



Summary of SuWen 43 Impediment

- Bi-Impediment is the union of Wind, Cold & Damp
- Wind predominate: Coursing Impediment
- Cold predominate: Pain Impediment
- Dampness predominate: Fixed Impediment
- 5 types of Bi depending on season: Bone Bi, Sinew Bi, Vessel Bi, Flesh Bi, Skin Bi.
- Repeated attacks of Bone Bi harms Kidney; repeat attack of Sinew Bi harms Liver etc.
- Bi can also afflict 6 Bowels (Fu), however diet and lifestyle is the root causes.

Summary of SuWen 43 Impediment Cont'd

- Prognosis: Wind predominant type easy to stop (alleviate).
- Prognosis: Bi enters the Viscera (Zang) leads to death; Bi retained between sinew and bone is painful; Bi retained in skin easily stops (alleviate).
- Tx: "5 Zhang have **Shu-Stream points**, 6 Fu have **He-Sea points**. Follow the channels to differentiate (the place of Bi pain), each channel has its issuance and passage, thus disease can recover."

Summary of SuWen 43 Impediment, cont'd.

5 Painless Bi:

Bi in the bone: heaviness.
Bi in the vessel: blood congeal fail to flow.
Bi in sinew: crooked cannot straighten
Bi in flesh: numbness
Bi in skin: cold

“All types of Bi: become acute (intense) with cold; become released (improve) with heat.”

•Role of Ying-Wei (nutritive & defensive Qi) in Bi:

Nutritive Qi can enter the blood vessel, thus follow the vessel up and down.
Defensive Qi does not enter the blood vessel, thus follow along the skin, between muscle separations, fumigates in the fascia membrane, disperse in chest and abdomen.
Without combining with Wind Cold & Damp, it doesn't become Bi.

- Besides pain, Bi syndrome can be painless, numbness, cold, hot, dry, damp.
- Cold excess → pain
- Chronic disease penetrates deep, stagnates Ying-Wei, skin lacks nourishment → numbness
- Yang Qi deficient → cold
- Yin Qi deficient → hot
- Dampness → sweaty and moist/clammy

Ying-Wei

- 1) Cold closes the interstices (CouLi) → Wei Qi cannot disperse → no sweating
- 2) Nutritive (Ying) Qi deficiency → Nutritive Qi cannot restrain → sweating

Defensive Qi (Yang) → Fight or Flight → Sympathetic

Nutritive Qi (Yin, assoc. with digestion) → Rest & Digest → Parasympathetic

Ying-Wei (Yin-Yang) Disharmony = Autonomic Nervous System (ANS) Imbalance (Dysautonomia)

Sweating (clammy skin) is regulated by ANS in Western Medicine.
The ANS also effects circulation (vasoconstriction) → “blood congeal fail To flow” → skin temperature change (hot/cold)

Sweating: Ying-Wei Disharmony.

- Hypo parasympathetic (relatively sympathetic)
- Hyper sympathetic

Numbness

- Deficiency numbness:

“Skin lacks nourishment due to Ying-Wei stagnation, result in numbness.”

Rational: B12 deficiency anemia → Damage to myeline sheath →
Nerve damage → numbness & tingling.

Related statement: Blood deficiency gives rise to Wind (numbness)

- Excess numbness:

“Bi in Flesh cause numbness.”

Rational: Shortening of muscle creating nerve impingement →
numbness.

Treatment

SuWen 43 says to needle He-Sea point for Bi syndrome on Fu Channels (Bowels, Parasympathetic).

At least one He-Sea point (ST-36) has been shown to have a pro-parasympathetic effect dependent on a functional Vagus nerve.

M Iwa et al (2007) Anatomical evidence of regional specific effects of acupuncture on gastric motor function in rats. (Auton Neurosci. 2007 Dec 30;137(1-2):67-76.

Restoring the Balance of the Autonomic Nervous System as an Innovative Approach to the Treatment of Rheumatoid Arthritis

MOL MED 17(9-10)937-948, SEPTEMBER-OCTOBER 2011 | KOOPMAN ET AL. | 937

Rational: Anti-Inflammatory effect on Arthritis achieved via Vagal (Parasympathetic) dependent Anti-inflammatory pathways.

SuWen 55: Long Puncture Node Discourse

•**Disease in Sinew:** sinew spasm with joint pain, unable to walk, called **Sinew Bi**.
Tx: puncture on top of the sinew, puncture in the flesh separation (fascial lines), do not hit bone. When disease arise warm the sinew, disease soon stops.

•**Disease in the Muscle Skin,** utmost pain in muscle-skin, called **Muscle Bi**, injured by cold dampness.

Tx: puncture large separation, small separation (between muscles), issue multiple deep needles, with heat intentionally (add heat or arrival of Heat from DeQi?)

•**Disease in the Bone,** bone heavy unable to lift, bone marrow has sour pain, Cold Qi reaches, called **Bone Bi**.

Tx: Deep, puncture without injuring vessel and flesh as intention, passing between big and small muscle separations, when warming sensation achieved, disease soon stops.

Summary: Tendon/Ligamentous, Fascial, Muscular or Periosteal pain often require needling between muscles at muscle separations (fascial planes where neurovascular bundles travel!). Obtaining warming sensation (increase local perfusion) is key to treatment success.

Electroacupuncture and Heat Lamp greatly improve local circulation.

LingShu 27 Confined Bi 靈樞 周痺第二十七

- The only English translation of the LingShu we are aware of is by Wu Jing Nuan (University of Hawaii Press).
- Wu translates the 周痺 (ZhouBi), the title of Chapter 27 as Circulatory Bi.
- Contemporary Chinese commentary on the LingShu explain 周 as circulation.
- In modern Chinese, 周 (Zhou) means circumference, cycle, week, all and whole.

- In ancient Chinese, 周 means encircling to confine a field, evident from the early pictograph of this character that contains 田 (field).
- The Chinese character for Bi 痺, also has the pictograph for field 田 embedded in it. Its not clear if this is significant or coincidence.

靈樞 周痺第二十七

LingShu Confined Bi Chapter 27

黃帝問於岐伯曰：周痺之在身也，上下移徙隨脈，其上下左右相應，間不容空，願聞此痛在血脈之中邪？將在分肉之間乎？何以致是？其痛之移也，間不及下針，其憊痛之時，不及定治，而痛已止矣，何道使然？願聞其故。

HuangDi asks QiBo: Confined Bi on the body, follows the vessels up and down, it responds top, down, left, right, no space it does not enter, I wish to ask if this pain is in the blood vessels? Will it be between flesh separation? How to reach it? This pain moves, not fast enough to needle in between, when pain is accumulating, too late for fixed treatment, then pain already stops, what causes it? I wish to hear its reason. (section 1).

岐伯答曰：此眾痺也，非周痺也。黃帝曰：願聞眾痺。岐伯對曰：此各在其處，更發更止，更居更起，以右應左，以左應右，非能周也，更發更休也。黃帝曰：善。刺之奈何？岐伯對曰：刺此者，痛雖已止，必刺其處，勿令復起。

QiBo answers: This is crowd (multiple) Bi, not confined Bi.

HuangDi: I wish to hear about crowd Bi.

QiBo: This each has its location, changing issuance and stopping, changing storage and growth, right respond to left, left respond to right, unable to **confine**, changing issuance and rest.

HuangDi: Good. How to puncture?

QiBo: To puncture this, though pain already stopped, must puncture its location, do not allow it to rise again. (section 2)

If the word **周** is translated as circulate/flow rather than confine, then crowd (multiple) Bi would be described as changing storage and growth, right respond to left, left respond to right, unable to **circulate**, changing issuance and rest. The description is one that is constantly changing, it contradicts the notion of not being able to circulate.

If instead it reads unable to confine, the notion that it is changing, unpredictable, left/right would be logical that it is unable to be confined.

帝曰：善。願聞周痹何如？

HuangDi: Good. I wish to hear how about Confined Bi.

岐伯對曰：周痹者，在於血脈之中，隨脈以上，隨脈以下，不能左右，各當其所。黃帝曰：刺之奈何？岐伯對曰：痛從上下者，先刺其下以過之，後刺其上以脫之；痛從下上者，先刺其上以過之，後刺其下以脫之。

QiBo replies: Confined Bi, is in the blood vessel, follows vessel upward, follows vessel downward, can not be left and right, each take its place.

HuangDi: how to puncture it? QiBo: Pain that descend from above, first puncture below, when pain is cast off puncture above; pain that ascend from below, first puncture above, when the pain is cast off puncture below. (section 3)

Crowd Bi is symmetrical

Confined Bi: asymmetrical, radiates vertically, treatment is proximal/distal.

When pain present, needle where it is, when pain is gone, needle where it came from.

黃帝曰：善。此痛安生？何因而有名？岐伯對曰：風寒濕氣，客於外分肉之間，迫切而為沫，沫得寒則聚，聚則排分肉而分裂也，分裂則痛，痛則神歸之，神歸之則熱，熱則痛解，痛解則厥，厥則他痹發，發則如是。

HuangDi: Good. What is the origin of this pain? What is the reason for its name? QiBo replies: Wind Cold Damp Qi, attack outward between muscle separation, pressing closely to form foam, foam accumulates with cold, accumulation splits apart muscle separation, resulting in pain, spirit returns resulting in heat, heat releases the pain, pain relief result in inversion, inversion releases the Bi, rightfully flourish. (section 4)

- Foam is another pathogenesis of pain.
- Chapter 36 of LingShu Differentiating 5 Dysuria Clear and Thick Fluid (JinYe) says: Cold retained between the muscle separation, accumulate foam thus causing pain. (寒留於分肉之間，聚沫則為痛).
- Foam is something that floats on top. Could this be puffiness, trophedema?
- Trophedema: *chronic edema of the skin caused by inadequate or faulty nutrition.* More on this in Module 2.
- "accumulation splits apart muscle separation, resulting in pain". Could this be pain attributed to fascial tear?

帝曰：善。餘已得其意矣。此內不在藏，而外未發於皮，獨居分肉之間，真氣不能周，故命曰周痹。故刺痹者，必先循切其上下之大經，視其虛實，及大絡之血結而不通，及虛而脈陷空著而調之，熨而通之，其癰堅，轉引而行之。

HuangDi: Good. I already grasped its meaning. It is not stored in the organs, while not released on the skin, it solely resides between the muscle separation, Zhen (True) Qi cannot encircle, thus it is called confined Bi. Therefore puncture Bi, must first palpate and follow the large channel above and below, observe its vacuity and repletion, and blockage of blood in the large collateral due to blood knot, adjust vacuity resulting in sunken vessel, warm to cause flow, its convulsing hardness, turn and stretch to make it course. (section 5)

•The inherited SuWen version says 必先切循其下之六經, which reads “must first palpate and follow the six channels below”. We replaced that line with the version inherited from the Systematic Classic “palpate and follow the large channel above and below”. The character for six (六) can easily be mis-transcribed as large (大). The rest of the sentence describe large collateral, therefore the information follows logically.

•“Zhen (True) Qi cannot encircle, thus it is called confined Bi.” Modern interpretation of 周 as circulating runs into trouble here, as it would read “True Qi cannot circulate, thus it is called circulating Bi, which directly contradicts each other. For this reason, some commentators propose that confined Bi in this section is a transcription error and should actually be crowd Bi. Applying the ancient meaning of 周 as encircling to confine avoids the need to change the content of a revered classic just because one does not understand it and resorts to blaming the classic as having errors.

黃帝曰：善。餘已得其意矣，亦得其事也。九者，經巽之理，十二經脈陰陽之病也
HuangDi: Good. I already understood its meaning, and grasped its responsibility.

Nine objects, obey the truth of channels, as are the disease of twelve channel vessel yin-yang.

Nine objects: presumably the 9 types of acupuncture needles.

Summary

- Bi Syndrome need not be painful: numbness, cold, heat, clammy etc.
- Both Crowd and Confined Bi are caused by Wind Cold Damp.
- Two types of numbness: Excess and Deficient.
- Ying-Wei plays a significant role in Bi Syndrome.
- Ying-Wei Disharmony may be interpreted as Disautonomia.
- Crowd (Multiple) Bi: Symmetrical, rapidly changing and unpredictable. Symptoms suggestive of Rheumatoid Arthritis and autoimmune processes.
- Confined Bi: Asymmetrical, caused by foam in muscle separation (triggered by WCD), pain radiates vertically. Symptoms suggestive of neuromyofascial pain from sports/ repetitive stress injuries.

Canonical Bi Syndrome Treatment Pearls:

- Palpate and follow the channels (NeuroMyofascial Meridian)
- Needle between muscle separations (in fascial planes, NVB) for Bi syndrome.
- Obtain warming sensation with needles (cheat by using heat and electricity).
- Confined Bi: needle above and below (segmental treatment).
- Crowd Bi: needle where the pain is located (local treatment).
- Treat Bi on Zang (Yin) Channels with [Shu-Stream points](#).
- Treat Bi on Fu (Yang) Channels with [He-Sea points](#).

素問 痺論篇第四十三

SuWen Bi Impediment Chapter 43

黃帝問曰：痺之安生？岐伯對曰：風寒濕三氣雜至，合而為痺也。其風氣勝者為行痺，寒氣勝者為痛痺，濕氣勝者為著痺也。

帝曰：其有五者何也？岐伯曰：以冬遇此者為骨痺，以春遇此者為筋痺，以夏遇此者為脈痺，以至陰遇此者為肌痺，以秋遇此者為皮痺。

帝曰：內舍五藏六府，何氣使然？岐伯曰：五藏皆有合，病久而不去者，內舍於其合也。故骨痺不已，復感於邪，內舍於腎；筋痺不已，復感於邪，內舍於肝；脈痺不已，復感於邪，內舍於心；肌痺不已，復感於邪，內舍於脾；皮痺不已，復感於邪，內舍於肺。所謂痺者，各以其時重感於風寒濕之氣也。

凡痺之客五藏者，肺痺者，煩滿喘而嘔。心痺者，脈不通，煩則心下鼓，暴上氣而喘，噎幹，善噫，厥氣上則恐。肝痺者，夜臥則驚，多飲，數小便，上為引如懷。腎痺者，善脹，尻以代踵，脊以代頭。脾痺者，四支解墮，發咳嘔汁，上為大塞。腸痺者，數飲而出不得，中氣喘爭，時發飧洩。胞痺者，少腹膀胱按之內痛，若沃以湯，澀於小便，上為清涕。

陰氣者，靜則神藏，躁則消亡。飲食自倍，腸胃乃傷。淫氣喘息，痺聚在肺；淫氣憂思，痺聚在心；淫氣遺溺，痺聚在腎；淫氣乏竭，痺聚在肝；淫氣肌絕，痺聚在脾。諸痺不已，亦益內也。其風氣勝者，其人易已也。

帝曰：痺，其時有死者，或疼久者，或易已者，其故何也？岐伯曰：其入藏者死，其留連筋骨間者疼久，其留皮膚間者易已。

帝曰：其客於六府者，何也？岐伯曰：此亦其食飲居處，為其病本也。六府亦各有俞，風寒濕氣中其俞，而食飲應之，循俞而入，各捨其府也。

帝曰：以針治之，奈何？岐伯曰：五藏有俞，六府有合，循脈之分，各有所發，各隨其過，則病瘳也。

帝曰：榮衛之氣亦令人痺乎？岐伯曰：榮者，水穀之精氣也，和調於五藏，灑陳於六府，乃能入於脈也，故循脈上下，貫五藏，絡六府也。衛者，水穀之悍氣也，其氣慄疾滑利，不能入於脈也，故循皮膚之中，分肉之間，熏於膏膜，散於胸腹。逆其氣則病，從其氣則愈。不與風寒濕氣合，故不為痺。

帝曰：善。痺或痛，或不痛，或不仁，或寒，或熱，或燥，或濕，其故何也？岐伯曰：痛者，寒氣多也，有寒，故痛也。其不痛不仁者，病久入深，榮衛之行澀，經絡時疏，故不痛，皮膚不營，故為不仁。其寒者，陽氣少，陰氣多，與病相益，故寒也。其熱者，陽氣多，陰氣少，病氣勝，陽遭陰，故為痺熱。其多汗而濡者，此其逢濕甚也，陽氣少，陰氣盛，兩氣相感，故汗出而濡也。

帝曰：夫痺之為病，不痛何也？岐伯曰：痺在於骨則重，在於脈則血凝而不流，在於筋則屈不伸，在於肉則不仁，在於皮則寒。故具此五者，則不痛也。凡痺之類，逢寒則急，逢熱則縱。帝曰：善。

素問 長刺節論篇第五十五

SuWen 55: Long Puncture Node Discourse

病在筋，筋攣節痛，不可以行，名曰筋痺。刺筋上為故，刺分肉間，不可中骨也。病起筋炅，病已止。病在肌膚，肌膚盡痛，名曰肌痺，傷於寒濕。刺大分、小分，多發針而深之，以熱為故。無傷筋骨，傷筋骨，癱發若變。諸分盡熱，病已止。病在骨，骨重不可舉，骨髓酸痛，寒氣至，名曰骨痺。深者，刺無傷脈肉為故，其道大分、小分，骨熱病已止。