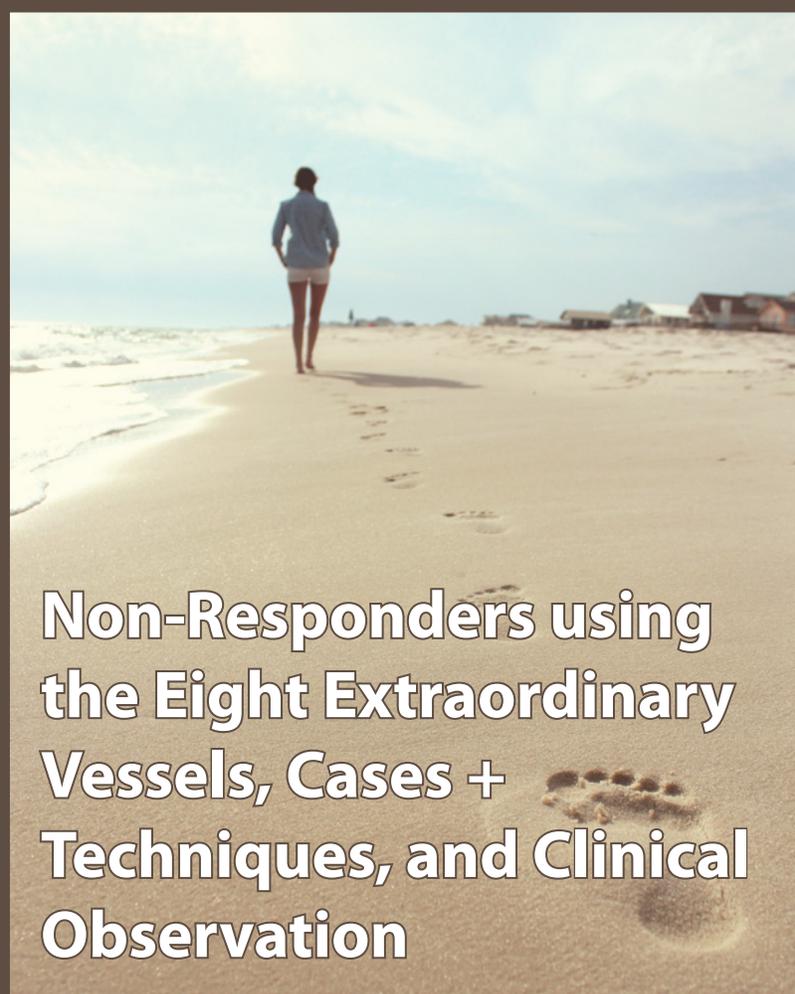
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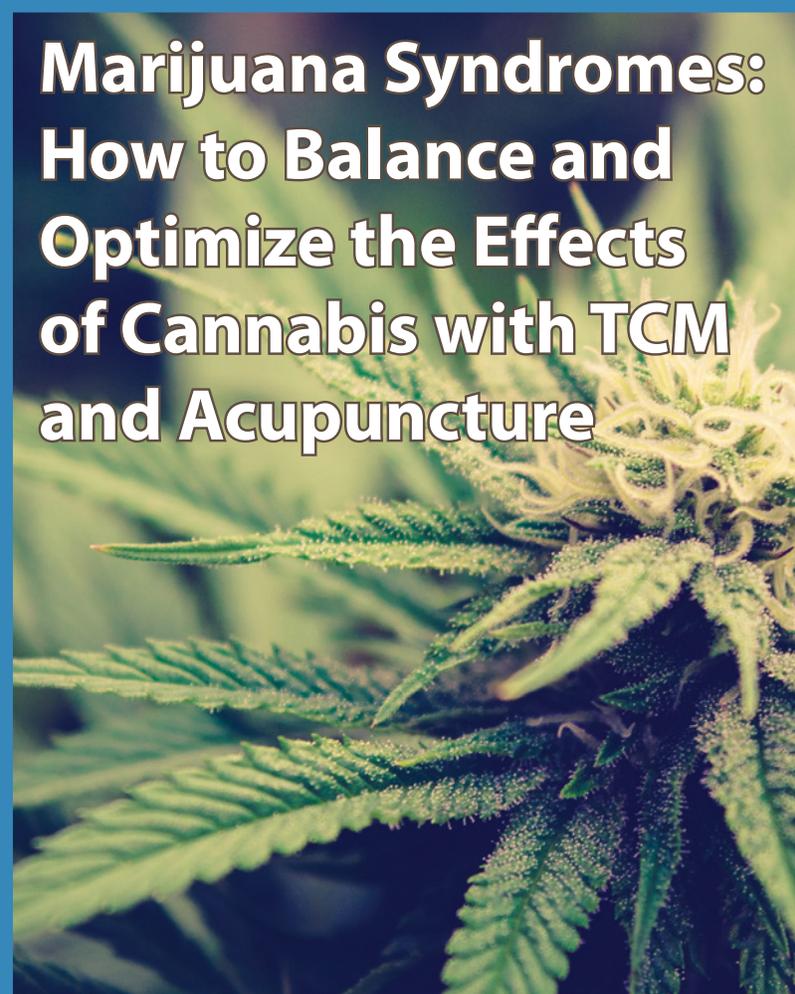
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How **Systems**  
**Language**  
is **Injuring**  
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*by Martin Retherford, BAsC, MBA, MSOM, Dipl OM, DOM*

*Good communication is the foundation of every successful relationship, whether personal or professional. It develops a mutual feeling of trust, which is crucial in any doctor-patient relationship.<sup>1</sup>*

In my practice, healthy communication between my patients and I enables my patients to better understand their treatment plan and therefore to stick to it. In the same way, communicating well with my nurse practitioner enables him or her to understand what work I have done with a patient as an East Asian Medicine Practitioner (EAMP).

In school, a professor labelled this communication, 'Mouth Needles'. Why? Because of the therapeutic benefits for patients. As such, within any healing discipline, good communication is mandatory. But what about communication *between* disciplines?

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<sup>1</sup> Ha, J. F., Longnecker, N. (2010). *Doctor-Patient Communication: A Review*, *Ochsner J.* 2010 Spring; 10(1): 38–43. Retrieved July 7, 2018 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096184/>

Within the U.S. East Asian Medicine (EAM) is not included under the blanket lexicon of Medicine. EAM is undergoing substantial discipline-wide changes, including the establishment of practice acts throughout most of the country and the demand for EAM services is soaring. Despite these positive changes, only about 25%<sup>2,3</sup> of the total U.S. population<sup>4</sup> use Complementary and Alternative Medicine (CAM), including Traditional Chinese Medicine (TCM). EAMPs account for circa 4-10% of that figure. These numbers clearly demonstrate how few understand the true scope of EAM and what it could do for them. Through better communication, an increasing number of people could realize the value of EAM.

The purpose of this article is to discuss Systems Language and jargon associated with EAMPs and our biomedical counterparts. Historically, EAMPs are the Internal Medicine Specialists of the ancient world, the primary care providers of the day. This is

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<sup>2</sup> NCCIH (2017). *The Use of Complementary and Alternative Medicine in the United States*. Retrieved July 7, 2018 from [https://nccih.nih.gov/research/statistics/2007/camsurvey\\_fs1.htm#use](https://nccih.nih.gov/research/statistics/2007/camsurvey_fs1.htm#use)

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<sup>3</sup> NCCIH (2018). *The Use of Complementary and Alternative Medicine in the United States: Cost Data*. Retrieved July 7, 2018 from <https://nccih.nih.gov/news/camstats/costs/costdatafs.htm>

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<sup>4</sup> Vintage Population Estimates (2018). *U.S. Census Bureau*. Retrieved July 7, 2018 from <https://www.census.gov/programs-surveys/popest.html>

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not the case in the US today, despite the discipline being utilized in the country since the early 19th century<sup>5</sup>).

*There are a number of contributing factors that result in poor communication but the most fundamental is language.*

Some may assert philosophical or cultural differences, but these can be classified under 'systems language' or 'jargon'. Both disciplines are focused on their objective of alleviating suffering and neither approach is incorrect. However, constructs such as 'Running Piglet Qi' or 'Liver Qi Stagnation' simply have no meaning for our biomedical colleagues.

EAM's systems language speaks of the body as a functional unit using descriptors such as Qi, Blood, Yin, Yang, Five Phases, Six Pathogenic Factors, Seven Taxations, Eight Principles, Ten Stems, 12 Branches, 24 Cycles and other conceptual constructs to describe the functions, interrelationships and effects of the body. They are challenging to learn and in certain instances, beautifully artistic.

On the other hand, our bio-medical counterparts describe the body using systems language such as CD45 pathway, CIP pathways, anatomical organs, tissues, viruses, bacterium and other constructs.

*When considering patient suffering, and perhaps that of EAMPs, the disconnect of these two forms of systems language have caused more complications than anyone has really tried to assess to date.*

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<sup>5</sup> Harvis, R. J. (2018). *TCM and the Black Panthers: Chinese medicine and its American history goes under the spotlight in New York exhibition.* Retrieved July 7, 2018 from <https://www.scmp.com/culture/arts-entertainment/article/2148322/tcm-and-black-panthers-chinese-medicine-and-its-american>

The communications failure that Jing and Genetics codifies, that anti-inflammatory and clearing heat or Yang Ming and Colitis entail is a tough chasm to bridge. However, in 2017 Qi Y., et al<sup>6</sup> published an article about Huang Qi (*Astragalus Membranaceus*) and a compound found in Huang Qi identified in Astragaloside (ASI). ASI and some of its functions were explained in biomedical terms, specifically that the drug stimulates the CD45 phosphatase pathway, which then down regulates an inflammatory pathway, NFB, whilst also activating and regulating T-cells, which may up regulate the expression of interferon.

From an EAM point of view, Huang Qi is used to tonify Lung and Spleen Qi, augment Wei Qi, facilitate urination, promote discharge of puss and generate flesh. As such, the biomedical description of the functions of ASI effectively describe the effects captured in EAM descriptions of herb actions. The reduction of inflammation may be the mechanism

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<sup>6</sup> Qi Y. et al (2017). *Anti-Inflammatory and Immunostimulatory Activities of Astragalosides.* *Am J Chin Med.* 2017;45(6):1157-1167. doi: 10.1142/S0192415X1750063X. Epub 2017 Aug 22. Abstract retrieved July 7 2018 from <https://www.ncbi.nlm.nih.gov/pubmed/2883021>

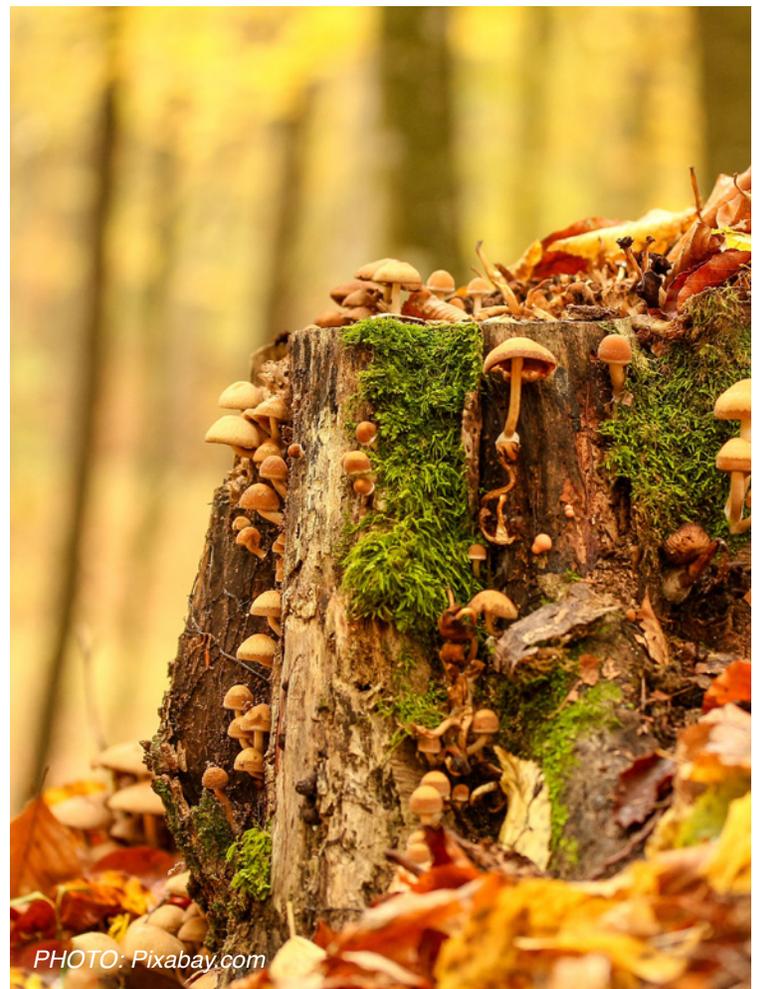


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of improved fluid flow in the body, explaining the tonification of Lung and Spleen Qi (Tai Yin), facilitating urination and promoting the discharge of puss. The up regulation of T-cells and interferon may encompass augmentation of Wei Qi and generating flesh by means of a more active immune system's suppression of microbial activity in sores and wounds.

Huang Qi is also used in immune-modulation and is therefore very effective as prophylactic for asthma patients. This could also be explained by the immune-regulating effects of T-cell expression. The implication is that Huang Qi may also be beneficial for HIV patients and even Type 1 diabetics<sup>7</sup> for the same reason.

*Articles such as the one published by Qi Y., et al may be the best way to create a bridge between systems languages. I have yet to find a better mechanism to effect a common narrative to enable communication between the two disciplines.*

In summary, the obvious solution to the problem of chasm in systems languages is to communicate and to find every opportunity to have the conversation, respect the differences between disciplines and begin to work towards a collaborative alleviation of suffering for all patients. To not address this issue of communication between disciplines would be unethical and we would not be acting in the best interest of our patients. It would be the absence of words that could cause suffering in others. First do no harm, after all.

*- Martin Retherford*

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<sup>7</sup> Massachusetts General Hospital (2017). Mass. General study finds potential mechanism for BCG vaccine reversal of type 1 diabetes. Retrieved July 7, 2018 from <https://www.massgeneral.org/News/pressrelease.aspx?id=2114>



## ABOUT THE AUTHOR

Martin Retherford, BAsC, MBA, MSOM, Dipl OM, DOM is an Associate Professor with Southwest Acupuncture College in Santa Fe NM, he is on the Board of Directors for the Acupuncture Alumni Association of NM, and maintains a private practice treating primarily chronic illness as a Doctor of Oriental Medicine specializing in Internal Medicine. Martin's 30 years of experience has been solving simple to complex challenges in multiple industries and in multiple locations in the world. Martin has worked on or near 5 continents, with multiple cultures, and in fields including the Military, Manufacturing, Engineering, and Education, now working with the general community to improve understanding of EAM.s.

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# The Yang Wei Mai: Saboteur and Guardian of Choice

by Dr. Yvonne R. Farrell, DAOM, LAc

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The Eight Extraordinary Vessels (8EV) are comprised of 4 Seas and 4 Transporters. The Seas (Chong, Ren, Du and Dai Mai) are reservoirs of vital resources that provide nourishment and support for life's journey from birth to death. The Transporters (Wei and Qiao Mai) are the vessels that are responsible for the distribution of those resources. They provide the resources and the avenue for Jing and Shen to unfold. The way in which the resources unfold is archetypal and directly related to an evolution in consciousness.

*When we are able to see our relationship to these archetypes we then have a choice as to how we will relate to them. This awareness can alleviate suffering.*

The Yang Wei is one of the transporters. As a transporter it distributes the Yang resources provided by the Du Mai (Sea of Yang) throughout the cycles of Jing from birth to death. From an archetypal perspective that means that there will be some overlap in the functions and nature of the Du Mai and the Yang Wei. (See the summer issue for more information on the archetypal nature of the Du Mai.) Both are associated with action. They both embody the courage needed to overcome fear. They can both be used to resolve Yang pathogens like Wind and Heat.

*The Du Mai provides the Yang for motive force and the impulse to explore the world around us, while the Yang Wei helps us to decide how to use those resources for action.*

The job of the Wei vessels is to try to maintain equilibrium, homeostasis or allostasis to preserve life. This means that they are most challenged during times of transition or change, especially the type of change that impacts our sense of Self. The “linking” capacity of the Wei vessels is designed to maintain a continuity of the individual’s sense of Self in the face of change. So it is not unreasonable to expect that when the Wei system is overwhelmed by the stress of change that it will attempt to create a false sense of stability by causing stasis until we feel safe.

Unfortunately, we cannot stop time and change is inevitable. Resistance to change is human nature and at its core it is a useful tool for self-preservation but when we sit in resistance for too long, we get stuck.

*Mid-life crisis is an example of Yang Wei pathology. Because we fear the aging process we resist it. This causes us to act in ways that sabotage our resources and relationships.*



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The Yang Wei negotiates the relationship between courage, fear and action. When the Yang Wei is healthy it supports “right-action” or action that is in alignment with Self. We make thoughtful choices that lead to behavior that supports learning and the development of consciousness. We can embrace change as inevitable and even if we resist change, it is a temporary measure to give us time to see our options before deciding. When we feel the fear that often accompanies change we can engender the courage needed to face that fear and act. We can act on our “gut” instincts. When we fail, the Yang Wei can draw on our willpower to pick ourselves up and use those “gut” instincts to help us decide what is next.

When the Yang Wei is overwhelmed we get stuck in our resistance. Our fears stop us from being able to move forward. We are immobilized and unable to use the resource of the Du Mai to act which leaves us feeling impotent. This powerlessness causes us to want to blame others for our current situation. Which forces us even more deeply into the entrenchment of the resistance.

Patients with Yang Wei pathology are unwilling and therefore unable to decide. They are prone to self-destructive behavior that keeps them stuck in a state of suffering. They are angry but typically do not express that anger directly. They tend to be passive-aggressive and unwilling to take responsibility for the decisions and actions that led them to their current situation. I had a patient once who was habitually late for her appointments. She blamed her lateness on her PTSD and anxiety. When we could not accommodate her continual lateness she blamed me for creating a stressful environment where she could not enjoy or benefit from her treatments. She also found fault in the environment in which the treatment was provided. Even while she was blaming everything else for her current suffering she insisted she was not angry. She was simply supplying feedback. This is a Yang Wei pathology.



PHOTO: Pixabay.com

One of the most powerful archetypes of the Yang Wei is the Saboteur. In her book Sacred Contracts, Caroline Myss says that the Saboteur is one of the four primary archetypes that everyone must negotiate. She states that this archetype is “a neutral energy that makes itself known through disruption”. She goes on to say that, “it can sabotage your efforts to be happy and successful if you are not aware of the patterns of thought and behavior that it raises in you. It can cause you to resist opportunities.” This neutral quality also applies to the Yang Wei.

*When it is functioning well it can be the guardian of choice. When it is not functioning well it can be the impediment to happiness and success.*

People with Yang Wei pathology are acutely aware of their stuckness but have great difficulty initiating the action that would lift them out of that stuckness. These are the patients who have an excuse for why they cannot possibly do any of the things you recommend to ease their suffering. They will avoid doing anything uncomfortable or anything that they perceive as risky or even anything that doesn't appeal to them and they will always have the perfect excuse for why they cannot do these things.

Two of my favorite characters from the movies reflect this archetype. The first is the character Rocket in Guardians of the Galaxy. He is a genetically altered raccoon who is a master tactician, weapons expert, top-notch pilot who is unable deal with the fact that he is a raccoon. He is also unable to deal directly with the fact that others are confused about what he is, frequently mistaking him for other animals. So he is angry, rude and always looking for an opportunity to shoot something. He also has sticky fingers and his aptitude for theft gets him and all of his friends into big trouble while he justifies that what he stole is more useful to his gang than the previous owners.

The second is also a Guardian of the Galaxy character, Peter Quinn/Star-Lord. In the first two Guardian movies, Star-Lord goes on the Hero's Journey (see the Du Mai article) but when he appears again in the Marvel Comics movie, Infinity War, he

seems to have forgotten everything he learned and is now self-sabotaging in every way possible. He feels threatened because he is no longer in charge. He feels threatened because he believes Thor is trying to steal his girlfriend. Every time he feels less than, he acts in a way that sets him up for failure. He is stuck in his fear and it is sabotaging his capacity for right-action.

## YANG WEI CASE

The patient is a 40-year-old female patient with a chief complaint of fibromyalgia. In the first few visits I gave her a number of recommendations for lifestyle changes that would hopefully ease her suffering. Every time I recommended something she was quick to tell me why that was not possible. After several visits I pointed out the number of suggestions that I had made that she was unable to adopt and I pointed out that the acupuncture alone would probably not be sufficient to change the course of her suffering. Although she did not express her anger, I could tell she was upset. She did not return for another treatment for 6 months. When she returned she was ready to make some changes and after 3 more Yang Wei treatments her presentation changed and we were able to move on to other vessels. With each treatment she felt more able to act and her pain diminished.

**A sample treatment that was used during one of her early visits was as follows:**

**SJ-5: master point of the Yang Wei** - This needle was typically needled on the right because the patient presented with a Yang Wei pulse on the right.

**UB-63 was needled contralaterally** - This is the first point on the pathway.

**Additional points:**

- **GB-34:** He-sea point and influential point of tendons
- **GB-29:** For her hip pain and to initiate movement in the legs
- **GB-21:** To open the jing-well points of the hands and free the circulation in the arms
- **GB-13:** To support clarity of thought
- **Du-24:** With GB-13 as a way of helping the patient to change the way they think

Variations on this treatment were given until the patient disappeared for 6 months. With a few

additional Yang Wei treatments when she returned, she was able to move past her resistance and apply many of the recommendations I originally made. This helped to ease her pain and she felt more empowered to act in a way that supported her health and sense of well-being.

If you wish to ponder the archetypal nature of the Yang Wei, I leave you with the words of Caroline Myss.

*“The Saboteur is the mirror that reflects your fears of taking responsibility for yourself and for what you create. You can silence the Saboteur with acts of courage and by following your intuition.”*

Let your gut be your guide.

- Yvonne R. Farrell



## ABOUT THE AUTHOR

Yvonne has been practicing and teaching since 1987. She received her Masters and Doctoral degrees from Emperor's College in Santa Monica, California.

Her first book, Psycho-Emotional Pain and the Eight Extraordinary Vessels was published by Singing Dragon in 2016. Book Two is in the works.

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