

## Non-Duality and the Second Ancestry

Michael T. Greenwood, MB, BChir, FCFP, CAFCI, FAAMA

### ABSTRACT

The Extraordinary Channels are suited for treating imbalances that occur prior to the development of the 5-phases. After the *Chong*, *Du*, *Ren*, and *Dai Mai* establish the body's energetic framework, subsequent disturbances are often mediated through the Second Ancestry Yin/Yang *Wei* and *Qiao Mai* channels. In this article, the author explores a method of using these channels through the lens of a non-dual therapeutic relationship.

**Keywords:** acupuncture, Extraordinary Meridians (EMs), non-dual acupuncture

### INTRODUCTION

IN A PREVIOUS ARTICLE, I discussed the use of the *Chong Mai* and related channels (First Ancestry channels) in the context of a non-dual acupuncture relationship.<sup>1</sup> I posited that the channels and points could be used without too much concern about their correctness, as long as a non-dual therapeutic context was established. I also suggested that the channels would best be used after a Golden Gate experience, in which the patient had traversed the mysterious path between the Metal and Water phases and emerged into a transpersonal or non-dual state of consciousness. This state is often correlated with alpha- and/or theta-brainwave activity.

To summarize, a non-dual acupuncture relationship is characterized by:

- (1) a dyad of equal partners that is rooted in the *not-knowing* of the Tao<sup>2</sup>
- (2) a shift from the root assumption that *something is wrong* to *something is right*
- (3) an intention shift from *moving away* to *moving toward*
- (4) a reversal of the traditional patient role; the patient (formerly inactive or Yin) becomes more active (Yang), an *explorer* who expresses symptom curiosity
- (5) a reversal of the traditional practitioner role; the practitioner (formerly active or Yang) becomes less active (Yin), a *witness* to the exploration

- (6) a recognition of an equivalent reverse hierarchy in which the practitioner has more knowledge of acupuncture and the patient has more self-knowledge.

In this shifted context the *Extraordinary Meridians*, or EMs, truly come alive, because their trajectories describe how the flow of *Chong Qi* becomes compromised during the initial phases of Yin/Yang separation.

This article is less about reviewing any of the EM trajectories, which have been well-described elsewhere,<sup>3-5</sup> but, rather, is about reframing the use of them all in the context of a non-dual acupuncture approach.

### THE SECOND ANCESTRY

For the sake of simplicity, I refer to the four *Wei* and *Qiao Mais* as the Second Ancestry. Readers may be aware of a discrepancy in this classification, in that some sources refer to them together as the Second Ancestry,<sup>6,7</sup> while other sources divide them into the Second (*Wei*) and Third (*Qiao*) ancestries (Table 1).<sup>4,5</sup>

### Transcending Complexity

The secondary EMs can appear a bit mysterious during a first encounter. First, their opening/coupled points mirror those of the First Ancestry; second, the indications for their

TABLE 1. ANCESTRY CLASSIFICATION COMPARISON

Ancestry	2nd ancestry model	3rd ancestry model
First	<i>Chong Mai</i>	<i>Chong Mai</i>
	<i>Ren Mai</i>	<i>Ren Mai</i>
	<i>Du Mai</i>	<i>Du Mai</i>
	<i>Dai Mai</i>	
Second	<i>Yin Wei Mai</i>	<i>Yin Wei Mai</i>
	<i>Yang Wei Mai</i>	<i>Yang Wei Mai</i>
	<i>Yin Qiao Mai</i>	
	<i>Yang Qiao Mai</i>	
Third		<i>Yin Qiao Mai</i>
		<i>Yang Qiao Mai</i>
		<i>Dai Mai</i>

use seem unusually broad; and, third, points on the Yang channels seem to have a head-and-neck emphasis.

One possible approach to these concerns has been to view the channels as if they were alternate options within a standard primary channel context, albeit with slightly different indications. For example, in *Acupuncture Energetics*, Helms describes an approach that incorporates the EMs into standard circuit designs.<sup>8</sup> Furthermore, he suggests that practitioners should master acupuncture energetic circuits before confusing themselves too much with other approaches.

Although this solution can help with adoption, one difficulty with it is that it regards the EMs as alternate primary channels, while overlooking the fact that their real strength actually lies at the *Yuan* level. Although the benefits of such standardization are real, they should not come at the cost of dismissing the EMs' deeper meaning. The simplicity inherent in the non-dual therapeutic relationship might transcend the difficulty, given that there is no sacrifice of the EMs' real strength. Furthermore, an increasing familiarity with the specifics of the EMs can develop over time, allowing the practitioner to become more targeted in choice of points without disturbing that simplicity.

### Existential Anxiety

What, then, is going on at the *Yuan* level that is so important? The short answer is: *existential anxiety* (i.e., the puzzle of existence itself). This anxiety is the sense of separation from other things that accompanies personal awareness. It is a fundamental *Yuan*-level mystery, and is reflected in the Genesis story with the analogy of Adam being thrown out of the Garden of Eden. I have discussed the story in more detail elsewhere.<sup>9</sup>

In contrast to the Genesis story, one of the remarkable things about Chinese Medicine (CM) is that it is grounded in a philosophy that frames Yin/Yang separation more inclusively. CM is rooted in the *Tao*, and, from a Taoist standpoint, no-one is thrown out of anything. Quite the contrary; when Yin and Yang separate, they remain connected by the

*Chong Qi*, which human beings are positioned to mediate. This puts humans at the very center of things, totally connected to the *Tao*, with ultimately no need for anxiety at all. And CM is not alone. The same sentiment is echoed in the Vedic tradition, in which the human being has been called *madhyama* (the middle one), mediating between *Purusha* (*Tao*, Yin) and *Prakiti* (Yang).<sup>10</sup>

The primary goal of *Yuan*-level acupuncture then, is to reestablish this lost connection. CM posits that, in the healthy integrated state, the *Shen* (Yang), grounded in the Heart–Mind (*Xin*), should focus awareness on the pelvic energies (Yin) to promote the full expression of endowed prenatal potential (*Jing*). However, this assumes that the Heart and Mind are integrated as *Xin*. If Heart and Mind are split, as is often the case, the ego–mind has taken control and tries to block/control the flow of *Chong Qi*. In Ayurveda, this tendency has been called the “mistake of the intellect” (*Pragyapradh*), and it is thought to be the root of all disease.<sup>11</sup> The essential point is that a Mind disconnected from the Heart is a poor supervisor of the *Chong Qi*. Based on an assumption of separation and the notion that *something is wrong*, the Mind tends to make decisions that block the flow of Qi.

Once the ego senses itself as separate, Yin energy tends to get blocked in the abdomen (where it can be felt as tension in the abdominal musculature). Concurrently, the separated ego–self (Mind/Yang) gets trapped in the head where, without access to the grounding effect of Yin, the Mind/Yang tends toward anxiety and worrying. Over time, this process can result in a variety of CM syndromes based on disconnected Yang, such as Empty Fire, Liver Qi Stagnation, Yin Deficiency/Yang Excess, and the like.

Existential anxiety is inextricably linked to this *Pragyapradh*. At its root, it is simply a case of mistaken identity, arising out of the ego's conviction of separation and the related notion that there is something fundamentally wrong. Trying to sort out the conundrum of anxiety without questioning the initial mistake tends only to validate the worrying, thereby exacerbating the original difficulty. Rumi put it like this:

*Why lay on yourself the torturer's rack  
Of the past and future?  
The mind that tries to shape tomorrow beyond  
Its capacities will find no rest.*<sup>12</sup>

The result is an individual with relentless anxiety, one who is flooded with catastrophic thoughts, who tends to make poor decisions, and who is convinced there is no viable option, other than suppression/blocking, to manage the *Chong Qi*. One way or another, this hidden dynamic affects almost everyone; to be sure, some more than others, but no-one escapes entirely.

### Blocking Strategies and Mechanisms

One common ego strategy is to stuff difficult energies away in the lower *Dan Tian*, never giving them the light of

day. This tactic suggests the function of the *Dai Mai*. However, when the *Dai Mai* is involved, the disowned energy is often retained as Damp or Damp-Heat, where, if it manifests at all, it presents as conditions such as fibroids, ovarian cysts, prostate hypertrophy, or other pelvic pathologies. *Jing Qi* blocked in this way is generally not accessible to ordinary awareness, and because the resulting pathologies are often treated conventionally, few people approach such issues with acupuncture or other energy medicines. Furthermore, acupuncture can be disappointing because the buried pelvic energies have generally been buried for good reason, and, indeed, it may not be in a patient's best interests to revive them.

A second mechanism is when split-off energies are held energetically in the Blood through the Second Ancestry channels, in particular the Yin and Yang *Wei Mai*. This mechanism can be much more accessible to ordinary consciousness and, therefore, perhaps, also amenable to acupuncture treatments.

### **Yin and Yang, Quiescent and Active, First and Second Ancestries**

One way of understanding the Ancestries is that they represent the Quiescent (Yin) and Active (Yang) aspects of the *Chong Qi* as they mediate the flow of energy between Yang and Yin. The First Ancestry *Chong*, *Du*, and *Ren Mai* are relatively more Yin because they represent the first emergence from the *Tao*. In the meantime, the Second Ancestry channels are relatively more Yang, and express themselves through visceral experience (*Yin Wei* and *Qiao*), thought (*Yang Wei*), and action (*Yang Qiao*). Finally, the *Dai Mai* bridges the gap as it shifts unused or unusable energy back to the *Jing*.

### **The Emergence of Yang and Yin During Hypnopompia**

If the foregoing investigation sounds like mental gymnastics, looking at how EMs manifest in common daily experience can offer more clarity. The experience of Yin and Yang separation is available to everyone at the moment of waking up (hypnopompia).

The deep sleep state might in some ways be likened to the *Tao*, given that the *Wei Qi* has returned to its source in the Kidneys.<sup>7</sup> There is existence, but not necessarily any awareness. Now, imagine the moment of waking sometime during the night. Consciousness appears, as if out of nothing; it could be said that Yang arises out of Yin. Remaining aware but still not thinking too much, the next experience might be a need to urinate (the *Chong Qi* moves to CV 1 then to the *Ren/Du Mai* and *Tai Yang*). If the bladder is emptied without too much fuss, then the next steps might involve abdominal tension first, then later, a sense of hunger (gastritis); occasionally palpitations/pounding (Heart pain); snoring; or belching (throat *Bi*); and sometimes even sneezing. It is interesting to note that such experiences follow the path of the *Yin Wei Mai* precisely

as it moves up the abdomen into the chest. If sleep returns, then it could be said that the *Wei Mai* has returned to the Yin at the Conception Vessel at CV 22/CV 23.

From there, a branch of the *Yin Wei Mai* goes up to the brain, in conjunction with a branch of the Heart meridian, which, along with the *Ren Mai*, intersects the *Yin Wei Mai* at CV 22/CV 23. The resulting brain activity might be associated with rapid eye movement (REM) sleep and vivid dreams. When awareness returns again after a period of REM sleep, there might be an experience of "stream consciousness," wherein pictures flash rapidly before the eyes.<sup>13</sup> This experience reflects the union of Heart and Mind (*Xin*). The Heart knows everything and produces multiple pictures, while the Mind focuses on one picture or another and tries to make logical sense of it all.

Next the eyes open (*Yang Qiao Mai*), or they do not open (*Yin Qiao Mai*). At that point, interaction with the exterior world generates physical action, predicated on the theories generated by the Mind. Note that, in addition to many Gall Bladder head points, the *Yang Wei* and *Yang Qiao Mai* share a couple of physical points related to action—GB 29 (*Juliao*) and SI 10 (*Naoshu*)—that, respectively and symbolically, control the use of the hips and shoulders, so that action can be taken in the world.

If this process all happens smoothly, Yin and Yang will be working in harmony and there will not be too much anxiety. However, the process is rarely smooth, and the Mind conjures strategies that might be taken to alleviate the abdominal tension. These ongoing mental gymnastics, driven by the *Yang Wei Mai* through its head Gall Bladder trajectories, continually reinforce the existential split.

### **Broadening Hypnopompia to Life Strategies**

From a CM standpoint, the next step is to infer how this common nocturnal experience can morph into a lifetime habit of anxiety management through symptom expression and risky behavior. Beginning in the pelvis, Excess pelvic energies that need disposal can give rise to sexual indiscretions; abdominal tension might give rise to digestive issues; chest tension can give rise to hypertension or heart disease; and throat tension might become sleep apnea or reflux.

Looked at this way, the functions of the Second Ancestry EMs can become more understandable. Their trajectories simply describe the active (Yang) movement diversions of the *Chong Qi* prior to the appearance of the 5-Elements, as the ego-mind wrests control from the *Xin* (Heart-Mind) and establishes its own order based on the notion that something is wrong with both itself and the world.

When the ego's "acting-against" strategy proves insufficient to stifle symptoms, people often request help from a medical system that mostly shares the same philosophy (*allopathy* means *acting against*). Few people realize the potential downside of this approach. However, when no-one

questions the original premise, the stage is often set for a lifetime of medical testing and often dubious drug therapy. Indeed, it is not unusual these days to encounter people taking multiple medications for questionable reasons, with all of these individuals completely convinced they have no other choices.

### Overview of the Second Ancestry Channels

An overview of the Second Ancestry channels shows how their functions can be understood in the context of an overarching principle of pre-egoic energy diversions. Specific trajectories and detailed point protocols have been described elsewhere.<sup>4</sup> A focus on the body portions of the Yin and Yang *Wei* and *Qiao Mais* shows how they reflect Excess Yin in the pelvis and Excess Yang in the head, while bypassing the Heart.

There are quite a few syndromes listed in the various books on the EMs. Here are a few examples:

- (1) *Generalized anxiety disorder* (GAD, or in CM: Heart pain)—This is the quintessential Yin *Wei Mai* syndrome and is likely the most important issue to understand. If GAD is addressed effectively, most other EM-related symptoms will recede.
- (2) *Running Piglet Syndrome*—This is often also attributed to the Yin *Wei Mai*. It can be understood as an overflow phenomenon arising when the flow of *Chong Qi* up the Yin *Wei Mai* is so strong it breaks through the abdominal tension.
- (3) *Alternating chills/fever, indecisiveness, migraines, Bell's Palsy, and epilepsy*—These may all be related to the Yang *Wei Mai*. They can be understood as the anxious mind wavering between catastrophic scenarios and, in the process, generating Wind/Heat.
- (4) *Neck/shoulder/jaw pain, lateral low-back/hip/leg pain*—These can be related to both the Yang *Wei* and *Qiao Mai*. Original energy may demand physical release through kicking the legs or punching the arms, but, when social convention prohibits such expression, the Qi can get trapped in the hips and shoulders. This perhaps explains why the Yang *Wei* and *Qiao Mai* have intersecting points at SI 10 and GB 29.
- (5) *Insomnia/somnolence imbalances*—These are often attributed to the Yin and Yang *Qiao Mai*, and are probably the most common reason for using KI 6 (*Zhaohai*), BL 62 (*Shenmai*), and BL 1 (*Jingming*) as an insomnia protocol. These imbalances might be understood as Excess/Deficient Yang or Yin, as they respond to the call to action initiated by the *Wei Mai*.
- (6) *Obesity, fatigue, heaviness, varicosities, depression, fibroids, medial leg tension*—These are often attributed to the Yin *Qiao Mai*. The main issue is Yin Excess, Stasis, or Stagnation.
- (7) *Insomnia, headaches, migraines, ruddy complexion, calf pain, hypertension, abscesses, acne, anger/depression, desire to change the world*—These are often attributed to the Yang *Qiao Mai*. The main issues are Yang Excess with Heat in the upper *Jiao*.

A summary of the above would suggest a Yin/Yang disconnect between too much Yang energy in the head and too much Yin energy blocked in the Lower *Jiao* or pelvis. Thus, the broad view of the secondary EMs is consistent with a primal split between Yin and Yang.

### Motor Vehicle Accidents

There is another syndrome that is now in modern CM texts—post-motor vehicle accident (MVA) syndrome. It is perhaps more of an emerging phenomenon, although accidents of one kind or another have always occurred. The essential feature of post-MVA syndrome is that the energetic imprint is imposed from the outside rather than arising from the inside. The hallmark is lingering pain in the absence of any obvious structural damage, and MVA is often attributed to the Yang *Wei Mai*. I and my colleagues saw many instances of this syndrome at the pain clinic, where we worked.

Energy impacts from an accident are generally completely unexpected, so the ego has no way of incorporating it into its worldview. The energy therefore bypasses the Mind and lodges at the *Yuan* level. One interesting way of understanding this is that the impact forces a Golden Gate transition, in turn, giving rise to transpersonal or even near-death experiences at the moment of impact. People who have been through such experiences often recount a profound sense of expansion during such events, as if these people's lives flashed before their eyes. When the Mind returns to its customary ego-level perspective, the accident residue remains as some form of stress disorder. On the positive side of such an event, people might lose their fear of death and find that life has new meaning, while, on the negative side, they may become chronically disabled and stuck, and unable to move on.

In the 5-Element tradition, the MVA whiplash energy is understood to enter the neck near GV 16, reverberating down the *Du Mai* and the *Tai Yang* to give rise to chronic neck and back pain. The condition is often thought of as a form of possession and is addressed using the External Devil's protocol (GV 20, BL 11, BL 23, and BL 61).<sup>14</sup> Perhaps what is less-appreciated is the EM perspective, in which the Excess energy in the *Du Mai* is absorbed by the Yang *Wei Mai*. This can result in chronic widespread pain and/or the classic Yang *Wei Mai* headache, which generally appears to be like a tension-migraine syndrome.

Clearly, there are different ways of viewing the same phenomenon, all of which could be summarized as transpersonal energy being blocked rather than channeled and secondarily giving rise to symptoms that cannot be

integrated within the ego's customary framework. The term *possession* truly describes a Mind consumed with a transpersonal energy.

From a practical acupuncture perspective, perhaps the key point is that understanding accidents in terms of the EMs can broaden the choice of acupoints significantly. For example, other useful points might be GV 16, GB 20, SI 10, GB 29, and BL 62, in the context of Dynamic Interactive Acupuncture (DIA).

## ACUPUNCTURE AND DIA

Dynamic Interactive Acupuncture (DIA) can be an effective tool for accessing transpersonal energies. The protocol has been described in greater detail elsewhere, but it might be understood as a practical therapeutic method for implementing non-dual principles.<sup>15</sup> The process is started with the use of an initiating point, in conjunction with slightly deeper breathing and an instruction to allow movement and emotions to emerge. Good initiating points can be any standard command points; those on the feet or ankle are eminently suitable.

Standard teaching is that Opening and Coupled points are needled at the start of an EM treatment (Tables 2 and 3). However, in a DIA context, many of these specific details become needless subtleties. In my experience, using any of these openers can be effective, perhaps because many peripheral command points can potentially key into original energy.

It is worth noting that Opening points were not part of the original EM framework. They were introduced in the eleventh century, quite possibly as a practical response to the societal proscription on using body points. Subsequent authors who mentioned them often did not use them, and Coupled points have always been regarded as optional. From a historical standpoint then, there is no pressing need to use Opening points at all unless the practitioner finds them useful.<sup>3-5</sup>

The trajectory points are truly the key to unlocking the secrets of the EMs, and these points are largely projected on

TABLE 3. SELECTED POTENTIAL STARTER POINTS

Starter points	Pin Yin	Functions
BL 62	<i>Shenmai</i>	Opening point of <i>Yang Qiao Mai</i>
KI 6	<i>Zhaohai</i>	Opening point of <i>Yin Qiao Mai</i>
GB 41	<i>Tsulingqi</i>	Coupled point of <i>Yang Wei Mai</i>
SP 4	<i>Gongsun</i>	Coupled point of <i>Yin Wei Mai</i>
GB 35	<i>Yangjiao</i>	Xi-cleft point of <i>Yang Wei Mai</i>
KI 9	<i>Zhubin</i>	Xi-cleft point of <i>Yin Wei Mai</i>
BL 59	<i>Fuyang</i>	Xi-cleft point of <i>Yang Qiao Mai</i>
KI 8	<i>Jiaoxin</i>	Xi-cleft point of <i>Yin Qiao Mai</i>

the body between the head (Yang) and the pelvis (Yin); these points' prime focus is to heal the existential split by re-connecting Yang and Yin through opening the Heart (Figs. 1 and 2)

Because of their function as "kick-starters," peripheral points are great starts for a DIA session. Thus, almost any foot point will often do, including generally common points, such as LV 3 (*Taichong*), which traditionally do not have specific connections to the EMs. Hence, SP 4 and GB 41 will work equally well to open the Yin and *Yang Wei Mai* while leaving the arms free to move. At the same time, TH 5 and PC 6 can be needled on an in-out basis when there is an intuition that the Heart might be ready to open. In similar fashion, BL 62 and KI 6 open the *Qiao Mais* directly, while LU 7 and SI 3 can be used optionally. Xi-cleft points, such as KI 9 (*Zhubin*) and GB 35 (*Yangjiao*), can also be good starter points.

The next step is to look for specific points on the trajectories that might be useful to focus on specific issues. For this, the *Yin Wei Mai* points can be useful for abdominal tension, while *Yang Wei Mai* points can release some of the Excess energy in the head/neck/hips (Table 4). *Yang Qiao/Wei Mai* meeting points can unleash the Stagnant energy in the shoulder/arms (SI 10) and hips/legs (GB 29), while BL 1 (*Jingming*) or BL 2 (*Zanzhu*) can unblock the flow of energy into the back and Governing Vessel. (BL 2 is more practical because BL 1 tends to be problematic in DIA; similarly, the alternate LV 14 location at the ribcage border is a better option.)

TABLE 2. OPENING & COUPLED POINTS OF THE EMs

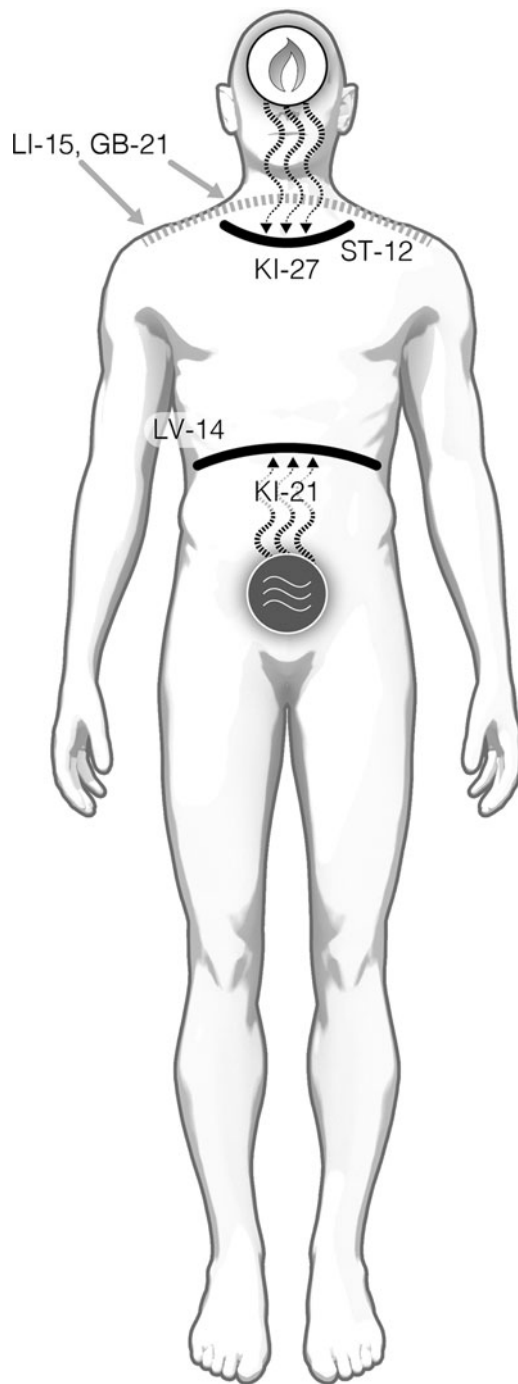
Ancestry	Channel	Opening point	Coupled point
First	<i>Chong Mai</i>	SP 4	PC 6
	<i>Ren Mai</i>	LU 7	KI 6
	<i>Du Mai</i>	SI 3	BL 62
	<i>Dai Mai</i>	GB 41	TH 5
Second	<i>Yin Wei Mai</i>	PC 6	SP 4
	<i>Yang Wei Mai</i>	TH 5	GB 41
	<i>Yin Qiao Mai</i>	KI 6	LU 7
	<i>Yang Qiao Mai</i>	BL 62	SI 3

EMs, Extraordinary Meridians.

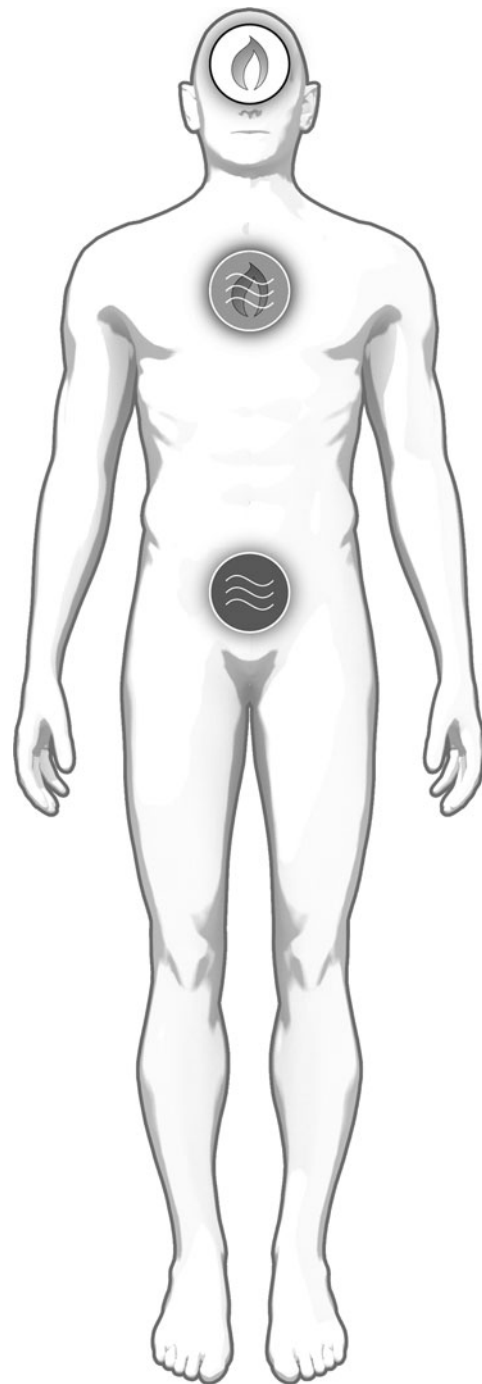
## CASE HISTORIES

### Case 1

A 45-year-old woman volunteered to be treated at a presentation. She had experienced right shoulder pain for the past year. Investigations had turned up nothing significant and all treatments had proven unhelpful. After the notion of the primary Yin/Yang split in the context of DIA was presented to the audience, the volunteer lay down on the treatment table. I chose to start with LV 3 bilaterally, with the intention of adding GB 41, just for the simplicity of a



**FIG. 1.** Yin/Yang split with some Extraordinary Meridian block points. Designed by Richard Greenwood, BFA, MFA.



**FIG. 2.** Balanced Yin/Yang with Heart open (*Xin*). Designed by Richard Greenwood, BFA, MFA.

demonstration, based on the notion that the most likely channel involved was the *Shaoyang*.

I had no sooner got the first needle in place, when there was a twitch (De Qi), which she immediately stifled. I suggested that, given that the twitch was likely the beginning of Qi moving, we should stimulate the point again, but that, this time, she should move toward the pain and allow

the twitch to develop into a spontaneous energetic phenomenon. Little did I realize I was probably opening the Yin and Yang *Wei Mai*.

With this instruction, and with minimal stimulation, first her leg started to shake, then her pelvis, then, as the Qi moved through her chest, she began to cry. She then started to vibrate, then her whole spine began to wiggle with

TABLE 4. SELECTED POTENTIAL RELEASE POINTS

<i>Body part</i>	<i>Points</i>	<i>Pin Yin</i>	<i>Action</i>
Abdomen	SP 13, SP 15, SP 16	<i>Fushe, Daheng, Fuhai</i>	Clears abdominal tension
	LV 14 (alternate)	Lower <i>Qimen</i>	Opens the Heart
	KI 21	<i>Youmen</i>	Opens the Heart
Hip/shoulder	GB 29	<i>Juliao</i>	Mobilizes hips
	SI 10	<i>Naoshu</i>	Mobilizes shoulder
	LI 15 → GB 21	<i>Jianyu</i> → <i>Jianjing</i>	Relaxes shoulder, moves Qi ↓
Head/neck	ST 12	<i>Quepen</i>	Relaxes neck/throat
	KI 27	<i>Shufu</i>	Relaxes chest/neck
	BL 2 (instead of BL 1)	<i>Zanzhu</i>	Opens the whole head/back/legs
	GB 13 → GB 21	<i>Benshen</i> → <i>Jianjing</i>	Release Excess Yang in the Head
	GV 15	<i>Yamen</i>	Empties the Mind
	GV 16	<i>Fengfu</i>	Releases Excess Wind (Mind chatter)

Kundalini snakelike movements. Then, her right shoulder started to move. I used acupressure on her shoulder/hip girdle trigger points in the regions of SI 10/GB 29 and she began punching her arms and kicking her legs. Five minutes later, she emerged from the void pain-free. Many people in the room, including myself and the volunteer, were astonished.

### Case 2

A 70 year-year-old woman with a history of childhood trauma complained of ongoing incapacitating headaches, chronic neck-and-shoulder tension, and periodic low-back and hip pain. She was divorced with 2 children and had difficulties in personal relationships. Examination revealed a “hot-above, cold below” scenario, with multiple triggers in the upper back and neck. Her head radiated Heat, which was palpable several inches away. She had attended a residential pain clinic with some success, and subsequently came in for acupuncture periodically, when she felt her stress accumulating.

During her subsequent tune-up treatments, what worked very well was to initiate DIA with SP 4 and GB41. These points accessed the *Chong, Dai, Yin* and *Yang Wei Mais*. With these initiating points, her legs would begin myoclonic shaking, followed shortly afterward by eruptions of rage and anger. A subsequent exploration of her abdomen and back always showed triggers in the diaphragmatic area of LV 14, the hips at GB 29, and the neck/upper back in points such as CV 22, GB 20, 21, and GV 16. Acupressure/puncture on these points gave rise to more shouting and raging. Later, toward the end of the session, needles in PC 6 and CV 17 brought her to her Heart center. In retrospect, it was clear that her imbalances fit the trajectories of the *Yin* and *Yang Wei Mai* perfectly.

### Case 3

An 18-year old man had been involved in a moped accident 2 years previously in which he suffered multiple contusions but no broken bones. Nevertheless, he developed

chronic back pain, headaches, dizziness, loss of appetite, depression, and insomnia. He had numerous investigations, including computed tomography and magnetic resonance imaging scans of his head, neck, abdomen, and lower back, but nothing significant was ever found. Treatments had involved everything from physical therapies to trauma counseling and cognitive-behavioral therapy. He was told that he had somatization disorder and that he should simply try to manage things as best he could. He was clearly stuck, or perhaps even “possessed” by his injuries. By the time I saw him, he was taking gabapentin and quetiapine as well as relying heavily on medicinal cannabis (*Cannabis indica*).

He was keen to try something new, and after explaining the principles of DIA and “moving toward,” I needled SP 4 and GB 41 (adding MH 6 and TH 5 later in the session on an in-out basis). He soon began shaking violently and complained of nausea. I found a trigger in the area of SP 16 and LV 14 and needled them in and out. He began retching and coughing and vomiting. A few minutes later, he complained of a severe vertex headache, to which I responded by needling GV 20. He shouted and raged for a minute or 2, but then settled down completely; his headache and nausea totally dissipated. He later volunteered that he had reexperienced aspects of the accident he had totally forgotten.

The abdominal points near LV 14 and SP 16 were likely on the *Yin Wei Mai*, and had released areas of tension that related to the memory of the accident. Perhaps at the moment of impact, he had dissociated and subsequently had no way to derive meaning from his symptoms, which remained energetically in his body as chronic unresolved tension. Six months after the acupuncture experience he was off all medications and had resumed his schooling.

### Case 4

A 48-year-old man came to a residential program with back/neck pain following an injury he had sustained in a fall while on a country hike, suffering a concussion and fracture

of L-1. He had no memory of the fall itself. His marriage had ended several years before, an event he had never fully accepted, and he had been on his own since then. He was lonely, frustrated, and in pain. These difficulties were compounded by opioid dependence (OxyContin,<sup>®</sup> up to 100 mg daily). Several prior attempts to discontinue the opiate were unsuccessful.

Acupuncture involved several treatments of dynamism, using various initiating points described above, and/or ear acupuncture with electrical stimulation. After listening to our talks on how opiates can block a deeper exploration, one day he abruptly discontinued them and came to the acupuncture room in acute withdrawal. During the ensuing session, which included ear stimulation and SP 4 and GB 41 and points on the Second Ancestry trajectories, he reexperienced his fall in full detail. Toward the end of the session, he felt a charge of energy exit his foot at KI 1.

The experiential recovery of lost information came with the startling insight that he had, to some degree, engineered the injury in an attempt to reconnect with his ex-wife. The strategy had actually worked because she had visited him in hospital and assisted him during his initial recovery. Unfortunately, this reconnection did not last.

The insight this man had changed everything, allowing him to release his anger and grief and move on. What was perhaps more extraordinary was that, after reaching this insight, he was drug-free, and remained so at follow-up 6 months later. In hindsight, it seemed that the experience of his marriage breakup might have been lodged in the Yin/Yang *Wei Mai*; the fall injury was layered on top of it, and the opiates blocked access to both experiences' timelines.

## DISCUSSION

Because of its lengthy history and multifaceted development, acupuncture is replete with different concepts and explanations.<sup>8</sup> This can lead to confusion in choosing the best approach for a particular situation. Therefore, the notion of using a couple of simple starting gambits followed by exploring the body for *Ah-Shi* points in the context of a non-dual therapeutic relationship can simplify things a great deal.

One obvious comment about simplicity is that it could be seen as an excuse for sloppy practice, especially if one has invested many years of study to achieve some degree of mastery. However such a conclusion might be unjustified. Complexity is always available and can be embraced gradually over time, while simplicity is a good way for practitioners to gain experience and confidence.

What is perhaps more to the point, the deeper the energetic layer being explored, the more simplicity is actually an inherent feature. Complexity only applies to the superficial levels of ten thousand things, not to the *Tao*.<sup>16</sup> Deep down, there is really only one issue—and that is the ego's confusion over the separation of Yin and Yang.

Another issue brought up by the case histories is how DIA can sometimes facilitate rapid drug withdrawal. Do drugs somehow bypass mental defenses to lodge at a deeper level? Perhaps this is so. Certainly, DIA can embrace de-possession protocols, and there is little doubt that drug addiction could be viewed as a form of possession. These days, prevailing opinion is that people should withdraw from addictive medications slowly, if at all, and harm-reduction programs are increasingly embracing what used to be called enabling. Whether this is a good idea or not remains to be seen.

However, perhaps there is third way for some patients, one that transcends abrupt withdrawal or enabling, one that involves returning to the *Tao*. For this, non-dual acupuncture could have a significant role to play.

## CONCLUSIONS

Existential anxiety is the primal experience for everyone, but rarely is this level of experience addressed directly with acupuncture, perhaps because most patients are focused on relieving symptoms. It is a rare patient who can look past superficial symptoms to grapple with the underlying dynamics that generate the very idea that there is something wrong.

Patients may be willing to take a more interactive approach once the rationale for doing so is explained. A brief introduction and safe context is often all that is necessary. Furthermore, the notions of simplicity and non-duality make acupuncture both practical and easy, even for beginning practitioners; the common daily experiential connection with the EMs can truly make the subject come alive. Practitioners may well have many suitable people in their practices (i.e., individuals who have already had spontaneous Golden Gate experiences) to whom suggesting deeper exploration would be appropriate. Those practitioners who try it could find the results as extraordinary as the channel's name suggests.

## ACKNOWLEDGMENTS

Graphics were designed by Dr. Greenwood's son, Richard Greenwood, BFA, MFA (website: [www.richardgreenwood.ca](http://www.richardgreenwood.ca)).

## AUTHOR DISCLOSURE STATEMENT

No competing financial interests exist.

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Address correspondence to:  
 Michael T. Greenwood, MB, BChir,  
 FCFP, CAFCI, FAAMA  
 103–284 Helmcken Road  
 Victoria, British Columbia V9B 1T2  
 Canada  
 E-mail: [michaeltgreenwood@shaw.ca](mailto:michaeltgreenwood@shaw.ca)