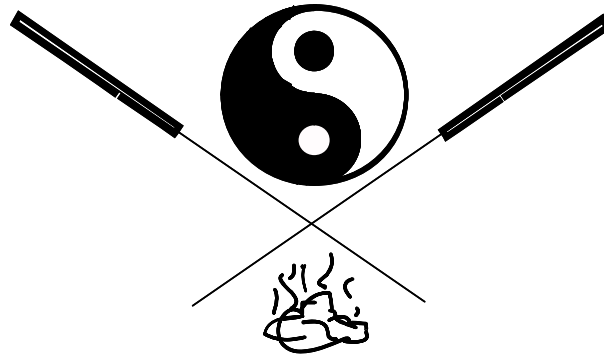


ESSENTIALS FOR CLINICAL ACUPUNCTURE



DR. SHARIQ H. KHAN

***Head and Associate Professor (in) of Department of Medicine
&***

Acupuncture Treatment Specialist

Govt. Unani –Ayurvedic Medical College & Hospital,

Affiliated & Constituent Institute of the University of Dhaka

The Khan's MediCare

Dhaka, Bangladesh

www.acupuncturedhaka.webs.com

E-mail: thekhansbd@gmail.com

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| Numbes | Contents | Page |
|---------------|---|-------------|
| 1. | Introduction | 02 |
| 2. | The History of Acupuncture and Moxibustion | 02 |
| 3. | Philosophy | 02 |
| 4. | Method of locating Acupoints | 07 |
| 5. | The needles / pins, Methods of insertion. Its Direction, Manipulation, Depth and Retaining | 12 |
| 6. | Dangerous or vulnerable Acupuncture points | 19 |
| 7. | Safety in Medical Acupuncture and Moxibustion: Prevention of infection, Contraindications, Management of accidents and untoward reactions | 21 |
| 8. | Meridians and channels | 29 |
| 9. | Lung channel / meridian | 30 |
| 10. | Large intestine channel / meridian | 32 |
| 11. | Stomach channel / meridian | 35 |
| 12. | Spleen channel / meridian | 38 |
| 13. | Heart channel / meridian | 40 |
| 14. | Small intestine channel / meridian | 41 |
| 15. | Urinary bladder channel / meridian | 43 |
| 16. | Kidney channel / meridian | 48 |
| 17. | Pericardium channel / meridian | 49 |
| 18. | Sanjiao / Triple warmer / Energizer channel / meridian | 50 |
| 19. | Gall bladder channel / meridian | 52 |
| 20. | Liver channel / meridian | 55 |
| 21. | Governing vessel / Du mai channel / meridian | 56 |
| 22. | Conception vessel / Ren mai channel / meridian | 59 |
| 23. | Extraordinary points | 61 |
| 24. | What & why: Electro-acupuncture | 43 |
| 25. | Quack "Electro-diagnostic" Devices | 71 |
| 26. | What & why: Al-hijamah / Cupping treatment / Vacuum therapy | 75 |
| 27. | What & why: Moxibustion | 80 |
| 28. | Planning of treatment: The basic principle governing prescription and combination of points / rules for the selection of points for treatment | 86 |
| 29. | The World Health Organisation recommends acupuncture for over 100 conditions | 89 |
| 30. | Bibliography/ references | 93 |

Introduction: Traditional medicine is a broad range of medicine practices sharing common concepts which have been developed in India, China and many other countries and are based on a tradition of more than 2,000 years, including various forms of medicine like Unani, Ayurvedic, acupuncture, moxibustion, massage, exercise, and dietary therapy.

Acupuncture and Moxibustion is a method of encouraging the body to promote natural healing and improve function. This is done by inserting sterilized, stainless-steel needles (that are as fine as a human hair) into specific points located on the surface of the skin which have the ability to alter various biochemical and physiological conditions in order to treat a wide variety of illnesses.

Acupuncture and Moxibustion is a one of very effective medical branch of Unani medical science fallen under the discipline of regimenal medicine. Similarly it is also pertaining to Ayurvedic medical science. Ibn Sina, Al Razi, Abu al-Qasem, the ancient scholars of Unani medicine have mentioned about this method of treatment in their classical texts *Al Qanoon fit Tibb*, *Al-Hawi*, *Kitabul Tasreef* respectively. Ayurvedic medicine's several classical books like *Caraka samhita*, *Susruta Samhita*, *Atherva veda samhita*, *Riga veda* etc. also discussed about this method of treatment.

The Traditional explanation for how Acupuncture works is that the life energy flowing through the body which is termed Vital force/Life energy /Pneuma/ Rooh or Qi (pronounced chee) in Chinese, can be influenced and balanced by stimulating specific points on the body. These points are located along channels of energy known as meridians that connect all of our major organs. According to ancient medical theory, illness arises when the cyclical flow of Vital force/Pneuma/ Rooh in the meridians becomes unbalanced or is blocked.

Acupuncture (from Latin, 'acus' (needle) + 'punctura' (to puncture) is a form of alternative medicine and a effective component of traditional Unani, Ayurvedic or Chinese system of medicine involving inserting thin pins or needles into the body at acupuncture points. It can be associated with the application of heat, pressure, or now, laser light to these same points. Acupuncture is most commonly used for pain relief, though it is also used for a wide range of conditions.

Moxibustion: A discussion of the history of acupuncture is incomplete without mentioning moxibustion. Moxibustion or *Elaj bil Hararat* a heat therapy is the burning on the skin of the herb *Artemesia vulgaris* /*Afsantin-e-hindi* /*Titi patti*/Mug wort or 'to scar with a burning object'. It does not now involve scarring, but is still used to provide local heat over points or area. It is made from the dried leaves of *Artemisia vulgaris* /*Afsantin-e-hindi* /*Titi patti*/Mug wort.

The History of Acupuncture and Moxibustion: Acupuncture, or needle puncture, is a European term invented by Willem Ten Rhyne, a Dutch physician who visited Nagasaki in Japan in the early part of the seventeenth century.

Acupuncture has a clearly recorded history of about 2,000 years, but some authorities claim that it has been practiced in China for some 4,000 years. The Indian claims that acupuncture is a part of Traditional Ayurvedic system of medicine which spreaded from ancient India to china and neighboring areas/conutries, later it popularized around the world by the Chinese-Japanese-Koreans. In Ayurvedic old texts it is describe as a "*Suchi Veyed*".

Acupuncture practice in India as a traditional art of healing for seven thousand years. Various instruments made of stone bamboo or metal were used to puncture certain parts or points of the body in order to cure various elements.

Philosophy: Its philosophy is based on Vital force/Life energy /Pneuma/ Rooh or Qi, Yinyangism .

Vital force/Life energy /Pneuma/ Rooh/ Qi: The basic foundation for Oriental medicine is that there is a life or vital energy flowing through the body which is called *Arwah* (Rooh) / Qi. This energy flows through the body on channels known as meridians that connect all of our major organs. According to

traditional medical theory, illness arises when the cyclical flow of vital / life energy in the meridians becomes unbalanced or is blocked.

The energy flows through the body on channels known as meridians that connect all of our major organs are as follows. These meridian or channels also contains acupuncture points too:

| No. | Channels/ Meridians | Abbreviation | No. of Points |
|-----|--|--------------|----------------|
| 01. | . Lung Meridian | LU | 11 Acu. Points |
| 02. | . Large Intestine Meridian | LI | 20 Acu. Points |
| 03. | Stomach Meridian | ST | 45 Acu. Points |
| 04. | Spleen Meridian | SP | 21 Acu. Points |
| 05. | Heart Meridian | HT | 09 Acu. Points |
| 06. | Small Intestine Meridian | SI | 19 Acu. Points |
| 07. | Bladder (Urinary) Meridian | BL | 67 Acu. Points |
| 08. | Kidney Meridian | KI | 27 Acu. Points |
| 09. | . Pericardium Meridian | PC | 09 Acu. Points |
| 10. | Triple Warmer / Energizer / Sanjiao Meridian | TW / TE / SJ | 23 Acu. Points |
| 11. | . Gallbladder Meridian | GB | 44 Acu Points |
| 12. | Liver Meridian | Liv | 14 Acu Points |
| 13. | Governor Vessel / DU mai | GV/ DU | 28 Acu Points |
| 14. | Conception Vessel / REN mai | CV/ Ren mai | 24 Acu. Points |

Yin and yang: Yin and yang are ancient concepts. They represent two abstract¹ and complementary aspects that every phenomenon in the universe can be divided into. Primordial analogies for these aspects are the sun-facing (yang) and the shady (yin) side of a hill. Two other commonly used representational allegories of yin and yang are water and fire.



Yin and yang symbol for balance. In Traditional Chinese Medicine, good health is believed to be achieved by a balance between yin and yang.

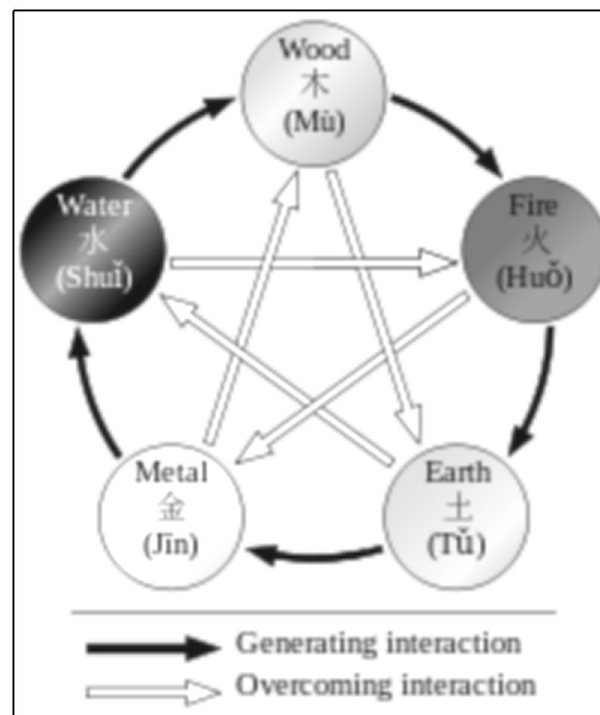
In the yin-yang theory, detailed attributions are made regarding the yin or yang character of things:

| Phenomenon | Yin | Yang |
|------------|-----|------|
|------------|-----|------|

| | | |
|---------------------------|------------|---------|
| Celestial bodies | moon | sun |
| Gender | female | male |
| Location | inside | outside |
| Temperature | cold | hot |
| Direction | downward | upward |
| Degree of humidity | damp/moist | dry |

The concept of yin and yang is also applicable to the human body; for example, the upper part of the body and the back are assigned to yang, while the lower part of the body are believed to have the yin character. Yin and yang characterization also extends to the various body functions, and – more importantly – to disease symptoms (e.g., cold and heat sensations are assumed to be yin and yang symptoms, respectively). Thus, yin and yang of the body are seen as phenomena whose lack (or overabundance) comes with characteristic symptom combinations:

- Yin vacuity (also termed "vacuity-heat"): heat sensations, possible night sweats, insomnia, dry pharynx, dry mouth, dark urine, a red tongue with scant fur, and a "fine" and rapid pulse.
- Yang vacuity ("vacuity-cold"): aversion to cold, cold limbs, bright white complexion, long voidings of clear urine, diarrhea, pale and enlarged tongue, and a slightly weak, slow and fine pulse.



Interactions of Wu Xing

Five Phases theory (Wu Xing): Five Phases, sometimes also translated as the "Five Elements" theory, presumes that all phenomena of the universe and nature can be broken down into five elemental qualities– represented by i) wood ii) fire iii) earth iv) metal and v) water.

The Traditional explanation for how Acupuncture works is that the life or vital energy flowing through the body which is termed Pnuma/ Rooh /Qi can be influenced and balanced by stimulating specific points on the body. These points are located along channels of energy known as meridians that connect all of our major organs. According to ancient medical theory, illness arises when the cyclical flow of life or vital energy in the meridians becomes unbalanced or is blocked.

The idea of harmony and balance are also the basis of yin and yang. The principle that each person is governed by the opposing, but complementary forces of yin and yang. It is believed to affect everything in the universe, including ourselves.

Traditionally, yin is dark, passive, feminine, cold and negative; yang is light, active, male, warm and positive. Another simpler way of looking at yin and yang is that there are two sides to everything - happy and sad, tired and energetic, cold and hot. Yin and yang are the opposites that make the whole. They cannot exist without each other and nothing is ever completely one or the other. There are varying degrees of each within everything and everybody. The symbol, shown earlier, illustrates how they flow into each other with a little yin always within yang and a little yang always within yin. In the world, sun and fire are yang, while earth and water are yin. Life is possible only because of the interplay between these forces. All of these forces are required for the life to exist. See the table below to understand the relationship between yin and yang.

Yin Forces/Aspects Yang Forces/Aspects

| | |
|------------------|------------------|
| Dark | Light |
| Moon | Sun |
| Water | Fire |
| Passive | Active |
| Descending | Ascending |
| Female | Male |
| Contracting | Expanding |
| Cold | Hot |
| Winter | Summer |
| Interior | Exterior |
| Heavy | Light |
| Bone | Skin |
| Front | Back |
| Interior of Body | Exterior of body |

The yin and yang is like a candle. Yin represents the wax in the candle. The flame represents the yang. Yin (wax) nourishes and supports the yang (flame). Flame needs the wax for its existence. Yang consumes yin and, in the process, burns brightly. When the wax (yin) is gone, the flame is gone too. Yang is also gone at that time. So, one can see how yin and yang depend on each other for their existence. You cannot have one without the other.

The body, mind and emotions are all subject to the influences of yin and yang. When the two opposing forces are in balance we feel good, but if one force dominates the other, it brings about an imbalance that can result in ill health.

One can compare the concept of yin and yang to the corresponding principle of Tridoshas in Ayurveda and Four Humeral Theory, Akhlat in Unani medicine. The Unani medicine proposes that every person has four Humer/Akhlat (body fluids) and the Arwah (vital force), the Quwa (power) and the Afyaal (Functions). On the other hand according to Ayurveda vata, pitta and kapha. When these are balanced, there is the state of perfect health. When there are imbalances then there is disease.

One of the main aims of the acupuncturist is to maintain a balance of yin and yang within the whole person to prevent illness occurring and to restore existing health. Acupuncture is a yang therapy because

it moves from the exterior to the interior. Herbal and nutritional therapies, on the other hand, are yin therapies, as they move from the interior throughout the body. Many of the major organs of the body are classified as yin-yang pairs that exchange healthy and unhealthy influences.

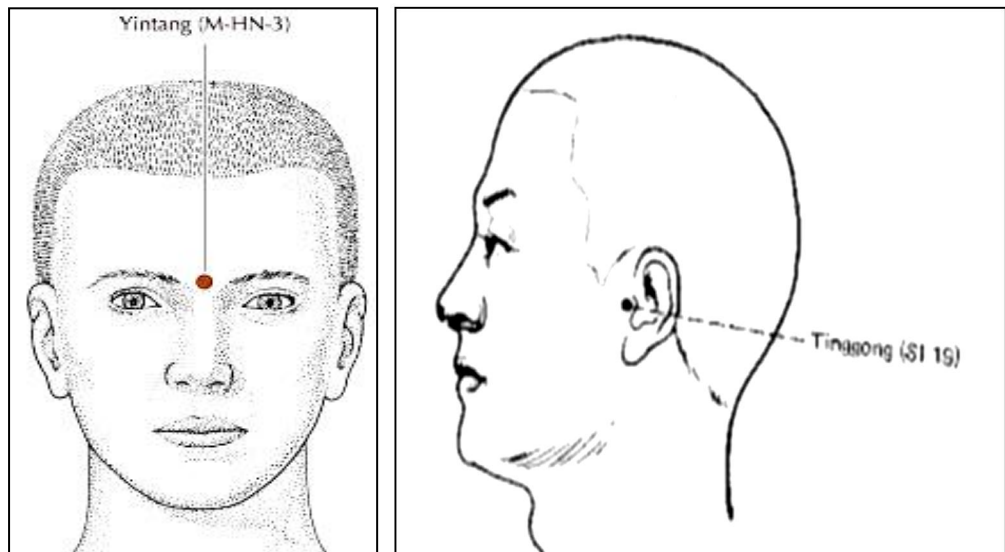
Method of locating Acupoints

Once acupuncture points have been selected, the next step is to locate them on the patient's body surface. Two systems of measurement make use for this purpose: a body system based on the distance between two selected anatomical landmarks, and a digital system based on the patient's own finger measurements. The basic units used are in the tsun and fen.

Anatomical landmarks: Anatomical landmarks include fixed landmarks and moving landmarks.

Fixed anatomical landmarks: Fixed anatomical landmarks are those that would not change with body movement and visible or palpable on the body surface. They include the five sensory organs, hair, nails, nipple, umbilicus, and prominence and depression of the bones as well as texture of the muscles. With the aid of these landmarks, acupoints can be located directly. Examples are Suliao (DU/GV 25) on the tip of the nose, Yuyao (EX-HN4) on the central point of the eyebrows and Shenque (Ren/CV 8) on the umbilicus, in between eyebrows the Yintang (Ex. 1) is situated, as some points lies at the front of ear hole like Tinggong (SI-19).

Moving anatomical landmarks: Moving landmarks refer to those that will appear only when a part of the body keeps in a specific position. Such anatomical landmarks can be used to locate some acupoints. For instance, the prominence on the masseter in chewing is Jiache (ST 6).



Useful Anatomical Landmarks: When the head is bent forward and the neck is flexed, the most prominent spinal protrusion is the seventh cervical vertebra.

The inferior angle of the scapulae is at the level of the seventh thoracic vertebra.

A line drawn horizontally to join the highest points of each iliac crest bisects the intervertebral space between the fourth and fifth lumbar vertebra.

When the patient is in an upright position, with both arms vertical and held close to the body, the tips of the middle fingers just touch the point Fengshi (GB 31) on the lateral aspects of the thigh (bilaterally).

When the index fingers and thumbs of both hands are clasped together, the point Lieh Chueh (Lu 7) is found in the bony depression near the tip of the index finger on its dorsal aspect.

Accurate location of acupoints is prerequisite to the treatment of disease with acupuncture and moxibustion therapy. The methods commonly used to locate acupoints are bone-length measurement, anatomical landmarks, finger measurement, simple location and searching acupoints.

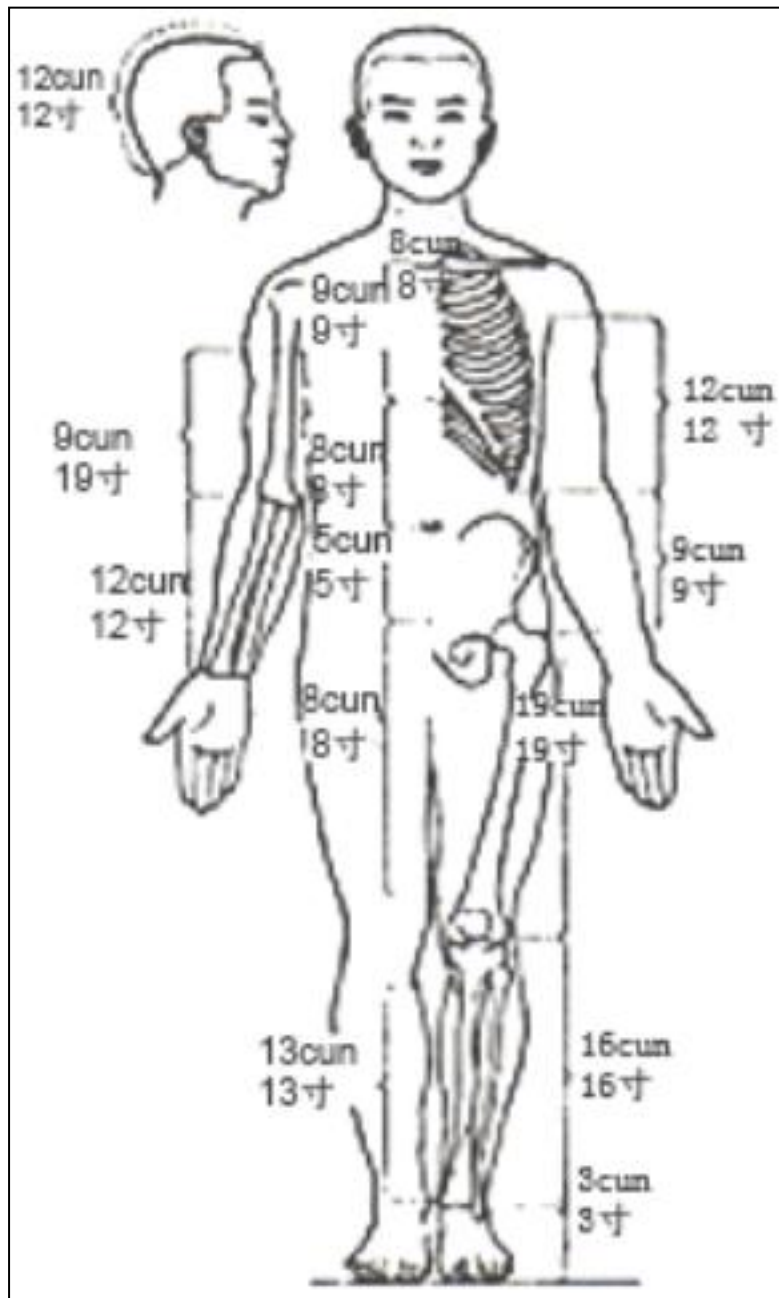


Fig. Illustration of commonly-used bone-length measurement

Since the acupoints on the chest and side of the chest are mainly located in the costal interstices or parallel to the costal interstices, the costal interstices are used as signifiers to locate these acupoints.

Body Measurements (Proportional Measurements): The following are some of the most commonly used anatomical relationships and their measurements in tsun.

Middle point of the eyebrow to the hair margin – 3 tsun

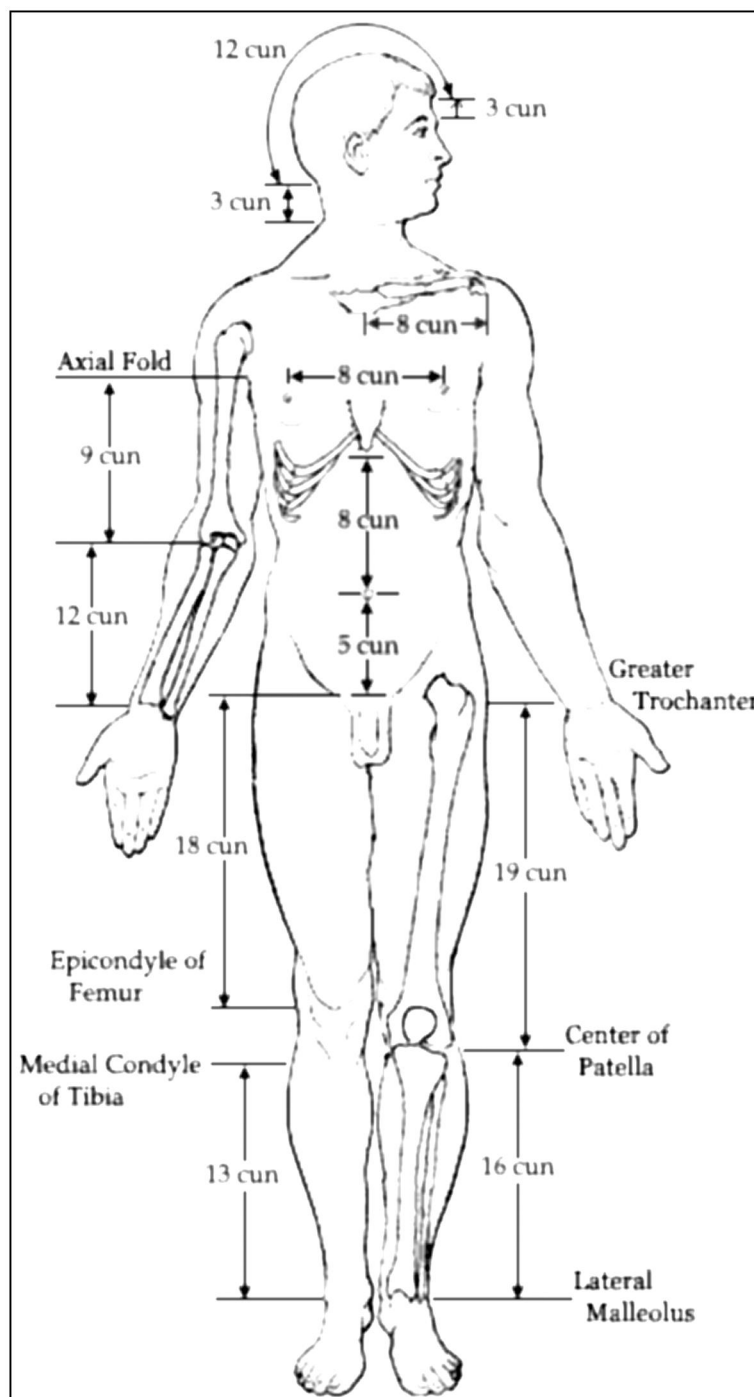
Anterior hair margin to the posterior hair margin – 12 tsun

Posterior hair margin to the seventh cervical vertebra – 3 tsun

Anterior hair margin to the mandible – 10 tsun

Distance between the mastoid processes behind both ears – 9 tsun

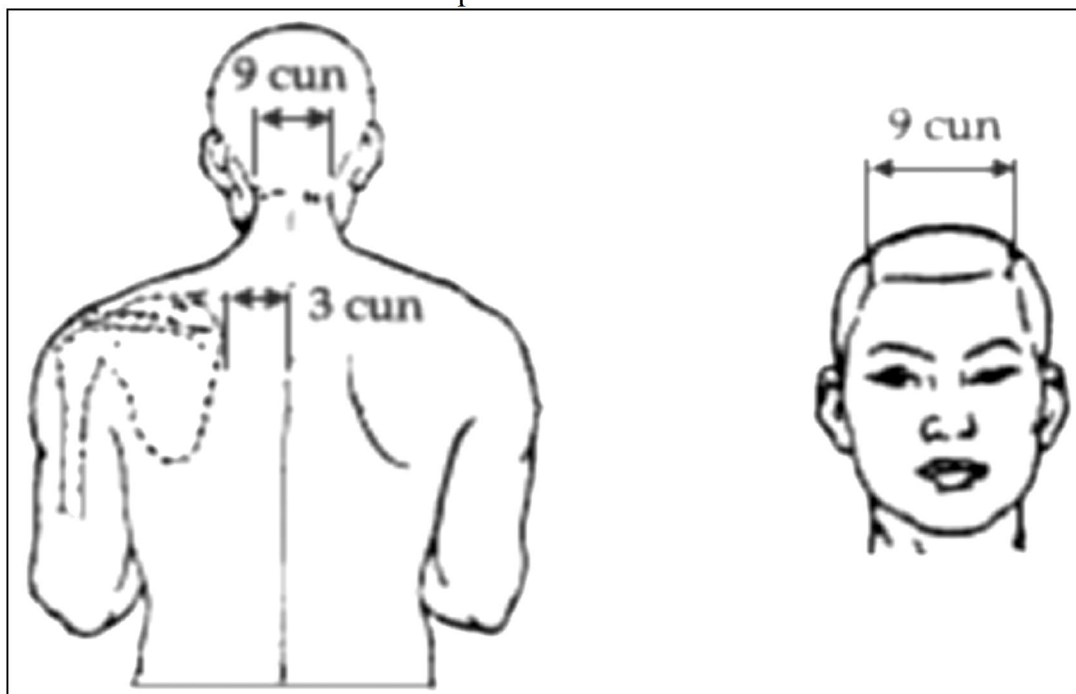
Distance between the nipples in men or the midclavicular lines bilaterally in women – 8 tsun
 Suprasternal notch (angle of Louis), Tien Tu, to the lower border of the body of the sternum – 3 tsun



Lower border of the body of the sternum to the umbilicus – 8 tsun
 Umbilicus to the upper margin of the symphysis pubis – 5 tsun
 Anterior axillary fold to the transverse fold of the elbow – 9 tsun
 Transverse fold of the elbow to the transverse fold of the wrist – 12 tsun
 Greater trochanter to the lateral condyle of the femur – 19 tsun
 Lateral condyle of the femur to the lateral malleolus – 16 tsun
 Medial condyle to the tip of the medial malleolus – 13 tsun

Superior margin of the symphysis pubis to the medial condyle of the femur – 18 tsun

Distance between the inner borders of the scapulae when the arms are crossed over the chest – 6 tsun



Location of points by patient's posture /Simple location: Simple location was developed by the ancient doctors according to their clinical experience. For example, the crossing point of the vertical line from the both ear tips and the middle line from the front and back of the head is Baihui (GV /DU 20) ; when the thumb webs are crossed, Lieque (LU7) can be located; the point that the middle finger touches when the hand is put down naturally is Fengshi (GB 31). On the other hand, in these methods, the patient is asked to assume certain postures which will help to identify the point. Some examples are:

- i. The point Hegu (LI-4), may be located at the highest point of the muscle of the back of the hand when the thumb and index finger are put together.
- ii. The point Quchi (LI-11), is located at the lateral end of the elbow crease when the elbow is semi flexed.
- iii. The point Fengshi (GB-31), can be located by asking the patient to stand and hold his arms at full stretch down the side of his thighs; the point will be found on his thigh at the tip of his middle finger.

Locating Points by Searching Methods: Searching acupoints means that the doctor presses around the acupoint to decide its exact location. The acupoints are usually located in the bone spaces, muscular interstices and depression, pressing around is helpful for finding such spaces and interstices. Acupoints usually reflect pathological changes. Under pathological conditions, searching such tenderness points for needling is often satisfactorily effective.

Searching acupoints is the method used to find the exact location of acupoints after the application of other methods. For example, Lanwei (EX-LE7) is the tenderness point 2 cun below Zusanli (ST 36) for appendicitis and Dannang (EX-LE 6) is the tenderness point 1 - 2 cun directly below Yanglingquan (GB 34) for gallbladder disorders.

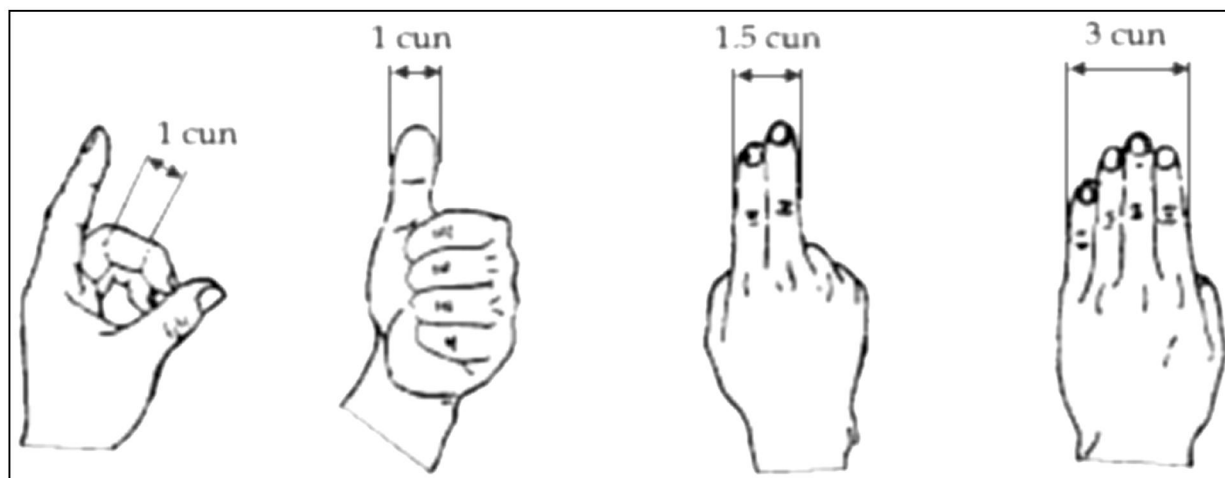
Digital Measurements:

The digital system makes use of the patient's own finger measurements and is the one most commonly used by acupuncturists because it is specific for each patient.

Finger or digital measurement means to take the length and width of the patient's finger(s) as a standard

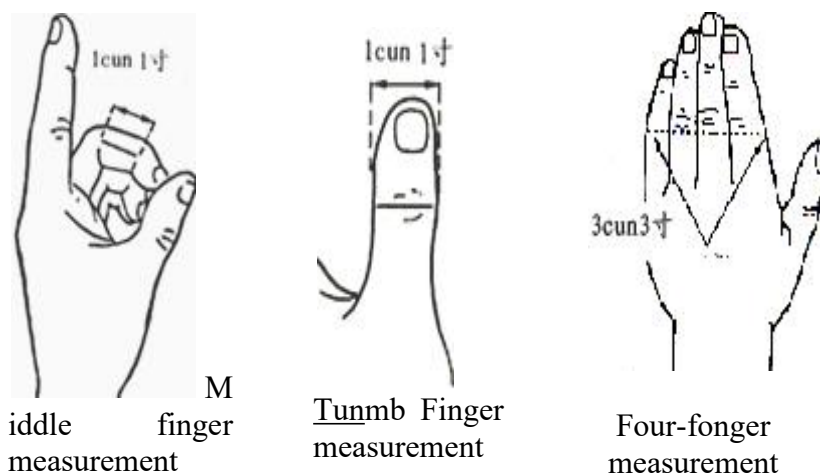
for locating acupoints because the fingers and the other parts of the body are in proportion. The following three methods are commonly used in clinical treatment.

Again, the basic measurement is the tsun, considered, in this system, to be the distance between the two interphalangeal folds of the middle finger when flexed. The width of the thumb is also equal to 1 tsun. The sum of the width of the index and middle fingers equals 1.5 tsun, and the sum of the width of all four fingers, excluding the thumb, equals 3 tsun.



The following three methods are commonly used in clinical treatment.

Middle finger measurement: When the patient's middle finger is flexed, the distance between the two medial ends of the creases of the interphalangeal joints is taken as one cun, this method is used to measure the vertical distance to locate acupoints on the limbs and to measure the horizontal distance to locate the acupoints on the back.



Thumb measurement: The width of the interphalangeal joint of the patient's thumb is taken as one cun. This method is used for measuring the vertical distance to locate the acupoints on the limbs.

Four-finger measurement: The width of the four fingers (index, middle, ring and little fingers) close

together at the level of the dorsal skin crease of the proximal interphalangeal joint of the middle finger is taken as three cun.

The needles / pins, Methods of insertion. Its Direction, Manipulation, Depth and Retaining:

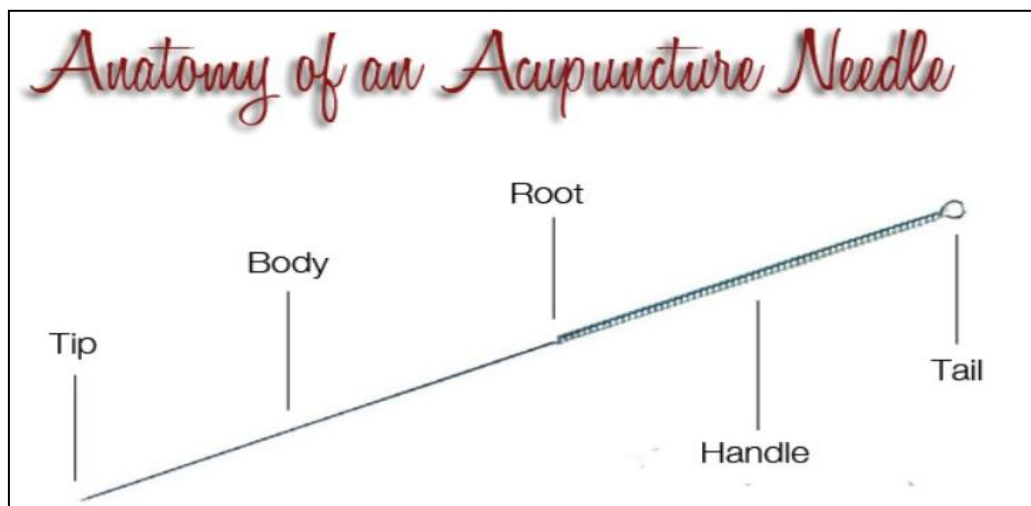
Types of needle:

- 1) Filiform needle-most commonly used .
- 2) Three edged needle –this type is used in the purpose of letting out of blood by pricking .this type of therapy is commonly indicated in emergency cases like shock, convulsion and many other conditions like pyrexia etc.
- 3) Seven star or plum-blossom needle (hammer), five or seven fine pins/needles are fixed to one end of a long stick. This type of fine pins/ needle is used for tapping areas of the body or point along the channel using elastic force of wrist.
- 4) Intradermal / Press needle –this type of needle has a similarity with fine ear-ring and is commonly used in the very superficial points especially in ear and where the asthmaticus, intractable pain etc.

Length of Filiform needle:

There are various length in this type of needle like ½ inch, 1 inch, 1.5 inch, 2 inch, 3 inch, 4 inch, 5 inch; (B.N. length of the needle means the distance from the root ,i.e. junction of body and handle of the needle to the tip of the needle).

Parts of the filiform needle: a) Head b) Handle c) Neck d) Shaft / Body e) Tip



Three Edge Bleeding Needle



Method of inserting the needles:

A). **introduction:** the basic principles of pricking are as follows:

- I. Needle should be gripped with the pulp of right index and thumb near their nail margin .
- II. Needle should be gripped by its body 1/2 “ to ¾ above its tip.
- III. While griping, the line of the fingers and body of the needles should not be in the same axis.
Nearly 75 degree to 90 degree angle should exist between these two axes.

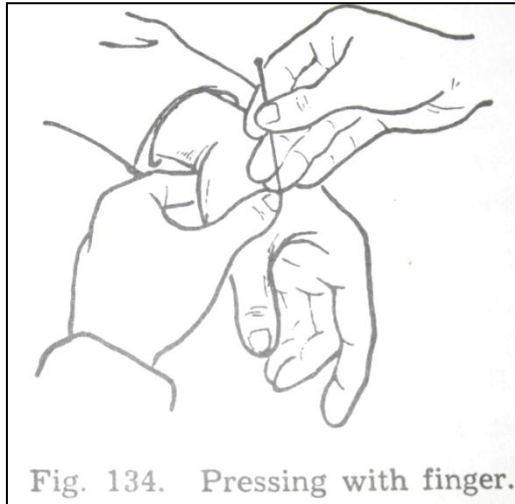
Except these two fingers all others fingers, wrist and elbow joint must be relaxed. After firm gripping the needle should be inserted with rapid and sharp stroke by the jerky movement of wrist (just like percussion movement)

N.B: while using the needle fingers should be dry (to avoid slipping).

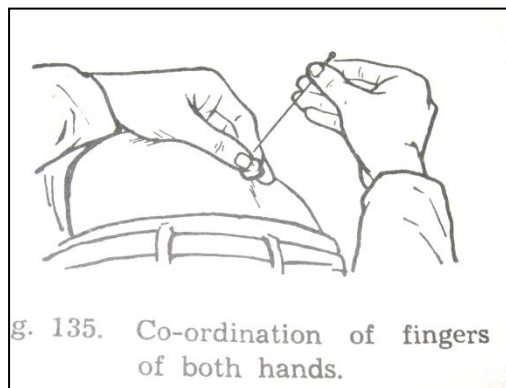
The point of insertion should never be guarded.

b. Different methods of insertion:

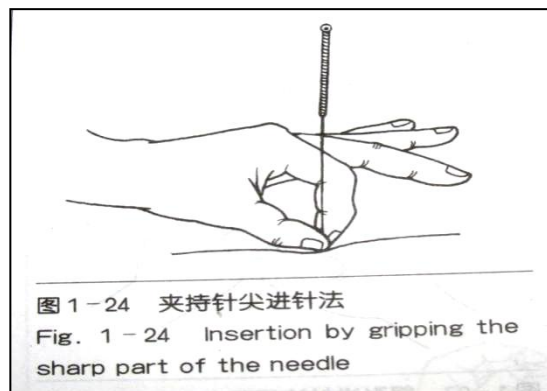
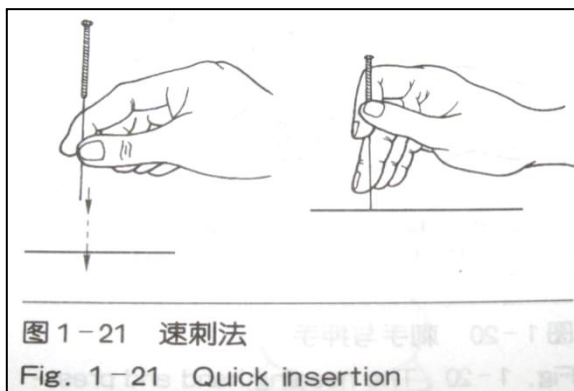
- i. ***Method of inserting needle aided by pressure with finger:*** Press the point with nail margin of left thumb and hold needle with right hand just by the side of the nail margin. This method is useful in over sensitive and nervous patients as it draws his/her attention elsewhere. It is applicable up to 1.5 “needle.



- ii. ***Method of inserting long needle:*** hold the body of the needle with the tip of left thumb and index and handle with tip of right index and thumb. Needle is inserted by dual force. After puncturing the body of the needle at point of entrance is gripped by left index and thumb while the needle manipulated with fingers of right hand holding its handle. this method is suitable for needles over 3” needle.

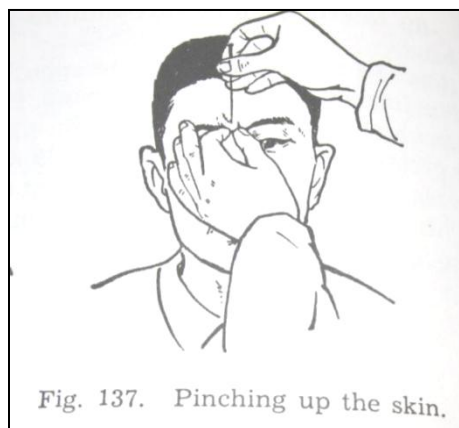


- iii. ***Method of rapid insertion:*** hold the body of the needle by tip of right index and thumb and fix its tip accurately, to the point. With a jorky movement of the wrist, insert it by a rapid and sharp stroke.

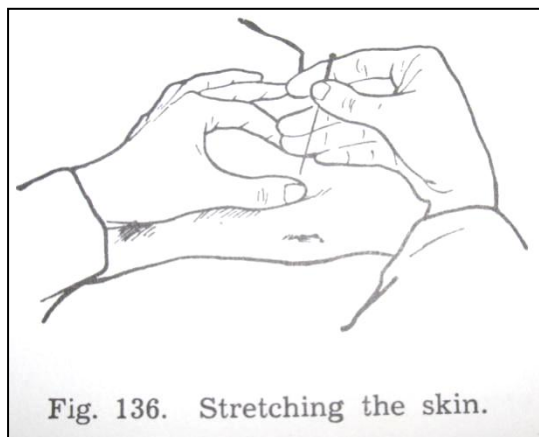


N.B. There is no need of using left hand. This method is applicable both for short and long needles.

iv. Method of inserting by pinching up the skin: pinching the skin around the point with thumb and index of left hand and then rapidly insert the needle into the point with right hand. this method is suitable for locations where subcutaneous tissue and muscles are very thin .e.g. in forehead over the sternum.

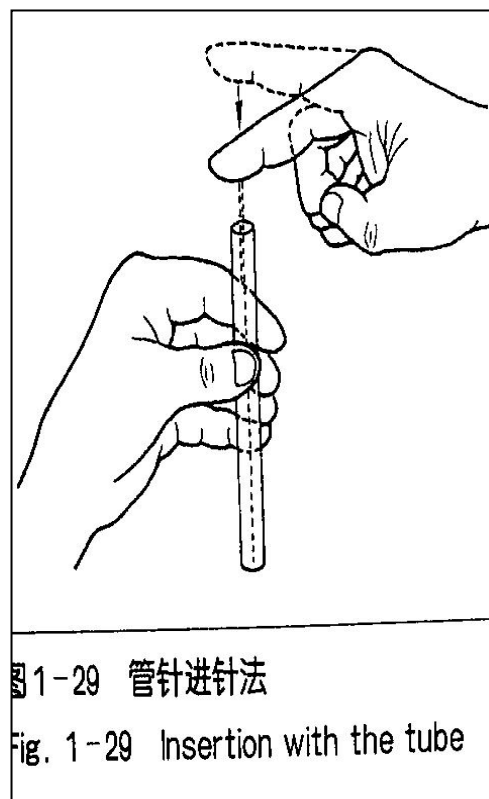
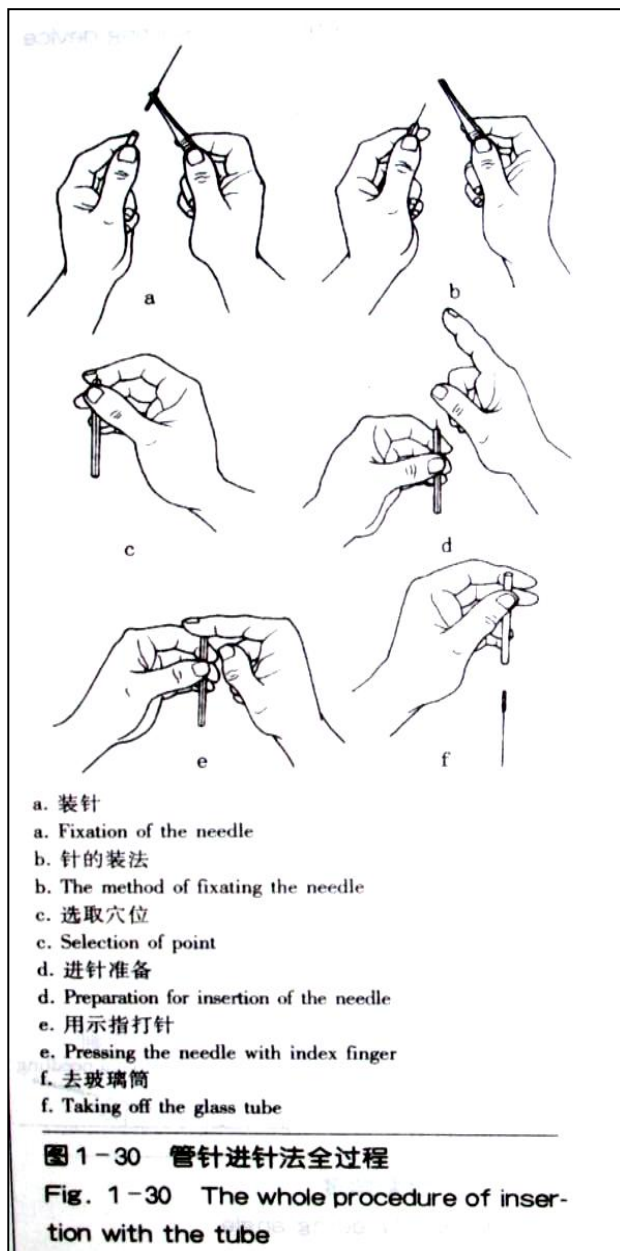


iv. Method of insertion by stretching the skin: Stretch the skin around the point with left index and thumb and insert the needle with right hand . this method indicated for locations where the skin is loose with creases and folds e.g. on the abdomen of multipara.



All methods mentioned above are practiced in early days, except few techniques, required in some specific insertions/punctures. All though the techniques need extensive practice for accurate performance. After discover of Guide tube method these techniques loose its application, except few experienced Acupuncture doctors applying in some specific cases.

v. **Method of insertion by tube:**

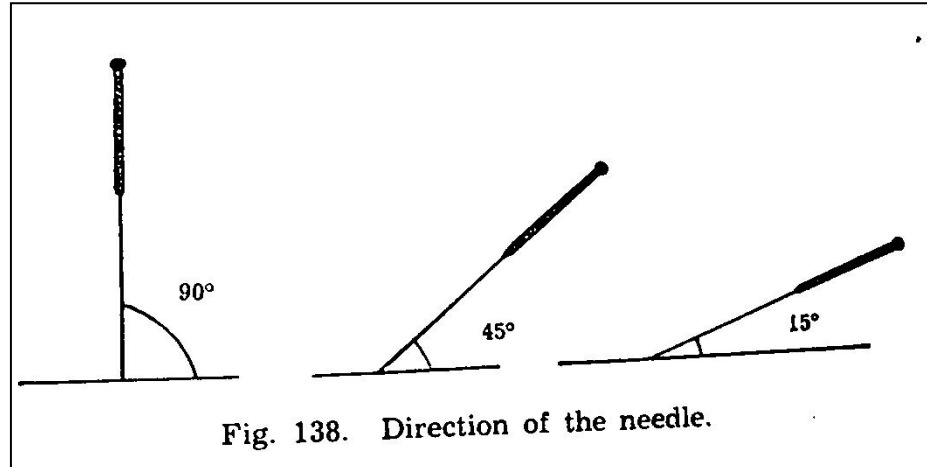


Direction of needle:

Introduction: direction of needle means the relationship between the axis of needle and the plane of skin surface through which the needle is punctured.

There are three broad classifications:

- a) Perpendicular
- b) Oblique
- c) Horizontal



- a) **Perpendicular:** this method is used where the muscle are thick and where deep puncture is indicated .
- b) **Oblique (30°-60°):** commonly used in 1) points of upper back region 2) Chest 3) Points closed to the viscera 4) In the special area e.g. in case of point lieque(Lu. 7).
- c) **Horizontal (10°-20°):** this method is indicated in-
 - 1) Points of face and head and where the muscles are thin
 - 2) For through and through needling upper the skin
 - 3) Points of chest and back where deep puncture is contraindicated.

Manipulation after insertion of needle:

A. The aim of manipulation after insertion is to bring appropriate sensation of acupuncture or DEQI (techi), which means normal reactions of acupuncture.

The sensations are as follow:

- i. Feeling of heaviness ,numbness and tingling
- ii. Feeling of swelling
- iii. Electrical sensation may be felt specially in extremities
- iv. Feeling of soreness.

Sensations differ at different areas depending upon the location of points.

The efficacy of treatment is closely related to acupuncture sensation. Usually, such sensation is felt quickly and is rapidly conducted, the result is likely to be satisfactory; and vice –versa.

A sensation does not apply to those points, which owing to their locations; do not have the conduction phenomenon. Acupuncture sensation depends not only on the constitution of the patient and the extent of his illness, but it is also closely related to the correct manipulation of the acupuncturist.

Important: *in order to chance the results of treatment the acupuncturist should make careful observation of these sensations in clinical practice and must be acquainted with the proper sensation of the different points himself.*

B. Causes of inability of get the proper sensation :

- a) In cold type of patients i.e. those who are less sensation to acupuncture .
- b) In non –cooperative patients.
- c) Faulty technique.

Sensation may be classified in three degrees: a) mild b) moderate and c) strong

C. Method(laws) of manipulation of needle after insertion :

- i. Lifting and thrusting movement of the needle i.e. upward and downward movement.
- ii. Rotating method – the needle is rotated clockwise and anti-clockwise direction (without any up and downward movement)
- iii. Method of lifting thrusting and rotating the needle – this method is the combination of 1&2.

N.B. Generally method no. 3 is used. After inserting the needle , these manipulations are done till the proper sensations of acupuncture are obtained.

Strengthening the acupuncture sensations:

- a) Vibrating the needle when the acupuncture sensations have been obtained (if indicated) slightly lifting thrusting and rotation movement.
- b) The needles are attached with electro-stimulator.

Depth of insertion:

There is no absolute standard. it varies according to location of the points on the various body situation and also depends on the needling sensation experienced by the patients/physicians.

Following are some of the general rules –

- a. Points on the four extremities -deep insertion : up to 2”.
- b. Lumbo-sacral and a abdominal regions – generally a depth of 1”-2” can be reached but in upper abdomen, the deep puncture is not indicated .
- c. Thoracic and back regions – here muscles are thin and there are underlying internal organs, so puncture upto a depth of 1”-1.5” in a oblique or horizontal manner .
- d. Head and facial regions – only superficial puncture is indicated in an oblique and horizontal manner.

Points to note:

- i. An overall knowledge about the anatomy and location of the underling structures is necessary
- ii. Observations on patient’s general build.
- iii. Above all , the depth of insertion should be such as to obtain good therapeutic result without any adverse effect and the needle should not be inserted upto its root.

Retaining of needle:

After inserting, the needle is manipulated so as to get the proper sensation and according to necessity the sensation is strengthened. The needle is retained for some time. There are two methods.

- i. In acute cases needle is retained for at last 30 minutes to few hours with intermittent stimulation at 5-10 minutes interval or if required, attaching with electro-stimulator.
- ii. In chronic cases, needle is retained for 15 minutes in general.

Dangerous or vulnerable Acupuncture points.

Safety is an important area of both public and medical concern. Following the vigorous growth of acupuncture around the globe, more attention has been paid to recent reviews of adverse events. It does not mean acupuncture is dangerous or useless.

However, there are some acupuncture points which are difficult and potentially dangerous to needle if one does not have a good technique. In the past, textbooks had no special chapter listing such points. Knowledge of anatomy and pathology is essential. Good technique includes the exact angle and accurate depth of insertion. This can avoid many accidents.

From the anatomical viewpoint

In general a dangerous acupoint means that it is near important organs, nerves or arteries.

The head and face area:

* Jingming BL-1 is near the ophthalmic and angular arteries and veins. With the eye closed the patient is asked to look laterally away from the side being needled, the eyeball is gently rolled aside and held with one hand and the needle inserted 0.3-0.5 cun perpendicularly along the orbital wall. No manipulation is performed.

* Chengqi ST-1 has branches of the infra-orbital and ophthalmic arteries and veins. Insertion is perpendicular, 0.3-0.5 cun along the infra-orbital ridge, and before insertion the patient is asked to look upwards and the eyeball is gently pressed upwards with a finger of the practitioner's other hand. The extra point Qiuhou (M-HN-8) is often used in preference. No manipulation is performed.

* Tinghui GB-2, Ermen SJ-21 and Tinggong SI-19 are near the auricular branches of the superficial temporal artery and vein. Palpate to feel the pulse so that it may be avoided, and needle to a depth of 0.3-0.5 cun.

* Some acupoints are near the medulla oblongata, e.g. Fengchi GB-20, Fengfu DU-16 and Yamen DU-15. At Fengchi GB-20 insertion should be perpendicularly 0.5-1.0 cun towards the tip of the nose. For the other two potentially dangerous points, insertion is perpendicular to the same depth. Deeper insertion could cause loss of consciousness and the needle, if angled towards one side, may injure the vertebral.

Take appropriate caution concerning the following list of forbidden acupoints. Disobeying the rules can be quite costly.

Point –Stimulation

LU 11 Moxa

LU 10 Moxa

LI 4 Needle during pregnancy

LI 15 Moxa

LI 19 Moxa

LI 20 Moxa

ST1 Needle

ST 2 Needle

ST 7 Moxa

ST 8 Moxa

ST 9 Needle (deep)

ST 17 Needle, moxa

ST 25 Needle during pregnancy

Point --Stimulation

TH 7 Needle

TH 8 Needle

TH 16 Needle

TH 19 Bleeding

TH 23 Moxa

GB 1 Moxa

GB 3 Needle (deep)

GB 4 Needle (deep)

GB 5 Needle (deep)

GB 15 Moxa (potential blindness)

GB 18 Needle

GB 21 Needle heart problems or in pregnancy

GB 22 Moxa

| | |
|---|--|
| ST 32 Moxa | GB 33 Moxa |
| SP 2 Moxa during and shortly after pregnancy | GB 42 Moxa |
| SP 6 Pregnancy | LIV 12 Needle |
| SP 7 Moxa | CV 4 Needle or moxa during pregnancy |
| HT 1 Needle | CV 5 Needle or moxa in female patient |
| HT 2 Needle | CV 8 Needle |
| SI 10 Moxa | CV 11 Moxa during pregnancy |
| SI 11 Needle | CV 14 Needle (deep) |
| SI 18 Moxa | CV 15 Needle |
| BL 1 Moxa | CV 17 Needle |
| BL 2 Moxa | GV 4 Moxa in young males |
| BL 6 Needle | GV 6 Moxa |
| BL 49 Needle | GV 11 Needle |
| BL 51 Moxa | GV 15 Needle (deep) |
| BL 54 Moxa | GV 16 Moxa |
| BL 56 Needle | GV 17 Needle or moxa |
| BL 60 Needle during pregnancy | GV 23 Moxa |
| BL 62 Moxa | GV 24 Needle |
| BL 67 Needle during pregnancy | GV 26 Moxa (extreme warning) |
| KI 11 Needle | GV 28 Moxa |
| P(CX)8 Needle two times in same treatment or with nasal polyps | |

Most acupuncture authorities will agree with this list. It is imperative that acupuncturists know and understand the potential risks if these points are stimulated with needle or moxa. Laser and electronic stimulation have been shown to be acceptable substitutes in virtually all cases.

Safety in Medical Acupuncture and Moxibustion:

Prevention of infection, Contraindications, Management of accidents and untoward reactions

In competent hands, acupuncture is generally a safe procedure with few contraindications or complications. Its most commonly used form involves needle penetration of the skin and may be compared to a subcutaneous or intramuscular injection. Nevertheless, there is always a potential risk, however slight, of transmitting infection from one patient to another (e.g. HIV or hepatitis) or of introducing pathogenic organisms. Safety in acupuncture therefore requires constant vigilance in maintaining high standards of cleanliness, sterilization and aseptic technique.

There are, in addition, other risks which may not be foreseen or prevented but for which the acupuncturist must be prepared. These include: broken needles, untoward reactions, pain or discomfort, inadvertent injury to important organs and, of course, certain risks associated with the other forms of therapy⁵ classified under the heading of "acupuncture".

Finally, there are the risks due to inadequate training of the acupuncturist. These include inappropriate selection of patients, errors of technique, and failure to recognize contraindications and complications, or to deal with emergencies when they arise.

1. Prevention of infection

As with any subcutaneous or intramuscular injection, avoidance of infection in acupuncture requires:

- A clean working environment;
- Clean hands of the practitioner;
- Preparation of the needling sites;
- Sterile needles and equipment, and their proper storage;
- Aseptic technique; and
- Careful management and disposal of used needles and swabs.

1.1 Clean working environment

The treatment room should be free from dirt and dust, and should have a special working area, such as a table covered with a sterile towel, on which sterile equipment should be placed. This equipment (including trays of needles, cotton wool balls and sticks, and 70% alcohol) should be covered with a sterile towel until needed for use. Adequate light and ventilation should be provided throughout the treatment rooms.

1.2 Clean hands

Practitioners should always wash their hands before treating a patient. Washing the hands again immediately before the acupuncture procedure is particularly important in preventing infection, and should include thorough lathering with soap, scrubbing the hands and fingernails, rinsing under running water for 15 seconds, and careful drying on a clean paper towel. Many acupuncturists palpate the acupuncture point after the needling site has been prepared. In such cases, their fingertips should again be cleaned with an alcohol swab. The use of sterile surgical gloves, or individual finger stalls, is recommended for the protection of the patient and the practitioner, especially if the latter has cuts or abrasions. Those with infected lesions on the hands should not practice until they are healed.

1.3 Preparation of the needling sites

The needling sites should be clean, free from cuts, wounds or infections. The point to be needled should be swabbed with 70% ethyl or isopropyl alcohol, from the centre to the surrounding area using a rotary scrubbing motion, and the alcohol allowed to dry.

1.4 Sterilization and storage of needles and equipment

Sterilization is required for all needles (filiform, plum-blossom, seven-star, subcutaneous, round-head subcutaneous), cups and other equipment used (storage trays, forceps, guide tubes for needles, cotton wool balls and sticks, etc.). Disposable sterile acupuncture needles and guide tubes are strongly recommended in all instances. However, the use of disposable needles should

not slacken the practitioner's vigilance in adopting aseptic techniques in other aspects of clinical practice. All disposable needles should be discarded immediately after use and placed in a special container. Each sterile filiform needle should be used for puncturing once, and once only. Plum-blossom or seven-star needles may be used repeatedly on one and the same patient, but must be sterilized before being used for another patient, or else disposable plum-blossom heads should be used.

Sterilization procedures should conform to those described in the Appendix. The therapist is responsible for ensuring that these standards are maintained. Immediately after use, reusable needles and other contaminated equipment should be immersed in an effective chemical disinfectant, then soaked in water, with or without detergent and, after careful cleaning, thoroughly rinsed in water before being packaged for resterilization.

The sterilized package should be stored in a safe and clean area, well ventilated and free from excessive humidity, to preclude any possibility of condensation and mould growth. The maximum safe storage time varies with the type of packaging. Needles should be placed in a test tube which should then be plugged with cotton wool, and clearly labelled with an expiry date not more than seven days after the date of sterilization. Improper storage conditions may, however, cause equipment to lose sterility long before the expiry date. The integrity of the package should be inspected before use. Sterile needles stored in needle trays should be resterilized at the end of the day because the trays may become contaminated during use in treatment.

1.5 Aseptic technique

The needle shaft must be maintained in a sterile state prior to insertion. Needles should be manipulated in such a way that the practitioner's fingers do not touch the shaft. If there is difficulty in inserting a long needle, such as that used in puncturing GB 30 huantiao or BL 54 zhibian by just grasping its handle, the shaft should be held in place with a sterile cotton wool ball or swab. The use of disposable sterile surgical gloves or finger stalls makes it easy to manipulate needles without contamination.

On withdrawing a needle, a sterile cotton wool ball should be used to press the skin at the insertion site, thus protecting the patient's broken skin surface from contact with potential pathogens, and the practitioner from exposure to the used needle shaft and the patient's body fluid. All compresses or cotton wool balls contaminated by blood or body fluids must be discarded in a special container for infectious waste.

2. Contraindications

In view of the "regulatory action" of acupuncture, it is difficult to stipulate absolute contraindications for this form of therapy. However, for reasons of safety, it should be avoided in the following conditions.

2.1 Pregnancy

Acupuncture may induce labour and, therefore, should not be performed in pregnancy, unless needed for other therapeutic purposes and then only with great caution. Just the act of needling with a certain mode of manipulation at certain acupuncture points may cause strong uterine contractions and induce abortion. However, this may have a use in pregnancy for the purpose of inducing labour or shortening its duration. Traditionally, acupuncture, and moxibustion are contraindicated for puncture points on the lower abdomen and lumbosacral region during the first trimester. After the third month, points on the upper

abdomen and lumbosacral region, and points which cause strong sensations should be avoided, together with ear acupuncture points that may also induce labour.

2.2 Medical emergencies and surgical conditions

Acupuncture is contraindicated in emergencies. In such cases, first aid should be applied and transport to a medical emergency centre arranged.

Acupuncture should not be used to replace a necessary surgical intervention.

2.3 Malignant tumours

Acupuncture should not be used for the treatment of malignant tumours. In particular, needling at the tumour site should be prohibited. However, acupuncture may be used as a complementary measure, in combination with other treatments, for the relief of pain or other symptoms, to alleviate side-effects of chemotherapy and radiotherapy, and thus to improve the quality of life.

2.4 Bleeding disorders

Needling should be avoided in patients with bleeding and clotting disorders, or who are on anticoagulant therapy or taking drugs with an anticoagulant effect.

3. Accidents and untoward reactions

3.1 Needle quality

Stainless steel is the material of choice for acupuncture needles. Each should be carefully checked before use. If it is bent, the shaft eroded, or the tip hooked or blunt, the needle is defective and should be discarded.

It is recommended that the quality of manufacture of acupuncture needles be controlled by the national health authority.

3.2 Position of patient

The patient should assume a comfortable posture before needling and be requested to remain still and not to change position abruptly during treatment.

3.3 Fainting

During acupuncture treatment, the patient may feel faint. The needling procedure and the sensations it may cause should therefore be carefully explained before starting. For those about to receive acupuncture for the first time, treatment in a lying position with gentle manipulation is preferred. The complexion should be closely watched and the pulse frequently checked to detect any untoward reactions as early as possible. Particular care should be taken when needling points that may cause hypotension, e.g. Liv./LR 3 taichong.

Symptoms of impending faintness include feeling unwell, a sensation of giddiness, movement or swaying of surrounding objects, and weakness. An oppressive feeling in the chest, palpitations, nausea and sometimes vomiting may ensue. The complexion usually turns pale and the pulse is weak. In severe cases, there may be coldness of the extremities, cold sweats, a fall in blood pressure, and loss of consciousness. Such reactions are often due to nervousness, hunger, fatigue, extreme weakness of the patient, an unsuitable position, or too forceful manipulation.

If warning symptoms appear, remove the needles immediately and make the patient lie flat with the head down and the legs raised, as the symptoms are probably due to a transient, insufficient blood supply to the brain. Offer warm sweet drinks. The symptoms usually disappear after a short rest. In severe cases, first aid should be given and, when the patient is medically stable, the most

appropriate of the following treatments may be applied:

- press GV 26 shuigou with the fingernail or puncture GV 26 shuigou, PC 9zhongchong, GV 25 suliao, PC 6 neiguan and ST 36 zusanli; or
- apply moxibustion to GV 20 baihui, CV 6 qihai and CV 4 guanyuan.

The patient will usually respond rapidly to these measures, but if the symptoms persist, emergency medical assistance will be necessary.

3.4 Convulsions

All patients about to receive acupuncture should be asked if they have a history of convulsions. Patients who do have such a history should be carefully observed during treatment. If convulsions do occur, the practitioner should remove all needles and render first aid. If the condition does not stabilize rapidly or if convulsions continue, the patient should be transferred to a medical emergency centre.

3.5 Pain

During needle insertion

Pain during insertion is usually due to clumsy technique, or to blunt, hooked or thick needles. It may also occur in highly sensitive patients. In most patients, skilful and rapid penetration of the needle through the skin is painless. The correct technique and optimum degree of force to use must be learned through practice. A few devices may facilitate smooth and fast penetration, such as the use of needle guide tubes (which hold the needle steady over the point while it is tapped into place), and the "flicking-in" technique (a method of inserting the needle by flicking the upper end of its handle with the middle or index finger of one hand while the handle of the needle is loosely held by the index and middle fingers of the other hand, with the tip of the needle lightly touching the acupuncture point). The "acupuncture sensation" of soreness, tingling and heaviness indicating the arrival of *qi (deqi)* at the point should be distinguished from painful reactions.

After insertion

Pain occurring when the needle is inserted deep into the tissues may be due to hitting pain receptor nerve fibres, in which case, the needle should be lifted until it is just beneath skin and carefully inserted again in another direction.

Pain occurring when the needle is rotated with too wide an amplitude, or is lifted and thrust, is often due to it becoming entwined with fibrous tissue. To relieve the pain, gently rotate the needle back and forth until the fibre is released.

Pain occurring while the needle is in place is usually caused by it curving when the patient moves, and is relieved by resuming the original position.

After withdrawal

This is usually due to unskilled manipulation or excessive stimulation. For mild cases, press the affected area; for severe cases, moxibustion may be applied in addition to pressure.

3.6 Stuck needle

After insertion, one may find it difficult or impossible to rotate, lift and thrust, or even to withdraw the needle. This is due to muscle spasm, rotation of the needle with too wide an amplitude, rotation in only one direction causing muscle fibres to tangle around the shaft, or to movement by the patient.

The patient should be asked to relax. If the cause is excessive rotation in one direction, the condition will be relieved when the needle is rotated in the opposite direction. If the stuck needle is due to muscle

spasm, it should be left in place for a while, then withdrawn by rotating, or massaging around the point, or another needle inserted nearby to divert the patient's attention. If the stuck needle is caused by the patient having changed position, the original posture should be resumed and the needle withdrawn.

3.7 Broken needle

Breaks may arise from poor quality manufacture, erosion between the shaft and the handle, strong muscle spasm or sudden movement of the patient, incorrect withdrawal of a stuck or bent needle, or prolonged use of galvanic current.

If, during insertion, a needle becomes bent, it should be withdrawn and replaced by another. Too much force should not be used when manipulating needles, particularly during lifting and thrusting. The junction between the handle and the shaft is the part that is apt to break. Therefore, in inserting the needle, one-quarter to one-third of the shaft should always be kept above the skin.

If a needle breaks, the patient should be told to keep calm and not to move, so as to prevent the broken part of the needle from going deeper into the tissues. If a part of the broken needle is still above the skin, remove it with forceps. If it is at the same level as the skin, press around the site gently until the broken end is exposed, and then remove it with forceps. If it is completely under the skin, ask the patient to resume his/her previous position and the end of the needle shaft will often be exposed. If this is unsuccessful, surgical intervention will be needed.

3.8 Local infection

Negligence in using strict aseptic techniques may cause local infection, especially in ear acupuncture therapy. When such infection is found, appropriate measures must be taken immediately, or the patient referred for medical treatment.

Needling should be avoided in treating areas of lymphoedema.

3.9 Burning during moxibustion

Burning of the skin should be prevented in indirect moxibustion. Although scarring moxibustion is performed by means of burning the skin so as to result in non-bacterial suppuration, this technique should only be used with the full knowledge and prior consent of the patient. It is a special therapeutic technique only performed at specific points.

Direct moxibustion should not be applied to points on the face, or at sites where tendons or large blood vessels are located. Moxibustion with non-bacterial suppuration near a joint is also inappropriate because the joint movement may make healing difficult. Special care should be taken in patients with reduced levels of consciousness, sensory disturbance, psychotic disorders, purulent dermatitis, or in areas of impaired circulation.

4. Electrical stimulation and laser therapy

Electrical stimulation is potentially harmful. It is contraindicated: in pregnancy; if the patient has a pace-maker; if there is lack of skin sensation; and in cases of impaired circulation, severe arterial disease, undiagnosed fever or severe skin lesions. Careful monitoring of the electrical stimulation is recommended to prevent neural injury. Galvanic current should be used for only a very short period of time.

Low energy laser therapy may harm the eyes and both patient and operator should wear protective glasses.

5. Injury to important organs

If administered correctly, acupuncture should not injure any organ. However, if injury does occur, it may be serious.

There are a great many acupuncture points, some which carry little or no risk and others where the potential of serious injury always exists, particularly in unskilled or inexperienced hands.

As training programmes in acupuncture are intended for different levels of personnel, it follows that they should be adapted to the knowledge, abilities and experience of those concerned. At elementary levels, the selection of acupuncture points should be limited. At professional levels, the range can be expanded but, even so, the use of certain points and manipulations should still be restricted to those with great experience.

The following passages present examples of points which carry particular potential risk. As in all forms of treatment, it is important to measure risk against expected benefit.

5.1 Areas not to be punctured

Certain areas should not be punctured, for example: the fontanelle in babies, the external genitalia, nipples, the umbilicus and the eyeball.

5.2 Precautions to be taken

Special care should be taken in needling points in proximity to vital organs or sensitive areas. Because of the characteristics of the needles used, the particular sites for needling, the depth of needle insertion, the manipulation techniques used, and the stimulation given, accidents may occur during treatment. In most instances they can be avoided if adequate precautions are taken. If they do occur, the acupuncturist should know how to manage them effectively and avoid any additional harm. Accidental injury to an important organ requires urgent medical or surgical help.

Chest, back and abdomen

Points on the chest, back and abdomen should be needled cautiously, preferably obliquely or horizontally, so as to avoid injury to vital organs. Attention should be paid to the direction and depth of insertion of needles.

Lung and pleura

Injury to the lung and pleura caused by too deep insertion of a needle into points on the chest, back or supraclavicular fossa may cause traumatic pneumothorax. Cough, chest pain and dyspnoea are the usual symptoms and occur abruptly during the manipulation, especially if there is severe laceration of the lung by the needle. Alternatively, symptoms may develop gradually over several hours after the acupuncture treatment.

Liver, spleen and kidney

Puncture of the liver or spleen may cause a tear with bleeding, local pain and tenderness, and rigidity of the abdominal muscles. Puncturing the kidney may cause pain in the lumbar region and haematuria. If the damage is minor the bleeding will stop spontaneously but, if the bleeding is serious, shock may follow with a drop of blood pressure.

Central nervous system

Inappropriate manipulation at points between or beside the upper cervical vertebrae, such as GV 15 yamen and GV 16 fengfu may puncture the medulla oblongata, causing headache, nausea, vomiting, sudden slowing of respiration and disorientation, followed by convulsions, paralysis or coma. Between other vertebrae above the first lumbar, too deep needling may puncture the spinal cord, causing lightning pain felt in the extremities or on the trunk below the level of puncture.

Other points

Other points which are potentially dangerous and which therefore require special skill and experience in their use include:

- BL 1 jingming and ST 1 chengqi, located close to the eyeball;
- CV 22 tiantu, in front of the trachea;
- ST 9 renying, near the carotid artery;
- SP 11 jimen and SP 12 chongmen, near the femoral artery; and
- LU 9 taiyuan on the radial artery.

Circulatory system

Care should be taken in needling areas of poor circulation (e.g. varicose veins) where there is a risk of infection, and to avoid accidental puncture of arteries (sometimes aberrant) which may cause bleeding, haematoma, arterial spasm or more serious complications when pathological change is present (e.g. aneurysm, atherosclerosis). Generally, bleeding due to puncture of a superficial blood vessel may be stopped by direct pressure.

6. Patient records

Patient records should contain full details of the medical history, clinical findings, diagnostic data, treatment plan and the response to treatment. They should be regarded as confidential.

1. Sterilization of acupuncture needles and equipment

Sterilization is defined as the destruction of all microbes, including bacterial spores (*Bacillus subtilis*, *Clostridium tetani*, etc.). High-level disinfection is defined as the destruction of all microbes, but spores may survive if initially present in large numbers.

2. Methods of sterilization

Steam sterilization is the most widely used method for acupuncture needles and other instruments made of metal. It is nontoxic, inexpensive, sporicidal and rapid if used in accordance with the manufacturer's instructions (e.g. time, temperature, pressure, wraps, load size and load placement). Steam sterilization is only fully effective when free from air, ideally at 100% saturated steam.

Pressure itself has no influence on sterilization, but serves as a means of obtaining the high temperatures required.

Dry heat can also be used for sterilizing needles and particularly for sterilizing materials that might be damaged by moist heat, but it may cause the needle to become brittle. It requires higher temperatures and longer sterilization times.

Recommended sterilizing temperatures and times for steam under pressure, and for dry heat, are shown in the table below.

| Recommended methods of sterilization | |
|--|------------|
| * Steam under pressure (e.g. autoclave, pressure cooker) Required pressure: \Rightarrow 15 pounds per square inch (101 kilopascals) | |
| Temperature | Time |
| 115°C | 30 minutes |
| 121°C | 15 minutes |
| 126°C | 10 minutes |
| 134°C | 3 minutes |
| * Dry heat (e.g. electric oven) | |

| Temperature | Time |
|-------------|-------------|
| 160°C | 120 minutes |
| 170°C | 60 minutes |
| 180°C | 30 minutes |

(Source: WHO - GPA/TCO/HCS/95/16 p.15.)

Instruments made of rubber or plastic which are unable to stand the high temperature of an autoclave can be sterilized chemically, at appropriate concentrations and ensuring adequate immersion times (e.g. 6% stabilized hydrogen peroxide for six hours).

For cupping, it is recommended that glass rather than rubber or plastic cups should be used since glass can withstand the higher temperatures required for sterilization.

It should be noted that boiling needles in water is not sufficient for sterilization, nor is soaking in alcohol, since these methods do not destroy resistant bacterial spores or certain viruses.

3. Disinfection

A high level of disinfection is achieved when instruments are boiled for 20 minutes. This is the simplest and most reliable method of inactivating most pathogenic microbes, including HIV, when sterilization equipment is not available. Boiling should be used only when sterilization by steam or dry heat is not available. Hepatitis B virus is inactivated by boiling for several minutes; HIV, which is very sensitive to heat, is also inactivated by boiling for several minutes. However, in order to be sure, boiling should be continued for 20 minutes.

Chemical disinfection is used for heat-sensitive equipment that may be damaged by high temperatures. Most disinfectants are effective against a limited range of microorganisms only and vary in the rate at which they destroy microorganisms. Items must be dismantled and fully immersed in the disinfectant. Care must be taken to rinse disinfected items with clean water so that they do not become recontaminated. Chemical disinfectants are unstable and chemical breakdown can occur. They may also be corrosive and irritating to skin. Protective clothing may be required. Chemical disinfection is not as reliable as boiling or sterilization. The agents include:

- chlorine-based agents, e.g., bleach
- aqueous solution of 2% glutaraldehyde
- 70% ethyl or isopropyl alcohol.

(Source: WHO - GPA/TCO/HSC/95/16 p.16 and WHO AIDS Series 2, 2nd edition, p.3, 1989.)

4. Maintenance

All sterilizers should be checked periodically. The sterilizer should be loaded in accordance with the manufacturer's instructions, with enough air space between packages to permit the proper circulation and penetration of steam or hot air. The effectiveness of sterilization should be regularly checked with biological indicators, autoclave control indicators or such other tests as may be devised to ensure that the contents of the load have been subjected to sterilization conditions.

Use of a new pattern of sterilizing box to contain needles is *recommended*. The box is made of a special kind of metal sensitive to heat, with air holes that open automatically under high temperature, and close when the temperature falls below 75°C.

On the other hand to get updated information the “WHO benchmarks for the practice of acupuncture”, World Health Organization 2020 is also to be follow.

MERIDIANS OR CHANNELS

Acupuncture Meridians List

These travel up and down the body connecting the 'yang' head and hands to the 'yin' torso and feet.

- Conception Vessel
- Governing Channel
- Lung
- Large Intestine
- Stomach
- Spleen
- Heart
- Small Intestine
- Bladder
- Kidney
- Pericardium
- Three Heater
- Gall Bladder
- Liver

However, there are other subsidiary – though still important – channels:

- Luo-connecting channels
- Divergent channels: one for each prime channel
- Sinew channels, also known as Tendino-Muscular channels: one for each prime channel
- Eight Extra channels, also known as the Extraordinary vessels:

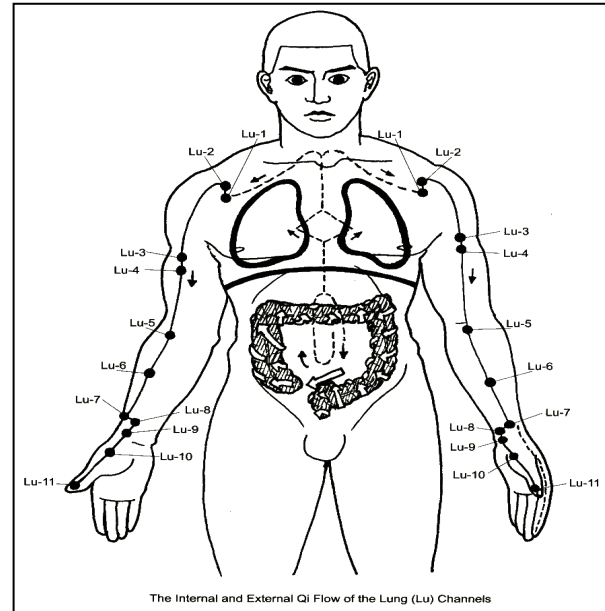
LUNG CHANNEL / MERIDIAN

Description of very important and commonly used points from the channel of:

01. Lung Channel: = total points 11. To be discuss
LU-5 & LU-9 = 2 points

Pathway of Lung Meridian: The Lung meridian begins internally, in the stomach. This internal pathway connects with the large intestine, stomach, lungs and the throat. The external Lung meridian pathway that we can contact begins on the upper chest, at the first Lung meridian point, Lung 1 (LU 1).

As we can see in the image, the Lung meridian travels from the upper chest, along the thumb side of the front (anterior) arm, all the way to the thumb. The last point on the Lung meridian is LU 11, found at the nail bed on the thumb.



LU5 (Chize):

Location: on the elbow crease, just lateral to the tendon of muscle biceps brachii (the forearm is to be kept semiflexed and supine).

Needle: 1.5", **Insertion:** $\frac{3}{4}$ to 1",

Direction/Method: Puncture perpendicularly 0.5-1 inch.

Sensation: along the flexor (ventral) aspect of forearm up to wrist, may extend over the palm to the index and middle fingers.

Indication: a). **Local:** i) pain and weakness of the muscles of the ventral aspect of the arm and forearm. ii) elbow pain. b). **Distal:** i) bronchitis ii) bronchial asthma, ii) hemoptysis (due to lung). iv fullness of chest v) sore throat.

Regional anatomy:

Vasculature: The branches of the radial recurrent artery and vein, the cephalic vein.

Innervation: The lateral antebrachial cutaneous nerve and the radial nerve.

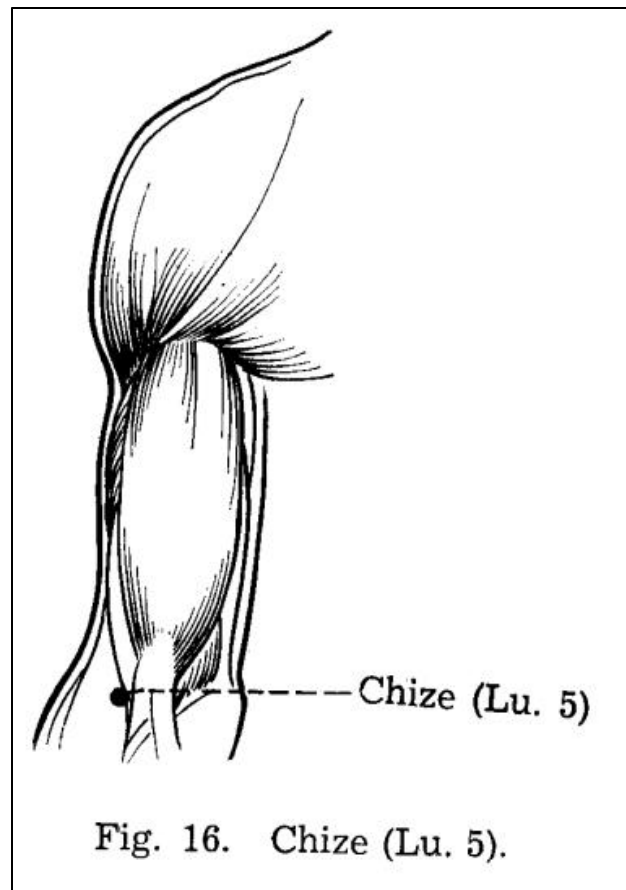


Fig. 16. Chize (Lu. 5).

Lu9 (Tai yuan)

Location: on the anterior wrist crease in the depression lateral to radial artery .

Needle: 0.5", **Insertion:** 0.2"-0.3",

Direction / Method: Punctureperpendicularly 0.2-0.3 inch.

Sensation: along the line of the lung channel to thumb.

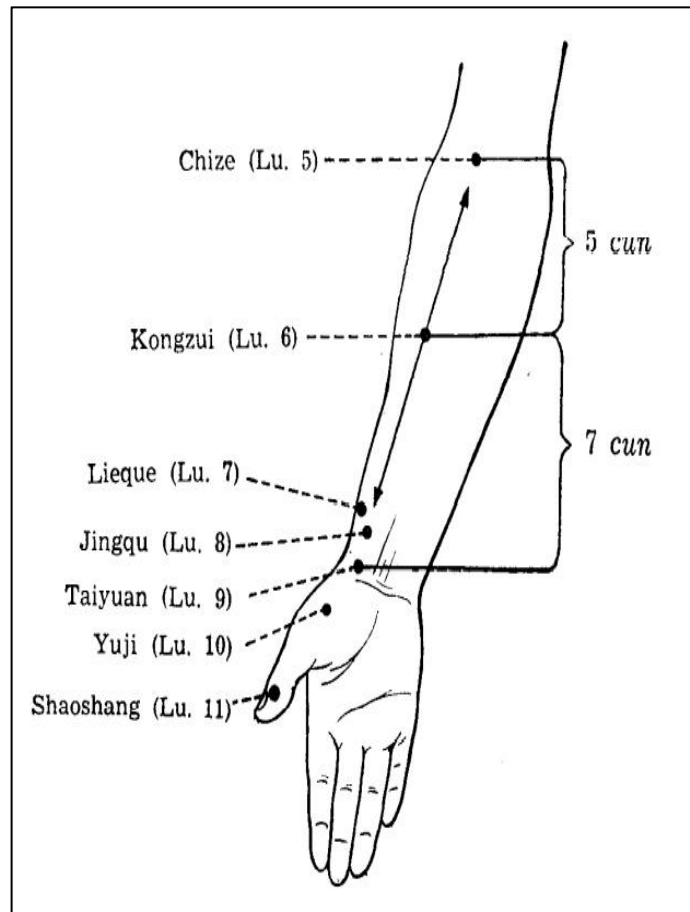
Indication:

a) Local: Pain and weakness of the local area. **b) Distal :** i) Bronchial asthma, ii) Cough iii) Hemoptysis (due to lung) iv) Fullness of chest v) Chest pain vi) Palpitation etc.

Regional anatomy:

Vasculature: The radial artery and vein.

Innervation: The lateral antebrachial cutaneous nerve and superficial ramus of the radial nerve.



LARGE INTESTINE CHANNEL / MERIDIAN

Description of very important and commonly used points from the channel of:

02. Large Intestine Channel: = total points 20. To be discuss LI-4, LI-11, LI-16, LI-20) = 4 points.

Pathway/Course of Large Intestine Meridian: The Large Intestine Meridian starts from the tip of the index finger and runs between the thumb and the index finger. It then proceeds along the lateral side of the forearm and the anterior side of the upper arm, until it reaches the highest point of the shoulder. From there, it has two branches. One goes internally towards the lungs, diaphragm and large intestine. The other travels externally upwards where it passes the neck and cheek, and enters the lower teeth and gums. It then curves around the upper lip and crosses to the opposite side of the nose.

Hoku (Hegu, Li4)

Location: on the dorsal aspect of first and 2nd. metacarpal space, just lateral to the middle of the shaft of 2nd metatarsal bone. (NB – the thumb and index finger should be kept in a relaxed and glass holding position)

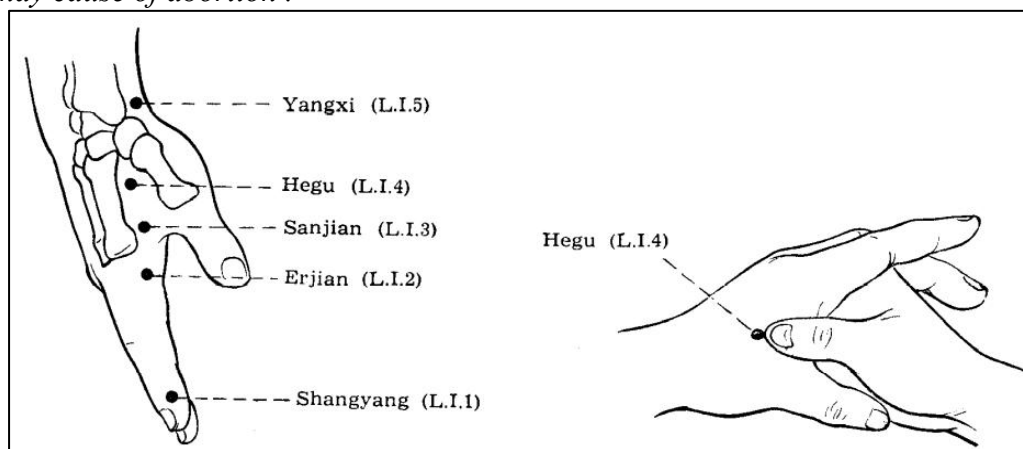
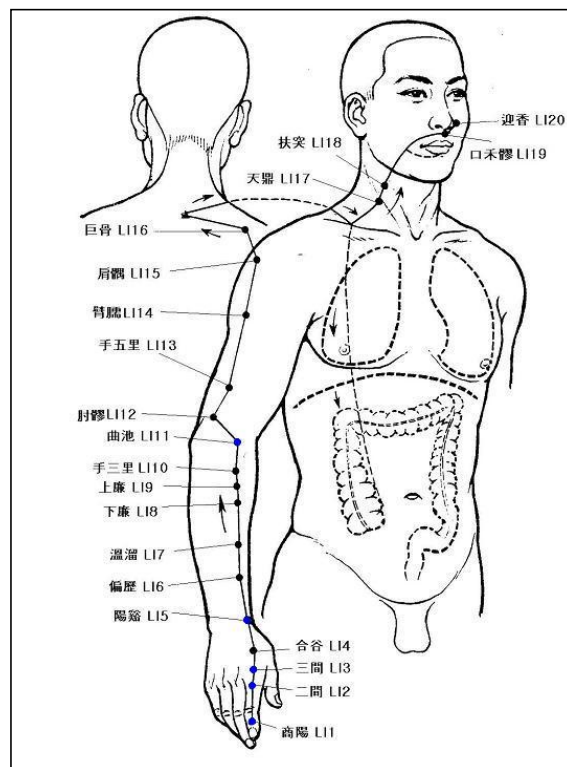
Needle: 1” **Insertion:** 0.75” **Direction:** Perpendicularly.

Sensation: towards the thumb & index, may spread all over the palm and fingers.

Indication:

a) Local: pain and weakness of superior extremity. **b) Distal:** i) one of the most common tonic points (general stimulator) ii) This point is used in all sorts of diseases of head, neck, face and superior extremity as a distal point; e.g. headache, sinusitis, sore throat, bronchial asthma, tonsillitis, pharyngitis, rhinitis, cervical spondylosis, toothache, brachial neuralgia, neuritis of upper extremity etc. (i.e. in almost all inflammatory condition). Iii). Febrile diseases with anhidrosis, hidrosis. Iv) amenorrhoea, delayed labour. v) abdominal pain, constipation, dysentery.

N.B: This point, Li. 4, with or without Sanyinjiao (Sp6), must not be used in case of pregnancy as these two points may cause of abortion.



Chuchih (quchi, Li.11)

Location: at the lateral end of elbow crease or a point midway between lateral epicondyle and biceps tendon (N.B.-the forearm is to be kept semi flexed and mid prone) .

Needle: 1.5" **Insertion:** 1"-1.25"

Direction:

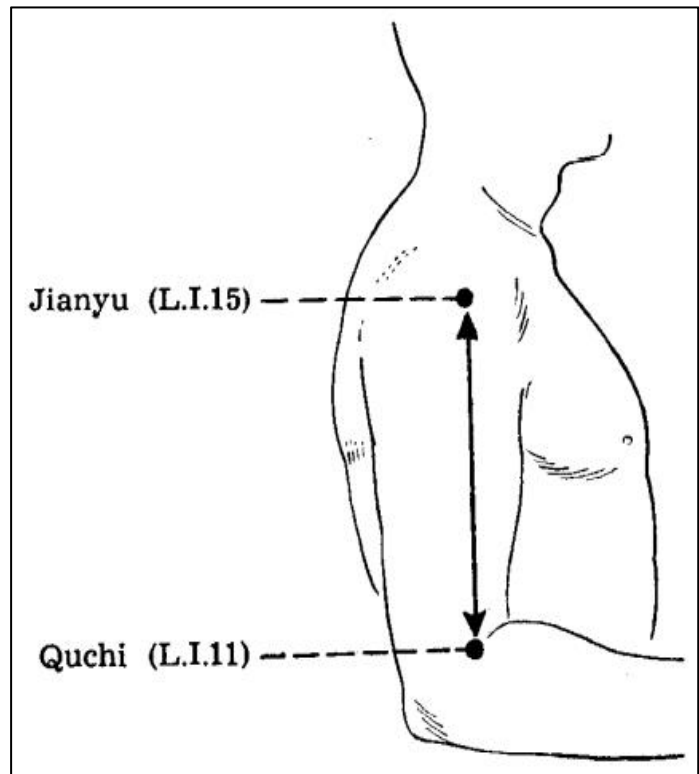
Perpendicularly.

Sensation: Downwards along the lateral border of forearm –towards the wrist joint – may reach the radial of thumb.

Indications:

a) Local: pain and weakness of upper extremities.

b) Distal : i) general antiarthritic point along with yanglingqun (G.B.-34) ii) General antiallergic point along with yanglingqun (G.B.-34) iii) Abdominal pain , Vomiting , Diarrhea, Dysentery iv) Febrile diseases v) Sore throat .



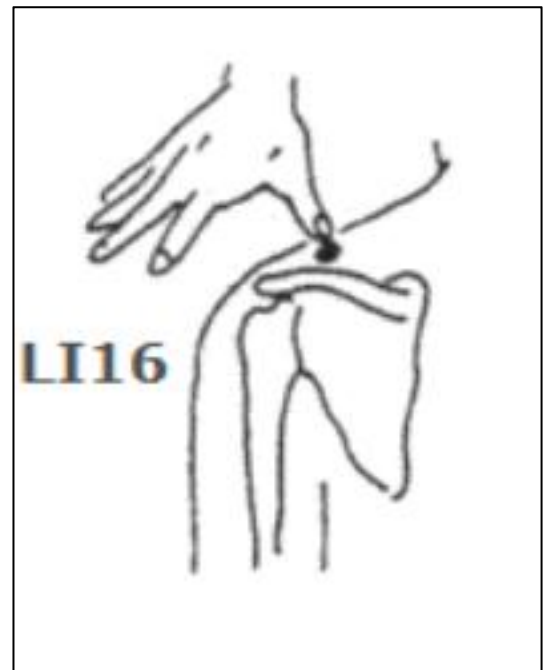
Chuku (jugu, Li. 16)

Location: At the upper aspect of shoulder, in the depression between the acromian end of clavicle and the spine of scapula.

Needle: 1"-1.5" **Insertion:** 0.75" - 1". **Direction:** Perpendicularly and slightly laterally.

Sensation: Locally around the shoulderjoint may spread towards upper part of arm .

Indication: i) pain in shoulder, back and back and superior extremities.
ii) Weakness of muscles of shoulder joint.



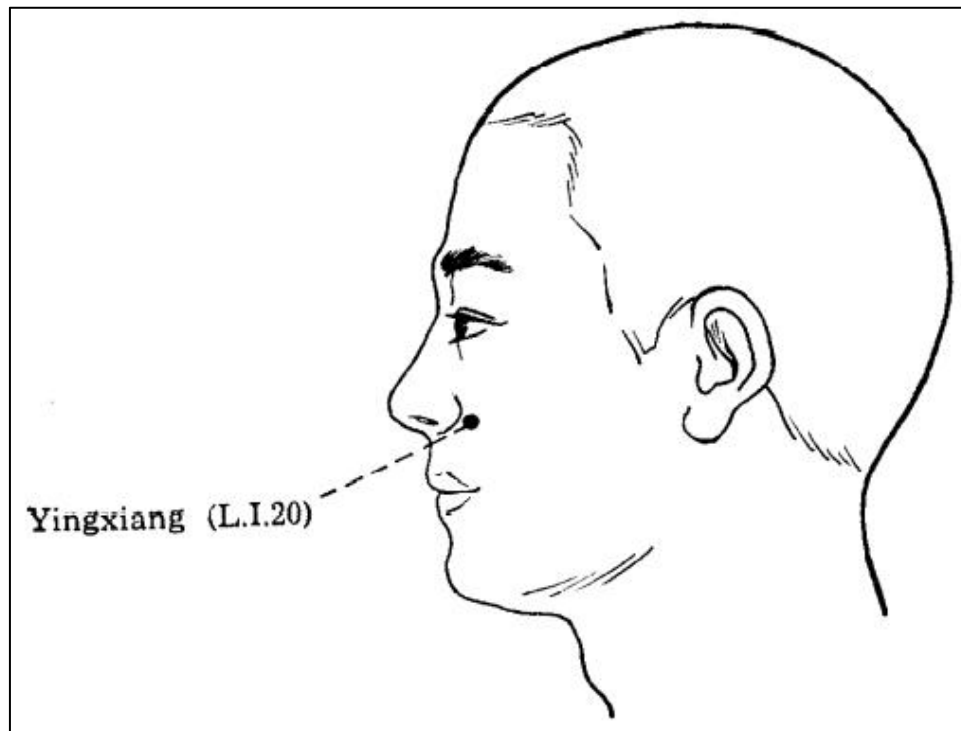
Yingxiang (yingxiang , Li. 20)

Location: in the nasalabial groove, at the level of the midpoint of the lateral border of alar nasi.

Needle: 1” **Insertion:** 0.25”-0.5” **Direction:** obliquely downwards.

Sensation: Around the point, and may extend to upper jaw and ala of nose .

Indication: i) diseases of nose e.g. rhinitis, epistaxis, nasal obstruction.
ii) Bronchial asthma iii) facial palsy iv) maxillary sinusitis.



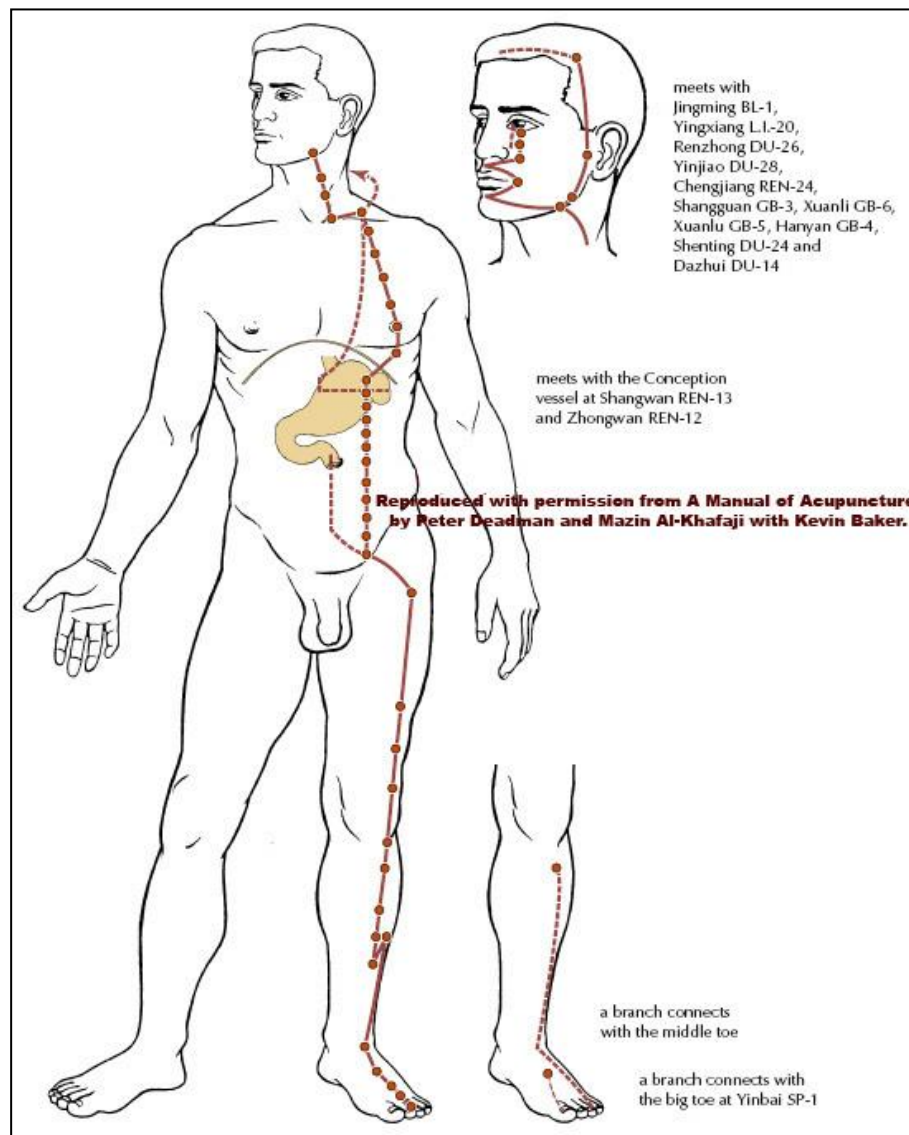
STOMACH CHANNEL / MERIDIAN

Description of very important and commonly used points from the channel of:

03. Stomach Channel (ST): = total points. 45, To be discuss ST-6, ST-25, ST-36, ST-41 = 4 points.

Pathway of Stomach Meridian:

The stomach channel starts directly below the pupil between the eyeball and the infraorbital ridge. Running downward along the lateral side of the nose, to the lateral corner of the mouth. Curving posterior to the anterior angle of the mandible. Then it travels to the posterior aspect of the mandible ascending in front of the ear and following the anterior hairline, it reaches the forehead. It then runs along the throat and enters the supraclavicular fossa. The straight line of the channels separates the supraclavicular fossa and runs downward along the middle mammillary line. It travels to the side of the umbilicus and descends to the inguinal groove. Running downward it travels along the anterior aspect of the thigh and reaches the knee. From there it continues further down along the anterior border of the tibia to the dorsum of the foot and reaches the lateral side of the tip of the second toe.



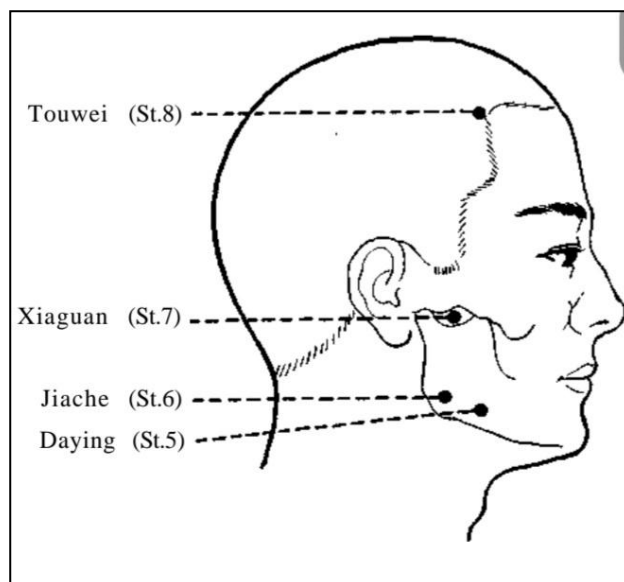
Jiache (ST-6)

Location: On the cheek, one finger breadth (middle finger) anterior and superior to the mandibular angle, in the depression where the masseter muscle is prominent.

Needle: 1"-1.5" **Insertion:** 0.5"-1",

Direction/Method: Obliquely medially towards Dicang (st.4) **Sensation:** S- on the masseter muscle and inner aspect of cheek

Indication: toothache, facial palsy , tonsillitis , trigeminal neuralgia, edema of face, mumps, lockjaw.



Regional anatomy:

Vasculature: The masseteric artery.

Innervation: The great auricular nerve, facial nerve and masseteric nerve.

Tianshu (St. 25)

Location: 2 cun lateral to the center of umbilicus .

Needle: 1.5", **Insertion:** 0.75" -1",

Direction/Method: Perpendicularly.

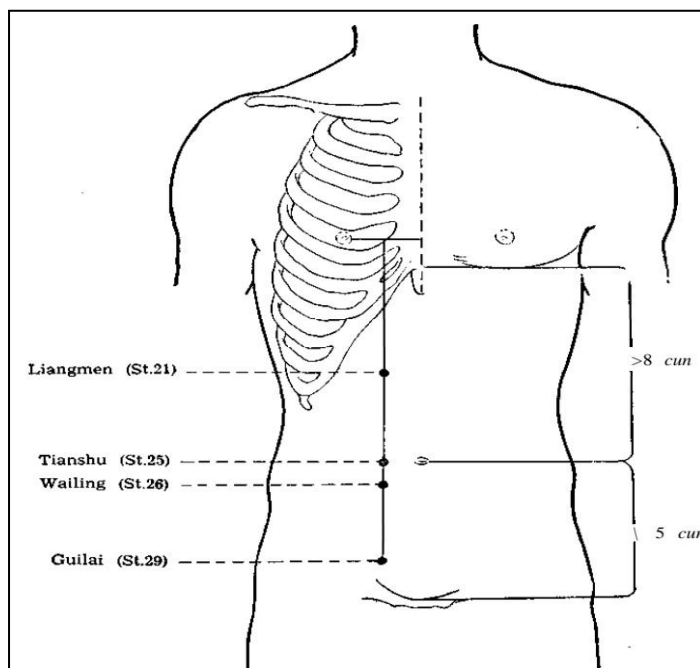
Sensation: An acute gripping sensation is felt around the umbilicus, may extend downwards towards the iliac fossa.

Indication: abdominal pain, diarrhea, dysentery , constipation , borlorygmes , abdominal distention, irregular menstruation etc .

Regional anatomy

Vasculature: The branches of the tenth intercostals and inferior epigastric arteries and veins.

Innervation: The branch of the tenth intercostals nerve.



Zusanli (ST36):

Location: on the antero- lateral aspect of leg , 4 cun below the middle of patella, (or 3 cun below the tip of patella or dupi –St. 35) and one finger (0.75 cun) lateral to the anterior border of tibia .

Needle: 1.5” - 2”, **Insertion:** 1”- 1.5”,
Direction/Method: perpendicularly slightly downwards and laterally .

Sensation: Downwards , along a line running one finger lateral to the anterior border of tibia upto the front of ankle (between the two malleoli) may extend along dorsum of foot and the 2nd toe.

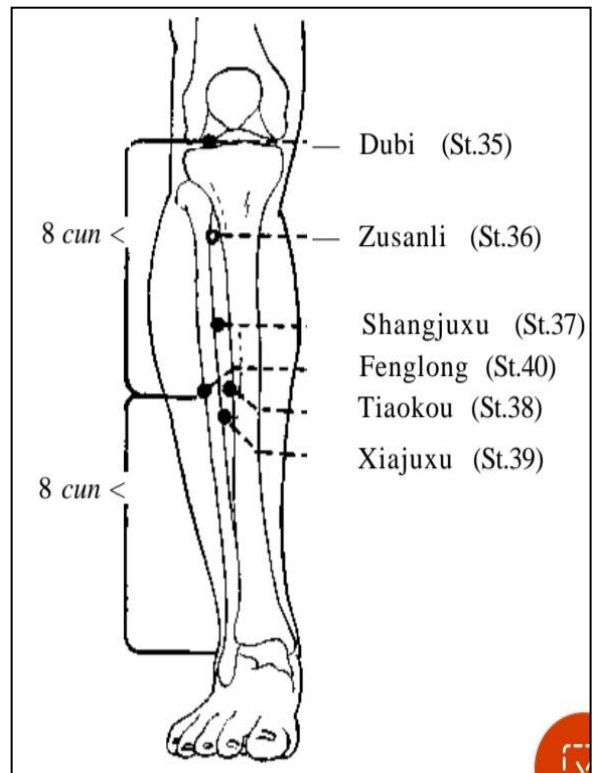
Indication:

- a). **Local:** pain and weakness of leg and knee joint.
- b). **Distal:** i) gastro intestinal disorders (in combination with tian shu and neikuan) i.e. gastralgia , nausea , vomiting , flatulence, dyspepsia , constipation , dysentery etc. ii) general tonic point iii) tranquilising effect.

Regional anatomy

Vasculature: The anterior tibial artery and vein.

Innervation: Superficially, the lateral sural cutaneous nerve and the cutaneous branch of the saphenous nerve; deeper, the deep peroneal nerve.



Jiexi (ST-41)

Location: On ankle crease, at the midpoint between the two malleoli, in the depression between the tendon of extensor hallucis longus and extensor digitorum longus.

Needle: 1”, **Insertion:** 0.5”, **Direction/Method:** horizontally towards toes .

Sensation: locally along the dorsum of foot , towards 2nd & 3rd toes .

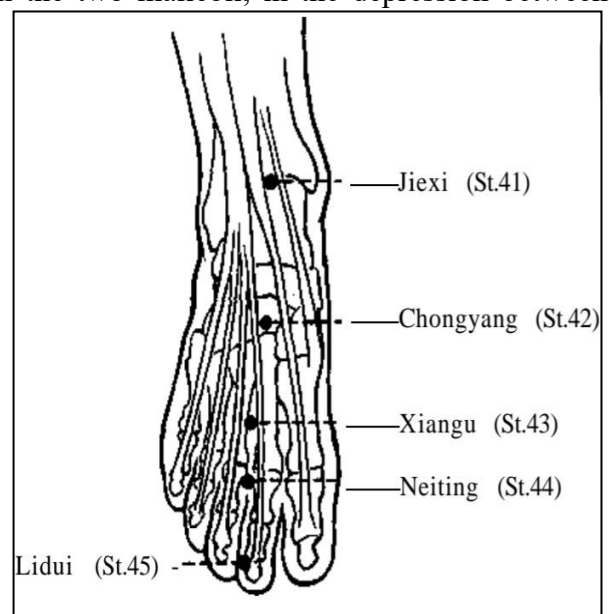
Indication:

- a) **Local:** pain and weakness of ankle and foot, foot drop.
- b). **Distal:** headache , dizziness and vertigo.

Regional anatomy

Vasculature: The anterior tibial artery and vein.

Innervation: The superficial and deep peroneal nerves.



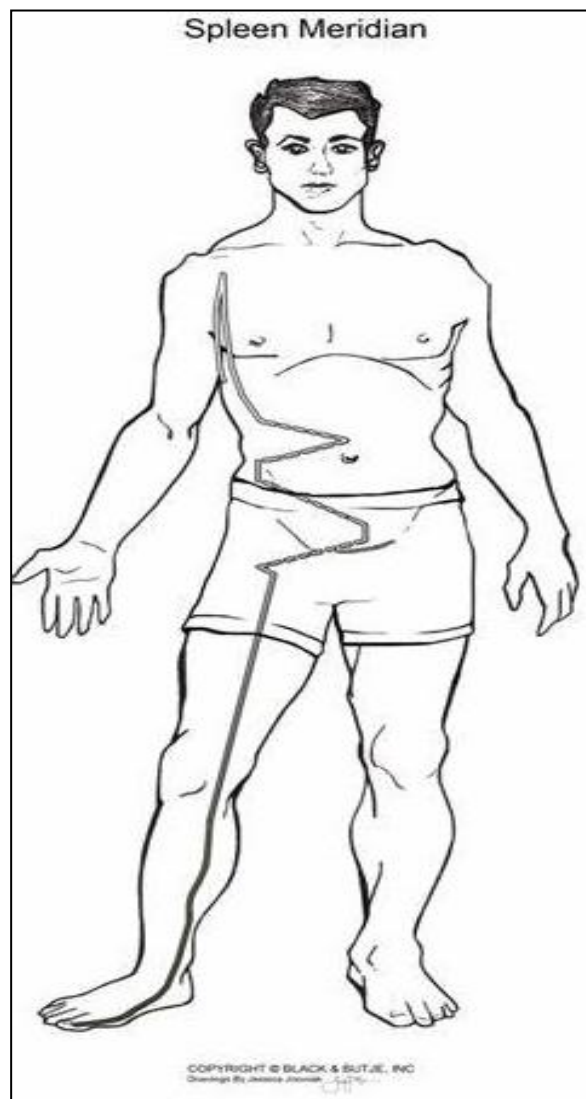
SPLEEN CHANNEL / MERIDIAN

Description of very important and commonly used points from the channel of:

04. Spleen Channel (SP): = total points 21. To be discuss SP-6, SP-10 & SP-15 =3 points

Pathway of Spleen Meridian:

The spleen starts from the medial aspect of the tip of the big toe. It travels along the medial aspect of the foot at the junction between the red and white skin, ascends anteriorly to the medial malleolus up to the medial aspect of the leg. Passing through the anterior medial aspect of the thigh, it enters the inguinal region traveling along the anterior of the abdomen. It then curves lateral to the midline to the intercostal space up to the 2nd intercostal space. Then turns inferior to midway between the axilla and the free end of the eleventh rib.



Sanyinjiao (SP6)

Location: On the medial aspect of leg, 3 cun above the tip of medial malleolus, just behind the tendon of tibialis posterior.

Needle: 1.5", **Insertion:** 1", **Direction/Method:** Perpendicularly.

Sensation: A direct electrical sensation is felt downwards along the medial border of tibia – over the medial malleolus along the medial aspect of foot and great toe / sole.

Indication:

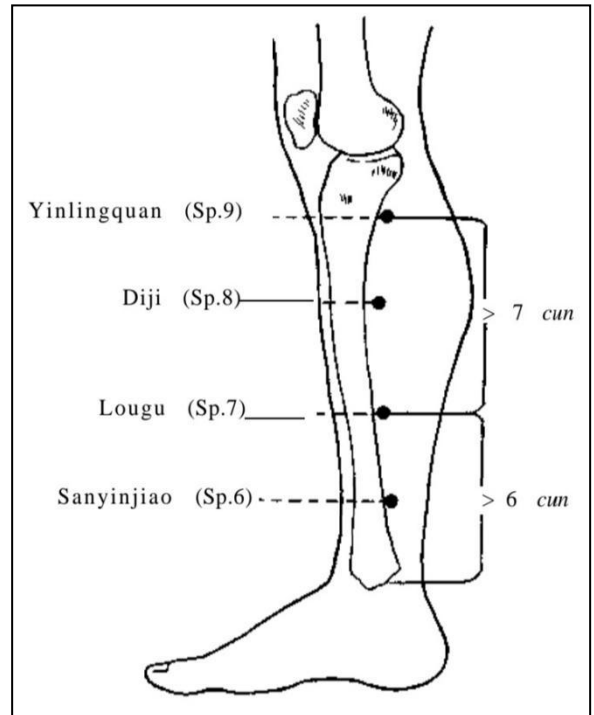
a). Local: i) pain and weakness of leg ii) ankle and foot iii) flaccidity of the lower extremities

b). Distal: i) barboorgms, abdominal distention, loose stool with undigested food. ii) Menstrual disorders, leucorrhoea, sterility, abnormal vaginal discharge, prolapse of uterus, etc. iii) Pain in external genitalia, dysurea, enuresis, seminal emission, impotence. iv) muscular atrophy v) dry cough vi) insomnia vii) edema viii) hernia ix) pain in the vulva x xi) headache, xii) dizziness

Regional anatomy

Vasculature: The great saphenous vein, the posterior tibial artery and vein.

Innervation: Superficially, the medial crural cutaneous nerve; deeper, in the posterior aspect, the tibial nerve.



N.B. a) This point is the meeting point of the three yin channels of foot (spleen, kidney & liver).
b) Acupuncture is contraindicated in pregnancy.

Shuehai (xue hai- Sp.10):

Location: 2 cun above the superomedial angle of patella on the bulk of vastus medialis muscle.

Needle: 1.5", **Insertion:** 0.75" -1.25"

Direction/Method: Perpendicularly and slightly towards the knee joint.

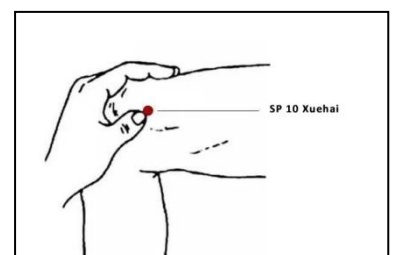
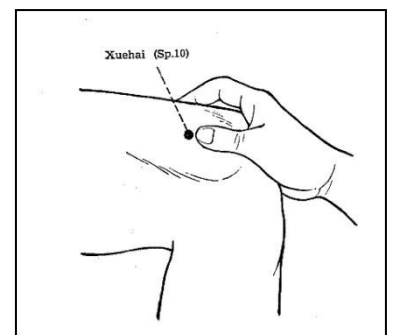
Sensation: Downwards towards the medial aspect of knee.

Indication:

a) Local: local- pain of knee joint and weakness of vasti muscles, pain in medial aspect of thigh.

b) Distal: i) menstrual disorder ii) urticaria.

Regional anatomy



Vasculature: The muscular branches of the femoral artery and vein.

Innervation: The anterior femoral cutaneous nerve and the muscular branch of the femoral nerve.

Taheng (daheng-Sp.15)

Location: 4 cun lateral to umbilicus.

Needle: 1.5", **Insertion:** - 0.75" -1",

Direction/Method: Perpendicularly.

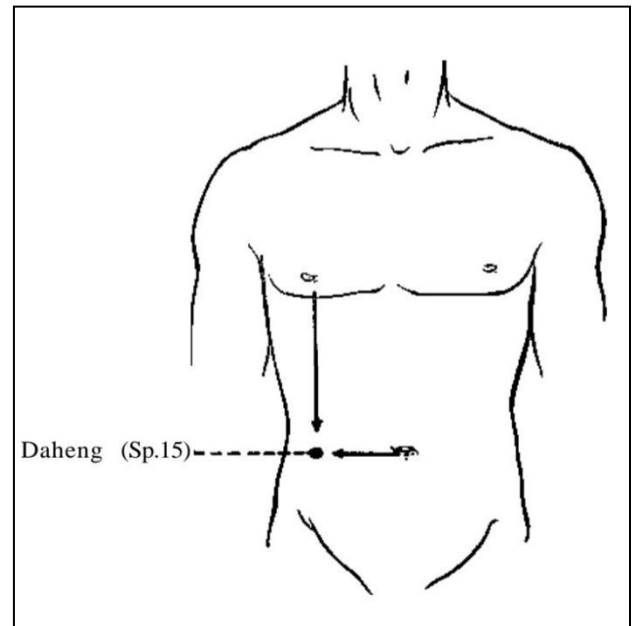
Sensation: A gripping sensation is felt around the umbilicus, may extend downwards to the pelvis.

Indication: Pain in lower abdomen, abdominal distention, dyspepsia, diarrhea, dysentery, constipation, intestinal parasites etc.

Regional anatomy:

Vasculature: The tenth intercostals artery and vein.

Innervation: The tenth intercostals nerve.



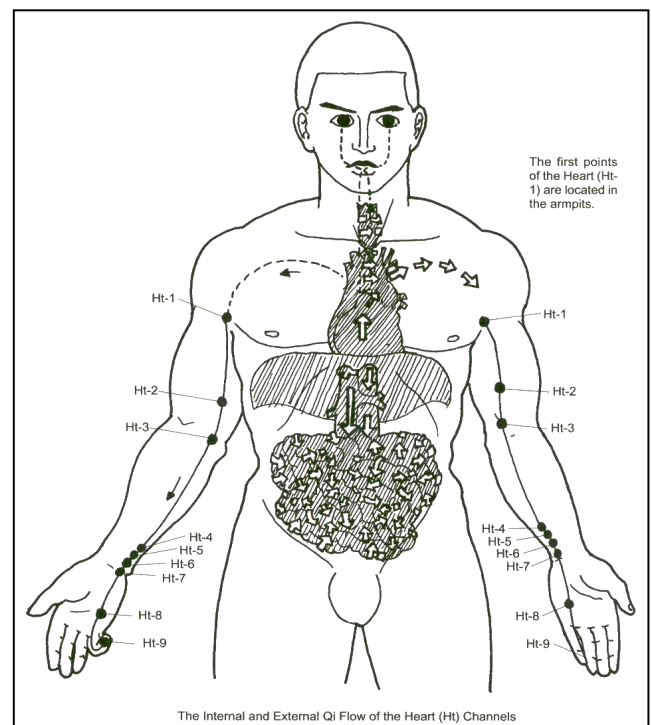
HEART CHANNEL / MERIDIAN

Description of very important and commonly used points from the channel of:

05. Heart Channel (HT): Total points 09. To be discuss HT-7 =1 points

Pathway of Heart Meridian:

The heart channel starts in the center of axilla. From there it goes along the posterior border of the medial aspect of the upper arm. Passing through the cubital region, it descends to the pisiform region proximal to the palm and enters the palm. Then it ends at the medial aspect of the tip of the little finger.



Shenmen (Ht. 7)

Location: on the distal anterior wrist crease, just lateral to the tendon of flexor carpi ulnaris.

Needle: 1", **Insertion:** 0.5",

Direction/Method: Perpendicularly

Sensation: along the ulnar side of palm, may extend upto the little finger.

Indication:

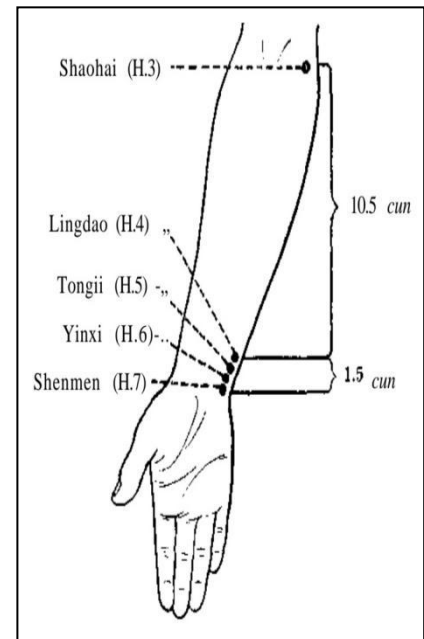
a) Local: pain and weakness of the local region, feverish sensation in palms,

b) Distal: cardiac pain , palpitation, irritability , poor memory , dementia, mental disorders , hysteria, insomnia, epilepsy etc.

Regional anatomy

Vasculature: The ulnar artery.

Innervation: The medial antebrachial cutaneous nerve; on the ulnar side, the ulnar nerve.



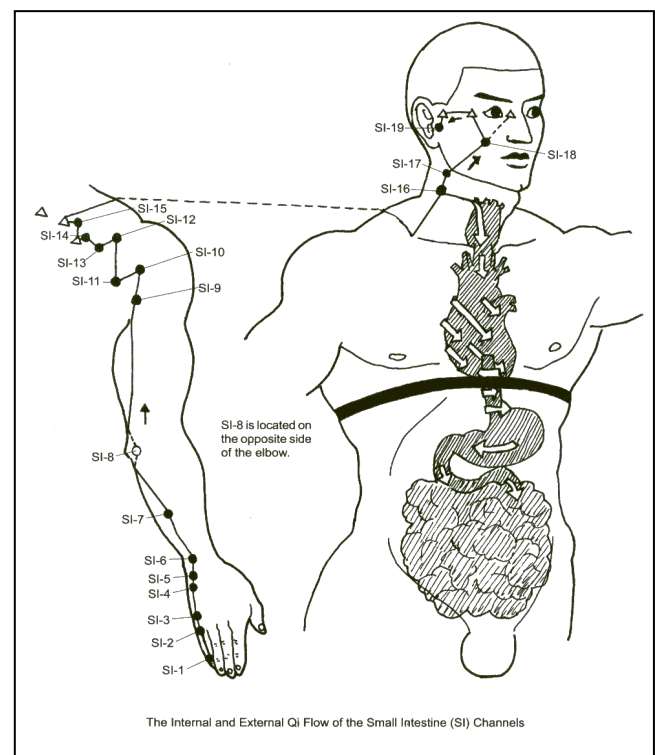
SMALL INTESTINE CHANNEL / MERIDIAN

Description of very important and commonly used points from the channel of:

06. Small Intestine (SI) : Total points 19. To be discuss SI-10, SI-11, SI-17 = 3 points.

Pathway of Small Intestine:

The small intestine channel of the Hand-Taiyang starts at the ulnar aspect of the tip of the little finger, and travels along the ulnar border of the hand dorsum upward to the posterior border of the lateral aspect of the upper arm. It passes through the cubital region curving around the scapular region. Then turning downward to the supraclavicular fossa and ascends to the neck. Travels up to the cheek going through the outer canthus of the eye, and ends anterior to the tragus of the ear.



Nao shu (S.I. 10)

Location: With arm in adduction, the point is directly above the posterior axillary fold, just below the spine of scapula.

Needle: 0.5-1.5", **Insertion:** 0.75"-1",
Direction/Method: Perpendicularly.

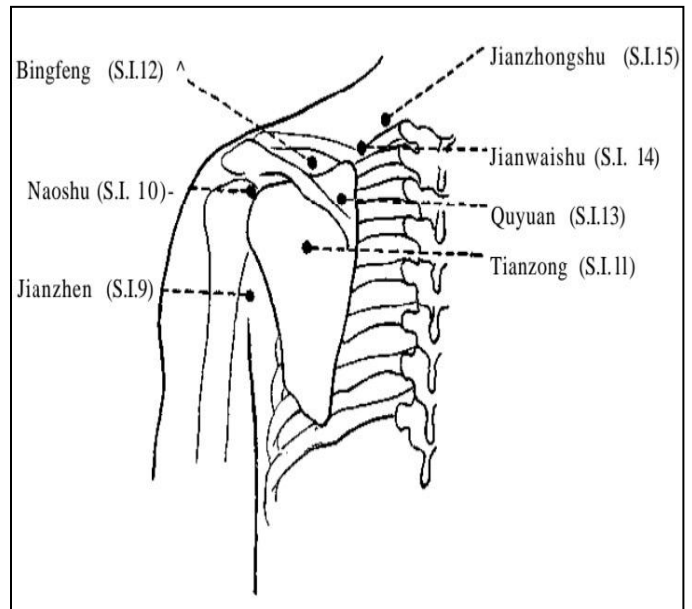
Sensation: posterior aspect of shoulder joint, may extend the posterior aspect of arm towards elbow.

Indication: a) frozen shoulder b) inability to raise shoulder and arm due to weakness and /or pain.

Regional anatomy

Vasculature: : The posterior circumflex humeral artery and vein; deeper, the suprascapular artery and vein.

Innervation: The posterior cutaneous nerve of the arm, the axillary nerve; deeper, the suprascapular nerve.



Tian chong (tianzong , SI-11)

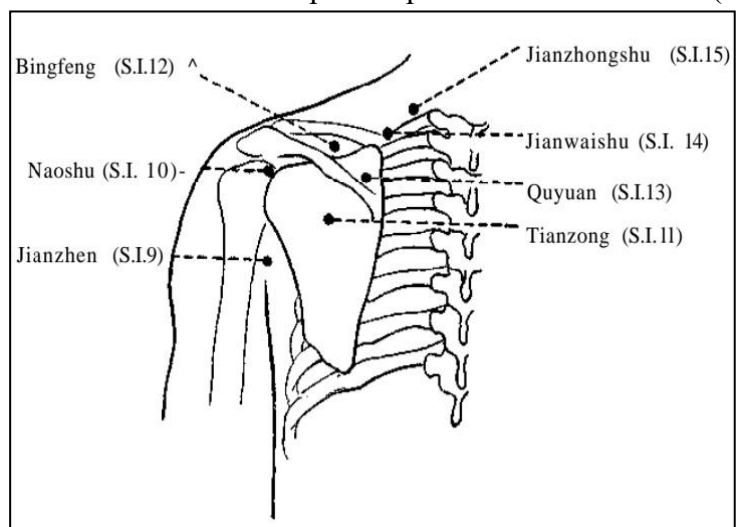
Location: in the centre of infrascapular fossa at the level of the spinous process of t-4 vertebra. (N.B. very commonly tenderness is felt at this point in rheumatic conditions of cervical area and superior extremity).

Needle: 1"- 1.5", **Insertion:** 0.75"- 1"

Direction: perpendicularly .

Sensation: around the point, it may extend along the shoulder, posterior aspect of arm towards the elbow .

Indication: i) pain over scapular region, frozen shoulder; ii) weakness of local muscles, ii) brachial neuralgia. pain in the lateral part of the upper arm and elbow, dyspnea.



Regional anatomy

Vasculature: The muscular branches of the circumflex scapular artery and vein.

Innervation: The suprascapular nerve.

Tain rong (SI-17)

Location: Posterior to the angle of mandible, in the depression on the anterior border of sterno-cleido-mastoid muscle.

Needle: 1"

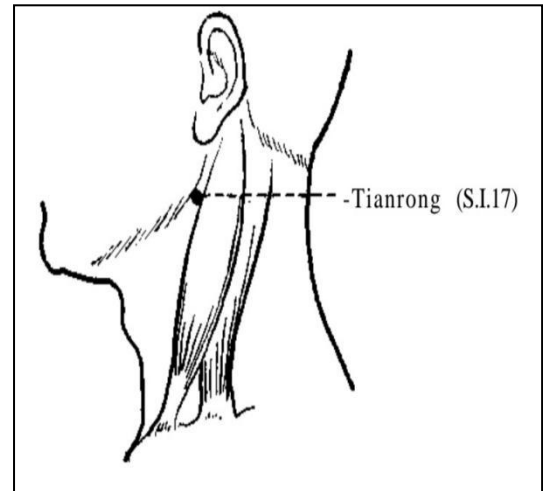
Insertion: 0.5"-0.75"

Direction: Perpendicularly

Sensation: Spreads over the anterior triangle of neck and also towards the throat.

Indication: tonsillitis, sore throat, deafness, tinnitus.

(N.B: be careful in puncture a patient of enlarged septic tonsil)



Regional anatomy

Vasculature: Anteriorly, the external jugular vein; deeper, the internal carotid artery and internal jugular vein.

Innervation: Superficially, the anterior branch of the great auricular nerve, the cervical branch of the facial nerve; deeper, the superior cervical ganglion of the sympathetic trunk.

URINARY BLADDER CHANNEL / MERIDIAN

Description of very important and commonly used points from the channel of:

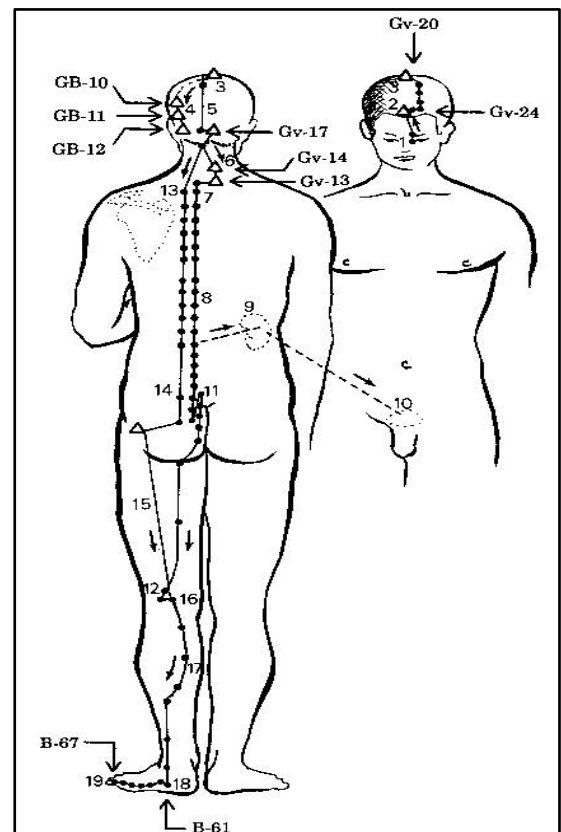
07. Urinary Bladder. Total points 67 (sixty seven) to be discussed UB-11, UB-13, UB-23, UB-37, UB-40, UB-54, UB-57, UB-60 = 08 points.

Pathway of Urinary Bladder:

The urinary bladder channel of the Foot-Taiyang originates from the inner canthus of the eye. Passing through the forehead, it flows up to the vertex. It bifurcates above the posterior hairline into two lines. One line runs from the posterior aspect of the neck downward along the medial border of the scapula (3 cun lateral to the back mid-line). Passing through the gluteal region. Another line runs straight downward (1.5 cun lateral to the mid-line of the back) to the lumbar region. From there it descends along the posterior aspect of the thigh to the popliteal fossa. Descending to the posterior aspect of the gastrocnemius muscle and further to the posterior inferior aspect of the lateral malleolus. Ending at lateral posterior side of the tip of the little toe.

Ta chu (Dazhu – UB 11, Da = big)

Location: 1.5 cun lateral to the midline at the level of the lower border of the spinous process of first thoracic vertebra .



Needle: 1-1.5", **Insertion:** 0.5 to 1"

Direction/Method: Puncture obliquely medially.

Sensation: Laterally over scapula.

Indication: i) pain in nape of neck , shoulder and upper back region.
ii) bronchial asthma and bronchitis iii) Fever iv) general anti-rheumatic point

Regional anatomy

Vasculature: The medial cutaneous branches of the posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the first and second thoracic nerves; deeper, their lateral cutaneous branches.

Feshu (Feishu-UB 13, Fe= lung)

Location: 1.5 cun lateral to midline at the level of the lower border of the spinous process of T-3 vertebra .

Needle: 1" **Insertion:** ¾ to 1"-0.75" **Direction/Method:** Obliquely and medially .

Sensation: Downwards and laterally .

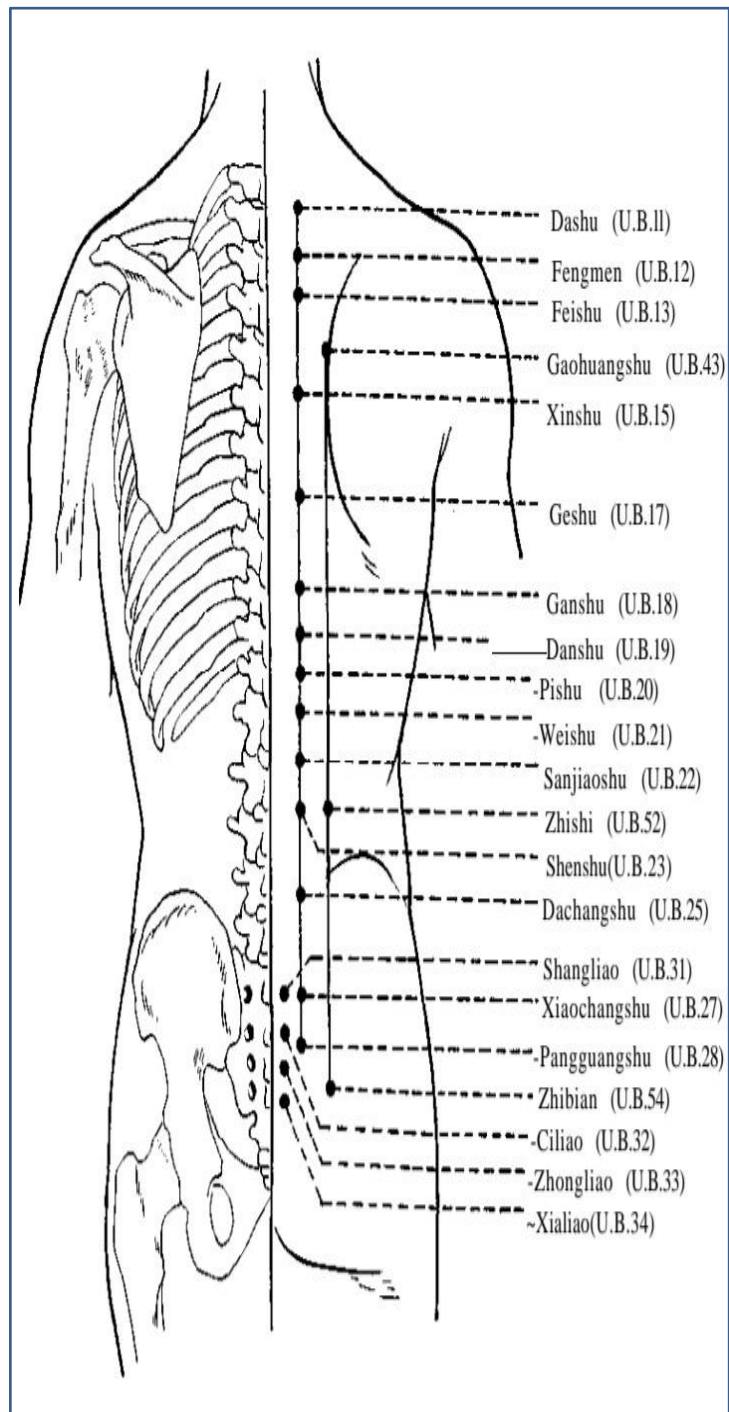
Indication: i) pain and weakness of back region, ii) bronchitis and bronchial asthma, iii) afternoon fever and night sweating . iv. Cough with dyspnea, chest pain, hematemesis, hectic fever with night sweat.

Regional anatomy

Vasculature: The medial cutaneous branches of the posterior branches of the intercostal artery and vein.

Innervation: The medial cutaneous branches of the posterior rami of the third and fourth thoracic nerves; deeper, their lateral branches.

Shenshu (UB-23, Shen= kidney)



Location: 1.5 cun lateral to midline at the level of the lower border of the spinous process of L-2 vertebra.

Needle: 1.5"-2", **Insertion:** 1"-1.5",

Direction/Method: perpendicularly and slightly medially.

Sensation: over loin and buttock of the same side.

Indication: i) low back pain and lumbago-sciatica syndrome. ii) Weakness and pain of inferior extremity. iii) urogenital disease like incontinence and retention of urine, frequency of micturition, nocturia, nocturnal emission, spermatorrhoea, impotency etc. iv) menstrual disorders like dysmenorrhoea, menorrhagia, irregular cycle, leucorrhoea etc. v) Tinnitus, deafness.

Regional anatomy:

Vasculature: The posterior branches of the second lumbar artery and vein.

Innervation: The lateral branch of the posterior ramus of the first lumbar nerve; deeper, its lateral branch.

Yin men (UB- 37)

Location: on midline of posterior surface of thigh, 8 cun above to the mid point of transverse popliteal crease, on the flexor muscles of thigh, or on a line connecting the midpoints of transverse gluteal fold and transverse popliteal crease, 6 cun below the above limit.

Needle: 2"- 2.5", **Insertion:** 1.5"-2",

Direction/Method: perpendicularly.

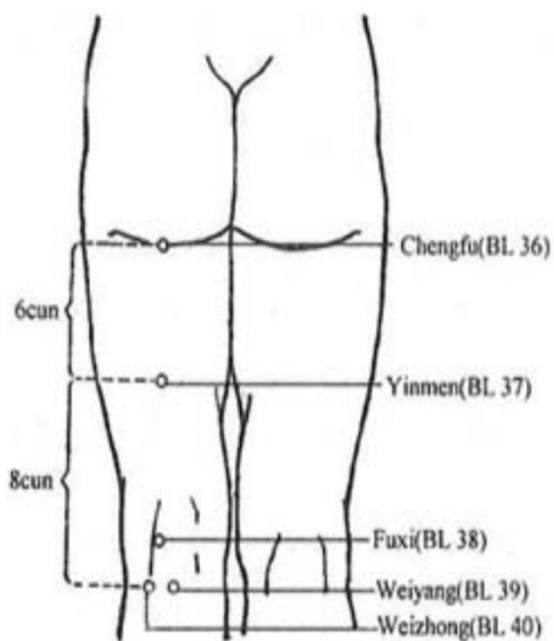
Sensation: along the post. aspect of thigh & leg upto ankle or foot, a electrical shock like sensation is felt.

Indication: pain in lower back and thigh, weakness of lower extremity, flaccidity or paralysis of the lower extremities.

Regional anatomy:

Vasculature: Laterally, the third perforating branches of the deep femoral artery and vein.

Innervation: The posterior femoral cutaneous nerve; deeper, the sciatic nerve.



Wei chung (Weizhong , UB-40)

Location: midpoint of transverse popliteal crease where a linear groove is felt , between the tendons of ms. Biceps femories & ms. Semitendinosus .(locate the point in prone or knee flexed position).

Needle: 1"-2" **Insertion:** 0.5"-1.5" **Direction/Method:** Perpendicularly and slightly downwards.

Sensation:a direct electrical sensation is felt downwards , along the posterior surface of the leg to the heel , may extend along the sole upto the toes.

Indication:

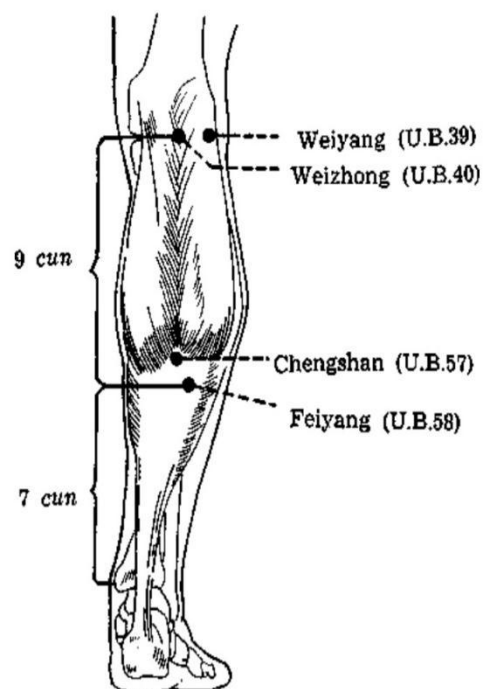
Local: pain of knee and leg , contracture of the tendons in the popliteal fossa , sciatica, weakness of inferior extremities.

Distal: i) low back pain (traumatic origin), motor impairment of hip joint. ii) Abdominal pain, vomiting, diarrhea. iii) Flaccidly of lower extremities, hemiparaiysls.

Regional anatomy

Vasculature: Superficially, the femoro-popliteal vein; deeper and medially, the popliteal vein; deepest, the popliteal artery.

Innervation: The posterior femoral cutaneous nerve, the tibial nerve.



Chibian (Zhibian, UB- 54)

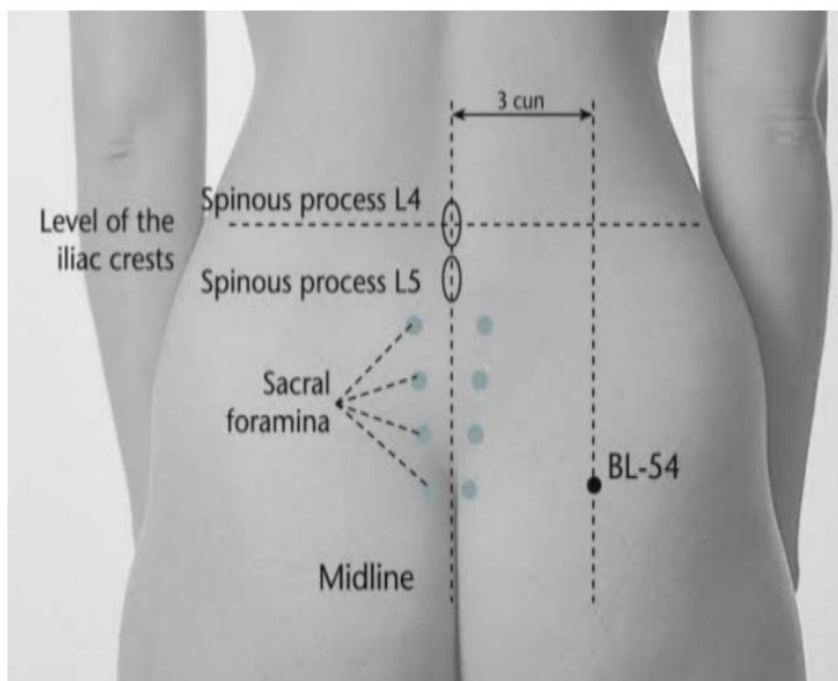
Location:3 cun lateral to the sacral hiatus where the maximum depression is felt over the gluteal muscles.

Needle: 2"-3" **Insertion:** 1.5"-2"

Direction/Method: perpendicularly .

Sensation: downwards along the posterior surface of thigh and leg . a direct electrical sensation is felt up to the heel/foot/toe.

Indication: i) lumbago –sciatica syndrome, flaccidity of the lower extremities, dysuria, swelling pain in the vulvae ii) weakness of gluteal muscles and inferior extremities. iii) , hemorrhoid,



Regional anatomy:

Vasculature: The inferior gluteal artery and vein.

Innervation: The inferior gluteal nerve, the posterior femoral cutaneous nerve and the sciatic nerve.

Cheng shan (UB-57)

Location: on the midline of posterior surface of leg. 8 cun below centre of transverse popliteal crease, below the belly of ms. Gastrocnemius.

Needle: 1"-1.5" **Insertion:** 0.5"-1"

Direction/Method: perpendicularly.

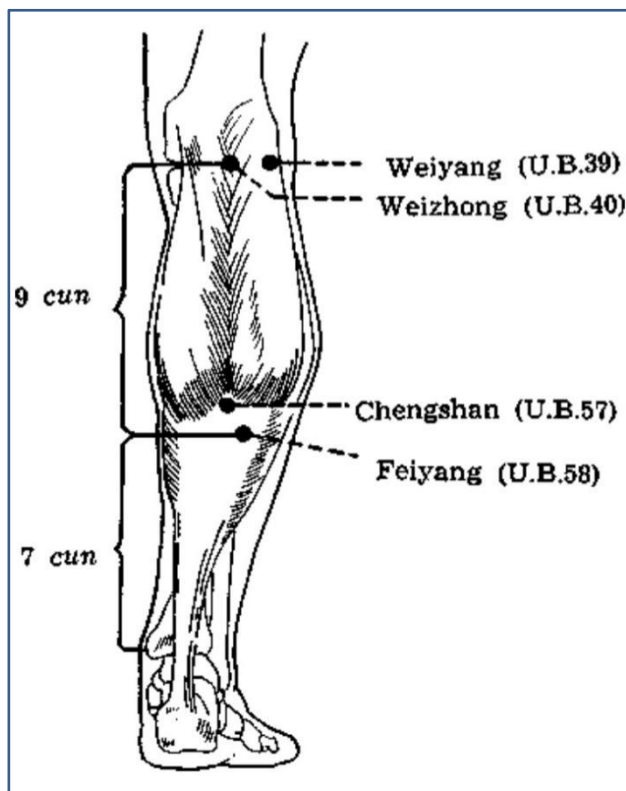
Sensation: Crimpping sensation over the calf muscles, goes downwards towards heel- may reach upto sole.

Indication: i) lumbago-sciatica syndrome. ii) Weakness of gluteal muscles and inferior extremity. iii) piles and constipation. iv) spasm of the gastrocnemius muscles. v) through and through – used in frozen shoulder.(Tiaokost ,ST-38 - Cheng shan , UB- 57)

Regional anatomy:

Vasculature:The small saphenous vein; deeper, the posterior tibial artery and vein.

Innervation:The medial sural cutaneous nerve; deeper, the tibial nerve



Kunlun (UB- 60)

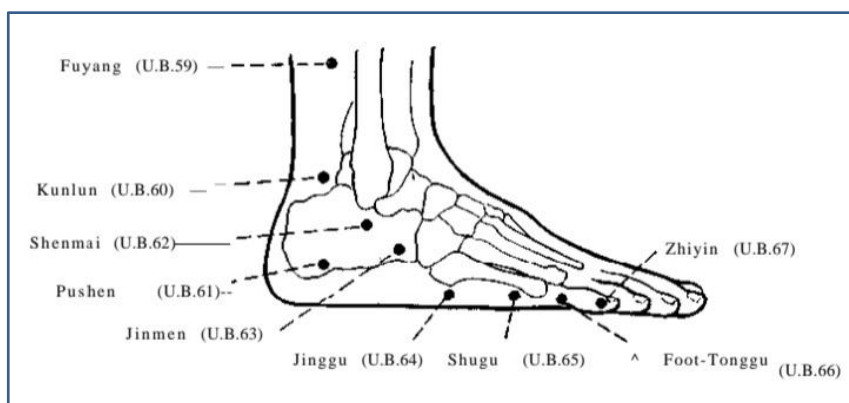
Location: the midpoint of horizontal line draw between the highest point of lateral malleolus and tendocalcaneus.

Needle: 1"

Insertion: 0.5"-0.75"

Direction/Method: perpendicularly.

Sensation: on the lateral aspect of the heel , may extend along the lateral aspect of foot upto the little toe .



Indication: i) pain in ankle , weakness of leg and foot , ii) lumbago –sciatica syndrome ; iii) headache , neck rigidity; iv) blurring of vision , epistaxis; v) spasm & pain of shoulder and arm, painful heels, epilepsy.

****through and through needling can be done from kun lun (u.b.60) to taixi(k.3).**

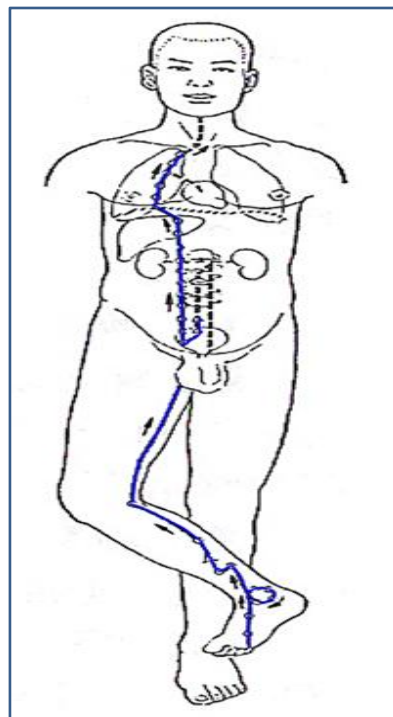
KIDNEY CHANNEL / MERIDIAN

Description of very important and commonly used points from the channel of:

08. Kidney (K). Total points 27 (twenty seven), to be discussed K-3 = 01 point.

Pathway of Kidney Meridian:

The kidney channel starts from the interior aspect of the little toe (On the sole of the foot, depending on the text.), and runs through a depression in the lower aspect of the tuberosity of the navicular bone. It travels behind the medial malleolus and encircles the malleolus. Ascending along the medial side of the leg, it passes the medial side of the popliteal fossa and goes further upward along the posterior-medial aspect of the thigh. Traveling to the superior border of the symphysis pubis forming a straight line 0.5 cun from the midline. It ascends diverging at the diaphragm, ending in a depression on lower border of clavicle 2 cun from the midline.



Taixi (K.3)

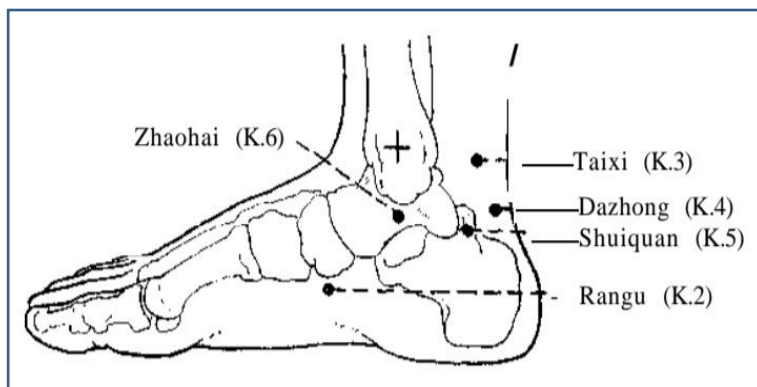
Location: On the midpoint of a horizontal line drawn from the tip of medial malleolus and tendo-calcaneus.

Needle: 1"

Insertion: 0.5"

Direction/Method: Perpendicularly.

Sensation: Medially downwards the ankle to the medial side of foot.



Indication:

local: pain ankle joint & heel (medial aspect).

Distal: i) sore throat, deafness, insomnia.

ii) Irregular menstruation, seminal emission, enuresis frequency of micturition,

iii) pain in low back region.

Regional anatomy:

Vasculature: Anteriorly, the posterior tibial artery and vein.

Innervation: The medial crural cutaneous nerve, on the course of the tibial nerve.

over

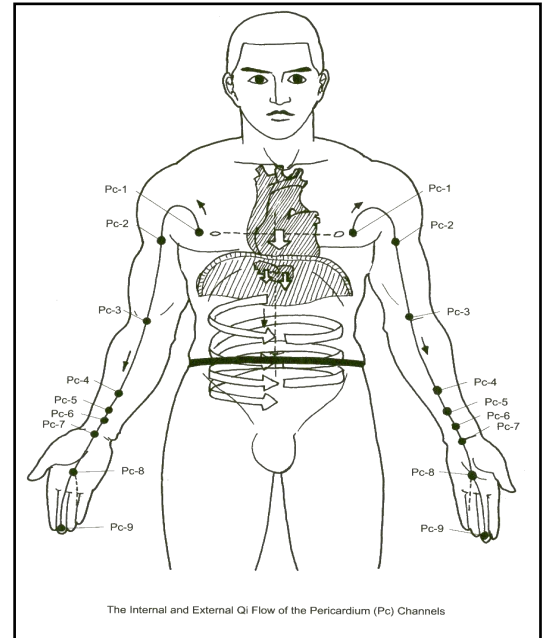
PERICARDIUM CHANNEL / MERIDIAN

Description of very important and commonly used points from the channel of:

09. Pericardium(PC). Total points 09 (nine). To be discuss
PC-6, PC-8 = 2 points.

Pathway of Pericardium Meridian:

The pericardium channel originates in the chest lateral to the nipple. It then ascends to the axillary fossa and runs along the medial aspect of the upper arm, passing through the cubital fossa. It goes further downward to the forearm between the tendons of the m. palmaris longus and m. flexor carpi radialis. It enters the palm and passes along the middle finger to its tip.



Neikuan (Neiguan, P-6)

Location: on the anterior aspect of the forearm, 2 cun above the distal wrist crease, in between the tendons of Palmaris longus and flexor carpi radialis.

Needle: 1"-1.5"

Insertion: 0.75"- 1"

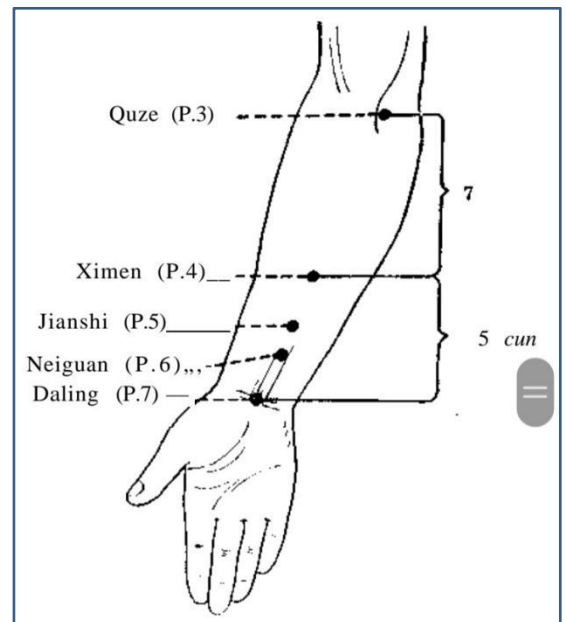
Direction/Method: Perpendicularly.

Sensation: Along the anterior aspect of wrist towards palm-may reach the 2nd & 3rd fingers.

Indication:

Local: pain and contracture of wrist and forearm.

Distal: i) Gastro-intestinal tract disorders e.g. gastric pain, vomiting peptic ulcer. ii) Pain in chest and precordium, angina pectoris, palpitation. iii) As tranquillizer and sedative in insomnia. iv) Epilepsy, mental disease v) malaria.



Regional anatomy:

Vasculature: The median artery and vein; deeper, the anterior interosseous artery and vein.

Innervation: The medial and lateral antebrachial cutaneous nerves, the palmar cutaneous branch of the median nerve; deeper, the anterior interosseous.

Laokung (Laogong, P-8)

Location: in the middle of palm , in the space between the tips of 2nd & middle finger when the hand is clenched or on the radial side of the 3rd metacarpal bone proximal to meta carpo-phalangeal joint.

Needle: 1"

Insertion: 0.5"

Direction/Method: Perpendicularly.

Sensation: along the palm towards the 2nd& 3rd fingers.

Indication:

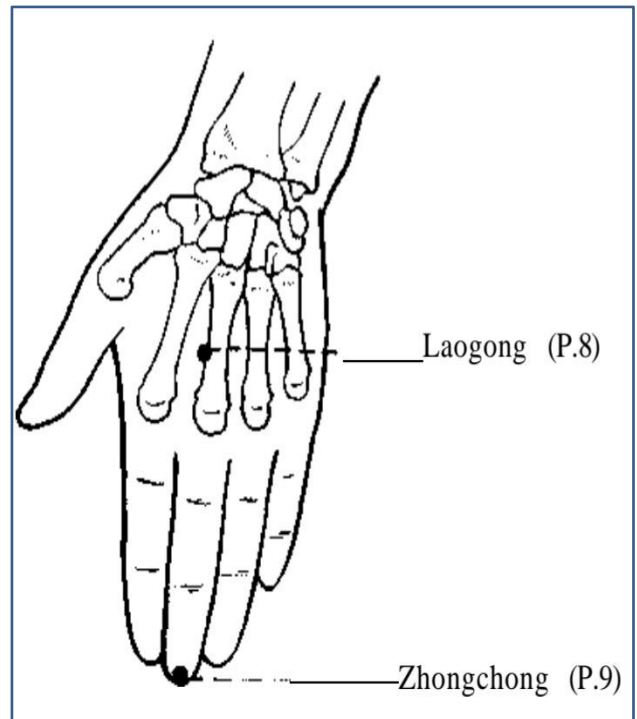
Local: chronic skin infection of hand, weakness.

Distal: i) cardiac pain , mental disorders, epilepsy
ii) vomiting, stomatitis , foul breathing .

Regional anatomy:

Vasculature: The Common palmar digital artery.

Innervation: The second common palmar digital nerve of the median nerve.



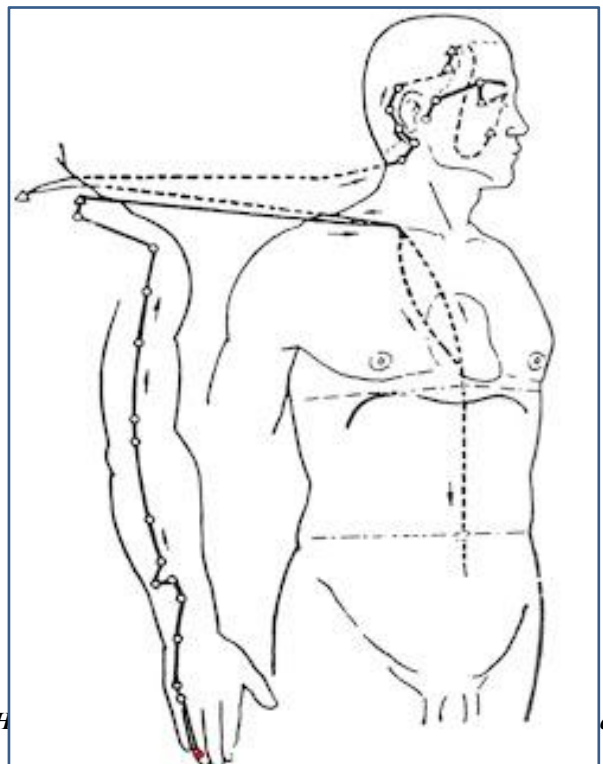
SANJIAO / TRIPLE WARMER /ENERGIZER CHANNEL / MERIDIAN

Description of very important and commonly used points from the channel of:

10. Sanjiao / Triple Warmer / Energizer (SJ/TW/TE).
Total points 23 (twenty three). To be discuss SJ-4, SJ-5, SJ-17 = 3 points.

Pathway of Sanjiao / Triple Warmer / Energizer Meridian:

The sanjiao channel originates from the tip of the ring finger. It travels upward between the fourth and fifth metacarpal bones and along the dorsal side of the wrist and the lateral side of the forearm between the radius and ulna, it passes through the olecranon. Then it runs along the lateral aspect of the upper arm and reaches the shoulder region. Crossing over the shoulder, it enters the supraclavicular fossa. It then ascends to the neck, running along the posterior border of the ear. It crosses from the superior aspect of the ear to the corner of the forehead. Then it turns



downward to the cheek and terminates in the depression at the lateral end of the eyebrow.

Yangchi (SJ- 4):

Location: on the posterior wrist crease, at the junction of the ulna and carpal bones, in the depression just radial to extensor digiti minimi.

Needle: 1", **Insertion:** 0.3" -0.5",

Direction/Method: Perpendicularly and slightly towards fingers.

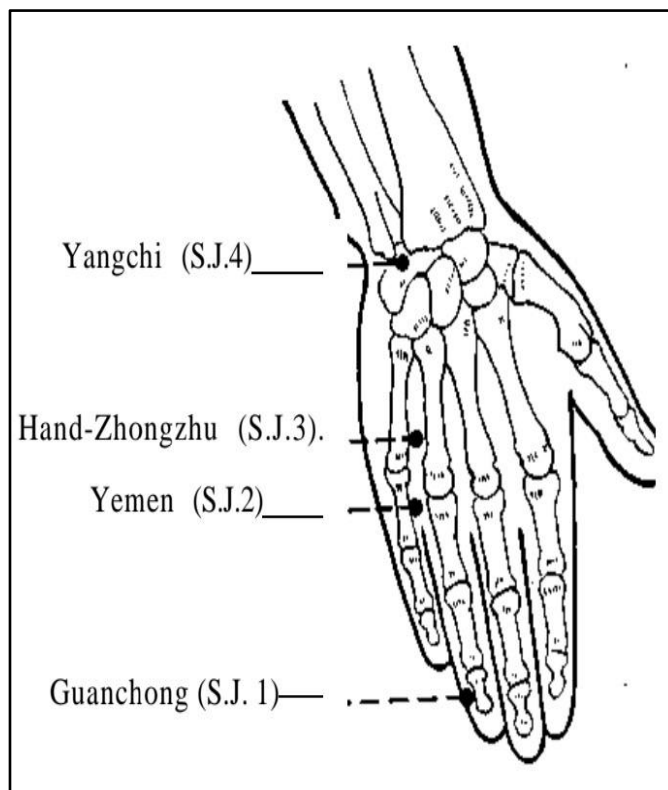
Sensation: along the back of hand –towards the 3rd & 4th finger.

Indication: i) pain and weakness of hand, wrist and forearm. ii) wrist drop; iii) malaria
iv) deafness.

Regional anatomy:

Vasculature: The dorsal venous network of the wrist and the posterior carpal artery.

Innervation: The terminal branch of the posterior antebrachial cutaneous nerve and the dorsal branch of the ulnar nerve.



Wai kuan (Waiguan, SJ-5)

Location: on the dorsal aspect of forearm, 2 cun above the dorsal wrist crease between radius and ulna.

Needle: 1" **Insertion:** 0.5" - 0.75"

Direction/Method: perpendicularly

Sensation: along the posterior aspect of wrist, towards dorsum of hand, may reach 2nd & 3rd fingers.

Indication:

local: pain and weakness of wrist and forearm, tremor.

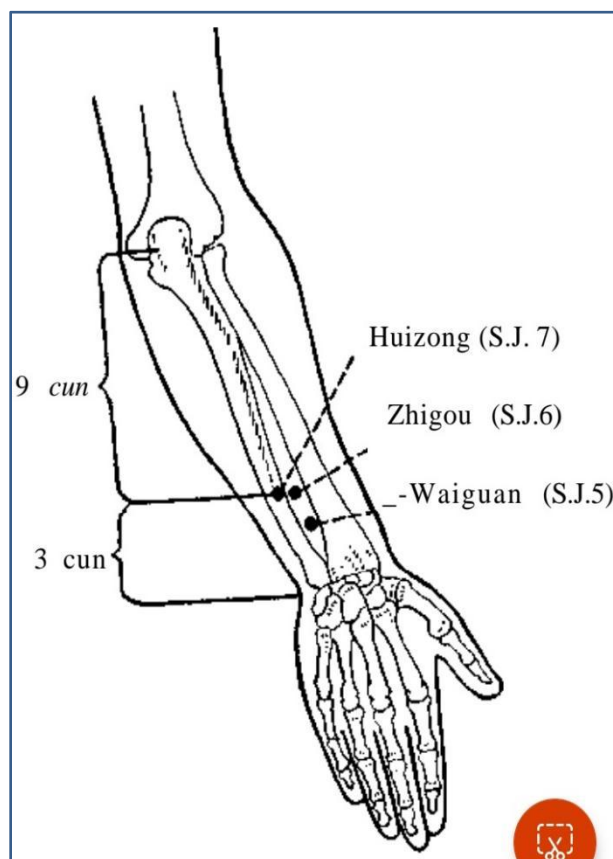
Distal: i) ear diseases like otitis media, deafness.
ii) Temporal headache, migraine.

N.B. –through and through needling can be done from waiguan(SJ-5) to Neiguan (p.6).

Regional anatomy:

Vasculature: Deeper, the posterior and anterior antebrachial interosseous arteries and veins.

Innervation: The posterior antebrachial cutaneous



nerve; deeper, the posterior interosseous nerve and the anterior interosseous nerve.

Yifeng (SJ-17)

Location: in the depression between the posterior border of ramus of mandible and mastoid process, where the lower border of ear lobule touches.

Needle: 1” -1.5” **Insertion:** 0.5”- 1”

Direction/Method: perpendicularly , slightly anteriorly, medially and upwards.(along the line of auditory canal).

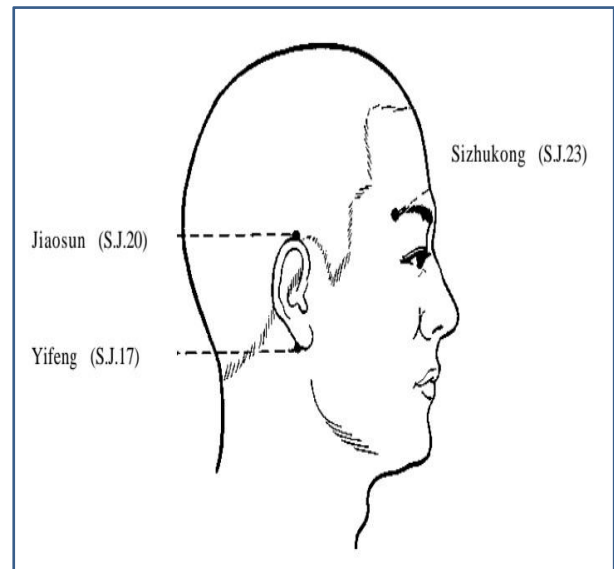
Sensation: throbbing sensation inside the ear.

Indication: i) Tinnitus, deafness. ii) Giddiness and vertigo. iii) Facial palsy.

Regional anatomy:

Vasculature: The posterior auricular artery and vein, the external jugular vein.

Innervation: The great auricular nerve; deeper, the site where the facial nerve perforates out of the stylomastoid foramen.



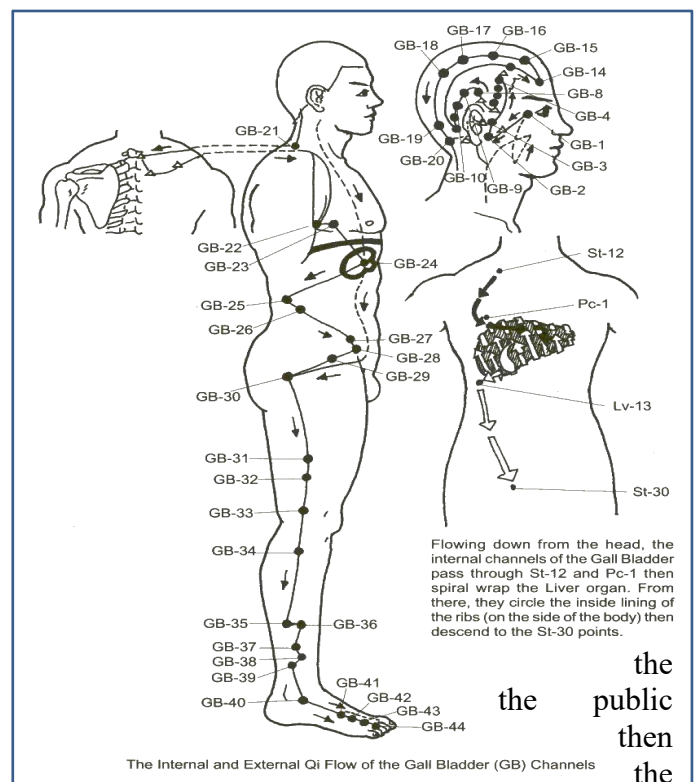
GALL BLADDER CHANNEL / MERIDIAN

Description of very important and commonly used points from the channel of:

11. Gall Bladder (GB). Total points 44 (forty-four). To be discuss GB-14, GB-21, GB-31, GB-34, GB-39 = 5points.

Pathway of Gall Bladder Meridian:

The gall bladder channel of the Foot starts from the outer canthus of the eye, and descends to the anterior aspect of the ear. Then ascends to the corner of the forehead, and then winds downward posterior to the ear. Then arches forward to the forehead at the midpoint of the eyebrow. It then runs above the hairline to the lateral side of the neck. Travels highest point of the trapezius muscle. From there it further descends to the axilla and enters the chest. It then travels interiorly in the hypochondriac region, emerging at the lateral side of the lower abdomen near the femoral artery in inguinal region. Then it curves along the margin of hair and runs transversely into the hip region. It travels downward along the lateral side of thigh to lateral side of the knee. Further descending along the anterior aspect of the fibula, it reaches the lower



end of the fibula, and the anterior aspect of the lateral malleolus. Following the dorsum of the foot, it terminates at the lateral side of the fourth toe's tip.

Yang pai (yang bai, GB-14)

Location: on forehead , 1 cun above the mid point of eye brow.

Needle: 1” **Insertion:** 0.3”- 0.5”

Direction/Method: - horizontally (15-20 degree) downwards.

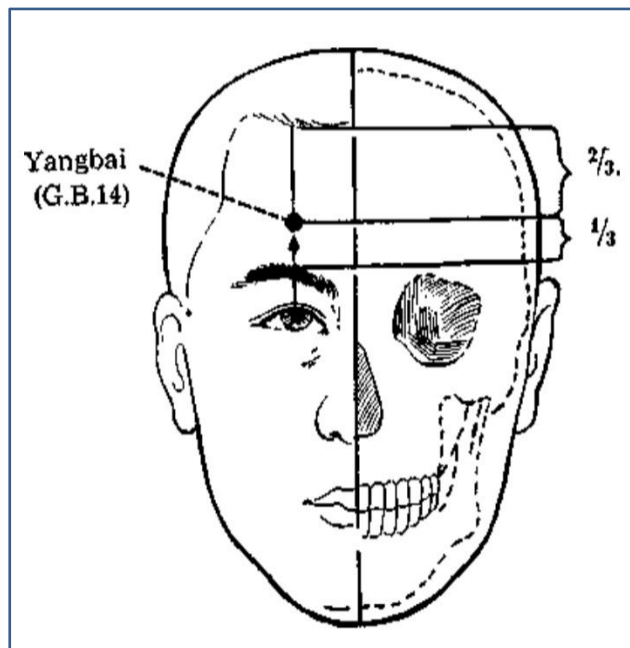
Sensation: lateral surface of forehead, may extend upto the upper border eyebrow.

Indication: frontal headache , sinusitis and migraine, blurring of vision , lacrimation on exposure to cold , facial palsy etc.

Regional anatomy:

Vasculature: The lateral branches of the frontal artery and Vein.

Innervation: The lateral branch of the frontal nerve.



Chienching (jian jing , GB-21)

Location: on the hump of the shoulder midway between tachui(du. 14) and the tip of acromian process of scapula .

Needle: 1.5” **Insertion:** 0.75”- 1”

Direction/Method: perpendicularly.

Sensation: Along the trapezius, upwards up to nape of neck of same side , and laterally up to shoulder joint .

Indication: i) pain in shoulder and back, rigidity of neck muscles,

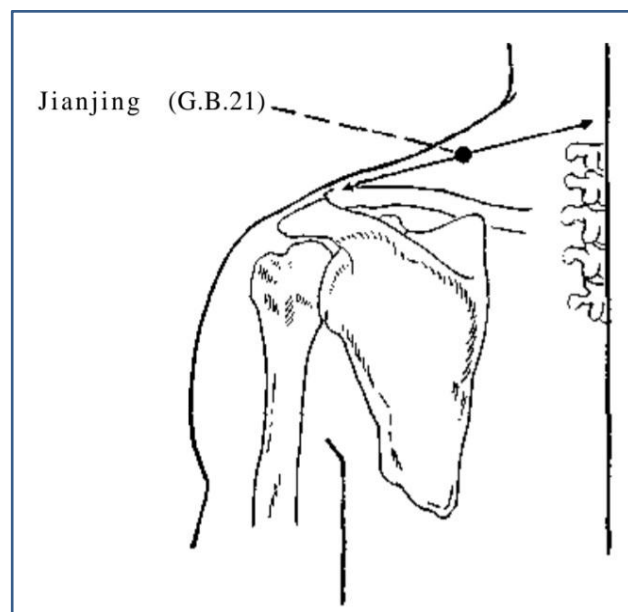
ii) Limitation of abduction of arm.

iii) Motor impairment of hand and arm.

Regional anatomy:

Vasculature: The transverse cervical artery and vein.

Innervation: The posterior branch of the supraclavicular nerve, the accessory nerve.



Fung shi (Feng shi , GB-31)

Location: on the lateral aspect of thigh , 7 cun above the transverse popliteal crease , on the vastus lateralis muscle . (patient in supine position and hands close to thigh with elbow and wrist fully extended, the point is at the tip of middle finger.)

Needle: 1.5" - 2" **Insertion:** 1"- 1.5"

Direction/Method: perpendicularly.

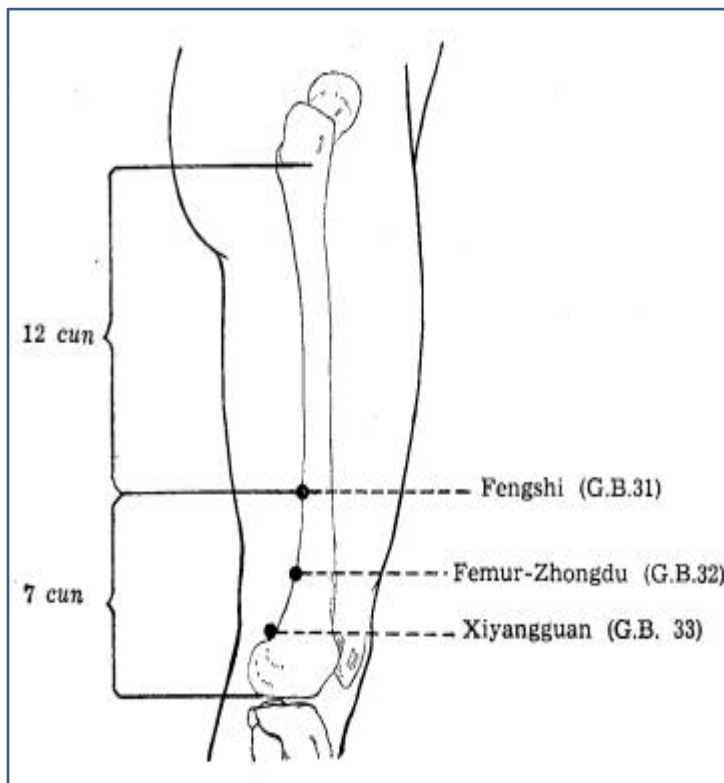
Sensation: Downwards up to knee joint, may extend to the leg.

Indication: Hemiplegia, muscular atrophy, motor impairment and pain in lower extremity.

Regional anatomy:

Vasculature: The muscular branches of the lateral circumflex femoral artery and vein.

Innervation : The lateral femoral cutaneous nerve, the muscular branch of the femoral nerve.



Yang Ling Chun (Yang Ling Quan, GB-34)

Location: On the antero-lateral aspect of leg, just in front of the neck of the fibula.

Needle: 1.5" - 2" **Insertion:** 1"- 1.5"

Direction/Method: Perpendicularly.

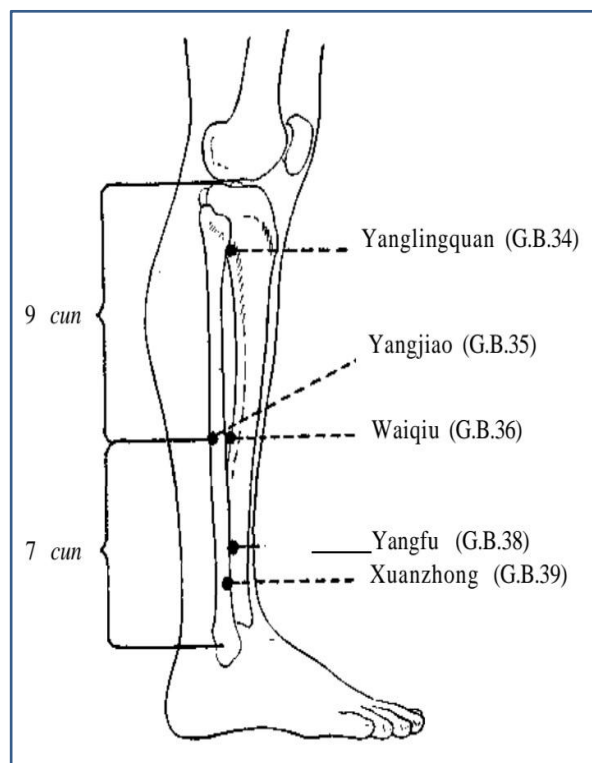
Sensation: Downwards along the antero lateral aspect of leg up to front of lateral malleolus, may extend over dorsum of foot up to 3rd and 4th toe.

Indication:

Local: i) pain, numbness and weakness of inferior extremity. ii) pain and swelling of the knee.

Distal: i) General anti arthritic and analgesic point. ii) general anti allergic point. iii) lumbago – sciatica syndrome. iv) Dizziness, vertigo, heart burn ,vomiting (due to acid regurgitation and diseases of gall bladder). v) Frozen shoulder. vi) pain in the hypochondriac and costal region.

N.B.- through & through needling can be done from Yang ling chun (GB-34) to Yin lingchun (SP-9).



Hsuan chang (xuanzhong, GB-39)

Location: 3 cun above the tip of lateral malleolus, on the posterior border of fibula.

Needle: 1” **Insertion:** 0.5”-0.75” **Direction/Method:** perpendicularly.

Sensation: Along the lateral aspect of leg up to ankle & foot.

Indication:

Local: i) Hemiplegia. ii) Pain in knee and leg.

Distal: i) Neck rigidity. ii) Fullness of chest, distention of abdomen. iii) Pain in hypochondriac region.

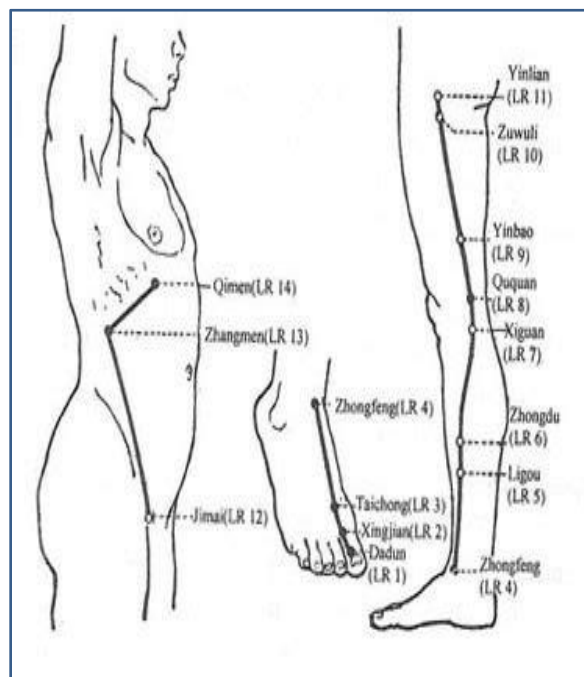
LIVER CHANNEL / MERIDIAN

Description of very important and commonly used points from the channel of:

12. Liver (LIV). Total points 14 (fourteen). To be discuss Liv-3, Liv-13 = 2 points.

Pathway of Liver Meridian:

The liver channel of the Foot originates on the lateral side of the great toe. Ascending along the dorsum of the foot, it flows further upward to the anterior aspect of the medial malleolus. Then it runs upward to the medial side of the knee and along the medial aspect of the thigh into the pubic region. From there it curves around the external genitalia and crosses the midline up to the lower abdomen. Ending directly below the nipple.



Taichong (Liv. 3)

Location: on dorsum of foot, 2 cun proximal to the web margin between 1st & 2nd toe or in the depression distal to junction of 1st & 2nd metatarsal bones.

Needle: 1” **Insertion:** 0.5” **Direction/Method:** perpendicularly and slightly towards toes.

Sensation: along the 1st & 2nd toes.

Indication:

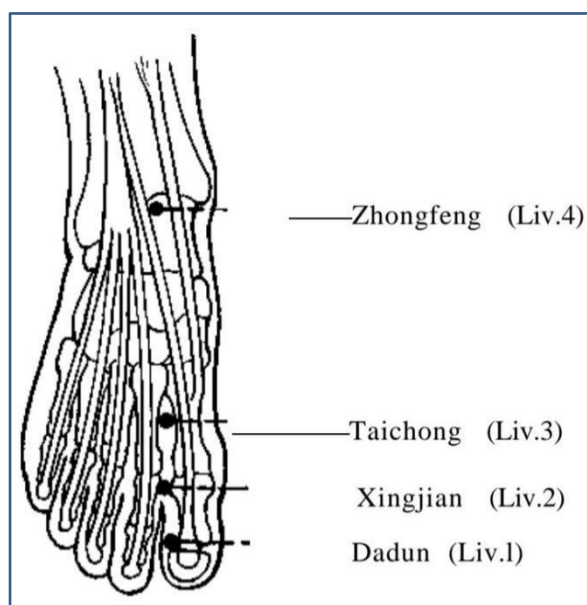
Local: pain in ant. Aspect of medial malleolus.

Distal: i) headache, vertigo, convulsion in children and infant, insomnia, epilepsy. ii) Enuresis, retention of urine. iii) Fullness of hypochondriac region.

Regional anatomy

Vasculature: The dorsal venous network of the foot, the first dorsal metatarsal artery.

Innervation: The branch of the deep peroneal nerve.



Chang men (Zhang men, Liv. 13)

Location: on the lateral side of the abdomen, below the free end of 11th rib.

Needle: 1” **Insertion:** 0.5”-0.75”

Direction/Method: Perpendicularly.

Sensation: Downwards & laterally.

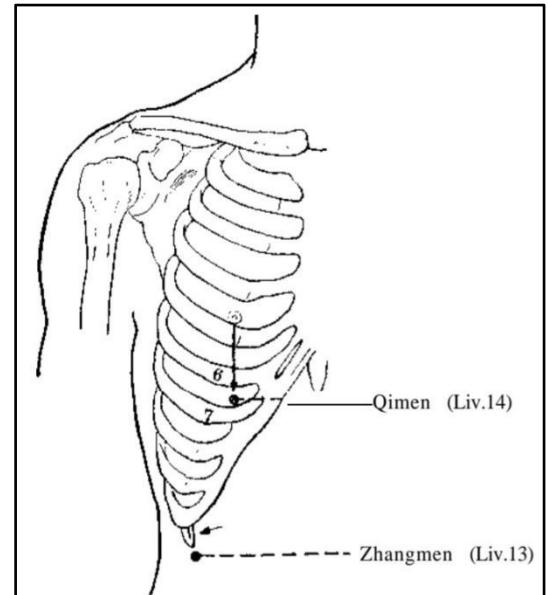
Indication:

- i) Pain in the dorso –lumber, hypochondriac and costal region.
- ii) Abdominal distention, diarrhea, vomiting, indigestion.

Regional anatomy

Vasculature: The terminal branch of the tenth intercostal artery.

Innervation: Slightly inferiorly, the tenth intercostal nerve.



GOVERNING VESSEL / DU MAI CHANNEL / MERIDIAN

Description of very important and commonly used points from the channel of:

14. Governing Vessel /DU Mai. Total points 28 (twenty eight). To be discuss GV/DU-3, GV/DU-14, GV/DU-20, GV/DU-26 = 4 points.

Pathway of Governing Vessel / DU mai Meridian:

The Du channel starts midway between the tip of the coccyx bone and the anus with patient lying prone. It then flows upward inside the spinal column to the nape of the neck, and ascends to the vertex. Along the forehead, it descends to the nose bridge, then to the lips. Ending at the labial frenulum inside the upper lip.

Yaoyangkuan (Yao= waist, yangguan GV/DU- 3)

Location: on the posterior midline of back , below the spinous process of l-4 vertebra.

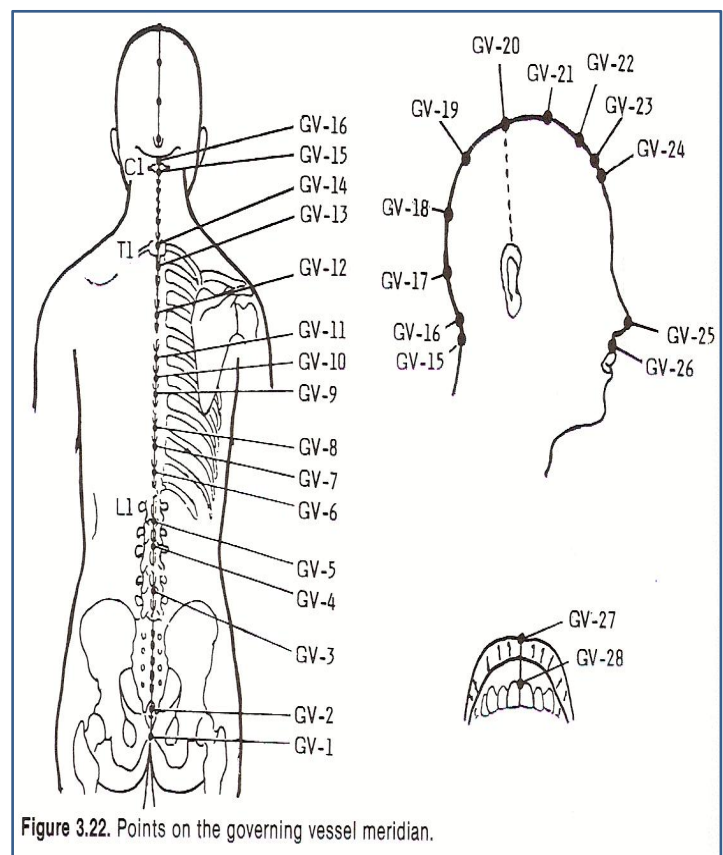


Figure 3.22. Points on the governing vessel meridian.

Needle: 1"- 1.5" **Insertion:** 0.5"-1"

Direction/Method: perpendicularly and slightly upwards.

Sensation: downwards along midline.

Indication: i) lumbago. ii) Muscular atrophy, lumbosacral pain, flaccidity of the lower extremities, motor impairment numbness and pain in lower extremity. iii) spermatorrhoea, impotence, emission, and irregular menstruation.

Regional anatomy:

Vasculature: The posterior branch of the lumbar artery.

Innervation: The medial branch of the posterior ramus of the lumbar nerve.

Tachui (Tazhui, GV/DU-14)

Location: on posterior midline of back, below the spinous process of C-7 and T-1 vertebra.

Needle: 1"- 1.5" **Insertion:** 0.5"-1"

Direction/Method: perpendicularly and slightly upwards.

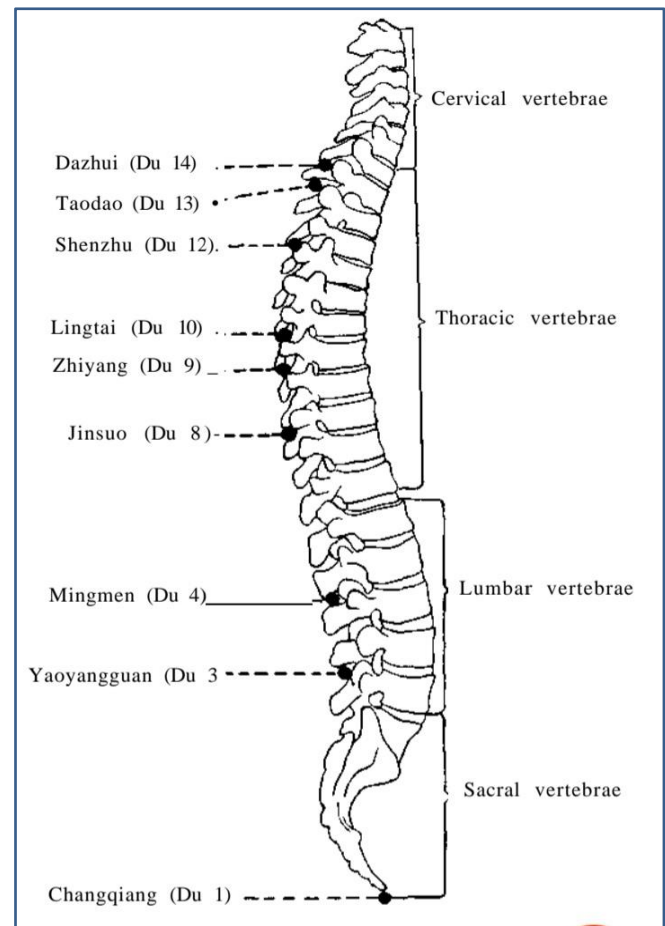
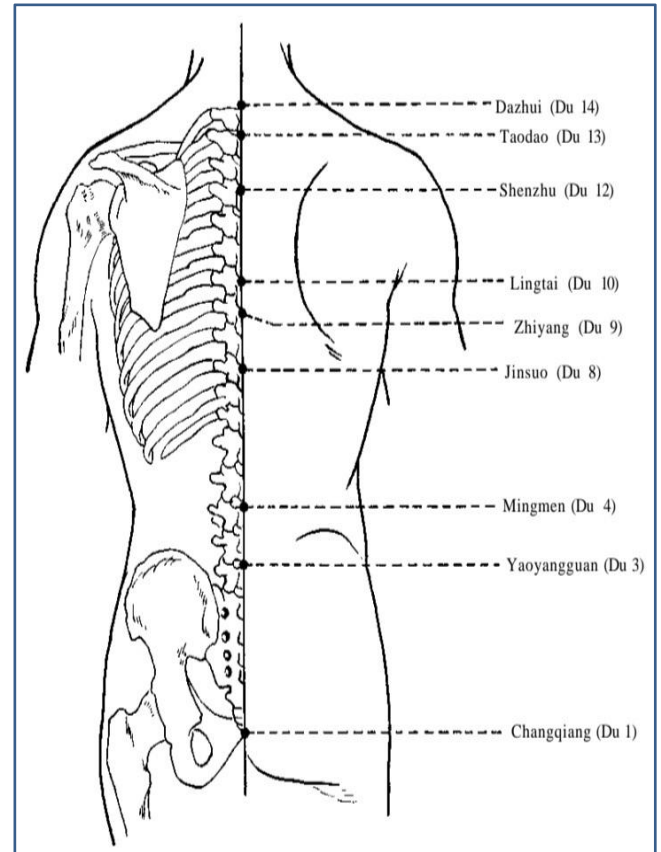
Sensation: downwards (sometimes may run upwards) along the spines.

Indication: i) cervical spondylosis and weakness of neck muscle, stiffness of back. ii) general antirheumatic points. iii) Fever, common cold, malaria. iv) Bronchitis and bronchial asthma. Headache complicated with stiffness of nape and back, malaria, fever, epilepsy, cough with dyspnea, common cough.

Regional anatomy:

Vasculature: The branch of the transverse cervical artery.

Innervation: The posterior ramus of the eighth cervical nerve and the medial branch of the posterior ramus of the first thoracic nerve.



Paihui (Baihui, GV/DU-20)

Location: At the junction of the line joining the highest point of folded ears with sagittal lines, i.e. on vertex

Needle: 1" **Insertion:** 0.25"-0.5"

Direction/Method: Horizontally and posteriorly.

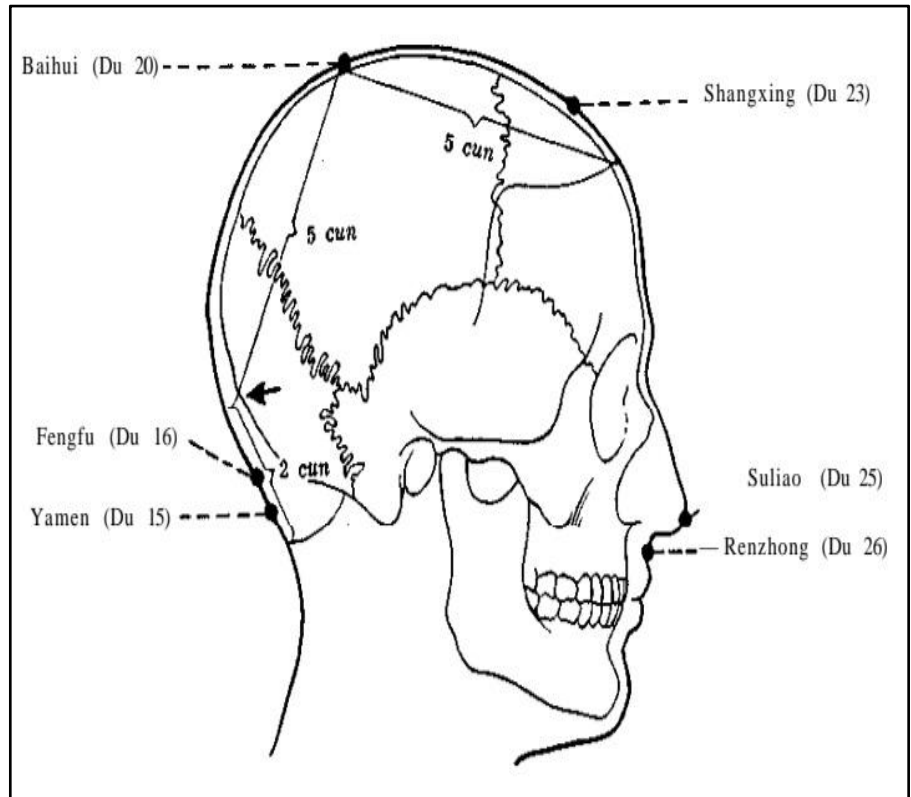
Sensation: Around the point.

Indication: i) mental disorder. ii) Headache. iii) Insomnia. iv) Epilepsy. v) Prolapsed of rectum.

Regional anatomy:

Vasculature: The anastomotic network formed by the superficial temporal arteries and veins and the occipital arteries and veins on both sides.

Innervation: The branch of the great occipital nerve.



Renchung (Renzhong, GV/DU-26)

Location: on the midline of the upper lip filtrum, at the junction of upper 1/3rd and lower 2/3rd.

Needle: 1" **Insertion:** 0.3" – 0.5" **Direction/Method:** perpendicularly and slightly upwards.

Sensation: around the point and in the gum near upper incisor teeth.

Indication: i) facial palsy, puffiness of the face, Deviation of the mouth and eye, Pain and stiffness of the lower back. ii) epilepsy, Manic-depressive disorders. iii) Shock, mental disorders; infantile convulsion, coma, trismus. iv) pain and stiffness of lower back. v) Trigeminal neuralgia.

Regional anatomy:

Vasculature: The superior labial artery and vein.

Innervation: The buccal branch of the facial nerve, and the branch of the intraorbital nerve.

CONCEPTION VESSEL / REN MAI CHANNEL / MERIDIAN

Description of very important and commonly used points from the channel of:

13. Conception Vessel. Total points 24 (twenty four). To be discuss CV/Ren-4, CV/Ren-12, CV/Ren-17 = 3 points.

Pathway of Conception Vessel / Ren Mai Meridian:

The Ren channel starts on the midline between the anus and the scrotum in males. Between the anus and the posterior labial commissure in females. It ascends anteriorly to the pubic region. Along the midline of the abdomen, it flows upward reaches the throat. Flowing further upward, it ends in the depression in the center of the mentolabial groove.

kuanyuan (Guanyuan, Ren / CV-4)

Location: on the anterior midline of abdomen, 3 cun below umbilicus or 2 cun above upper border of pubic symphysis. (to locate this point while the patient in supine position.)

Needle: 1.5"

Insertion: 1" - 1.25"

Direction/Method: Perpendicularly.

Sensation: towards pelvis and iliac region, may go up to tip of urethra.

Indication:

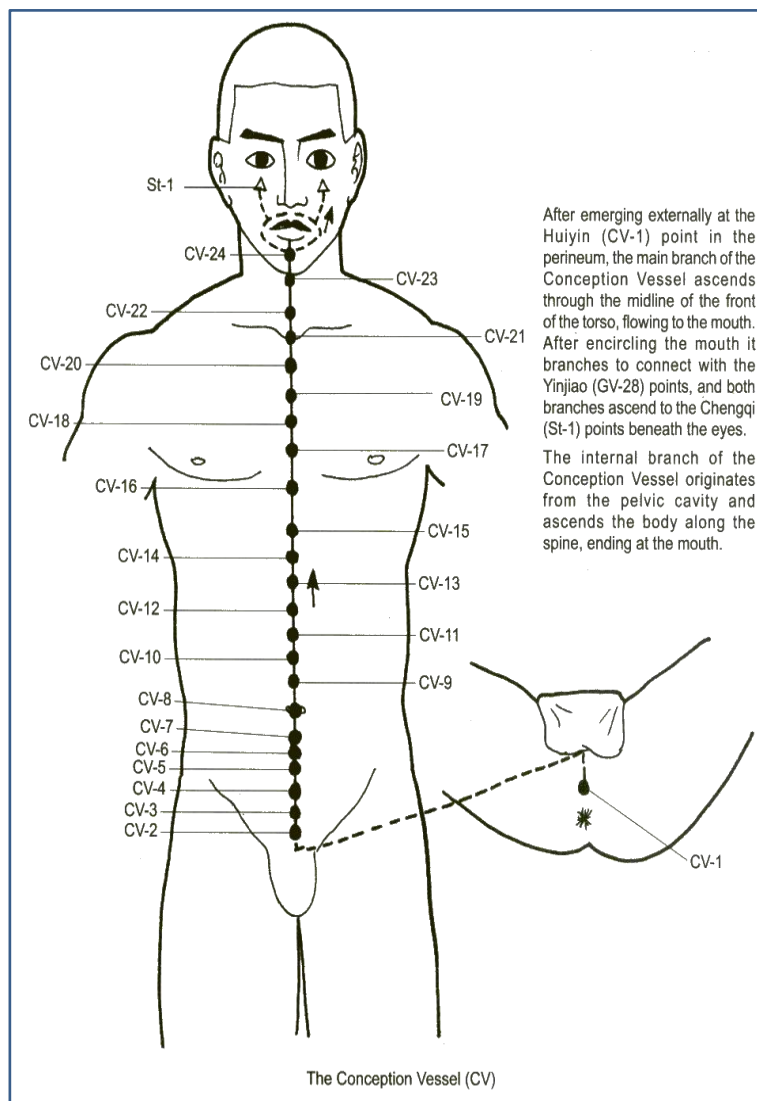
i) Urinary tract disorder – vide Shenshu (UB-23), ii) menstrual disorder - vide Shenshu(UB-23), iii) Diarrhea. Enuresis, nocturnal emission, frequency of micturition, retention of urination, hernia, irregular menstruation, abnormal vaginal discharge, dysmenorrhoea, metrorrhagia and, postpartum hemorrhage. Pain in the lower abdomen, indigestion, diarrhoea, prolapse of rectum etc.

Chungwan (Zhongwan, CV / Ren-12)

Location: on the anterior midline of abdomen, midway between xiphoid process and umbilicus or 4 cun above umbilicus.

Needle: 1"- 1.5"

Insertion:- 0.75" -1.25"



Direction/Method: Perpendicularly.

Sensation: over the epigastrium around the point .

Indication: i) gastritis, hyperacidity, pain abdomen, abdominal distention, IBS, nausea and vomiting, diarrhea, borborygmus , dysentery, stool with undigested food. ii) Epilepsy, Insomnia.

Shangchung (Danzhong, CV/ Ren-17)

Location: on anterior midline of chest , in between the two nipples at 4th inter costal space . (N.B.- locate this point with the patient on supine position).

Needle: 1” **Insertion:** 0.5”

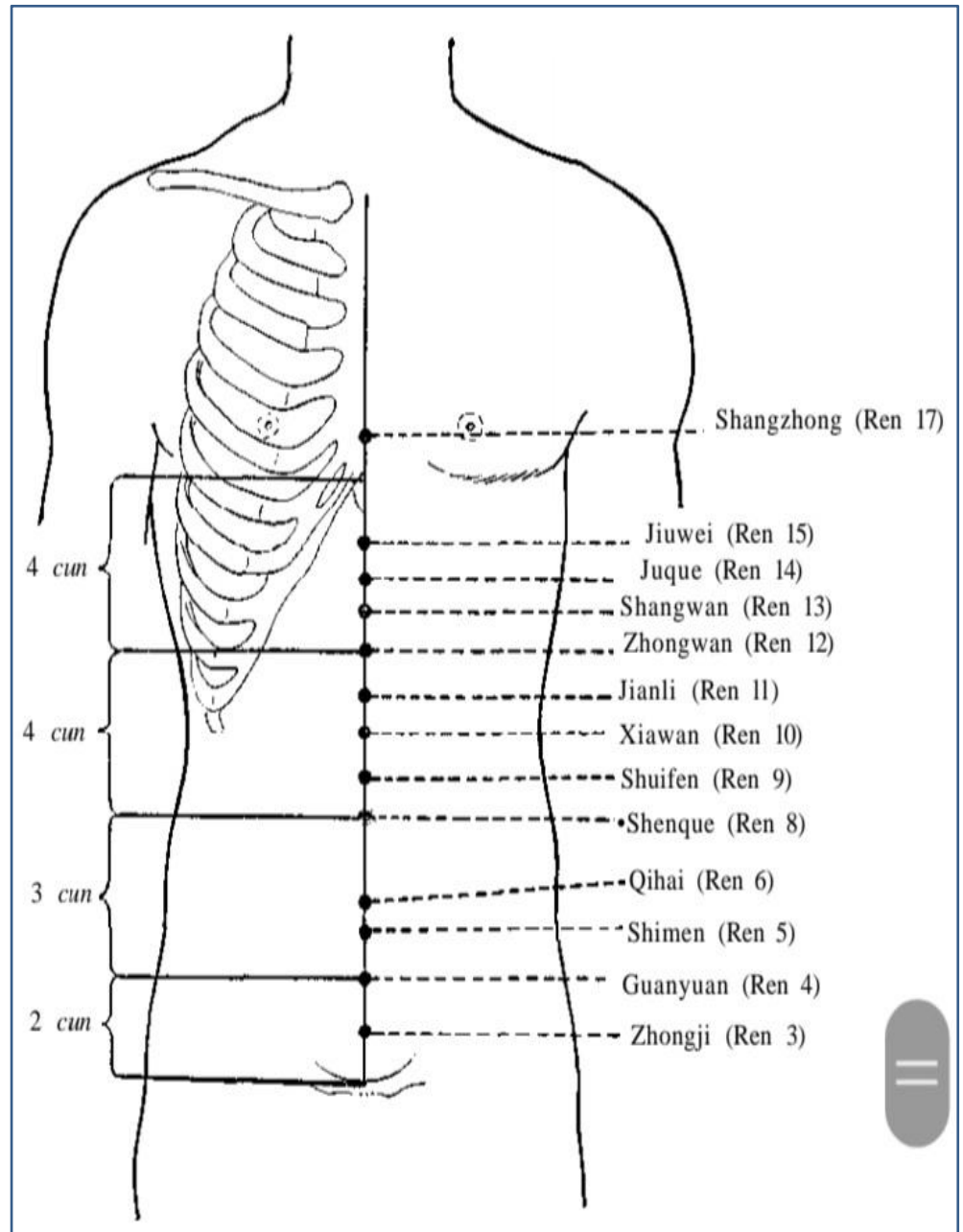
Direction/Method:

Horizontally (15-20 degree), upwards and downwards.

Sensation: in front of chest around the point .

Indication:

i) pain in local region like thoracalgia, mastitis ;
ii) asthma, hiccup, Dyspnea, hiccup, dysphagia, chest pain, palpitation, insufficient lactation.



EXTRAORDINARY POINTS

1. Yin tang

Location: On the nasion (midpoint of the medial ends of two eye brows)

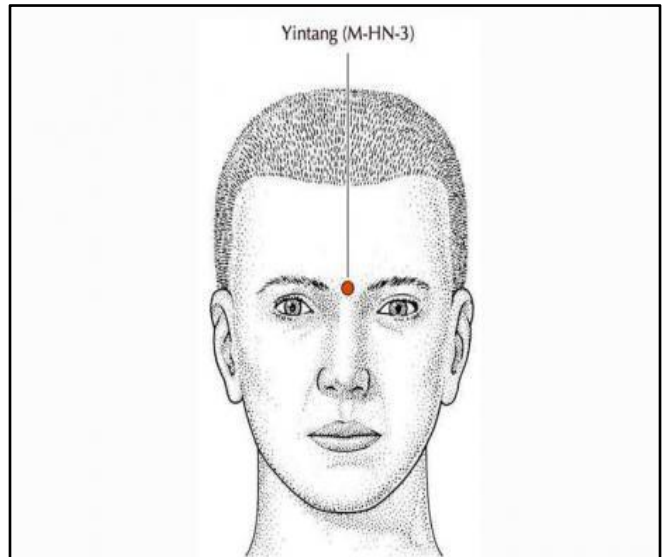
Needle: 1"

Insertion: 0.3-0.5"

Direction/Method: Horizontally(15-20 degree), towards nose

Sensation: Locally towards the nose.

Indication: 1. Rhinorrhoea, nasal stuffness 2. Headache, Sinusitis 3. Lack of mental concentration.



2. Tai Yang(Extra-2)

Location: In the depression 1 cun posterior to the midpoint between lateral end of eye brow & outer canthus of eye.

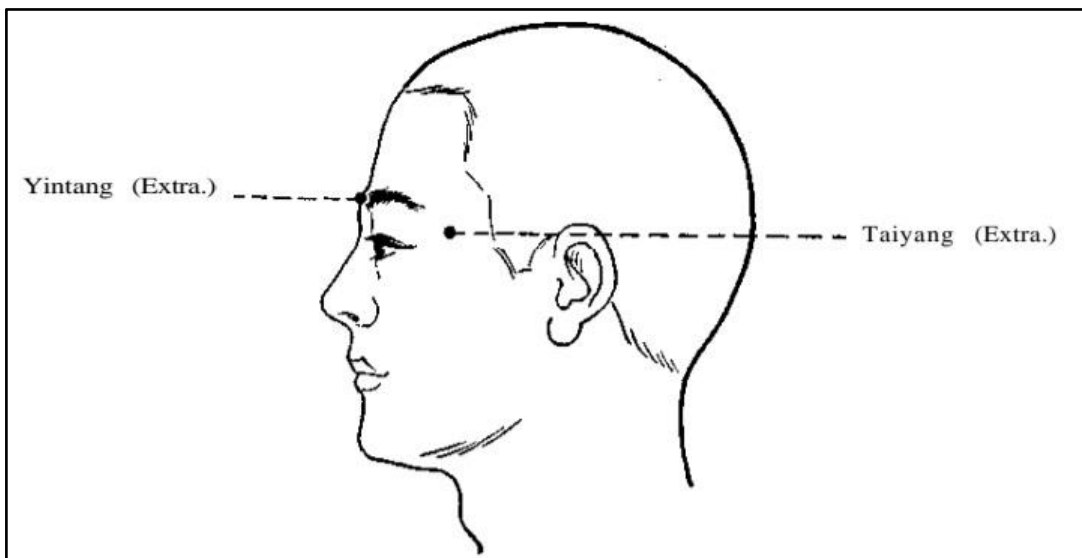
Needle: 1",

Insertion: 0.3-0.5",

Direction/Method: Perpendicularly or obliquely.

Sensation: Over temporal region & forehead of same side.

Indication: Headache, sinusitis, migraine Pain, redness & swelling, Facial palsy, Trigeminal neuralgia.



3. Huatoujiaji

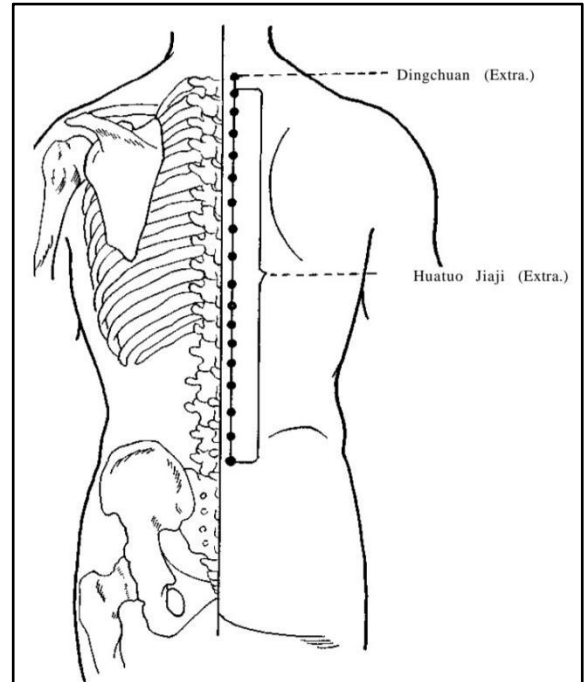
Location: 0.5 cun lateral to post midline at the level of vertebral spines from T-1 to L-5 vertebrae. Total 17 points(pairs)

Needle: 1" to 2", **Insertion:** 1-1.25",

Direction/Method: Perpendicularly & slightly medially.

Sensation: a sensation of distension or a spreading tingling sensation around the point.

Indication: a) Local pain such as Ankylosing spondylitis & weakness of paravertebral muscles. b) General = some disease of internal organs according to back shu points.



4. Sishecong

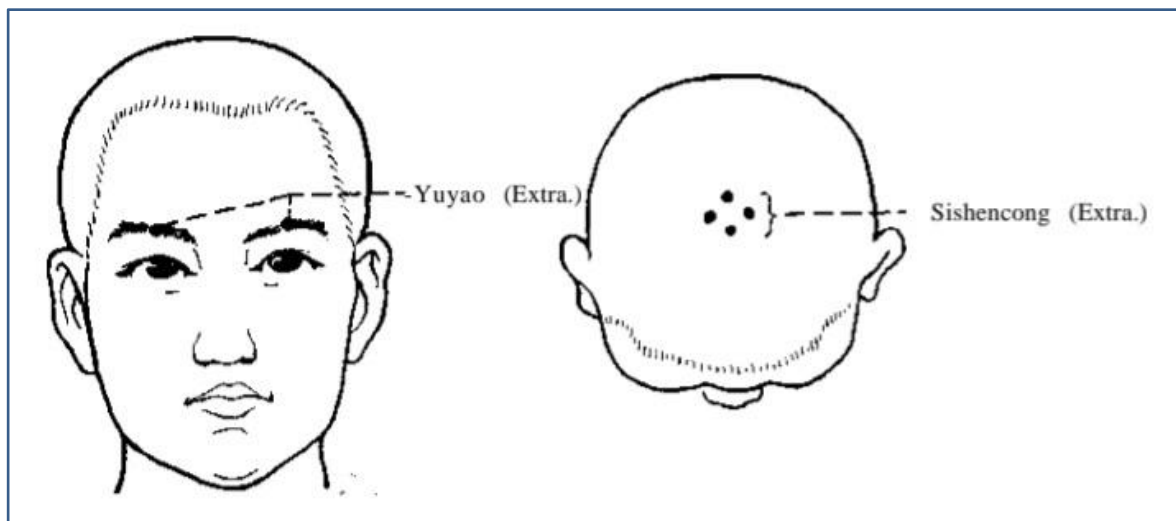
Location: Four points on the vertex of the head, 1 cun anterior, posterior and lateral to Baihui (DU20).

Needle: 1" **Insertion:** 0.5-1.0"

Direction/Method: Puncture subcutaneously.

Sensation: Around the point.

Indication: i) mental disorder. ii) Headache. iii) Insomnia. iv) Epilepsy. v) Prolapsed of rectum.



5. Baxiea

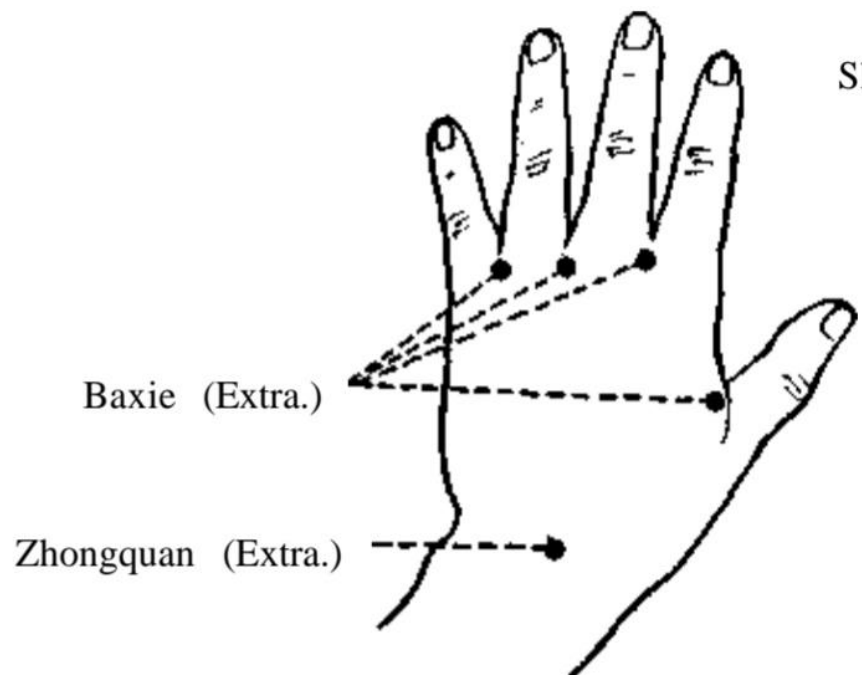
Location: Four points on the dorsum of each hand. at the junction of the red and white skin proximal to the margin of the webs between each two of the five fingers of a hand.

Needle: 1” **Insertion:** 0.3-0.5 inch

Direction/Method: Puncture obliquely

Sensation: Around the point.

Indication: Fever complicated with dysphoria, numbness of the finger(s), contraction of the hand and forearm, swelling of the dorsum of hand.



What & Why: Electro-acupuncture

When we think of the acupuncturist's art, you probably picture an ancient technique relying on tools and technologies that have been available for thousands of years. And we would be right -- up to a point. Today's practitioners, however, have employed modern-day refinements to make this traditional healing method even more powerful and efficient than ever before. Chief among these new touches is the practice of sending electrical impulses through needles, a technique known as electro-acupuncture.

Electro-acupuncture is one of many derivatives or variants of traditional acupuncture being used today. These treatments are quickly becoming a staple of modern alternative and complementary medicine, and electro-acupuncture in particular has shown promise in certain treatments.

Compared to classical acupuncture, electro-acupuncture remains a relatively new practice & new development become extremely popular in some required physical situation or in diseased conditions.

Like traditional acupuncture, electro-acupuncture aims to stimulate particular acupoints, and through those, facilitate recovery and treat a variety of different conditions. Electro-acupuncture makes use of small electrical currents passed through needles once they have been placed within their target acupoint. This actually makes use of two needles simultaneously, and currents travel from one of these to other, stimulating Acupoints.

So, it is an application of a pulsating electrical current to acupuncture needles as a means of stimulating the acupoints, was developed in China as an extension of hand manipulation of acupuncture needles around 1934. It is described, though only briefly, in most comprehensive texts of acupuncture. The procedure for electro-acupuncture is to insert the acupuncture needle as would normally be done, attain the life/ vital force /energy (qi) reaction by hand manipulation, and then attach an electrode to the needle to provide continued stimulation.

It should apply where there is classical acupuncture is less effective and a build of life/ vital force /energy and an extra push is needed to clear the obstruction. It can potentially contribute to the release of neurotransmitters, chemicals involved in signalling from nerve cells, and trigger pain relief and other recovery mechanisms as an extra dose than classical acupuncture.

What's the difference between electro-acupuncture and classical acupuncture?

Electro-acupuncture is quite similar to traditional acupuncture in that the same points are stimulated during treatment. As with traditional acupuncture, needles are inserted on specific points along the body. In Electro-acupuncture the needles are then attached to a device that generates continuous and different electric pulses using small clips. These devices are used to adjust the frequency and intensity of the impulse being delivered, depending on the condition being treated. Electro-acupuncture uses two needles at a time so that the impulses can pass from one needle to the other. Several pairs of needles can be stimulated simultaneously, usually for no more than 30 minutes at a time.

The advantages of Electro-acupuncture or using electrical stimulation are:

1. It substitutes for prolonged hand manipulation. This helps assure that the patient gets the amount of stimulation needed, because the doctor may otherwise pause due to fatigue. Electro-acupuncture may also help reduce total treatment time by providing the continued stimulus. During electro-acupuncture, the practitioner can attend to other patients.
2. It can produce a stronger stimulation, if desired more than simple or classical acupuncture, without causing tissue damage associated with twirling and lifting and thrusting the needle. Strong stimulation may be needed for difficult cases of neuralgia or paralysis etc.
3. It is easier to control the frequency of the stimulus and the amount of stimulus than with hand manipulation of the needles.
4. The use of electro-acupuncture also has beneficial effects on treatment. The current applies the beneficial stimulation to a larger area, compensating for any tiny inaccuracies in needle

placement. Also, the current permits deeper, more powerful stimulation of the meridians, so it increases chances of healing.

The disadvantages of Electro-acupuncture using electrical stimulation are:

It must not be applied as an over dose to control the symptoms, It should be applied where there is classical acupuncture is less effective and a build up of life/ vital force /energy and an extra push is needed to clear the obstruction. As It produces a stronger stimulation, so unnecessary use of electro-acupuncture can conflict with the bio-electricity which may lead to serious health problem.

WHO stated in the Guidelines on basic training and safety in acupuncture that “Electrical stimulation is potentially harmful. It is contraindicated: in pregnancy; if the patient has a pace-maker; if there is lack of skin sensation; and in cases of impaired circulation, severe arterial disease, undiagnosed fever or severe skin lesions”

Are there any risks involved in electro-acupuncture?

Electro-acupuncture should not be used on patients who have a history of seizures, epilepsy, heart disease or strokes, or on patients with pacemakers. Patients with pacemakers should avoid the treatment as even small scale electrical stimulation can disrupt the workings of these small but extremely important devices regulating the heart rate of people with cardiac disorders.

It should also not be performed on a patient's head or throat, or directly over the heart. Another recommendation is that when needles are being connected to an electric current, the current should not travel across the midline of the body (an imaginary line running from the bridge of the nose to the bellybutton).

Before trying electro-acupuncture, physician should make sure to discuss the potential risks and benefits with their patients. As it is an acupuncture technique that involves the insertion of needles through the skin, electro-acupuncture does carry small risks of infection and injury during the insertion of a needle. Fortunately investigations into these risks have shown that incidences of both infection and injury are almost exclusively limited to occasions where an inexperienced or counterfeit acupuncturist has been responsible for treatment.

If we are using electro-acupuncture we should make sure that we have sufficient training and experience and your treatment plan also require adding such medical device according to diseases conditions. We must keep in our mind that the device electricity may disrupt or can cause disharmony in the following of the life/ vital force /energy/Qi or bioelectricity. Therefore, it is recommended to apply when it is necessary.

What conditions can electro-acupuncture treat?

According to the principles, illness is caused when the life/ vital force /energy/qi does not flow properly throughout the body. Acupuncturists determine whether qi is weak, stagnant or otherwise out of balance, which indicates the points to be stimulated. Electro-acupuncture is considered to be especially useful for conditions in which there is an accumulation of the life/ vital force /energy/qi, such as in chronic pain syndromes or in cases where the the life/ vital force /energy/qi is difficult to stimulate.

While electro-acupuncture may be used as a component of nearly all acupuncture treatments that require manipulation of the needles, according to the literature, especially good results are expected from electro-acupuncture treatment of neurological diseases, including chronic pain, spasm, and paralysis. It is generally recommended to avoid placing electrodes to needles near the heart, as the heart can respond adversely to electrical impulses, and the path between any two electrodes should not cross the heart area, despite the low current that is used. Some have suggested avoiding placing electrodes to needles on both sides of the spinal cord, because of the possible effect of the electrical stimulus on the nervous system.

Points are generally selected in pairs for electrical pulse stimulation, with 1-3 pairs at one time, and the pairs are usually on the same side of the body.

The use of electro-acupuncture or electrical stimulation devices:

In the commonly-used portable battery devices, this is accomplished by boosting the voltage output of the battery, such as raising the voltage from 9 volts to 45 volts. Many of the devices have an AC adapter to avoid frequent replacement of batteries. There is virtually no current transmitted through the body, but there is enough voltage stimulus for the patient to feel it; often this will be a pulsating sensation because of the intention of using a waveform that is perceptible.

Duration of standard treatment with electro-acupuncture is usually 10-20 minutes and rarely exceeds 30 minutes. The electrical pulsing stimulus is used in a few cases for an hour or more, especially for difficult to treat neurological disorders. During the stimulation period, the patient may become adapted to the stimulus (this will typically happen after the first minute or two), with a gradual decline in response. The electrical output should then be adjusted in frequency and/or intensity to resume the sensation. Variable frequency output of the electro-acupuncture device is sometimes utilized in an attempt to circumvent this adaptation.

Therefore, the two electrodes in any pair are equivalent, even if they are color coded to distinguish them. Some devices allow a direct current (non-alternating) setting, but the use of this has been discouraged, as mild adverse effects might occur if the pulsing of the current ceases for any reason (i.e., device defect).



The device to be used for electro-acupuncture must have good control over its voltage output to avoid excessive electrical stimulation, namely an unexpected higher voltage pulse that causes pain or muscular contraction, and to assure that the frequency and intensity is maintained as set by the practitioner. Informal testing of devices has showed that some are erratic in their output, so older devices, and those not produced with adequate quality control measures, are to be avoided.

The device should not be turned on until after the acupuncture needles are in place and the electrodes connected. All changes in the electrical stimulus should be carried out gradually. It is normal for the patient to experience responses such as rhythmic spasm or weak twitching of the muscle (frequently

visible to the practitioner), as well as the usual “arrival of the life/ vital force /energy/qi (*deqi*) reactions of acupuncture therapy: sensation of numbness, distention, and/or heaviness. The stimulus intensity, set by a voltage-adjusting knob on the device, should be in the range between the minimum amount needed for the patient to sense its effect and the minimum amount that produces an uncomfortable reaction; care should be taken to limit the muscle twitching to a mild response. Areas that are particularly sensitive to electrical stimulation are the face and regions below the elbow and knee. These areas should be treated initially with a very low intensity voltage. Patients who have not had acupuncture previously should receive classical standard acupuncture first to assure that they tolerate the treatment well, before moving on to electro-acupuncture, which may yield a stronger sensation.

The wave form (see Figure wave forms) can provide slightly different responses and must be tried for each patient to evaluate their suitability. Claims that one form is tonifying and another is dispersing may not be justified due to lack of adequate evaluation or testing to support such differentiation of effects. A continuous wave (frequency doesn't change over time) is most similar to what acupuncturists attempt to

administer by the manual method. The overall frequency of stimulus (either by continuous wave or pulses of dense waves) should be set similar to the frequency that would be used in manual stimulation

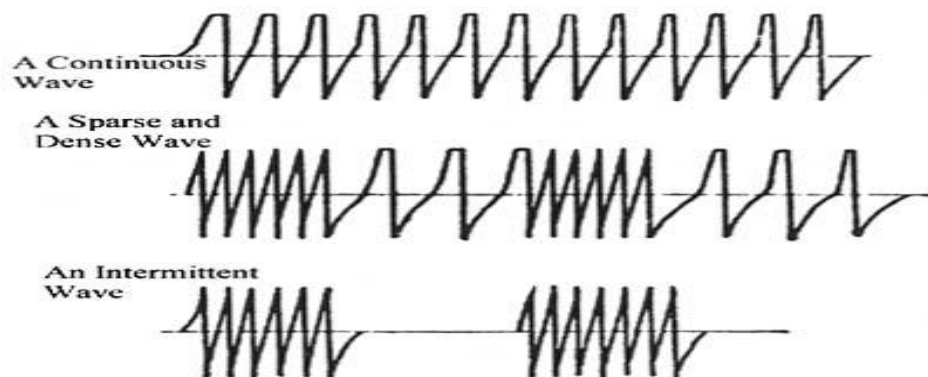


Figure: Samples of wave forms produced by electro-acupuncture devices.



Figure : Different types of electro-acupuncture stimulator.

by twirling or lifting/thrusting. Frequencies as high as 200 pulses per minute have been recommended for scalp acupuncture, with low frequencies being more commonly mentioned for body acupuncture (e.g., 50 or less). Different authors writing about electro-acupuncture present differing opinions on the ideal frequency for various desired effects. All the wave forms and frequencies are claimed to be of value in promoting circulation of qi and blood and alleviating various symptoms, particularly pain. Although some theories have been developed regarding the mechanism of action of electro-acupuncture,

there are no conclusive tests. The main function of electro-acupuncture, as evidenced by the discussions in several clinical reports in the medical literature, appears to be no more than pulsation by voltage spikes serving as stimulus replacing a rhythmic physical movement as stimulus at the site.

Does electro-acupuncture hurt?

Patients may experience a tingling sensation while being treated with electro-acupuncture, which is most likely due to the electric current. In most cases, however, the effect produced by the current is sensational; in other words, the tingling sensation will not be felt. Some minor bruising or bleeding may occur, which is the result of a needle hitting small blood vessels.

Reports on electro-acupuncture:

The majority of journal articles on electro-acupuncture are devoted to laboratory animal studies, mainly with mice or rabbits. Those studies have limited relevance to humans because of difficulties matching points on these animals with those on humans, and the possible unique effects of electricity in small animals because of the close proximity of points, which can make the effect of the electric voltage, current, and associated electromagnetic fields more evident than would be the case in humans. It is rarely indicated by these animal studies that the effects are different from standard acupuncture manipulation, though it would be difficult to carry out prolonged manual manipulation on small animals. Thus, electro-acupuncture animal studies mainly provide a means of using an animal model to study acupuncture therapy in general.

An extensive review of the Chinese acupuncture literature shows that most clinical work with acupuncture is carried out with manual stimulus despite the ready availability of electro-acupuncture devices.

As to the treatment of pain, Zheng suggests that the following points can be chosen (included, in some cases, is the "*ashi*" point, or point that is tender to the touch, and not necessarily a meridian point location as listed below):

- trigeminal neuralgia: *zanzhu* (BL-2) and *yangbai* (GB-14) for the first nerve branch; *sibai* (ST-2) with *xiaguan* (ST-7) or *quanliao* (SI-18) for the second branch; *chengjiang* (CV-24) and *xiaguan* (ST-7) for the third branch.
- sciatica: points are selected from *huantiao* (GB-30), *zhibian* (BL-54), *yanglingquan* (GB-34), *xuanzhong* (GB-39), *yinmen* (BL-37), and *weizhong* (BL-40).
- pain of greater occipital nerve: *fengchi* (GB-20) and an *ashi* point.
- migraine: *fengchi* (GB-20) and *shuaigu* (GB-8).
- periarthritis of the shoulder: select from *jianyu* (LI-15), *jianliao* (TB-14), *jianzhen* (SI-9), *naohui* (TB-13), *binao* (LI-14) and *quchi* (LI-11).
- injury of the knee joint ligaments: *liangqiu* (ST-34) and *dubi* (ST-35).
- tennis elbow: *quchi* (LI-11) and *ashi* point.
- kidney pain: *jingmen* (GB-25) and *ashi* point.
- abdominal pain: bilateral *tianshu* (ST-25).
- intestinal adhesion pain: local points on both ends of the operation scar.
- bone fracture: use points at the center of the fracture and at the ends of the fracture zone (e.g., for humerus fracture, *jianyu* (LI-15) and *quchi* (LI-11) represent the ends of the fracture zone; for femoral fracture, *xuehai* (SP-10) and *biguan* (ST-31) are the ends).

For flaccidity syndromes, he mentions the following points (note: when large numbers of points are offered, he recommends to select either 2 or 4 of the points to needle with electrical stimulus; the sets of points needled can vary from day to day, alternating from one set to the other and back again):

- paraplegia: select from *biguan* (ST-31), *futu* (ST-32), *zusanli* (ST-36), and *jiexi* (ST-41) as one group; a second group is *zhibian* (BL-54), *chengfu* (BL-36), *yinmen* (BL-37), *weizhong* (BL-40), *chengshan* (BL-57), and *kunlun* (BL-60).

- hemiplegia: *jugu* (LI-16), *jianyu* (LI-15), *jianliao* (TB-14), *binao* (LI-14), *quchi* (LI-11), *waiguan* (TB-5), *shousanli* (LI-10), and *hegu* (LI-4) are used for upper extremity paralysis; *huantiao* (GB-

30), *biguan* (ST-31), *zusanli* (ST-36), *yanglingquan* (GB-34), *sanyinjiao* (SP-6), and *jiexi* (ST-41) for paralysis of the lower extremities.

- facial paralysis: do not use electro-acupuncture in the initial phase, as it may cause spasm. It can be used at the later stage, for example: *taiyang* (extra point) and *zanzhu* (BL-2) or *sibai* (ST-2) for incomplete closing of the eye; *yingxiang* (LI-20) and *quanliao* (SI-18) or *xiaguan* (ST-7) for difficulty sniffing; either *dicang* (ST-4) and *jiache* (ST-6) or *xiaguan* (ST-7) and *dicang* (ST-4) for difficulty in blowing out the cheeks; and *heliao* (LI-19) and *dicang* (ST-4) for deviation of the philtrum.

In addition to treatment of local points for pain or paralysis or other disorders, distal points may also be selected along the course of the meridians that flow through the area to be treated. In cases of one-sided ailments, such as arthritis in one shoulder, tennis elbow, or trigeminal neuralgia, Zheng considers it acceptable to select points on the opposite side of the body for treatment in cases where the patient may not tolerate local treatment or where local treatment might cause spasms.

Gu Yuehua, at the Nanjing College of Traditional Chinese Medicine described the use of electro-acupuncture for treatment of acute abdomen. This is a severe abdominal pain that can be due to several causes including renal or gallbladder colic associated with stones, acute appendicitis, dysmenorrhea (especially that due to endometriosis), and gastric spasms. Gu reported on several recommended sets of points for electroacupuncture, as follows:

- Gastric spasm: *zhongwan* (CV-12), *juque* (CV-14), and *zusanli* (ST-36); this point set could be modified for cold syndrome-add *liangmen* (ST-21)-or hot syndrome-add *quchi* (LI-11); for distending pain in the hypochondriac region, add *taizhong* (LV-3). Points were treated bilaterally where that applies.
- Biliary colic: *riyue* (GB-24), *burong* (ST-19), *juque* (CV-14), *dannang* (extra-35), and *zusanli* (ST-36). These points were all on the right side only.
- Renal colic: *shenshu* (BL-23), *jingmen* (GB-25), *sanyinjiao* (SP-6), and *fujie* (SP-14) all on the side affected; and *yanglingquan* (GB-34) bilaterally.
- Dysmenorrhea: *guanyuan* (CV-4) and bilateral *guilai* (ST-29) and *sanyinjiao* (SP-6); with obvious stagnation of qi and blood, add bilateral *taichong* (LV-3) and *diji* (SP-8).

Gu noted that most points were punctured perpendicularly, but that *riyue* (GB-24) and *burong* (ST-19) were punctured obliquely. The initial stimulus by hand was with the reducing method, with swift lifting, slow thrusting, and large amplitude rotation. After the needle sensation was felt and radiated to the affected area, electro-stimulation was added. He used a dense-disperse wave (alternating high frequency with low frequency output), with a frequency of 18 per minute (this is the frequency of dense wave outputs). The electrical stimulation was given for 30-60 minutes, with an intensity that depended on the patient's tolerance. The time required to get pain relief varied from an average of 11 minutes for "functional pain" (as, for example, with gastric spasms), to an average of 32 minutes for "organic pain" (as, for example, with renal stones). Up to 60 minutes treatment might be needed in cases where pain relief at the original site was attained, but there was still tenderness and radiating pain with pressure.

A report of using electro-acupuncture plus moxibustion for sports injury was made by Yang Jun of the Department of Acupuncture at the Anhui College of Traditional Chinese Medicine. Femoral adductor syndrome (pain in the pubic and medial femoral regions, exacerbated by walking or squatting) was treated with the main points *yinlingquan* (SP-9), *qugu* (CV-2), *yinlian* (LV-11), and an ashi point. Auxiliary points for the treatment included *chengfu* (BL-36), *ciliao* (BL-32), *fengshi* (GB-31), and *wuli* (LV-10); all of the main points and one or two auxiliary points were used for each treatment. After the needling sensation was attained, electric stimulation was applied for 15 minutes. After removing the

needles, moxibustion was applied using cones on the main points for 10-15 minutes. This treatment was given once every other day, with 10 sessions one course of treatment (hence, three weeks treatment time). Yang differentiated the role of electro-acupuncture, which he said treated the subjective symptoms by promoting the flow of qi and blood and relieving pain, from that of moxibustion, which he said treated the root cause, by additionally warming the channels and removing blood stasis.

For treatment of chronic shoulder-arm pain and numbness of various causes, Liu Hongyan and Zhang Caihong claimed use of electro-acupuncture at bingfeng (SI-12) was a useful treatment. As auxiliary points, *hegu* (LI-4) would be added if the pain and numbness extended to the thumb and index fingers; *zhongzhu* (TB-3) was used if it extended to the ring and small fingers; and *sanyinjiao* (SP-6) was used when there had been a prolonged pain syndrome and muscular atrophy as a result. After getting the needle sensation, the electro-stimulation with dense wave was administered for 20 minutes once per day, with 10 days treatment constituting a course of therapy. Although improvements could be noted after just one or four treatments for many patients, some had to undergo one to two course of therapy or more to get adequate relief.

In a report of acupuncture therapy for post-herpetic neuralgia, two groups of points were selected: the Hua Tuo *jiaji* that corresponded to the painful area to be treated by electric stimulation, and limb points selected on the basis of syndrome differentiation to be treated by manual stimulation.

In a study of electro-acupuncture therapy given to cancer patients after chemotherapy (11), needles were applied to *zusanli* (ST-36), *sanyinjiao* (SP-6), *zhongwan* (CV-12), and *neiguan* (PC-6). The method of therapy was described as follows:

The patient was asked to take the supine position. After needling sensation was attained, the needles were connected to the G-6805 electro-acupuncture apparatus with disperse-tense wave at an intensity tolerable to the patient. The treatment was given for 30 minutes once daily, five daily sessions constituting one course of treatment, with an interval of 2 days between courses.

Four courses of therapy (four weeks, with 5 days therapy followed by 2 days off each week) were administered to evaluate the effects, which were claimed to be beneficial and involved an average 5-10% increase in subsets of T-cells and a 15% increase in natural killer cell activity (however, there was not control group for comparison). It was also claimed to improve appetite and sleep, relieve tumor pain, and alleviate the gastro-intestinal reactions to chemotherapy.

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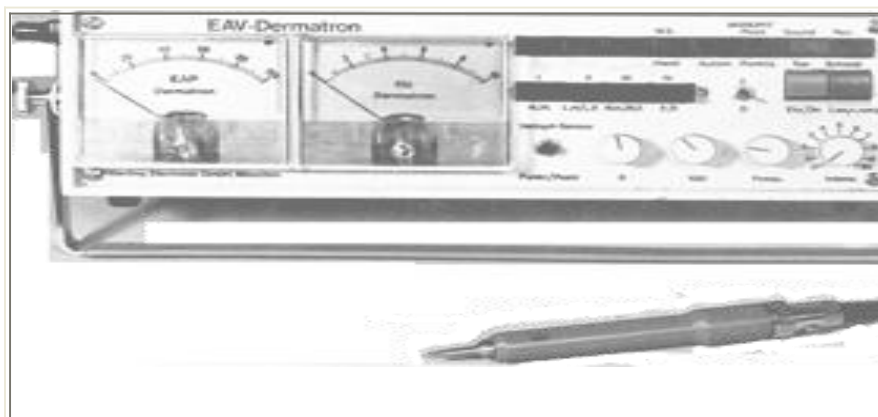
Quack "Electro-diagnostic" Devices

The devices described here are used to diagnose nonexistent health problems, select inappropriate treatment, and defraud insurance companies. The practitioners who use them are either delusional, dishonest, or both. These devices should be confiscated and the practitioners who use them should be prosecuted. If you encounter any such device, please report it to the state attorney general, any relevant licensing board, the FDA, the FTC, the FBI, the Better Business Bureau, and any insurance company to which the practitioner submits claims that involve use of the device.

Thousands of practitioners use "electrodiagnostic" devices to help select their recommended treatment. Many claim to determine the cause of any disease by detecting the "energy imbalance" causing the problem. Some also claim that the devices can detect whether someone is allergic or sensitive to foods, deficient in vitamins, or has defective teeth. Some claim they can tell whether a disease, such as cancer or AIDS, is not present. One Mexican clinic even claimed that such a device could be used to cure cancer. The diagnostic procedure is most commonly referred to as Electro-acupuncture according to Voll (EAV) or electrodermal screening (EDS), but some practitioners call it bioelectric functions diagnosis (BFD), bio resonance therapy (BRT), bio-energy regulatory technique (BER), biocybernetic medicine (BM), computerized electrodermal screening (CEDS), computerized electrodermal stress analysis (CDCSA), electrodermal testing (EDT), limbic stress assessment (LSA), meridian energy analysis (MEA), or point testing. EAV devices are marketed by several companies, most of which also sponsor seminars.

EAV History

The first Electro-acupuncture according to Voll (EAV) or electrodermal screening (EDS) devices were developed by Reinhold Voll, a West German physician who had been engaged in acupuncture practice in the 1950s. In 1958, he combined Chinese acupuncture theory with galvanic skin differentials to produce his EAV system. His first transistorized model was the Dermatron. A few years later, one of his students (another German physician named Helmut Schimmel) simplified the diagnostic system from approximately 850 points to 60 points, made small modifications to the equipment, and went on to help create the first model of the Vegatest. Subsequent variants include the Accupath 1000, AcuGraph, Asyra, Avatar, BICOM, Bio-Tron, Biomeridian, Computron, CSA 2001, Diacom, DiagnoMètre, Eclosion, e-Lybra 8, ELAST, Interro, Interactive Query System (IQS), I-Tronic, Kindling, LISTEN System, MORA, Matrix Physique System, Meridian Energy Analysis Device (MEAD, MSAS, Oberon, Omega Acubase, Omega Vision, Orion System, Phazx, Prognos, Prophyle, Punctos III, SpectraVision, Syncrometer, Vantage, Victor-Vitalpunkt Diagnose, Vistron, Vitel 618, and ZYTO.



Dermatron



Vegatest II

Proponents claim that these devices measure disturbances in the body's flow of "electro-magnetic energy" along "acupuncture meridians." Some are claimed to measure "vibrations," "resonance," or "stresses" associated with body tissues and/or organs. Actually, most devices are little more than fancy galvanometers that measure electrical resistance of the patient's skin when touched by a probe. The

device emits a tiny direct electric current that flows through a wire from the device to a brass cylinder covered by moist gauze, which the patient holds in one hand. A second wire is connected from the device to a probe, which the operator touches to "acupuncture points" on the patient's other hand or a foot. This completes a low-voltage circuit and the device registers the flow of current. The information is then relayed to a gauge or computer screen that provides a numerical readout on a scale of 0 to 100. According to Voll's theory: readings from 45 to 55 are normal ("balanced"); readings above 55 indicate inflammation of the organ "associated" with the "meridian" being tested; and readings below 45 suggest "organ stagnation and degeneration." However, if the moisture of the skin remains constant—as it usually does—the only thing that influences the size of the number is how hard the probe is pressed against the patient's skin. Some devices have all of their wires connected to the patient or generate their responses randomly so that the practitioner does not influence the results.

In the earlier devices, the number was indicated by a needle that moved over a dial gauge. Later versions, such as the Interro pictured below, make sounds and provide the readout on a computer screen. The treatment selected depends on the scope of the practitioner's practice and may include acupuncture, dietary change, and/or vitamin supplements as well as homeopathic remedies.

Interro device. One probe is held in the patient's hand. As the other probe is touched to the patient's other hand or foot, a bar rises on the right side of the computer screen, accompanied by a noise. The reading supposedly determines the status of various organs of the body. In 1986, while investigating the homeopathic marketplace for Consumer Reports magazine, I underwent testing with this device The Nevada Clinic in Las Vegas, Nevada. When the doctor left the examining room, I played with the device and I found that the movement of the bar and the loudness of the noise were determined only by how hard the probe was pressed to my skin. After the alleged problems are "diagnosed," glass ampoules containing homeopathic solutions may be placed in the metal honeycomb in the foreground and the tests are repeated to determine whether they are suitable for correcting the alleged "imbalances."



Fanciful Claims

Some EAV sellers make direct medical claims, some couch their claims in terms of correcting "imbalances," and some pretend that the device is used for "stress testing." In addition:

- Some devices are claimed to help the practitioner make as well as select the recommended remedies. The e-Lybra 8, for example, is said to provide "over 285,000 remedies at your fingertips" and to "make single or multiple remedies easily and quickly in any potency."
- Some devices are claimed to restore health by rendering signals that correct "imbalances." A 1997 patent application for the LISTEN device, for example, states: "By determining the electrical resistance at different points on a patient, it is possible to determine which organs are affected by a disease. In addition, a patient can be treated by providing a radiofrequency electrical signal which restores electrical conductance at specific points to normal levels."
- Some practitioners claim to use their device as aid to diagnosis rather than the sole basis for diagnosis. However, I believe they say this to make it harder for licensing boards to discipline them for nonstandard practice.

Capital University of Integrated Medicine, a nonaccredited postgraduate school that closed in 2005, offered a three-day course in "Electro Dermal Resistance Analysis." The course was said to provide "assessment of health and the treatment of imbalances of the immune system through the resistance characteristics of specific acupuncture meridians on the body" and how to "locate the systemic roots of immune system weakness and to provide stimulation to strengthen the weakness."

Phazx Systems, which ceased operations after receiving an FDA warning letter, told prospective device purchasers: "You will be able to create a new profit center, because patients will be willingly paying for the services, as well as purchasing vitamins and supplements directly from you. Often the biofeedback testing can be billed and reimbursed through insurance companies or health plans, using biofeedback CPT codes."

Scientific Study

In a double-blind study, British researchers compared its results with a Vegatest device to those of conventional skin-prick testing in 30 volunteers, half of whom had previously reacted positively for allergy to cat dander or house dust mite. Each participant was tested with 6 items by each of 3 operators in 3 separate sessions, a total of 54 tests per participant. The researchers concluded that Vegatesting does not correlate with skin prick testing and so should not be used to diagnose these allergies. The authors estimated that more than 500 EDS devices were being used in the United Kingdom to assess sensitivity to potential allergens.

The Australian College of Allergy has concluded that "Vega testing is a technique of diagnosis without scientific basis." In 1997, a biomedical engineer found that placing ampoules in the honeycomb of a Vegatest I device did not affect the device's readings. This is not surprising, because glass is not an electrical conductor.

Government Regulation

The FDA classifies "devices that use resistance measurements to diagnose and treat various diseases" as Class III devices, which require FDA approval prior to marketing. In 1986, an FDA official informed that the FDA Center for Devices and Radiological Health had determined that the Dermatron and Accupath 1000 were diagnostic devices that posed a "significant risk." No such device can be legally marketed in the United States for diagnostic or treatment purposes. A few companies have obtained 510(k) clearance (not approval) by telling the FDA that their devices will be used for biofeedback or to measure skin resistance, but this does not entitle them to market the devices for other purposes.

EAV devices are not biofeedback devices. Biofeedback is a relaxation technique that uses an electronic device that continuously signals pulse rate, muscle tension, or other body function by tone or visual signal. In biofeedback, the signal originates and is influenced by the patient. In EAV, the signal is influenced by how hard the operator presses the probe against the patient's skin. (Pressure makes the electric current flow more easily between the device to the patient's skin.) The now-defunct International Academy of Bioenergetic Practitioners encouraged device purchasers to bill insurance companies using biofeedback codes. I believe, however, that doing this could result in prosecution for insurance fraud. The FDA has banned importation of EAV devices into the United States and warned or prosecuted a few marketers. Foreign and state regulatory agencies have also taken a few actions. However, no systematic effort has been made to drive them from the marketplace, and the FDA's inattention to this area is disgraceful. As a result, these bogus devices are being used by many chiropractors, naturopaths, acupuncturists, dentists, "holistic" physicians, veterinarians, self-styled "nutritionists," and various unlicensed individuals. The most common use is for prescribing homeopathic products. They are also used to determine "allergies," detect "nutrient deficiencies," diagnose "parasites" and organ "weaknesses," and locate alleged problems in teeth that contain amalgam ("silver") fillings.

Significant Risks

EAV devices pose several serious risks. The transmittal of false or misleading health information can cause emotional harm, a false sense of security, or a false set of beliefs that can lead to unwise decisions. During the past ten years, more than 200 people have told me about their experiences with EAV practitioners. In most cases, they or someone they knew wasted hundreds (or even thousands) of dollars

for the test and recommended treatment. In some cases, the person tested became very frightened and wound up undergoing expensive medical tests that showed that the diagnosed conditions were not present.

Unnecessary follow-up procedures can also be a serious problem. I know of several patients who had healthy teeth extracted after being misdiagnosed with an EAV device. In another case, a man who consulted a physician about rectal bleeding and abdominal cramps was examined only with a Dermatron and told that his colon was fine. Unfortunately, the man had colon cancer—which was not diagnosed until at least seven months later when he consulted another doctor. Two others I know about had advanced cancers were erroneously told they were cancer-free. One of them was sold 33 products to get rid of "parasites" and other nonexistent problems. One victim who tried to get a refund was told that the products had been electrically specifically modified for her and could not be used for anyone else. The strangest report I have received came from a parent who, after reading an earlier version of this article, telephoned to described how his five-year-old daughter had been tested by an unlicensed practitioner. When the child became restless, the test was continued by probing the parent's hand while the parent held the child. The parent also noted that the practitioner appeared to manipulate the results (seeking a "50" reading on the device) by moistening or drying the child's finger while testing to select the appropriate remedy.

Other Device Variations

Many other "bioenergetic" devices have been claimed useful for diagnosing and/or treating health problems. It's uncertain whether or not they should be considered EAV devices or classified in some other way. The common denominator is that they rely on detection and/or manipulation of either "vibrations" and/or a body "energy" system that have no scientific recognition. The devices include the Quantum Medical Consciousness Interface (QMCI) System (also called the EFPX or SCIO), the Orion Bioscan, the Electro Interstitial Scanner (EIS), and various Rife frequency generators.

This is compiled by Stephen Barrett, M.D

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What & Why: Al-Hijamah / Cupping Treatment / Vacuum Therapy /

01. Definition

A wonderful ancient technique has found its place in the modern world of healing. Cupping Treatment is based on the common practice of Traditional cupping therapy, and the incredible results that this simple treatment produces have truly impressed those who experience its subtle power.

Cupping is an ancient therapy in which a cup is applied to the skin and the pressure in the cup is reduced (either by heat or suction) in order to draw and hold skin and superficial muscles inside the cup. Sometimes, while the suction is active, the cup is moved, causing the skin and muscle to be pulled. This is called gliding cupping. Cupping can also be applied in different areas of body as per its designs and prescribe as mentioned in Unani and Ayurvedic text for many ailments. It also used in several other conditions like bronchial asthma bronchitis, paralysis, skin problems etc.



02. History of Cupping Treatment

Cupping developed over time from the original use of hollowed animal horns to drain toxins out of snakebites and skin lesions. Horns evolved into bamboo cups, which were eventually replaced by glass. Therapeutic applications evolved with the refinement of the cup itself, and with the cultures that employed cupping as a health care technique. The true origin of cupping therapy remains in obscurity.

The Chinese expanded the utilization to include use in surgery to divert blood flow from the surgery site. Cupping eventually developed into a separate therapy, with healers treating a variety of conditions.

The Egyptians produced a text on ancient medicine that discussed the use of cupping for conditions such as fever, pain, vertigo, menstruation imbalances, weakened appetite and accelerating the “healing crisis” of disease. From the Egyptians, cupping was introduced to the Greeks and eventually spread to ancient cultures in many countries of Europe and even the Americas. In recent history, European and American doctors widely used cupping in practice into the late 1800's. Research papers were written in the 19th century, and a collaborative effort between the former Soviet Union and China confirmed the clinical efficacy of cupping therapy. Breast cupping became common for inflamed breasts and lactation dysfunctions. The familiar breast pump emerged from this. The 20th century brought about a decline in interest as technology and machines came into use. New cupping sets were introduced using pumps to create the vacuum, and these sets were carried by medical supply companies well into the 1940's.

03. Methods

Traditionally there were two ways, dry and wet.

Dry cupping means the cup is placed on the skin (when there is no wound in it), and the skin is partially sucked up inside.



Wet cupping is when there is a wound, real or surgically produced, so that as the skin is sucked up, blood is squeezed from the wound. (Leeching was another method used to withdraw blood.)

Once in place it can be left there, or it can be slowly moved around across the surface of the skin. (This only works where the skin is clear of long hair and it often works best after applying a little oil to the surface.)

It can be weak, medium or strong. Weak means mild suction, strong means strong suction. Medium means ... well, you can probably work it out.

It can be used on children and the elderly, but if the patient has poor constitutional strength, only very mild treatment may be beneficial: another kind of treatment might be better.



04. The Cupping Process

Glass cups are generally used for cupping, although bamboo cups are also used. Glass cups are fitted with a valve that attaches to a small hand-operated pump, allowing the practitioner to suck out air without having to rely on fire to depressurize the cup first. It also gives them greater control over the amount of suction.

Another way is, by using a flame, quickly applied from a taper so that the air inside heats up. The taper is quickly removed and the cup put in position. As the air inside cools, it contracts, pulling in the skin. This takes some skill and dexterity to avoid causing a fire elsewhere but is still probably the most common method.

In order to allow the cups to move over the skin easily, oil is used. Oils that have been infused with extracts of medicinal herbs are particularly useful. The cups are applied at room temperature, and there is some friction generated with moving cups, causing a small but significant amount of heat, especially if warming oil is also used.

Cups are generally left in place for ten minutes although the time can range from five to fifteen minutes. The skin will redden due to the congestion of blood flow. The cup is removed from the skin by pressing

the skin on one side, allowing some outside air to enter and thus equalise the pressure. Some bruising on the skin where the rim of the cup is to be expected.



05. Types of Cupping

Fire Cupping

Historically many containers have been used. Anything from which air can be evacuated and with a smooth rim will do.

The Egyptians appear to have used special glass vessels very similar to those we use today, with broad comfortable rims. They are easy to clean and sterilize so many practitioners use them.

However, the only two main ways of evacuating air are

- first by using a flame, quickly applied from a taper so that the air inside heats up. The taper is quickly removed and the cup put in position. As the air inside cools, it contracts, pulling in the skin. This takes some skill and dexterity to avoid causing a fire elsewhere but is still probably the most common method.
- If the cup is big enough, fill it with hot water so that it heats up. Pour out the water and apply the cup. Again, as the steam cools, it contracts, evacuating the space inside. But like fire close to the skin, scalding water has its dangers!

Bamboo Cupping

In China, bamboo cups are widely used. For personal use they are fine but they cannot be sterilised properly so not many professional acupuncturists use them. They also have narrow rims, meaning that the suction produces deep imprints which is sore, though the Chinese don't appear to mind. Also, being opaque, you can't see how strong the suction is.

Squeeze rubber tops

These are made of glass with an extension at the top to accommodate a rubber squeeze ball which when squeezed and released pulls air, followed by skin up into the vacant area. Easy to sterilise, broad-rimmed, these are generally good to use, but don't have the capacity for strong suction. Good to keep at home and quick to apply.



Rubber cups

The rubber here is corrugated so that one just presses it into position. Being rubber they accommodate to the terrain of the skin so may be useful where the mouths of glass cups are too broad. Comfortable and easy to use, they can also be cleaned and sterilised easily. Good for home use. However, they don't achieve strong suction.



Mechanical air evacuation

Many devices exist, using cups which can be detached for cleaning and which have broad rims. Expensive to buy and probably mainly useful for professionals. Can produce very strong suction so must be used with care and consideration.



06. Considering the Patient for Cupping

Consider your patient's strength and state of health. Make sure they are seated or lying, and kept warm. Bare only as much skin as necessary.

To increase blood flows if the patient is cold or has poor circulation, either vigorously rub the area to be treated or have them take a warm bath or shower. Otherwise, place a warmed pad, or bean bag or hot water bottle over the area for a while until it warms up. Only then start the treatment.

07. Indications of Cupping

Cupping Therapy has a dramatic detoxifying effect on the skin and circulatory system. By increasing the flow of blood and plasma through the veins and arteries, cupping enhances the cleansing and removal of toxins. This detoxification may not be observable after just one treatment, but after about three to five treatments, there will be a noticeable improvement in the color of one's complexion.

There are many benefits of cupping. On a general, systemic level, cupping improves the circulation of blood and lymph. It also regulates and improves the functioning of the autonomic nervous system.

Locally, the most obvious benefit of cupping is a relief of pain with relaxation and increased suppleness of stiff tendons and muscles. Cupping increases the cleansing flow of lymph, while removing congested blood from the muscles. If cupping is applied to the joints, the blood flow to the joint is increased and there's an increased secretion of synovial fluid into the joint cavity.

Cupping's or Al-Hijama's effect on the digestive organs is to increase their digestive secretions and enhance their peristaltic movement. Cupping can awaken the appetite, strengthen the stomach and digestion, improve the bile flow and metabolism, relieve constipation and promote regularity of the bowels.

While the history of wet cupping may date back thousands of years, the first documented uses are found in the teachings of the Islamic prophet Muhammad. According to Muhammad al-Bukhari, Muslim ibn al-Hajjaj Nishapuri and Ahmad ibn Hanbal, Muhammad approved of the Hijama (cupping) treatment.

A number of hadith support its recommendation and use by Muhammad. As a result, the practice of cupping treatment has survived in Muslim countries. Today, wet cupping is a popular remedy practiced in many parts of the Muslim world.

08. Hygiene and Cupping

After use, lightly wipe the cups with a clean cloth or paper tissue, then immerse them in bleach for five minutes. Finally wash them in soapy water, rinse and leave to dry naturally or wipe dry with a new clean tissue. If you are a practitioner, wear surgical rubber or latex gloves. Now the disposable cupping devices are also available in the market.

09. Preparing the patient for cupping

Ensure the patient understands what the treatment is and does and is not apprehensive. As the patient will have to remove some clothing, make sure the room is warm and draft-free.

Ask the patient to remove clothes covering the area you will be treating.

Discuss with the patient what position will be suitable. If you are treating his back, then probably s/he should lie on her/his front or sit in a chair the reverse way round and lean forward on its back.

If treating someone's chest or abdomen, lying supine is usually best. If on the shoulder or neck area, it can be done sitting.

If treating the legs, make sure the patient is lying in a position from which he won't need to move for a while.

If someone is prone to get cold easily, have a warm towel handy to cover the exposed area after the cups have been applied there.

As previously explained, the area to be treated may need to be warmed, either by rubbing it, or by a warm water bottle or beanbag. (If at home, the patient could have a warm bath.)

10. Where and when NOT to use cupping

Cupping is a wonderful therapy, safely used for thousands of years by people the world over. That doesn't mean that there are no contraindications. The main ones are:

- During pregnancy, anywhere over the abdomen: but it is usually safe to cup over the lower back until the sixth month.
- Where haemorrhage has occurred or is suspected, wherever it occurs in the body. This would include very heavy ongoing menses.
- Over burns or sunburns
- Over open wounds
- Over trauma – eg bruising or fractures
- Where patients are very frail, exhausted or lethargic, only use mild cupping and for short periods
- Where patients are taking anti-coagulant drugs and you are bleeding a point, monitor the cupping regularly to ensure there is no major loss of blood: 100mls maximum.

What & Why: Moxibustion

Moxibustion or Heat therapy (Elaj-bil-Hararat) is a traditional ancient medical technique that involves the burning of Afsantin-e-Hindi / Titi Patti/ *Artemesia vulgaris* /mugwort, a small, spongy herb, to facilitate healing. Moxibustion has been used throughout Asia for thousands of years. The purpose of moxibustion, as with most forms of traditional medicine, is to strengthen and stimulate the flow of blood and vital/life force circulation to maintain the health.



What is moxibustion used for?

In traditional medicine, moxibustion is used on people who have a cold or stagnant condition. The burning of Moxa is believed to expel cold and warm the meridians, which leads to smoother flow of blood and *vital force* and may reduce the symptoms of menstrual cramps when used in conjunction with classical acupuncture.

Types of Moxibustion:

There are two types of moxibustion: 01. Direct Moxibustion 02. In-direct Moxibustion.

Direct Moxibustion:

In Direct Moxibustion, a small, cone-shaped amount of Moxa is placed on top of an acupuncture point and burned. This type of moxibustion is further categorized into two types:

1. Scarring Direct Method (Blistering Method)
2. Non-Scarring Direct Method (Non-Blistering)

1. Scarring Direct Method (Blistering Method)

With Scarring Moxibustion, the Moxa is placed on a point, ignited, and allowed to remain onto the point until it burns out completely. This may lead to localized scarring, blisters and scarring after healing. In the more intense method, burn cones up to 1 cm in size completely on the skin, causing not only burning and blistering of the skin, but intense pain as well. After the Moxa has completely burned, a sterile cloth and cold water can be used to clean off the ashes and soothe the skin. This process is usually repeated three to ten (3-10) times. Once a blister has formed, it is important that burn salve or cream is used in conjunction with a light sterile dressing to protect the area and prevent infection.

This method of Moxibustion on specific acupuncture points can be used to strengthen the body's immune system, or Wei Qi, thus increasing resistance to disease and the overall health of the body. Ancient Chinese doctors believed that blistering and scarring were the marks of a successful treatment. Due to the risk of infection, pain, and permanent scarring, this method is not widely used.

Indications:

- Asthma
- Developmental Disorders
- General Weakness of the Body
- Chronic Gastrointestinal Disorders
- Painful syndrome
- Cold induced problem



2. Non-Scarring Direct Method (Non-Blistering)

a. With non-scarring moxibustion, Moxa cones are burned directly on the skin, but are removed when the burning starts to cause intense pain, or when the embers come too close to the skin. This usually leaves a small red circular mark on the local area, but no burn.

Indications

- Deficient Cold.
- Painful syndrome
- Cold induced problem.



b. Another non-scarring or non-blistering method involves rolling Moxa in to wheat or rice size grains and burning three to seven (3-7) of them directly on the skin. Because they are small in size and quick burning, there is a smaller chance that they will blister or scar the skin.

Indications:

- Blood Deficiency
- Dizziness
- Warts

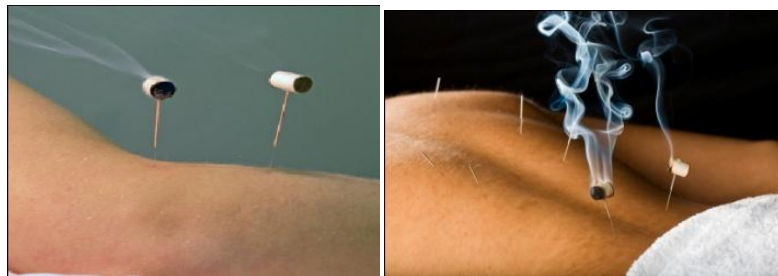
In-direct Moxibustion:

Indirect moxibustion is currently the more popular form of care because there is a much lower risk of pain or burning. This type of moxibustion is further categorized into different methods:

In in-direct moxibustion, a practitioner lights one end of a Moxa stick, roughly the shape and size of a cigar, and holds it close to the area being treated for several minutes until the area turns red.



Another form of indirect moxibustion uses both acupuncture needles and moxa. A needle is inserted into an acupoint and retained. The tip of the needle is then wrapped in moxa and ignited, generating heat to the point and the surrounding area. After the desired effect is achieved, the moxa is extinguished and the needle(s) removed.



Mediums

A common way of administering the therapeutic properties of moxibustion is to use a medium in between the burning Moxa and the skin. Various substances can be used for this purpose, some of which are outlined below.

Ginger

A thin slice of fresh Ginger, usually one to several millimeters thick, is punched with many small holes, and then placed (as horizontally as possible) on top of specific Acupuncture points. A Moxa cone is then shaped with the fingers and placed in the center of the Ginger and lit. Once the heat too becomes intense, the ginger slice with the burning Moxa should be carefully removed. The process is then started over with a fresh Moxa cone.

Indications

- Spleen and Stomach Deficiency
- Diarrhea
- Cold Abdominal Pain
- Deficient Cold conditions

- Pain or Aching in the Joints



Garlic

In this method, a thin slice of fresh Garlic, punched with many small holes, is used on an Acupuncture point or non-ulcerated carbuncle in much the same way as the Ginger method above. Three to Eight (3-8) Moxa cones are usually used, and the slice of Garlic may need to be replaced during the course of the treatment. Blisters can occur due to the properties of Garlic combined with the heat.

Indications

- Pulmonary Tuberculosis
- Abdominal Masses
- Non-Ulcerated Carbuncles

Salt

Salt is poured into the navel until level with the stomach. A slice of Ginger with a Moxa cone on top of it is then placed on the salt. The salt method can also be used alone without the slice of Ginger. This method can be used to restore strong energy or vitality from collapse.

Indications

- Acute Abdominal Pain with Vomiting and/or Diarrhea
- Umbilical Pain
- Hernia Pain
- Chronic or Prolonged Dysentery
- Yang Collapse: Profuse Sweating , Cold Limbs, and a Minute Pulse



Pepper

In this method, white pepper is finely ground and mixed with flour. It is then spooned over the Acupuncture point as a medium for the Moxa. In addition to this, a small cavity in the center of the powder can be made with the finger to place other powders such as cloves or cinnamon. A Moxa cone is then placed on the powder and burned.

Indications

- Pain from Cold type Arthritis
- Stiffness and Numbness

Moxa Rolls

Another common method of indirect moxibustion uses large thin rolls of Moxa wrapped in paper. These rolls are available commercially and look very much like a long cigar. They can be ignited and then held in the hand comfortably to provide heat to particular areas of the body. The stick is usually moved in small circles close to the skin for about 5 to 10 minutes, or until the local area of the skin is red. Moving the stick rapidly close and far from the affected area is said to drive the heat deeper into the body, and is used when strong stimulation is desired.

A small bowl of rice is an excellent method for extinguishing a Moxa sticks so that it can be reused at a later time.

Indications

- Pain from Stagnation or Blockage, such as Cold Arthritic Pain
- Soft Tissue Injuries
- Skin Disorders



With any of these methods, it is important that the patient is monitored at all times, and that the area is well ventilated (especially with patients that suffer from Asthma for instance). It is also important to test the patients sensitivity to heat. This will ensure that the patient is not burned, even if they have a high tolerance for pain or low sensitivity to heat.

Does moxibustion have complications?

Yes. Burns are the most frequently-reported complication. Given that some forms of the technique try to cause second-degree burns,

The most common effects identified are a allergic reactions, burns, and secondary infections. various adverse effects such as rubefaction, blistering, itching sensations, discomfort due to smoke, general fatigue, stomach upsets, flare-ups, headaches, and burns are also reported.



Tenderness and pressure in the epigastric region or in one of the hypochondriac regions, unpleasant odor (though, now a days odour less, smoke less or fragrance added moxa is also available) with or without

nausea and throat problems, abdominal pain, premature birth, premature rupture of the membrane and bleeding due to excess pressure on the anterior placenta were reported in pregnant women.

Are there any precautions I should be aware of?

Although moxibustion has been safely used in traditional medicine for centuries, it is not for everyone. Because it is used specifically for patients suffering from cold or stagnant constitutions, it should not be used on anyone diagnosed with too much heat. Burning Moxa also produces a great deal of smoke and a pungent odor. Patients with respiratory problems may request that their practitioner use smokeless Moxa sticks as an alternative.

Planning of Treatment:

The basic principle governing prescription and combination of points / Rules for the Selection of points for treatment.

A general introduction to acupuncture treatment:

In treating diseases with acupuncture and moxibustion it is necessary to differentiate the pathological condition according to the basic theory of traditional medicine and the peculiarities of acupuncture. It is also important to master the basic principle for prescribing points and the application of the specific points.

I. Basic principles of treatment according to differentiation of pathological conditions

Acupuncture and moxibustion are methods of “treating interior diseases from the exterior”. Various diseases may be cured by the application of the methods of reinforcing the deficiency, and reducing the excess, to the points of the body surface. It is imperative, therefore, to have full knowledge of the channel courses, the distribution of points and the indications of each individual channel. Clinical practice requires that before giving treatment the pathological condition, which may be very complicated, should be analysed and summarized according to the “eight principles”, the theories of zang-fu (internal organs) and the channels and collaterals in order to locate and diagnose the disease. After discovering which channel or which internal organ is affected, investigate further the mechanism of the disease and determine the essential and secondary symptoms so as to decide whether acupuncture or moxibustion, reinforcing or reducing method should be applied.

The basic principle for acupuncture treatment may be stated as follows:

Reinforcing method should be employed for xu (deficiency) syndrome, reducing for shi (excess) syndrome. Swift insertion and withdrawal of needle for heat syndrome, retaining needle for cold syndrome. In deficiency and failing of yang (vital function), moxibustion is indicated. Venous pricking to cause bleeding is used for blood stasis of the collaterals. Moreover, xu syndrome may be complicated with shi syndrome or vice versa, and method of treatment may be reinforcing first and reducing afterwards, or both simultaneously.

II. The basic principle governing prescription and combination of points

The basic principle for prescribing and combining points is to select points according to the course of the channel, the distribution of points and their indications. There are three ways for selecting points in clinical practice:

I. Selection of Remote Points

After the involved channel and organ are determined, points below elbow or knee of the involved channel are selected. For instance, Zusanli (St. 36) is chosen to treat gastric or abdominal disorders; Hegu (L.I. 4) may be punctured for diseases of the face, etc. Thus, diseases of the face, head, trunk or internal organs may be treated. Selection of remote points also includes choosing points on the lower part of the body to treat diseases of the upper part, and vice versa. This is essentially to select points below the elbow and knee as the principal ones. For neck pain, for instance, Houxi (S.I. 3) is chosen; for the tense type of apoplexy, Yongquan (K. 1); etc. An example of selecting points on the upper part of the body to treat diseases of the lower part is selecting Baihui (Du 20) to treat prolapse of rectum due to chronic dysentery, Renzhong (Du 26) to treat low back pain etc.

2. Selection of local Points

For example, Zhongwan (Ren 12) is chosen to treat gastric pain, Shangxing (Du 23) to treat headache, etc. If there is ulcer, wound or scar in the local area, neither acupuncture nor moxibustion should be applied at the points in the adjacent area.

3. Selection of Adjacent Points

For instance, Zhangmen(LiV. 13) is used to treat gastric pain, Fengchi(G.B. 20) in diseases of the eye. For strengthening therapeutic effect local points may be combined with adjacent points, or adjacent points can substitute for local points

The above three methods of selecting points may be used separately or in combination. For instance the selection of Zusanli(St. 36) and Neiguan(6) of the remote area combined with Zhongwan(Ren 12) of the local area or Zhangmen(LiV. 13) of the neighboring area may be considered in treating gastric pain. (See table below)

The crossing methods of selecting points may also be used i.e. selecting points of the right side to treat disorders of the left, and vice versa. For instance, points may be chosen on the affected side or the healthy side to treat facial paralysis or hemiplegia. Hegu(L.I. 4) of the right hand may be punctured for toothache on the left side, and vice versa.

Examples for Prescription and Combination of Acupuncture Points

| <i>Diseased area</i> | <i>Remote points</i> | <i>Remote points</i> | <i>Adjacent Points</i> | <i>Local Points</i> |
|----------------------|--------------------------|--------------------------|------------------------|--|
| | <i>Upper extremities</i> | <i>Lower extremities</i> | | |
| Face & forehead | Sanjian (L.I. 3) | Xiangsu (St. 43) | Baihui (Du 20) | Shangxing (Du 23) |
| Head & temple | Waiguan (S.J. 5) | Xiaxi (G.B. 43) | Fengchi (G.B. 20) | Taiyang (Extra) Shuaigu (G.B. 8) |
| Nape | Houxi (S.I. 3) | Foot Tonggu (U.B.66) | Dashu (U.B. 11) | Fengfu (Du 16) Fengchi (G.B. 20) |
| Eye | Yanglao (S.I. 6) | Guangming (G.B. 37) | Shangxing (Du 23) | Jingming (U.B. 1) Sizhukong (S.J. 23) |
| Nose | Quchi (L.I. 11) | Lidui (St. 45) | Tongtian (U.B. 7) | Yingxiang (L.I. 20) Nose-heliao (L.I. 19) |
| Mouth & cheek | Hegu (L.I. 4) | Neiting (St. 44) | Tianrong (S.I. 17) | Dicang (St. 4) Jiache (st. 6) |
| Ear | Hand Zhongzhu (S.J. 3) | Foot Zulinqi (G.B. 41) | Tianrong (S.I. 17) | Tinghui (G.B. 2) Yifeng (S.J. 17) |
| Throat | Shaoshang (Lu. 11) | Zhaohai (K. 6) | Yamen (Du 15) | Lianquan (Ren 23) Tiantu (Ren 22) |
| Chest | Chize (Lu. 5) | Fenglong (St. 40) | Burong (St. 19) | Shanzhong (Ren 17) |
| Costal region | Zhigou (S.J. 6) | Yanglingquan (G.B. 34) | Ganshu (U.B. 18) | Shidou (Sp. 17) Qimen (Liv. 14) |
| Hypochondrium | | Yangfu (G.B. 38) | Qimen (Liv. 14) | Daimai (G.B. 26) Wushu (G.B. 27) |

| | | | | |
|---------------|------------------|---------------------|----------------------|--|
| Upper abdomen | Neiguan (P. 6) | Zusanli (St. 36) | Zhongting (Ren 16) | Zhongwan (Ren 12) |
| Lower abdomen | | Sanyinjiao (Sp. 6) | Tianshu (St. 25) | Guanyuan (Ren 4) |
| Lumber region | Yanglao (S.I. 6) | Weizhong (U.B. 40) | Jingmen (G.B. 25) | Ganshu (U.B. 18) Shenshu (u.B. 23) |
| Rectum | | Chengshan (U.B. 57) | Baihuanshu (U.B. 30) | Changqiang (DU 1) Huiyang (U.B. 35) |

The World Health Organisation recommends acupuncture for over 100 conditions

The World Health Organisation (WHO) began on the 7th of April 1948, with the vision of ‘a world in which everyone can live healthy, productive lives, regardless of who they are or where they live’. They have offices in over 150 countries. They work alongside policy makers and advisors ‘to ensure the highest attainable level of health for all people’. And based on their research, the World Health Organisation recommends acupuncture.

Primarily, the WHO’s role is ‘to direct and coordinate international health within the United Nations’. So they set standards for governments and large organisations to follow, in order to improve the health of all our world’s citizens.

In 1979, the WHO held a symposium on acupuncture. They created a list of 43 diseases that acupuncture can help with. In 1997, along with several National Institutes of Health, they published a Consensus Statement on acupuncture. This summarised the current understanding on acupuncture, based on the research that was available at the time.

At this point the research was not yet based on well-designed clinical trials. Even so, the statement concluded that there were ‘promising results showing efficacy of acupuncture’, for postoperative pain, nausea and vomiting from chemotherapy. It stated that acupuncture also ‘might be useful as an adjunct treatment or an acceptable alternative’, for a variety of other conditions, mainly different types of pain. Then, this was a bold statement. However, the World Health Organisation now recommends acupuncture for over 100 conditions.

Around the same time as they were drafting the Consensus Statement, the WHO also put together a team of scientists to produce a consultation paper on acupuncture. This was published in 2003. It brought together evidence from 255 clinical trials that were published before the beginning of 1999.

The paper firstly lists 28 conditions for which acupuncture was ‘proven – through controlled trials – to be an effective treatment’. There are also 63 for which acupuncture was shown to have a ‘therapeutic effect’, although they would like to see more evidence. For another 9 conditions, acupuncture showed ‘some therapeutic effect’, meaning that it is worth trying when other treatments are less desirable.

Here is listed all the conditions for which the World Health Organisation recommends acupuncture below.

The research sparked a great deal of credence and interest in acupuncture at the time, and so it was very powerful.

The World Health Organisation recommends acupuncture for these diseases, symptoms or conditions, because acupuncture has been ‘prove[d] – through controlled trials – to be an effective treatment’:

- Adverse reactions to radiotherapy and/or chemotherapy
- Allergic rhinitis (including hay fever)
- Biliary colic
- Depression (including depressive neurosis and depression following stroke)
- Dysentery, acute bacillary
- Dysmenorrhoea, primary
- Epigastralgia, acute (in peptic ulcer, acute and chronic gastritis, and gastrospasm)
- Facial pain (including craniomandibular disorders)
- Headache
- Hypertension, essential
- Hypotension, primary
- Induction of labour
- Knee pain

- Leukopenia
- Low back pain
- Malposition of fetus, correction of
- Morning sickness
- Nausea and vomiting
- Neck pain
- Pain in dentistry (including dental pain and temporomandibular dysfunction)
- Periarthritis of shoulder
- Postoperative pain
- Renal colic
- Rheumatoid arthritis
- Sciatica
- Sprain
- Stroke
- Tennis elbow

Diseases, symptoms or conditions for which The World Health Organisation recommends acupuncture because its therapeutic effect has been shown, although further proof is needed:

- Abdominal pain (in acute gastroenteritis or due to gastrointestinal spasm)
- Acne vulgaris
- Alcohol dependence and detoxification
- Bell's palsy
- Bronchial asthma
- Cancer pain
- Cardiac neurosis
- Cholecystitis, chronic, with acute exacerbation
- Cholelithiasis
- Competition stress syndrome
- Craniocerebral injury, closed
- Diabetes mellitus, non-insulin-dependent
- Earache
- Epidemic haemorrhagic fever
- Epistaxis, simple (without generalised or local disease)
- Eye pain due to subconjunctival injection
- Female infertility
- Facial spasm
- Female urethral syndrome
- Fibromyalgia and fasciitis
- Gastrokinetic disturbance
- Gouty arthritis
- Hepatitis B virus carrier status
- Herpes zoster (human (alpha) herpes virus 3)
- Hyperlipaemia
- Hypo-ovarianism
- Insomnia
- Labour pain
- Lactation, deficiency
- Male sexual dysfunction, non-organic
- Ménière disease
- Neuralgia, post-herpetic

- Neurodermatitis
- Obesity
- Opium, cocaine and heroin dependence
- Osteoarthritis
- Pain due to endoscopic examination
- Pain in thromboangiitis obliterans
- Polycystic ovary syndrome (Stein–Leventhal syndrome)
- Postextubation in children
- Postoperative convalescence
- Premenstrual syndrome
- Prostatitis, chronic
- Pruritus
- Radicular and pseudoradicular pain syndrome
- Raynaud syndrome, primary
- Recurrent lower urinary-tract infection
- Reflex sympathetic dystrophy
- Retention of urine, traumatic
- Schizophrenia
- Sialism, drug-induced
- Sjögren syndrome
- Sore throat (including tonsillitis)
- Spine pain, acute
- Stiff neck
- Temporomandibular joint dysfunction
- Tietze syndrome
- Tobacco dependence
- Tourette syndrome
- Ulcerative colitis, chronic
- Urolithiasis
- Vascular dementia
- Whooping cough (pertussis)

Diseases, symptoms or conditions for which only individual controlled trials report some therapeutic effects. The World Health Organisation recommends acupuncture for these when treatment by conventional and other therapies is difficult:

- Chloasma
- Choroidopathy, central serous
- Colour blindness
- Deafness
- Hypophrenia
- Irritable colon syndrome
- Neuropathic bladder due to spinal cord injury
- Pulmonary heart disease, chronic
- Small airway obstruction

WHO list of systemic or organ related conditions treated by Acupuncture quoted from The World Health Organization:

In the hands of a well-trained practitioner, acupuncture has much broader applications beyond pain relief. The World Health Organization (WHO) recognizes the use of acupuncture in the treatment of a wide range of common illnesses including:

- Upper Respiratory System
 - Acute sinusitis
 - Acute rhinitis
 - Common Cold and Flu
 - Acute tonsillitis
- Respiratory System
 - Acute bronchitis
 - Bronchial asthma (Most effective in children and uncomplicated conditions.)
- Eye Disorders
 - Acute conjunctivitis
 - Central Retinitis Myopia (in children)
 - Cataracts (without complications)
- Mouth Disorders
 - Toothache
 - Post Extraction Pain
 - Gingivitis
 - Acute and Chronic Pharyngitis
- Gastrointestinal Disorders
 - Spasms of esophagus
 - Hiccough
 - Gastroparesis
 - Acute and Chronic Gastritis
 - Gastric Hyperacidity
 - Chronic Duodenal Ulcer (pain relief)
 - Acute Duodenal Ulcer (without complications)
 - Acute and Chronic Colitis
 - Acute Bacillary Dysentery
 - Constipation
 - Diarrhea
 - Paralytic Ileus
- Neurologic and Musculoskeletal Disorders
 - Headache and Migraine
 - Trigeminal Neuralgias
 - Facial Palsy (early stage, i.e., within 3-6 months)
 - Pareses Following a Stroke
 - Peripheral Neuropathies
 - Sequelae of Poliomyelitis (early stage, i.e., within 6 months)
 - Meniere's Disease
 - Neurogenic Bladder Dysfunction
 - Nocturnal Enuresis (bedwetting)
 - Intercostal Neuralgia
 - Cervicobrachial Syndrome
 - Frozen Shoulder
 - Sciatica
 - Low Back Pain
 - Osteoarthritis
 - Carpal Tunnel Syndrome

- Back and Knee Pain
- Fibromyalgia
- Chronic Fatigue
- Sports Injuries and Pains
- Reproductive & Gynecological Conditions
 - Premenstrual Syndrome
 - Dysmenorrhea (menstrual cramps)
 - Spotting and Excessive Bleeding
 - Amenorrhea (Loss of Menstrual Period)
 - Impotence
 - Infertility
 - Incontinence
 - Prostatitis
- Mental Emotional Problems
 - Stress
 - Anxiety
 - Depression
 - Insomnia

The World Health Organization Interregional Seminar compiled the above list of illnesses that may benefit from acupuncture treatment. The list is only a partial list and is based on clinical experience and not necessarily on controlled clinical research. The inclusion of specific diseases are not meant to indicate the extent of acupuncture's efficacy in treatment, since all conditions may vary in severity and response.

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