

Tracking the Dragon

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Appendix

The channel maps in this appendix are provided to give a general idea of point locations and the *main* paths of the channels. For *very* exact, anatomical descriptions of the acupoint locations, please use the internet or *A Manual of Acupuncture*, by Peter Deadman and Mazin Al-Khafaji, 1998.

Bilateral symmetry

Each of the twelve primary channels has a left side channel and a right side channel. However, for an uncluttered look, the maps show each channel on only one side of the body.

Yin and Yang

For purposes of artistic variation, the Yang channels are shown on male models; the Yin channels are shown on female models. But all humans, male and female, have all twelve channels.

Acupoint nomenclature

In modern times, for English speakers, the acupoints have been assigned names based on the channel they sit in, and their sequence on that channel.

The spelling of the acupoint name uses an abbreviation of the channel name, and the number is represented in numeral form. However, the point names are always *pronounced* by saying the whole name of the channel, followed by the number. For example, the first point on the lung channel is written as “LU-1,” but pronounced “Lung one,” not “L”-“U”-“one.”

Chinese acupuncture students tend to learn the old, classical names for the points. These names describe the points’ uses or locations – these names have nothing whatever to do with the English nomenclature. For example, the point on the inner canthus of the eyes is named, in Chinese, Jing Ming, or “bright eyes.” In the English system, it is named UB-1, suggesting that this is the first point of the Urinary Bladder channel.

In point of fact, this point is actually on the Stomach channel, not the Urinary Bladder channel. However, in the modern “traditional” books, in accordance with the modern numbering system, the Bladder channel is drawn as if it starts out with a downward dive for a few inches, going down to the inner canthus of the eye at Jing Ming, before it turns on its heel and climbs up to the forehead to UB-2.

This is not actually how the Bladder channel behaves, but this is how the Bladder channel is currently drawn in the books that claim to be based on tradition.

The actual paths of the channels can be easily perceived. As it turns out, the actual paths of the channels make more sense – they are flowing lines with gentle curves, not harsh zigzags that jerk back and forth.

This appendix has maps of “traditional” channels, as they are taught in acupuncture schools, side by side with maps of the actual paths of channel Qi flow.

Channel nomenclature

The twelve primary channels, their abbreviations, and their Chinese names (which are significant) are, in order:

<u>Channel name</u>	<u>abbreviation</u>	<u>Chinese name</u>
1. Lung	LU	arm Tai Yin
2. Large Intestine	LI	arm Yang Ming
3. Stomach	ST	leg Yang Ming
4. Spleen	SP	leg Tai Yin
5. Heart	HT	arm Shao Yin
6. Small Intestine	SI	arm Tai Yang
7. Urinary Bladder	UB	leg Tai Yang
8. Kidney	KI	leg Shao Yin
9. Pericardium	P	arm Jue Yin
10. Triple Burner	TB	arm Shao Yang
11. Gallbladder	GB	leg Shao Yang
12. Liver	LIV	leg Jue Yin
Ren	Ren	extraordinary Yin
Du	Du	extraordinary Yang

The Traditional channel maps

In this book, the Traditional Channel maps of the twelve Primary channels and the Du and Ren channel include all the acupoints that are traditionally (in modern times) considered to be located on the skin-portion of these channels. On these maps, lines linking the points are shown in their traditional presentation, showing the presumed routes of the channels.

As an aside, the traditional descriptions of each of the primary channels often include routes of channel Qi that travel deeply interior and routes of channel Qi that vary depending on a person's activity level or state of mind, such as the Luo channels and the channels that travel back and forth between Du-14 and the Yang channels. However, for purposes of this book, which instructs in feeling just-under-the-skin routes of the channel Qi, the traditional maps in this section only include the main portions of these "surface" routes.

The traditional channels, as described in most of the current literature, tend to be portrayed as point-to-point connections from a channel's first point to its last point. For example, the Lung channel runs from LU-1 to LU-11 (LU-11 being the last point on the Lung channel). The Large Intestine channel runs from LI-1 to LI-20 (LI-20 being the last point on the Large Intestine channel). And so on.

All of the locations of the acupoints mentioned in this text can be found on the "traditional channel" maps.

Actual channel maps

Maps of the actual channel pathways show the paths of channel Qi that can easily be felt, by hand, when a person is predominantly in parasympathetic mode.

Several of these paths are very different from the traditional channels. What we now refer to as the “traditional” paths of the channels have been codified relatively recently, after having been passed down for thousands of years, incorporating inadvertent errors, guesswork, political preferences and, very possibly, faulty original scholarship.

In addition to the probable compilation of errors regarding the traditional ideas about the channel locations, the relatively recent designations of western-language names for the acupoints has created many new, implied, errors. Examples abound in which acupoints that have an modern, western-language-style name, a name that suggests residency on a specific channel, are actually located on a different channel.

Remember, the original names of the points did not specify which channel, if any, the point was located on, or even near. I have no idea what criteria were used when the modern, or “channel name + numbered sequence” nomenclature was put in place, but matching up the new names with the obvious, feel-able paths of the channels was clearly *not* a consideration.

For example, the channel Qi flowing over points SP-17, -18, and -19 is moving downward, towards the toes. These points are obviously a part of the downward-flowing Stomach channel. These points are *not* on the Spleen channel, which flows upwards from the feet.

Do not take my word for it: anyone who can feel channel Qi can quickly prove to himself the actual locations of the channels, and which points are most logically associated with which channels.

The boundaries of the channels

The maps of the Actual channels in this text are necessarily abstractions and approximations. The maps, if taken literally, would seem to suggest that the channels have hard edges: specific, unchanging boundaries. In fact, the channels abut, and even bleed into, each other. There is no inch of skin that is not traversed by channel Qi from the Primary, Ren, and Du, and Dai (belt) channels.

For example, in the Actual channel maps, a moderate degree of separation between the torso portions of the Stomach channel and the Gallbladder channel is suggested. In fact, the lateral edges of the Stomach channels actually meet and mingle with the anterior edges of the Gallbladder channels.

In these boundary areas, the channel Qi can be more difficult to feel. The flow of channel Qi is usually easiest to feel in the areas directly over the acupoints.

To be completely accurate – and to follow boldly when we track aberrant channel Qi, which is to say, channel Qi that is not “staying in the right place” – we need to know that there are no hard and fast boundaries to the energy that flows just under the skin.

Depths of the channels

Not only do the channels of the same type (either Yin or Yang) meet at the lateral boundaries of the channels (Yang channels can all meet and slightly mingle with other Yang channels, at their borders, and the Yin channels can all meet and slightly mingle with other Yin channels, along their borders), the various channels flow at various *depths*, in various areas.

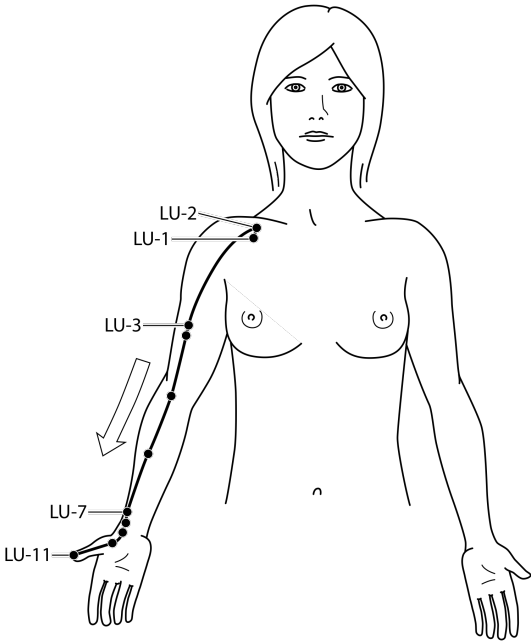
For example, we read in the classics that, in the vicinity of the pectoral (chest) muscles, the Liver channel flows “deep.” The Liver channel flows *under* the pectoral

muscles. The Stomach channel flows *over* the pectoral muscles, just under the surface of the skin.

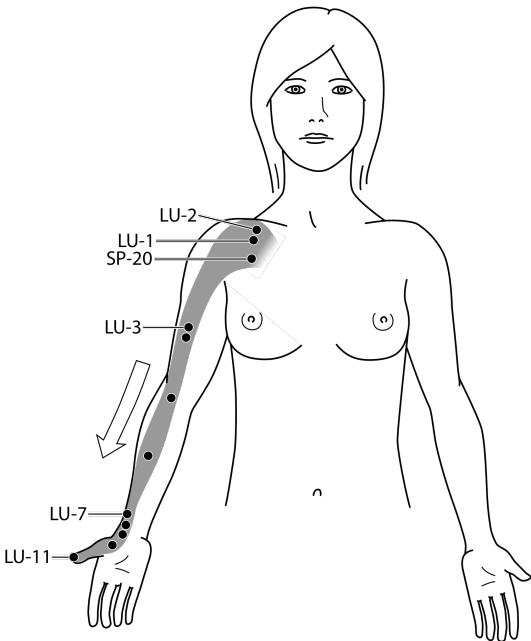
In *general*, if there's a question of overlapping channels, those channels with the word "Yang" in their title flow closer to the surface, while those channels with the word "Yin" flow deeper inside.

In the pectoral muscle example, where both the Liver channel and Stomach channel flow in the same general area, the Chinese channel names tell us which channel is closer to the skin, and which channel flows deeper inside the body: the Stomach channel, as seen in the above channel chart, is named leg Yang Ming. The Liver is leg Jue Yin. Yang channels nearly always flow closer to the surface, relative to any nearby Yin channels. By looking at the names, leg *Yang* Ming (Stomach) and leg Jue *Yin* (Liver), we know that, wherever the Liver channel and Stomach channel traverse the same area of the body, the Liver channel will be the one to flow deeper inside, flowing "under" the Stomach channel.

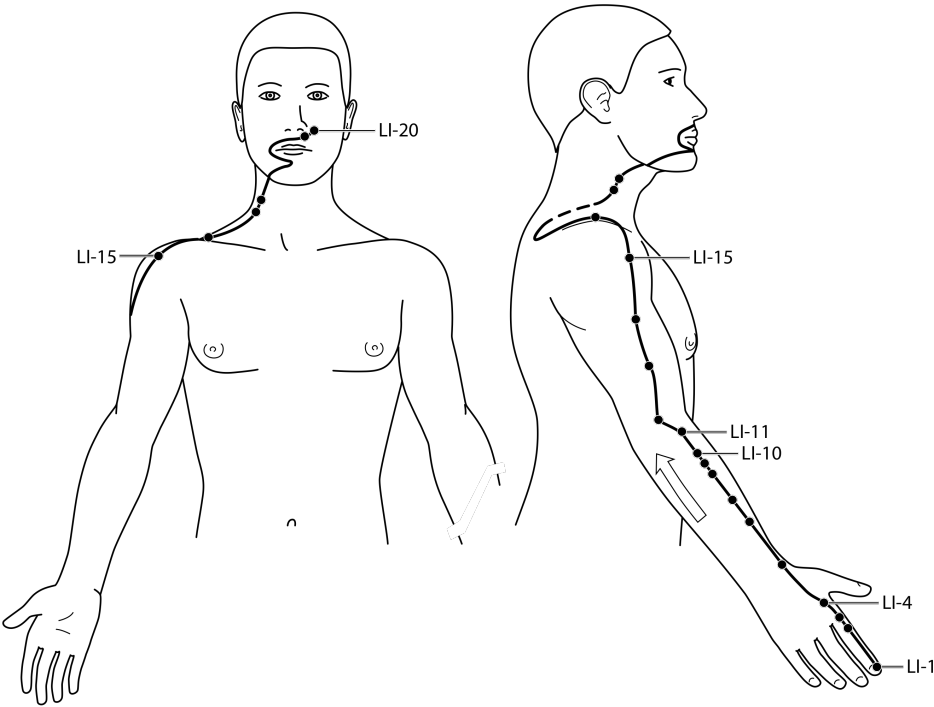
Traditional Lung Channel



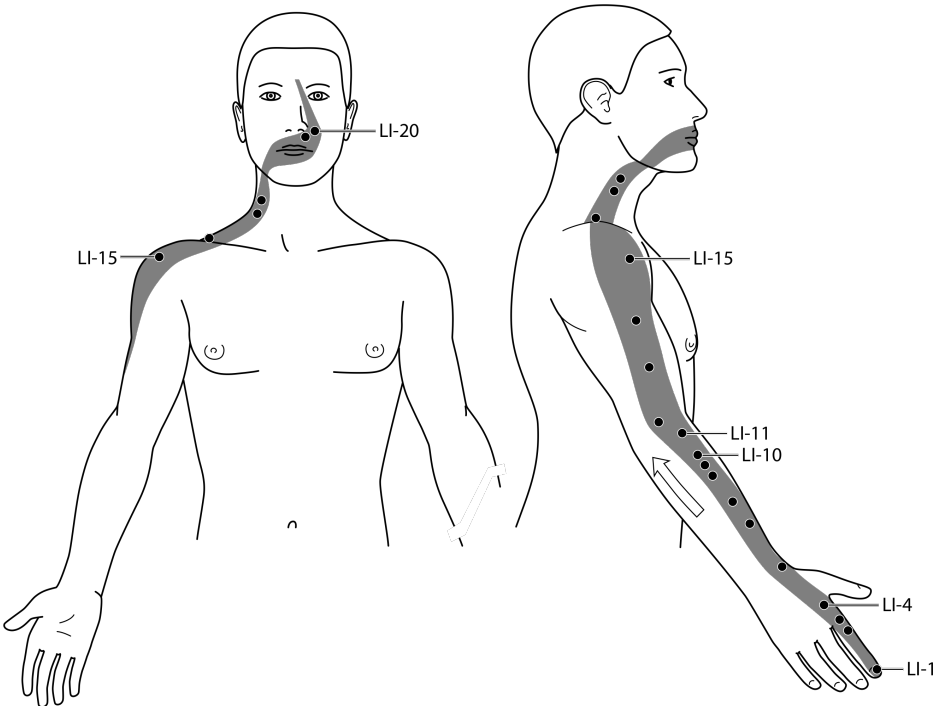
Actual Lung Channel



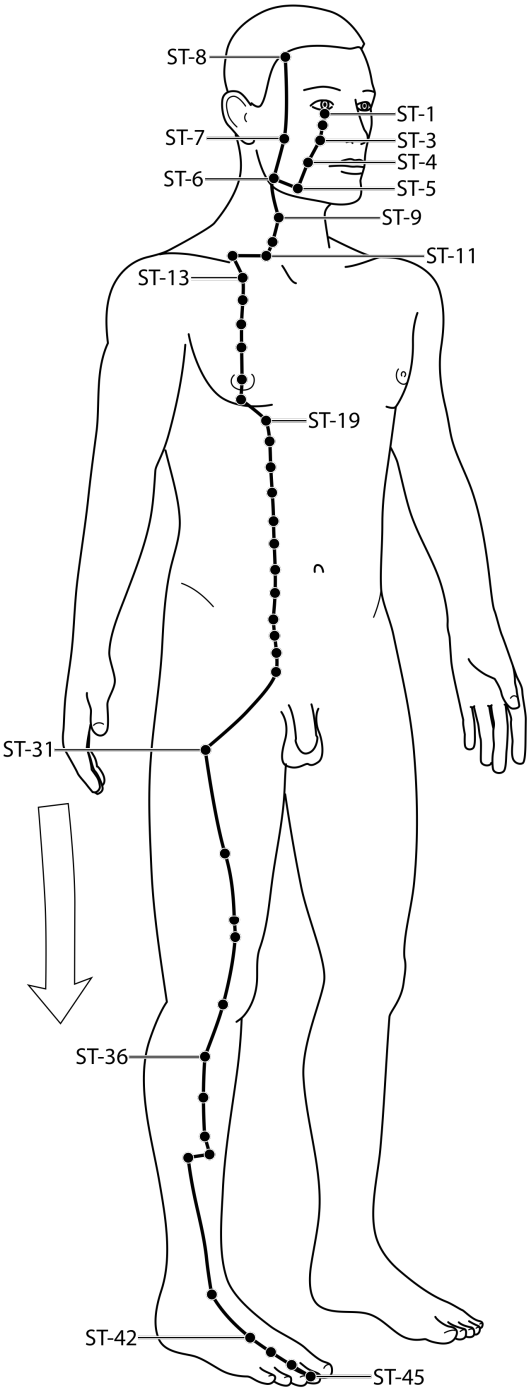
Traditional Large Intestine Channel



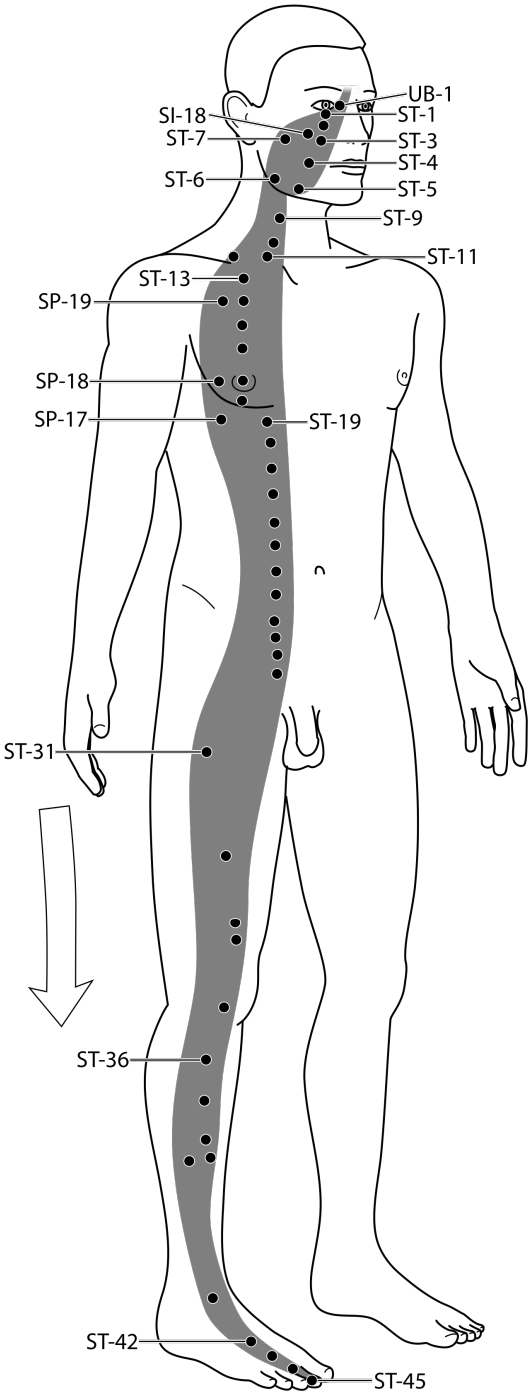
Actual Large Intestine Channel



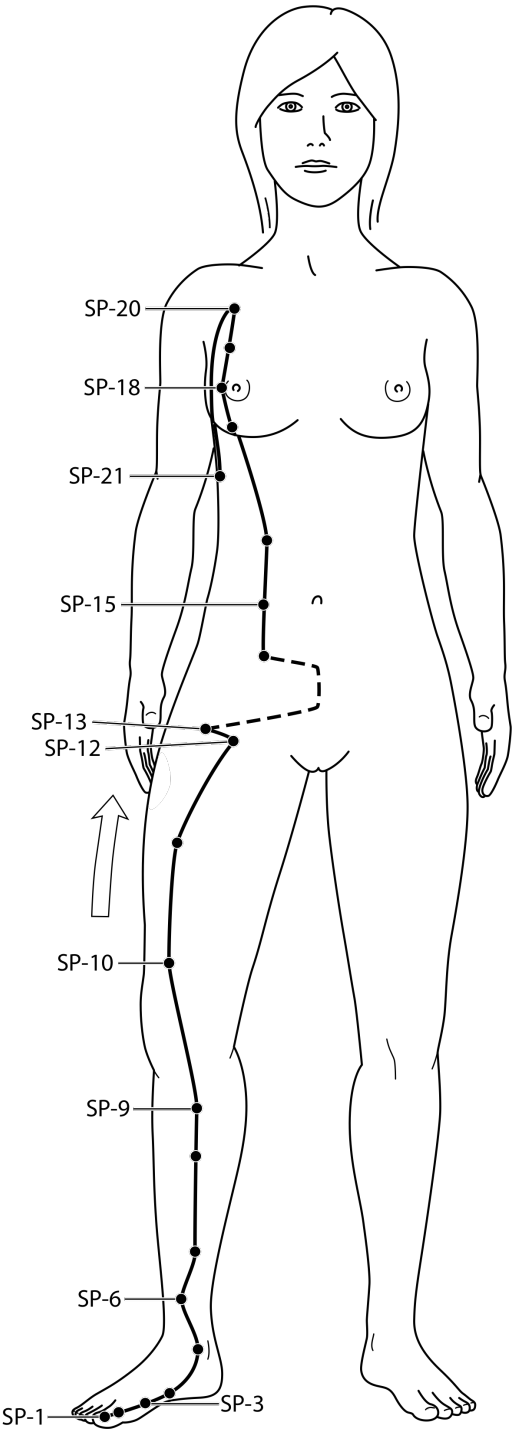
Traditional Stomach Channel



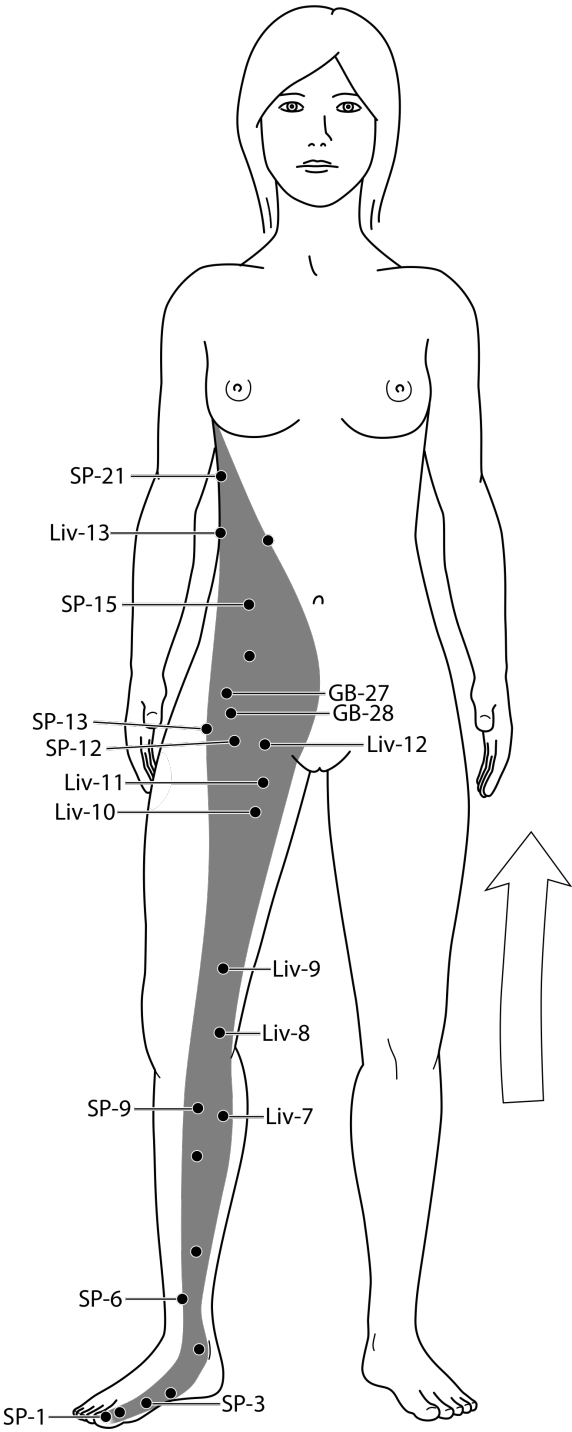
Actual Stomach Channel



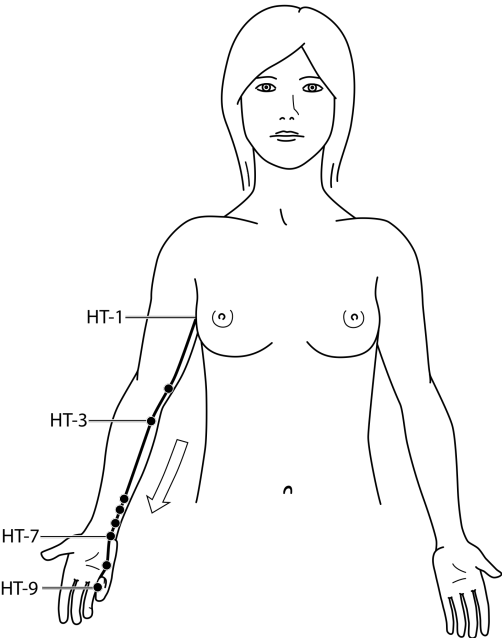
Traditional Spleen Channel



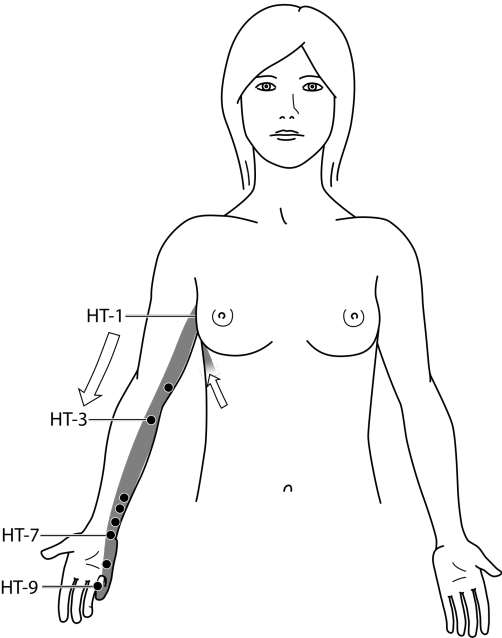
Actual Spleen Channel



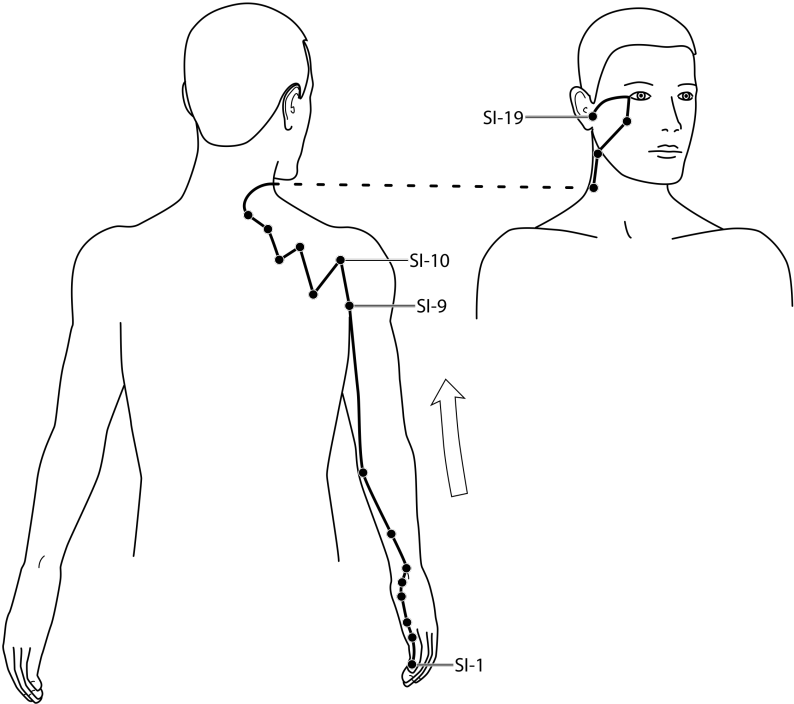
Traditional Heart Channel



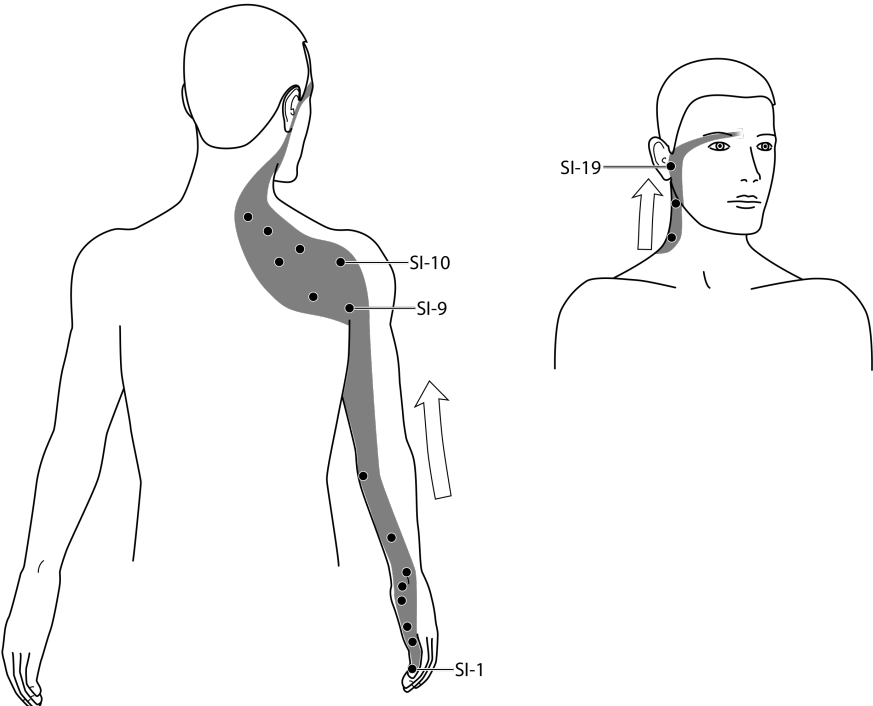
Actual Heart Channel



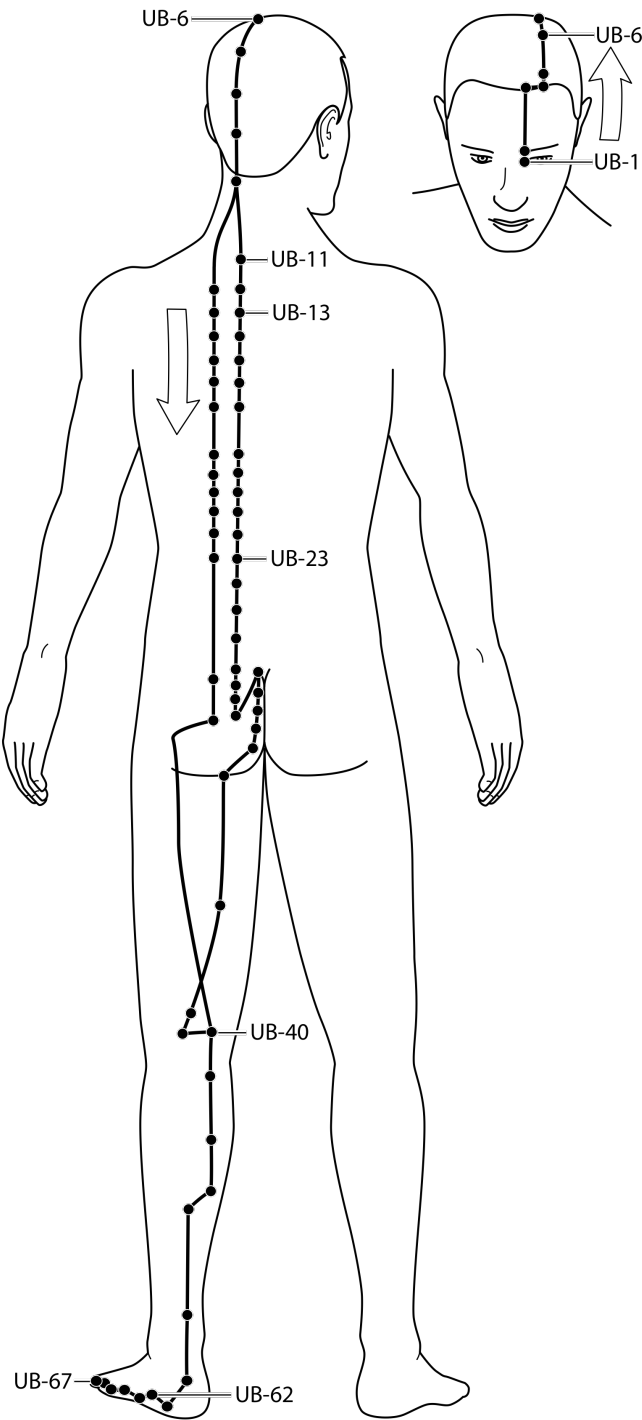
Traditional Small Intestine Channel



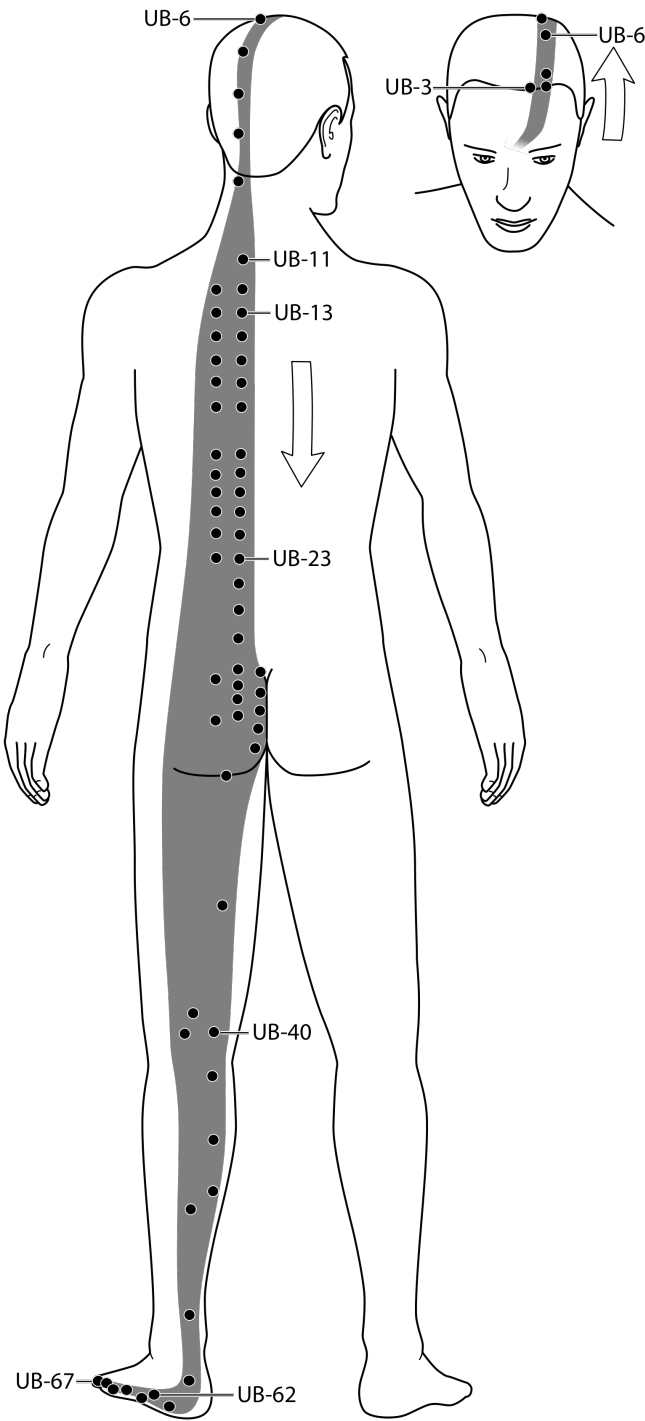
Actual Small Intestine Channel



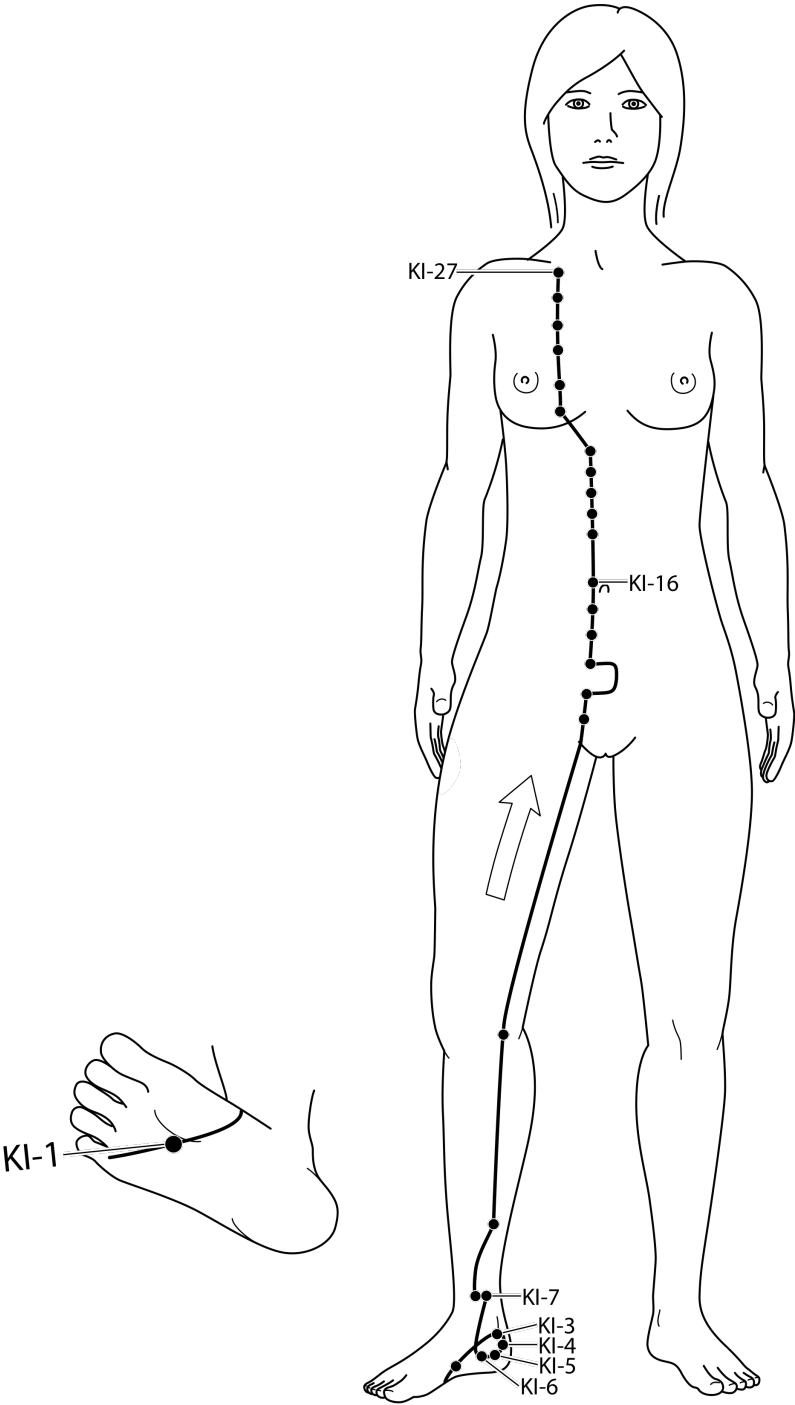
Traditional Urinary Bladder Channel



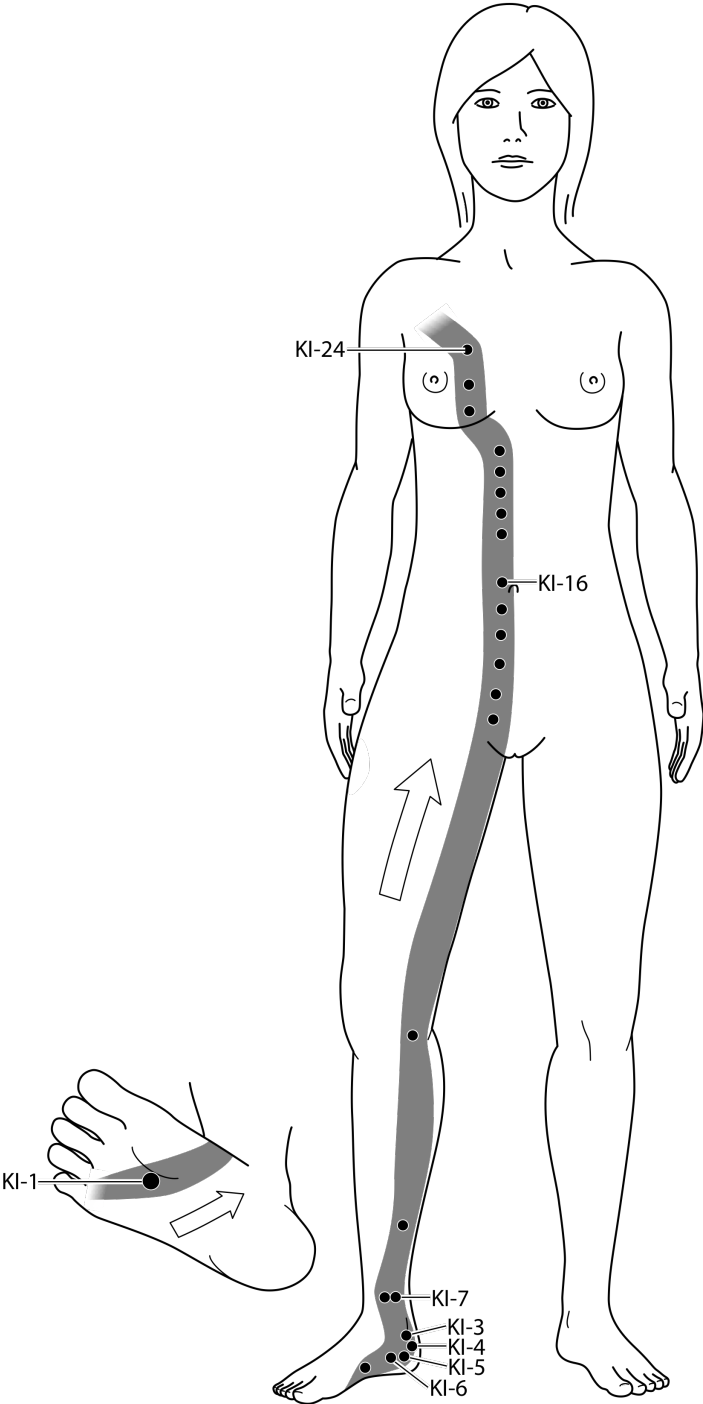
Actual Urinary Bladder Channel



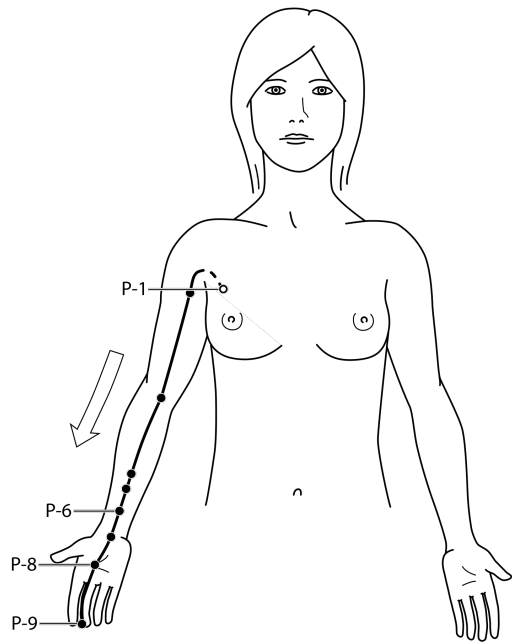
Traditional Kidney Channel



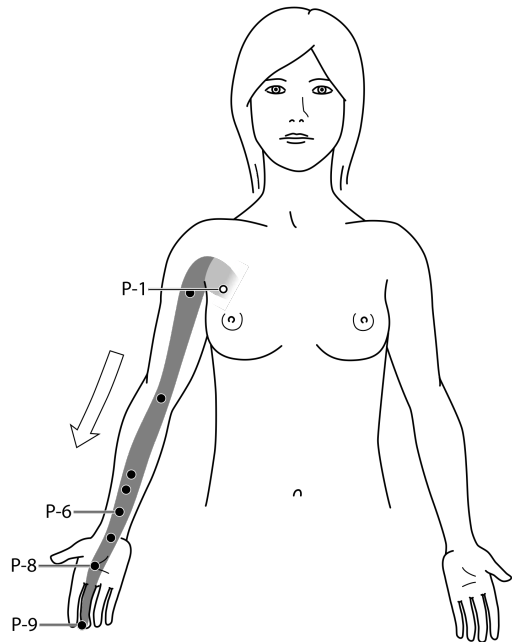
Actual Kidney Channel



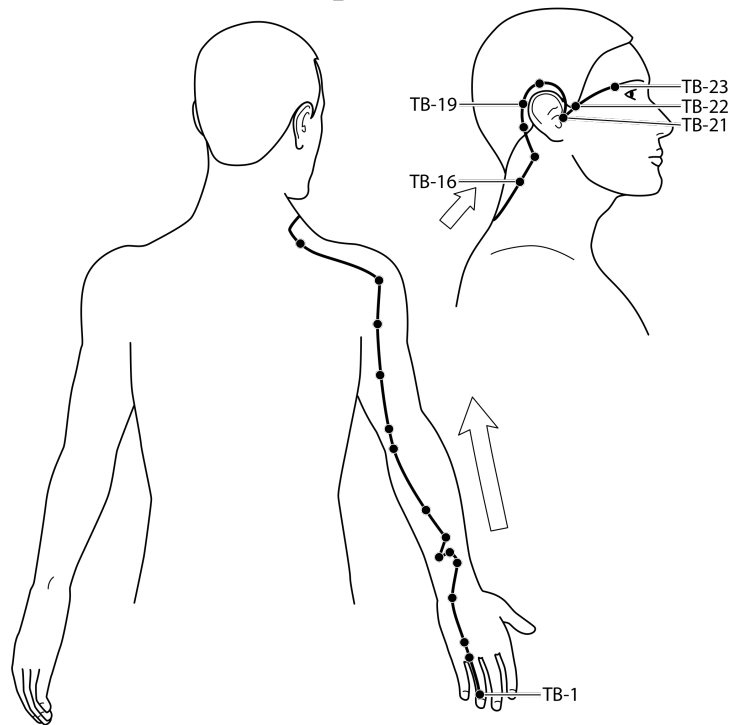
Traditional Pericardium Channel



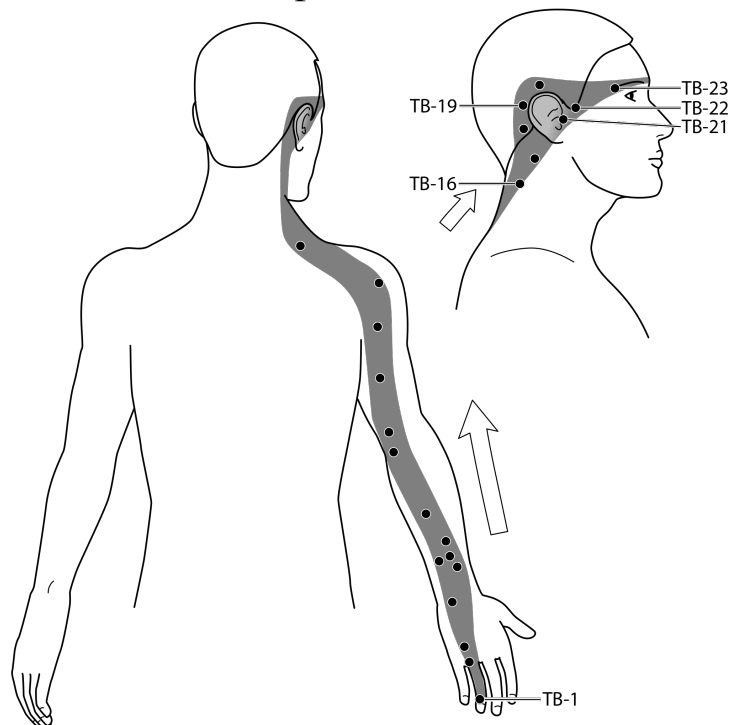
Actual Pericardium Channel



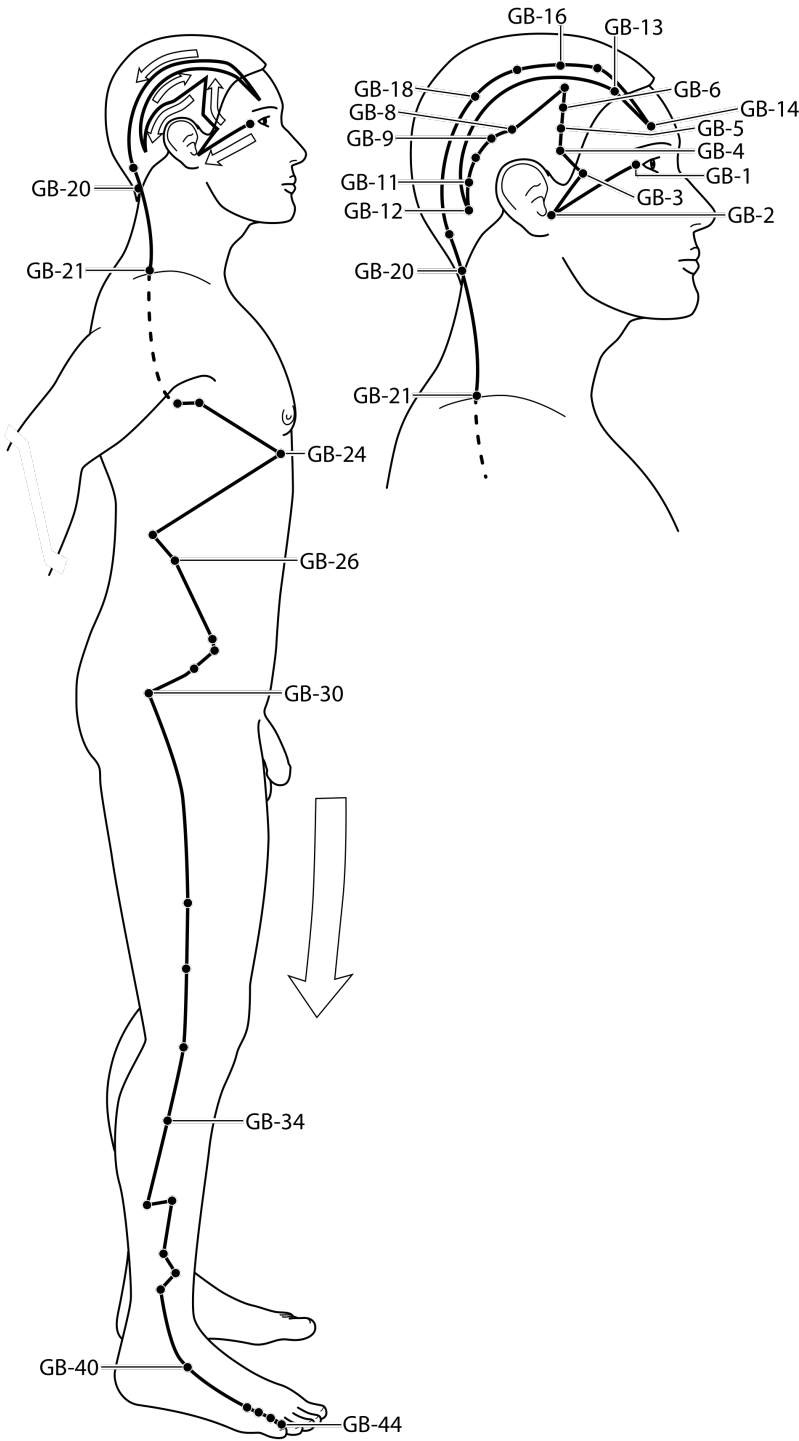
Traditional Triple Burner Channel



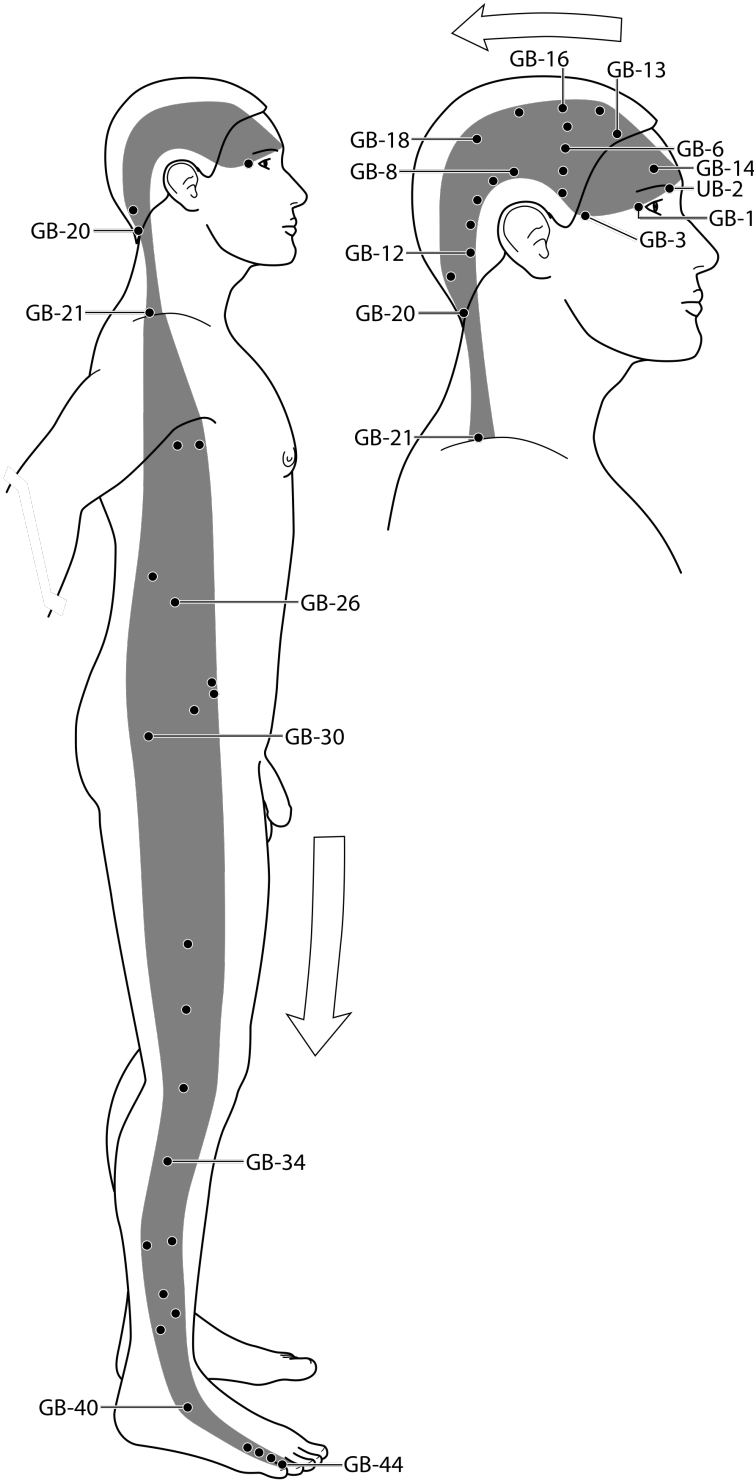
Actual Triple Burner Channel



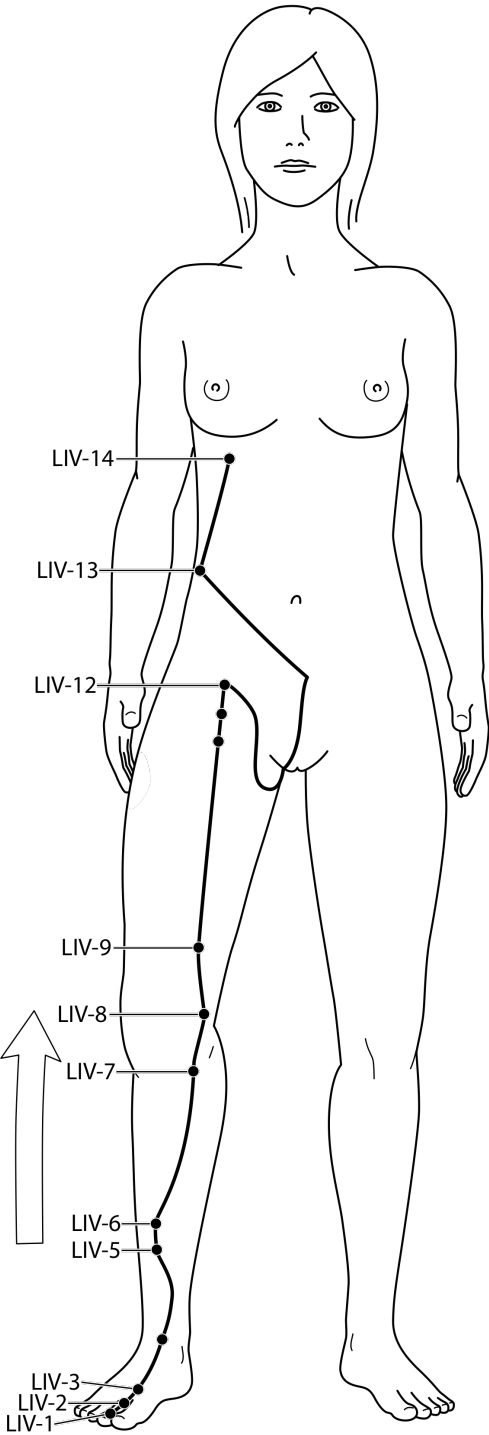
Traditional Gallbladder Channel



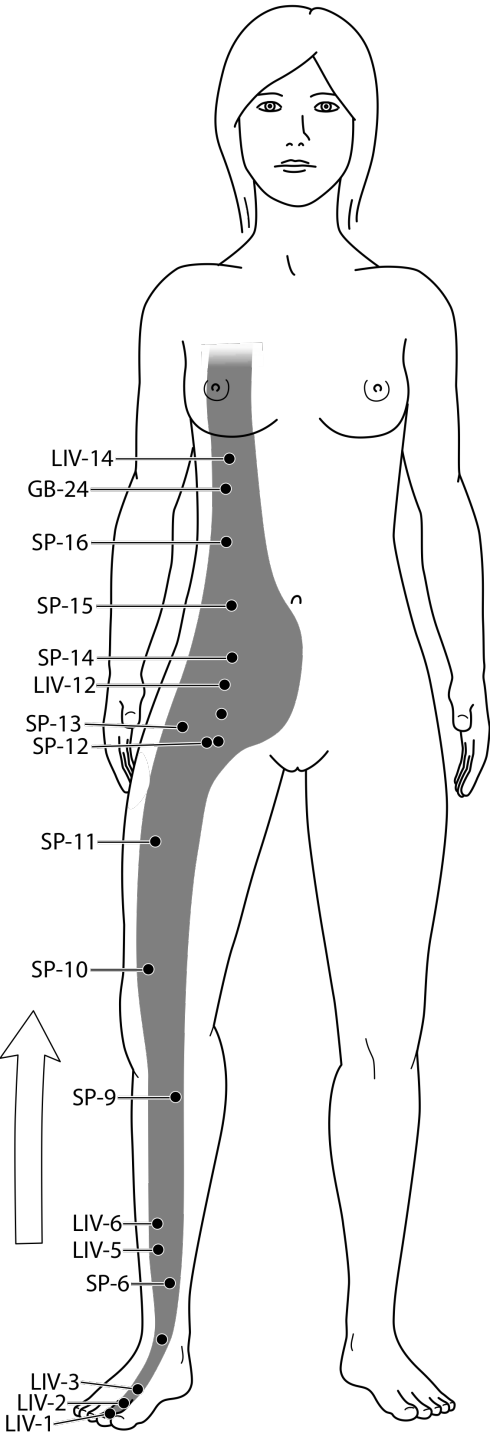
Actual Gallbladder Channel



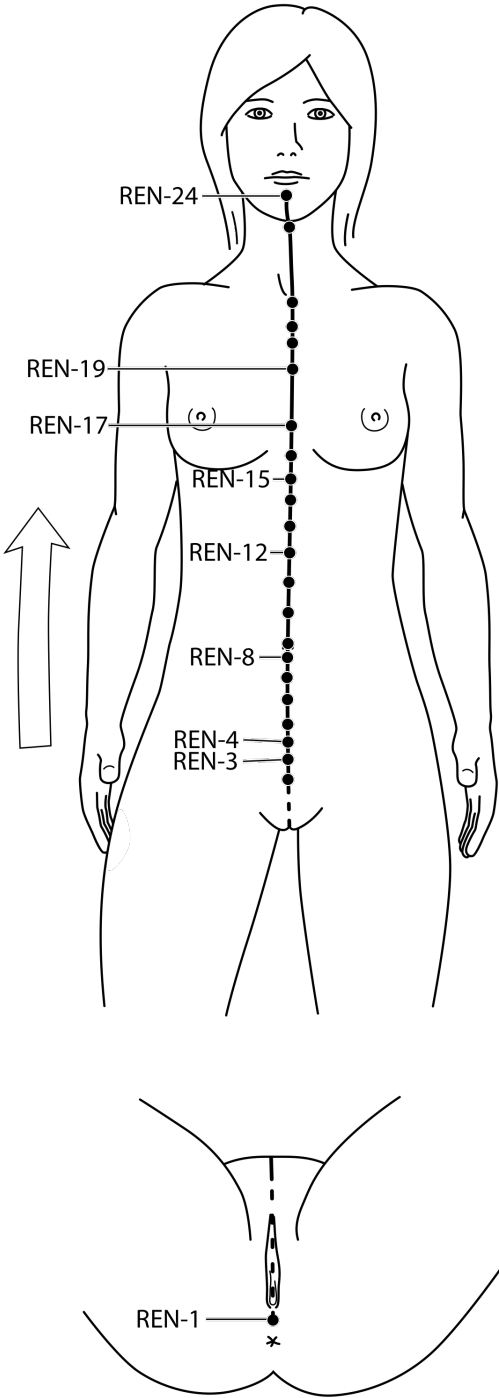
Traditional Liver Channel



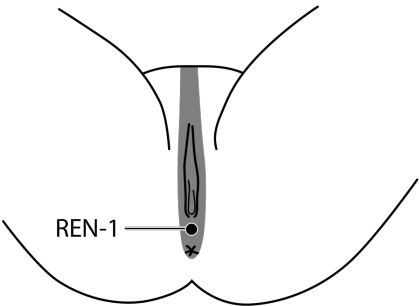
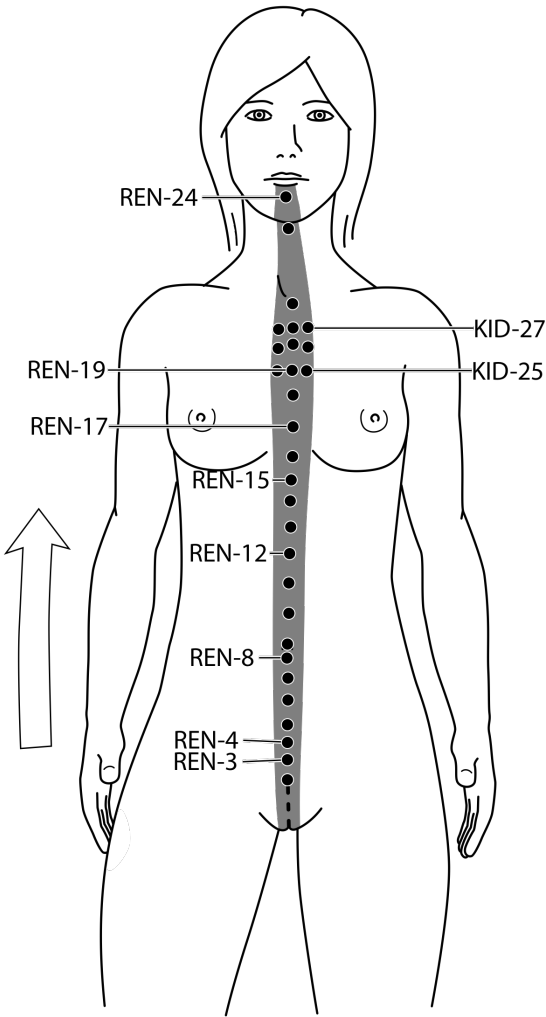
Actual Liver Channel



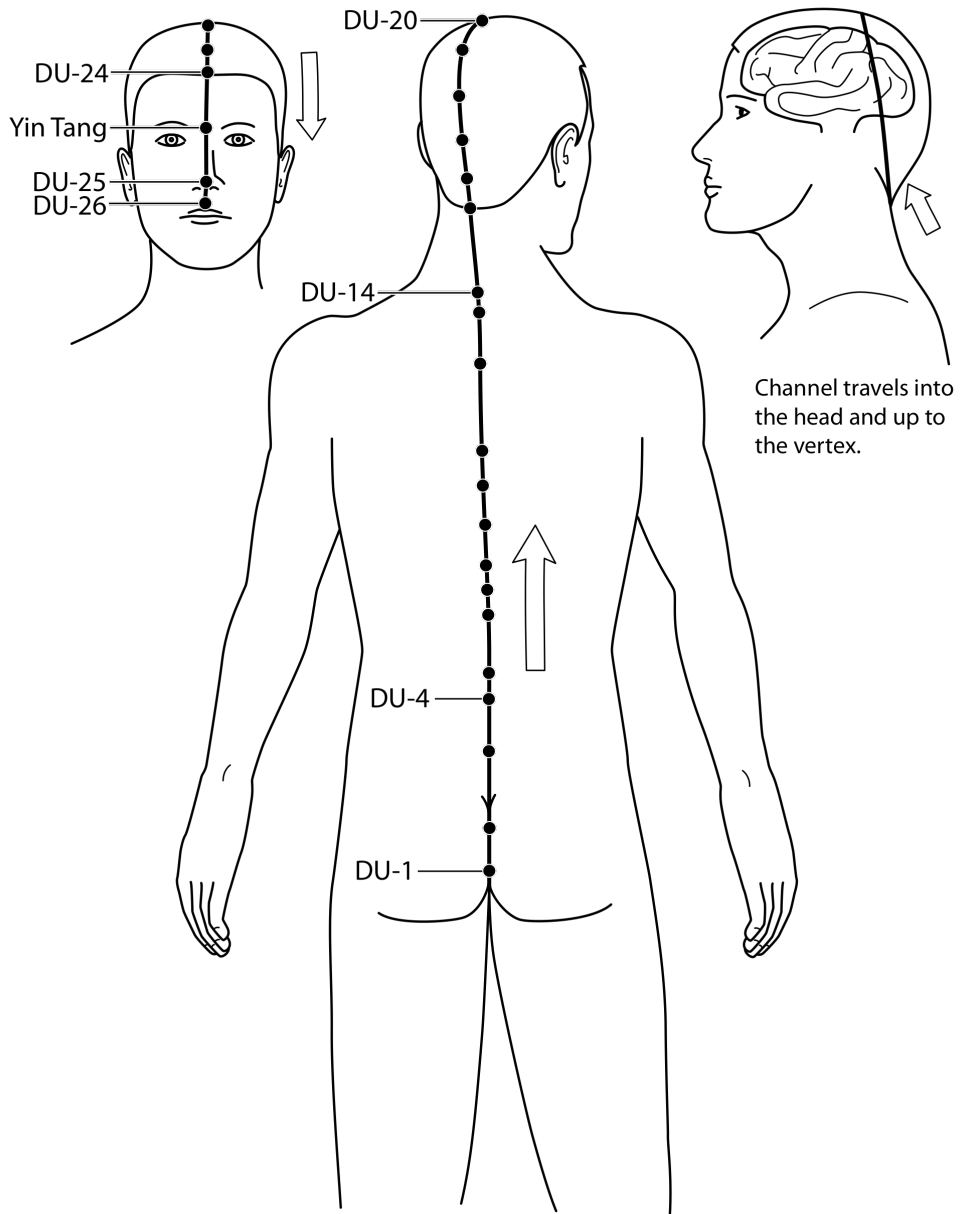
Traditional Ren Channel



Actual Ren Channel

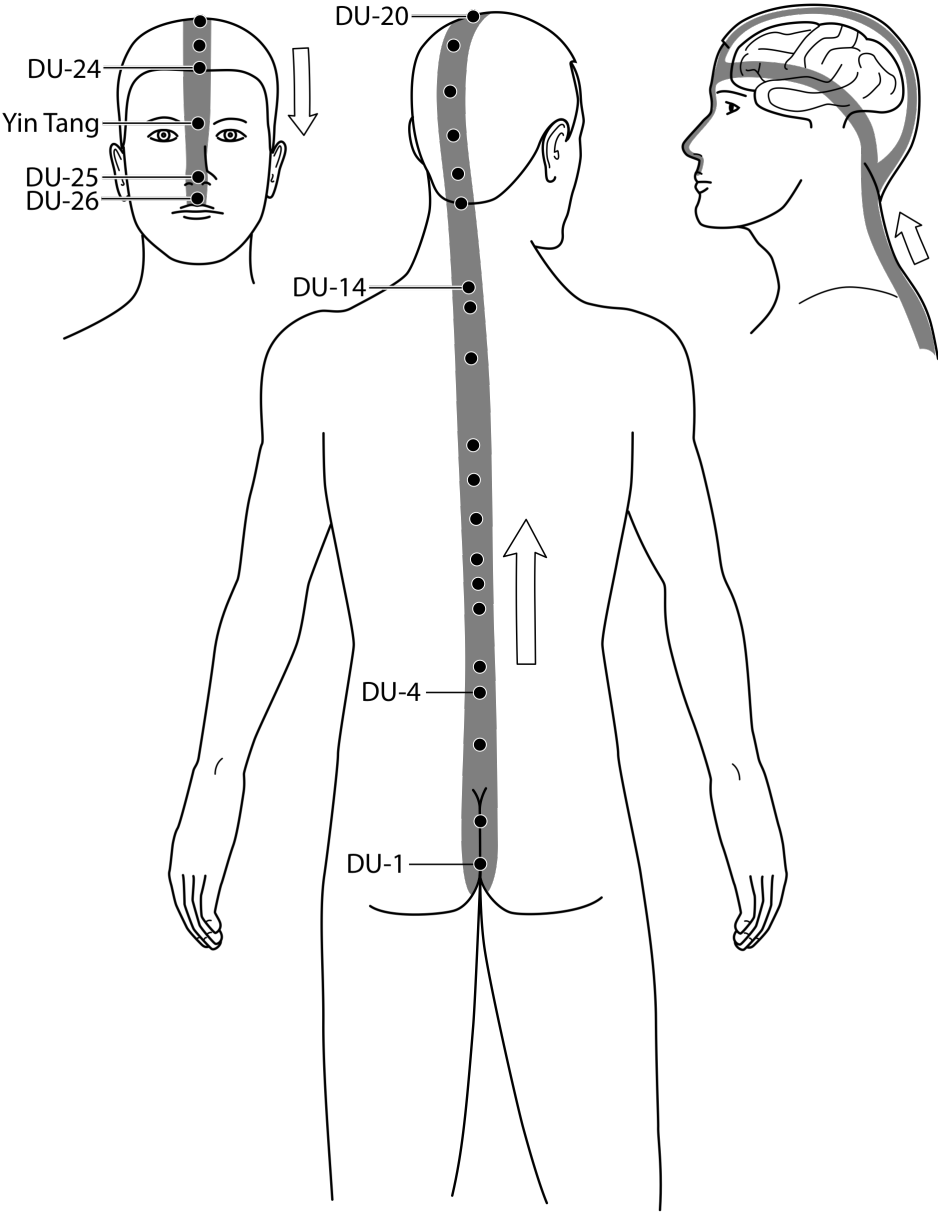


Traditional Du Channel



After the main branch goes to the vertex, it “winds its way to the forehead.” The assumption is often made that this translates to “The channel then flows over the top of the head (the vertex), from Du-20 to Du-21, to Du-22, and so on, to the end of the Du channel. See the written material on page 98.

Actual Du Channel



For more information about the variations in parasympathetic paths of the Du channel, please read the material on page 98.