

The Classical Roots and Clinical Application of the Saam Acupuncture Tradition

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Abstract

This is an introduction to the Chinese medical theory and classical text excerpts that underpin the Saam Korean monastic acupuncture tradition. The potential benefits and risks of utilising the tradition are discussed, and a case study illustrates the practical clinical application of the tradition.

Introduction

Twenty years ago, I moved into a houseboat on Dal Lake in the Northern Indian state of Kashmir. I was seven months into a trip that was originally supposed to last two months, but that would ultimately span two years. In the neighbouring houseboat was a travelling Korean monk, Sunim Doam, trained in the Saam (舍岩) acupuncture tradition. At this point in my life, I associated acupuncture with voodoo and incantations. Upon meeting my neighbour, I was quickly dispelled of these associations and instead introduced to the clinical effectiveness of the Saam tradition.

Travelling on a budget in India had wreaked havoc on my digestive system. I had been plagued with diarrhoea for months and had completely lost my appetite. My normal weight of 190 pounds on a six foot four inch frame had been reduced to a mere 150 pounds. After my first acupuncture treatment, I ate an entire meal and three desserts. I could not believe it. My digestive system began to normalise and my fascination for and appreciation of acupuncture grew.

This article is an introduction to the Saam tradition that I learned during that trip and the Chinese medical and philosophical texts that underpin it. A case study is presented to highlight the ease and effectiveness of using this tradition in the clinic.

The classical foundations of Saam acupuncture

The original text that forms the basis for Saam acupuncture was produced during the Joseon Dynasty in Korea sometime between 1644 and 1742 (Lee et al., 2009). The Joseon Dynasty was heavily influenced by Chinese cultural, philosophical and medical traditions (Ebrey, 2014). The text itself was likely compiled by the students of a wandering Buddhist monk known as Saam. The text was mainly

utilised by monastics until the contemporary scholar and doctor Hong Kyung Kim began to research and then share the text with his colleagues in Korea (Stampe, 2015). Oral tradition maintains that Saam, as part of his meditation attainments, had gained access to a profound understanding of the human body. Because of this penetrating insight, he was in a unique position to propose a unified framework for the disparate theories in the Chinese philosophical and medical classics (Doam, 2002). This framework comprises the yin yang (陰陽) and five phase (五行) theories principally derived from the *Yi Jing* (易經, Classic of Changes), *Huangdi Neijing Suwen* and *Lingshu* (黃帝內經素問靈樞, Huang Di's Inner Classic – Plain Questions and Spiritual Pivot), and *Nan Jing* (難經, Classic of Difficult Issues). Table 1 illustrates the basic Saam acupuncture theoretical framework organised according to the trigrams (卦) of the *Yi Jing*.

All of the aspects of Table 1 should be considered in determining a pattern differentiation (辯證) in the Saam tradition. However, there are several salient points that are essential to understand in order to perform Saam acupuncture in the clinic:

- Tai Yin is moisture (associated with the *Yi Jing* trigram for lake/marsh) and is balanced by Yang Ming dryness (associated with the trigram for mountain combined with the Saam characteristic of dryness).
- Shao Yin is heat (associated with the trigram for fire/lightning) and is balanced by Tai Yang cold water (associated with the trigram for water combined with the Saam characteristic of cold).
- Jue Yin is associated with inward movement and is balanced by Shao Yang's outward movement.

In Saam clinical diagnosis, the above characteristics are also combined with the five-phase attributes of

Trigram	乾 Qián	兌 Dui	離 Lí	震 Zhèn	巽 Xùn	坎 Kǎn	艮 Gèn	坤 Kūn
Familial Relation	Father	Youngest Daughter Concubine	Middle Daughter	Eldest Son	Eldest Daughter	Middle Son	Youngest Son	Mother
Nature	Heaven	Marsh/ Lake	Fire/ Lightning	Thunder	Wind	Water	Mountain	Earth
Phase	Metal	Metal	Fire	Wood	Wood	Water	Earth	Earth
Time of day	Late Evening	Evening	Noon	Morning	Late Morning	Midnight	Early Morning	Afternoon
Season	Late Autumn	Mid-Autumn	Summer	Spring	Late Spring/ Early Summer	Middle of Winter	Early Spring	Late Summer/ Early Autumn
Direction	North West	West	South	East	South East	North	North East	South West
Body Part	Head	Mouth Tongue	Eyes Large Abdomen (male)	Feet	Thigh Buttocks	Ears	Hands Fingers	Abdomen Stomach
Animal	Horse	Sheep	Pheasant	Dragon	Chicken	Pig	Dog, Rat, Birds with powerful bills	Ox
Effect	Strength	Pleasure Satisfaction	Brightness	Movement	Penetration	Hazardous	Arrest (Stop)	Compliance
Acupuncture Channel (Saam)	Du Mai	Lung Spleen	Heart Kidney	San Jiao Gall Bladder	Pericardium Liver	Small Intestine Bladder	Large Intestine Stomach	Ren Mai
Characteristic (Saam)	Upward movement	Moisture	Heat	Outward	Inward	Cold	Dryness	Downward movement
Six Conformations	-	Tai Yin	Shao Yin	Shao Yang	Jue Yin	Tai Yang	Yang Ming	-

Table 1: Overview of Saam trigram associations (Doam, 2002; Huang, 1998; Lee, 2009; Moran, 2002)

each organ system from *Su Wen* Chapter 5 (Unschuld & Tessenow, 2011):

- Wood (Liver, Gall Bladder) is characterised by wind
- Fire (Heart, Pericardium, Small Intestine, San Jiao) is characterised by heat
- Earth (Spleen, Stomach) is characterised by dampness
- Metal (Lung, Large Intestine) is characterised by dryness
- Water (Kidney, Bladder) is characterised by water

Table 2 illustrates the theoretical framework of the six conformations, five phases and Saam characteristics categorised according to the internal organs that comprises the essential framework for clinical diagnosis in the Saam system. Note that in the Saam system, the phases of wood, fire and water are primarily associated with mental and emotional states, while the phases of Earth and Metal are mainly associated with physical traits.

Note that in the Saam tradition each channel is counterbalanced by a channel that manifests the opposite characteristics (see Table 3). For example, the Heart channel characteristic of strong fire and love is counterbalanced by the Bladder channel characteristic of cold water and strong fear. To supplement the Heart channel, the clinician may directly supplement the Heart channel (see Table 4) or drain the Bladder channel (see Table 5). The decision to supplement the main channel or drain the counterbalancing channel is made by assessing the overall strength of the patient (supplement weak patients and drain stronger patients) and the nature of the disease (supplement for chronic disease and drain for acute). My teacher recommended that when in doubt, the main channel should be supplemented.

A recent case illustrates how the above theory can be

Organ System	Conformation	Phase	Saam Combined Characteristic
Liver	Jue Yin	Wood	Inward Wind + Wind = Strong Wind (inner), Contemplation
Gall Bladder	Shao Yang	Wood	Outward Movement of Qi + Wind = Strong Wind (outer), Aggression
Heart	Shao Yin	Fire	Heat + Fire = Strong Fire Love
Pericardium	Jue Yin	Fire	Inward Wind + Fire = Intelligence
Small Intestine	Tai Yang	Fire	Cold Water + Fire = Dynamic Movement
San Jiao	Shao Yang	Fire	Outward Movement of Qi + Fire = Piercing concentration on external objects
Spleen	Tai Yin	Earth	Moisture + Damp Earth = Obese body, oily skin, boredom
Stomach	Yang Ming	Earth	Dryness + Damp Earth = oily skin and a thin body
Lung	Tai Yin	Metal	Moisture + Dryness = dry skin and an obese body
Large Intestine	Yang Ming	Metal	Dryness + Dryness = dry skin and a thin body Large
Kidney	Shao Yin	Water	Heat + Water = Life (liquid fire)
Bladder	Tai Yang	Water	Cold Water + Water = Strong Fear

Table 2: Essential clinical characteristics by organ system (Doam, 2002)

used for diagnosis in the clinic. The patient presented with cough and thick phlegm that had plagued her day and night for more than ten years. Rounds of antibiotics, cough suppressants and inhalers had failed to ameliorate her condition. Her flakey dry skin and obese frame corresponded with the combined characteristics of deficiency of the Stomach channel (see Table 2). The Saam system pairs the Stomach channel (associated with the trigram Mountain) with the Lung channel (associated with

the trigram Lake), making it an ideal strategy to address dampness in the Lung. After two acupuncture treatments using points to supplement the Stomach channel (Yanggu S.I.-5, Jiexi ST-41, Zulinqi G.B.-41, and Xianggu ST-43 - see Table 4) she was able to sleep through the night for the first time in a decade. After six treatments she reported reduced phlegm and lessened severity and frequency of daytime coughing.

Channel and Characteristic	Paired with	Channel and Characteristic
Liver: Strong Wind (inner), Contemplation	Paired with	San Jiao: Piercing concentration on external objects
Gall Bladder: Strong Wind (outer), Aggression	Paired with	Pericardium: Intelligence
Heart: Strong Fire, Love	Paired with	Bladder: Cold water, Strong Fear
Small Intestine: Dynamic Movement	Paired with	Kidney: Life (liquid fire)
Spleen: Obese body, oily skin, boredom	Paired with	Large Intestine: Dry skin and a thin body
Stomach: Oily skin and a thin body	Paired with	Lung: Dry skin and an obese body

Table 3: Counterbalancing paired channels with Saam characteristics (Doam, 2002)

Point selection

Point selection in the Saam tradition is an elegant and simple application of classical theory. The points are drawn from acupuncture strategies first proposed in Chapter 10 of the *Ling Shu* (Unschuld, 2016) and then explicitly stated in Chapter 69 of the *Nan Jing* (Unschuld, 1986):

‘It is like this. In case of depletion, fill the respective conduit’s mother. In case of repletion, drain the respective conduit’s child. One must fill first and drain after-ward.’

In terms of the rationale behind point selection, to supplement a channel, for example the Lung, the four points would be: supplement Taibai SP-3 (the earth point on the yin earth channel) to benefit the mother of metal, supplement Taiyuan LU-9 (the earth point on the yin metal channel) to benefit the mother of metal, drain Shaofu HE-8 (the fire point on the fire channel) to weaken the control on the metal channel, and drain Yuji LU-10 (the fire point on the yin metal channel) to weaken the control on the metal channel. To drain a channel, again using the Lung channel as an example, the four selected points would be: supplement Shaofu HE-8 (the fire point on the fire channel) to strengthen the control on the yin metal channel, supplement Yuji LU-10 (the fire point on the fire channel) to strengthen the control on the yin metal channel, drain Yingu KID-10 (the water point on the water channel) to weaken the child of the yin metal channel, and drain Chize LU-5 (the water point on the yin metal channel) to weaken the child of the yin metal channel. All supplemented points are needled in the direction of the flow of the channel with light clockwise needle manipulation, and the point is closed after needle removal. All drained points are needled against the flow of the channel, with heavy counterclockwise needle manipulation, and the point is left open after needle removal. Tables 4 and 5 show the recommended four points for supplementing (補 bu) or draining (瀉 xie) the affected channel system.

Channel	Supplement	Supplement	Drain	Drain
Lung	Taibai SP-3	Taiyuan LU-9	Shaofu HE-8	Yuji LU-10
Large Intestine	Zusanli ST-36	Quchi L.I.-11	Yanggu S.I.-5	Yangxi L.I.-5
Stomach	Yanggu S.I.-5	Jiexi ST-41	Zulinqi G.B.-41	Xianggu ST-43
Spleen	Shaofu HE-8	Dadu SP-2	Dadun LIV-1	Yinbai SP-1
Heart	Dadun LIV-1	Shaochang HE-9	Yingu KID-10	Shaohai HE-3
Small Intestine	Zulinqi G.B.-41	Houxi S.I.-3	Zutonggu BL-66	Qianggu S.I.-2
Bladder	Shangyang L.I.-1	Zhiyin BL-67	Zusanli ST-36	Weizhong BL-40
Kidney	Jingqu LU-8	Fuliu KID-7	Taibai SP-3	Taixi KID-3
Pericardium	Dadun LIV-1	Zhongchong P-9	Yingu KID-10	Quze P-3
San Jiao	Zulinqi G.B.-41	Zhongzhu SJ-3	Zutonggu BL-66	Yemen SJ-2
Gall Bladder	Zutonggu BL-66	Xiaxi G.B.-43	Shangyang L.I.-1	Zuqiaoyin G.B.-44
Liver	Yingu KID-10	Ququan LIV-8	Jingqu LU-8	Zhongfeng LIV-4

Table 4: Points to supplement deficiency patterns

Channel	Supplement	Supplement	Drain	Drain
Lung	Shaofu HE-8	Yuji LU-10	Yingu KID-10	Chize LU-5
Large Intestine	Yanggu S.I.-5	Yangxi L.I.-5	Zutonggu BL-66	Erjian L.I.-2
Stomach	Zulinqi G.B.-41	Xiangyu ST-43	Shangyang L.I.-1	Lidui ST-45
Spleen	Dadun LIV-1	Yinbai SP-1	Jingqu LU-8	Shangqiu SP-5
Heart	Yingu KID-10	Shaohai HE-3	Taibai SP-3	Shenmen HE-7
Small Intestine	Zutonggu BL-66	Qiangyu S.I.-2	Zusanli ST-36	Xiaohai S.I.-8
Bladder	Zusanli ST-36	Weizhong BL-40	Zulinqi G.B.-41	Shugu BL-65
Kidney	Taibai SP-3	Taixi KID-3	Dadun LIV-1	Yongquan KID-1
Pericardium	Yingu KID-10	Quze P-3	Taibai SP-3	Daling P-7
San Jiao	Zutonggu BL-66	Yemen SJ-2	Zusanli ST-36	Tianjing SJ-10
Gall Bladder	Shangyang L.I.-1	Zuqiaoyin G.B.-44	Yanggu S.I.-5	Yangfu G.B.-38
Liver	Jingqu LU-8	Zhongfeng LIV-4	Shaofu HE-8	Xingjian LIV-2

Table 5: Points to drain excess patterns:

A case study using these unmodified four-point combinations is presented below to illustrate the ease of application and effectiveness of the Saam tradition. However, I want to emphasise that my teacher Sunim Doam constantly reminded me to avoid clinging too rigidly to these unmodified combinations. As Volker Scheid points out in the following passage concerning unmodified herbal formulas, the same acknowledgement of the importance of coherence (理 li - often translated as ‘principle’), should be applied to the use of unmodified Saam point combinations:

‘Coherence (理 li) refers to the fundamental but invisible patterning that produces the myriad manifestations of qi flow in the visible world. In order to gain the insight necessary for grasping how coherence manifests through qi at any one moment in time, physicians at the bedside, like scholars seeking to make correct moral and political choices, had to cultivate their own Heart so that it would spontaneously mirror the Heart of the Way. Fixed prescriptions or the words of the sages could never accomplish this by themselves.’ (Scheid, 2013)

Case study

I saw this patient several years ago and I remember it well because it was an almost textbook presentation of Saam pattern differentiation. The patient was a twenty five year-old Native American, the eldest son of a family from a tribe that had been well funded from casino operations. He had been in and out of the penal system since age thirteen for committing violent crimes. The longest stretch he had been out of jail was a mere six months. His chief complaint was an inability to control his temper. He was hoping that I could help him break his pattern of violence and incarceration. The patient had a bilateral full overflowing wiry pulse, a red tongue with a thin white coat, a dark face (especially around the eyes), prominent brow bones, a powerful but obese body, oily skin and a strong voice. His demeanour was generally cordial but would occasionally veer into flashes of anger.

This presentation was a textbook example of excess in the Spleen and Gall Bladder channels. The Spleen channel excess was evidenced by his oily skin and obese body (see Table 2) as well as the Tai Yin trigram associations (see Table 1) of moisture, pleasure and satisfaction (provided

	Spleen (drain)	Gall Bladder (drain)	Large Intestine (supplement)	Pericardium (supplement)
Supplement points (with the channel, light clockwise needle manipulation, close point after needle removal)	Yinbai SP-1 and Dadun LIV-1	Zuqiaoyin G.B.-44 and Shangyang L.I.-1	Quchi L.I.-11 and Zusanli ST-36	Zhongchong P-9 and Dadun LIV-1
Drain points (against the channel, heavy counterclockwise needle manipulation, leave point open after needle removal)	Shangqiu SP-5 and Jingqu LU-8	Yangfu G.B.-38 and Yanggu S.I.-5	Yangxi L.I.-5 and Yanggu S.I.-5	Quze P-3 and Yingu KID-10

Table 6: Acupuncture point combinations for case 1.

by the many extravagant experiences afforded by the casino proceeds). The Gall Bladder excess was primarily evidenced by his aggression (the 'outward movement of qi' - see Table 2) as well as the Shao Yang trigram associations of eldest son and thunder (strong voice). My treatment strategy was to address the two channels simultaneously at each appointment, either by draining the Spleen and Gall Bladder channels, or supplementing the counterbalancing Large Intestine and Pericardium channels. I would typically drain if his pulses were very strong or he seemed agitated, and would supplement if his pulses were more subdued and/or he seemed calm. Table 6 shows the two sets of four-point combinations:

Over the course of treatment, he reported feeling much calmer, lost weight and began to re-engage with the spiritual traditions of his tribe.

I saw this patient once or twice a week for one and a half years. Over the course of treatment, he reported feeling much calmer, lost weight and began to re-engage with the spiritual traditions of his tribe. For the entire year and a half, he had no run-ins with the law. Unfortunately, at a party one night, while intoxicated, he lost his temper and was involved in a physical altercation. He was arrested and due to his past record was sentenced to more than a decade of incarceration. He promised through a communication via his girlfriend that when he is released he hopes to resume treatment with acupuncture and try once more to break his pattern of violence.

Discussion

The Saam tradition offers practitioners the invaluable opportunity to diagnose and treat using the most fundamental concepts of classical Chinese medicine. Clinicians in this tradition assess and remedy relative states of heat and cold, excess and deficiency, aggression and peacefulness, dryness and moisture - whether their patients are suffering from the common cold or cancer. This is a powerful and fundamental intervention and I have found it to offer the quickest and longest lasting clinical results of the acupuncture traditions I have employed over the years.

However, this is not a risk-free approach to treatment. For example, if a disease is due to cold and the clinician mistakenly supplements cold, the disease will unambiguously worsen. Conversely, if the clinician correctly addresses a cold condition by supplementing heat the clinical effects are immediate and unmistakable. Take, for example, a recent case of a 63-year-old female who complained of year-round intolerance to cold. This began when she entered menopause almost 20 years previously. After one treatment of supplementing the

Heart channel (see Table 4) she reported finally feeling warm and comfortable for an entire week. A second treatment supplementing the Heart channel yielded two months of comfort even as we approached winter. Before treatment she had to make multiple trips per year to Mexico to 'warm her bones'.

Another case of false cold and true heat when I was first learning this technique starkly revealed the importance of careful diagnosis when using this system. The patient was a 43-year-old medical doctor who complained of pain along the Heart channel from her elbow to her wrist. She also reported having very cold hands. I used the four points to supplement the Heart channel, presuming that the Heart channel's quality of strong fire would open the blockage in the channel and warm her hands. Immediately after I placed the needles the patient complained of more pain in her arms and an uncomfortably hot feeling in her chest. Unfortunately, I dismissed these clear signs as the treatment 'working'. The next morning, I received a distressed call from the patient because she had been unable to sleep the entire night due to hot sensations surging throughout her body, in addition, her arm pain was worse. Fortunately she was able to return to the clinic that evening, and I needed the four points to supplement the Bladder to remedy the now-obvious need for the qualities of cold and water. Within minutes the heat agitation began to dissipate along with the arm pain. Another treatment using the same points the following week alleviated the arm pain entirely.

Conclusion

The Saam tradition offers a powerful and effective current from the vast ocean of Chinese medical strategies. Practitioners should consider using the diagnostic and point combinations of the Saam tradition if they do not receive satisfactory clinical results from their usual treatment strategies and recognise any the clinical patterns outlined in this article. Personally, I have found it to be an invaluable clinical tool over the last 20 years.

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