

Essentials of Zhenjiuology



The Department of Integrated Traditional
Chinese Medicine and Medicine of West China Hospital



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Advisors Zhou Rongxing

Translators-in-Chief Xia Qing

Vice-Translators-in-Chief Mao Bing Li Ning

Translators Li Ling Ma Jianxing Tang Wenfu Wang Lei Wu
Gang He Jing Yang Yasha Wang Chengwei

Secretary Wang Huanan

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INTRODUCTION

Acupuncture and moxibustion are important component procedures in traditional Chinese medicine which prevent and treat disease by puncturing certain points on the body with needles or applying heat with ignited moxa wool. Of marked efficacy and requiring but simple equipment, they have been widely popular in China and elsewhere for thousands of years.

The initiation and development of the art of acupuncture and moxibustion have undergone a long historical process. They are summaries of experience of the Chinese labouring people of many centuries in their struggle against disease. As early as in the Stone Age, people used needles fashioned of stone for curative purposes. These are known as *bian* and are a rudiment of acupuncture. When human society entered the Bronze and then the Iron Age, needles made of these metals were substituted for the stone *bian*. And with the development of social productive technique, needling instruments were constantly improved, providing conditions for the further refinement of acupuncture. Moxibustion originated after the introduction of fire into man's life. It is assumed that while warming themselves by the fire, people in ancient times accidentally found relief or disappearance of certain pain or illness when definite areas of the skin were subjected to burning. Moxa leaves were later chosen as the material for cauterization as they are easily lit and the heat produced is mild and effective in removing obstruction of channels and collaterals. And so the art of moxibustion was established.

The earliest extant medical classic in China, *Huangdi Neijing* (黄帝内经), was compiled between 500-300 B.C. It is a summary of the medical experience and theoretical knowledge prior to the Warring States period. The book, which consists of two parts, *Suwen* (素问) and *Lingshu* (灵枢) describes the basic theories of traditional Chinese medicine, such as *yin-yang*, the five elements, *zang-fu*, channel and collaterals, qi(vital energy), and blood, etiology, pathology, diagnostic methods and differentiation of syndromes, as well as basic knowledge concerning acupuncture points and needling methods. Following *Neijing*, there appeared quite a number of treatises on acupuncture and moxibustion written in different dynasties, among which representative ones are:

Zhenjiu jiyijin (针灸甲乙经) compiled by *Huangfu Mi* of the *Jin* Dynasty on the basis of *Neijing*, *Nanjing* (难经), and others. These books give a comprehensive description of the basic theories and knowledge of acupuncture and moxibustion, laying a foundation for the development of acupuncture and moxibustion into an independent branch of traditional Chinese medicine.

Tongren Shuxue Zhenjiu Tujing (铜人俞穴针灸图经) was compiled by *Wang weiyi*, an acupuncturist of the *Song* Dynasty, after thoroughly checking the acupuncture points of the fourteen channels. The next year, i. e., A.D. 1027, *Wang Weiyi*, sponsored the casting of two life-size bronze figures marked with acupuncture points, a momentous event in the development of acupuncture and moxibustion.

Zhenjiu Dacheng (针灸大成) is a work by *Yang Jizhou*, an acupuncturist of the *Ming* dynasty. Here, the author systematically collected the literature and source

material on acupuncture and moxibustion of past generations and presents methods of treatment secretly handed down to him by his ancestors. It has been an indispensable reference book in studying acupuncture and moxibustion in the nearly four centuries since its publication.

Historical records document the spread of Chinese acupuncture and moxibustion to other countries at a very early date. Their practice was introduced to Korea in the 6th century, going to Japan in the same period when a monk named Zhi Cong traveled eastward by sea, carrying with him Mingtangtu(明堂图), *zhenjiu jiayijing* and other medical books. In the late 17th century, acupuncture and moxibustion methods spread further to Europe. All of this actively promoted the medical and cultural exchange between china and other countries of the world.

Chapter 1 Meridians and Collaterals

The theory of the meridian is an important part of traditional Chinese medicine. This theory studies the physiological and pathological relationship between the meridians and viscera.

The meridian theory was formulated through the long-term medical practice of ancient doctors, and is based upon the accumulation of experiences in acupuncture and moxibustion, massage, qi-gong, etc. in combination with anatomical knowledge. The meridian theory is not only the basic theory behind these arts, but is of great significance in guiding various clinical subjects of TCM. Only by combining the basic theories such as the visceral manifestation theory, qi-blood-fluid theory, and theory of etiology' the theory of meridian, can a complete explanation of the physiological functions and pathological changes be attained, there by guiding the diagnosis and treatment. A common phrase exemplifies this: "if one does not read the twelve meridians, one will make mistakes while inquiring and treating"

Section 1 The Concept and Composition of the meridians and Collaterals

1.1. The concept of the meridians and Collaterals

the meridians and collaterals (*Jingluo*) are comprehensively termed of meridians(*Jingmai*) and collaterals(*luomai*) in *TCM*.

1.1.1 The concept of the meridians

Meridians are pathways in which the qi and blood circulate and through which the viscera and limbs are connected, allowing the upper-lower and interior-exterior portions of the body to communicate.

The book "Elementary Medicine" states that "the meridian means 'pathway', while the branches separating from the meridians are called collaterals." This explains that the meridians form the main trunk, while the collaterals represent the branches. Most of the meridians run through the deep portions of the body. Their collaterals go in shallower portion, some of which are exposed on the body as Chapter 10 in spirit pivot states: "The twelve regular meridians run deeply in the boundary between muscles, and interiorly within the body...the collaterals run closer to the surface of the body, and are more easily seen." Meridians run in straight fixed courses, while collaterals crisscross in the body, forming a network and linking-up the viscera, organs, orifices, skins, muscles, tendons and bones into an organic whole.

1.1.2 The concept of the Collaterals

Collaterals are branches of smaller meridians derived from the regular meridians, and mostly distribute themselves on the surface of the body. There are fifteen collaterals including the twelve collaterals from the twelve regular meridians, and collaterals of Ren, Du meridians, and the major collateral of the spleen. They are also called "the sixteen collaterals" when the major collateral

of the stomach is included. The smallest collaterals are called the “minute collaterals.” Chapter 17 in the **Spirit Pivot** described, “the collateral branches are called the small collaterals.” The collaterals which distribute over the surface of the skin are called “superficial collaterals”. Chapter 10 in the **Spirit Pivot** said: “the superficial collaterals are commonly seen on the surface of the body” .

1.1.3 Differentiation and relationship of meridians and collaterals

1.1.3.1 The differentiation of meridians and collaterals is that:

The Meridians : meaning paths, which constitute the main trunks, run longitudinally and interiorly–exteriorly within the body. As the stomach meridians of foot-*yangming*, which circulates straightly and distributes in the deeper layer of the body connecting the superior, inferior, internal and external.

On the contrary: The Collaterals, meaning networks, which represent branches of the meridians, run transversely and superficially from the meridians. They are thinner and smaller than meridians, and run over the whole body in a crisscross fashion.

1.1.3.2 The Relationship of meridians and collaterals :

The meridians and collaterals are pathways in which the *qi* and blood of the human body are circulated.

They pertain to the *zang-fu* organs interiorly and extend over the body exteriorly, forming a network and linking the tissues and organs into an organic whole.

1.2 The compositions of the meridian system

The meridian system consists of meridians and collaterals, which connect to the viscera internally, and to the tendons, muscles and skin externally.

Thus, Chapter 33 in spirit pivot states: “ Internally, meridians connect with the viscera, and externally with the limbs and joints. ”

Meridians can be divided into two types: regular meridians and extra meridians. The regular meridians have twelve branches, including the three yin meridians of the hands and the feet, and the yang meridians of the hands and the feet. These are generally termed “the twelve regular meridians.” They are the main pathways in which qi and blood circulate. The twelve regular meridians originate from and terminate at certain areas, and have specific courses and sequences in their circulation. There is a rule in their distribution over and passing through the trunk and limbs, and they pertain to and connect with the viscera directly in the interior of the body.

There are eight extra meridians: Du (Governor Vessel), Ren (Conception Vessel), Chong, Dai, Yinqiao, Yangqiao, Yinwei, and Yangwei, collectively termed “the eight extra meridians.” They have functions of governing, connecting, and regulating the twelve regular meridians. According to the book “General collection for holly relief” , the differentiation between regular and extra meridians is as follows: “Meridians can be divided into the extra and the regular, the twelve meridians belong to the regular, and the eight meridians are different from the regular, as

they go along additional courses. The qi and blood of the human body run along the twelve regular meridians and flow into the extra meridians while the regular ones are full.”

The twelve divergent meridians spread from the regular meridians, starting from four limbs and transversing the deep portion of the viscera, and emerging from the superficial position of the neck and nape. After splitting from their original meridians and running through the interior of the body, the divergent meridians of the yang meridians return to their yang meridians. The divergent yin meridians meet with the yang meridians of the interior-exterior meridians. The main functions of the twelve divergent meridians are to strengthen interconnection between the two interior-exterior meridians in the twelve regular ones, and to replenish the regular meridians, as the divergent meridians can reach the organs and body areas where some regular meridians can not traverse.

The collaterals are smaller branches of meridians, classified as the divergent collaterals, superficial collaterals and small collaterals. The divergence collaterals are the larger of the collaterals.

The twelve regular meridians and Du, Ren Meridians have large collaterals each and along with the great collateral of the spleen, are together called: “the fifteen divergence collaterals.” Their main function is to strengthen the communication between interior-exterior meridians located on the body’s surface. The superficial collaterals run along the surface of the body and are often visible, while the small collaterals are mini and beyond observation. Together, they function in transmitting qi and blood and in readjusting the nutrient and defence-qi.

The meridian tendon regions and the skin areas comprise the twelve regular meridians, along with the tendon fascia, muscles, and body surface. The meridian theory holds that the meridian tendon is the system whereby the meridian-qi knots, gathers, scatters, and connects with the tendons, muscles and joints. This is affiliated with the regular meridians and together is therefore called the twelve meridian tendon regions. It functions in connecting limbs and tissues, as well as controlling joint movements.

The skin of the body provides the position through which the functional activities of the twelve regular meridians reflect themselves and where meridian qi is distributed. All the skin areas can be divided into twelve parts which respectively correspond to the twelve meridians, termed: “the twelve skin areas.” (see. Tab 1)

Section 2 The twelve regular meridians

2.1. Nomenclature and names

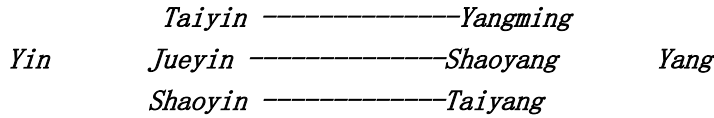
The twelve regular meridians include: the three *yin* meridians of hand; the three *yang* meridians of hand; the three *yin* meridians of foot and the three *yang* meridians of foot. They are called the twelve regular meridians, because they are the major trunks in the system.

The nomenclature of them is based on the three factors: a) hand or foot; b)

yin or *yang*; c) a *zang* or *fu* organ.

Both the upper limbs (hands) and lower limbs (feet) are divided into six regions, which are supplied respectively by the three *yin* (*Taiyin, Shaoyin and Jueyin*) and three *yang* (*Yangming, Taiyang and Shaoyang*) meridians.

They exist an exterior - interior relationship between the three *yin* and three *yang* meridians.



In accordance with the fact that the *zang* organs pertain to *yin*, the *fu* organs to *yang*, and the medial aspect is attributed to *yin*, the lateral aspect, to *yang*, the meridians that pertain to the *zang* organs are *yin* meridians, which are mainly distributed on the medial aspect of the four limbs. Those distributed on the medial aspect of the upper limbs are three *yin* meridians of the hand, such as: the lung meridian of Hand-*Taiyin*; the Pericardium meridian of Hand-*Jueyin* and the Heart Meridian of Hand-*Shaoyin*; while these distributed on the medial aspect of the lower limbs are three *yin* meridians of the foot, such as: the Spleen meridian of foot-*Taiyin*, the Liver meridian of foot-*Jueyin* and the Kidney Meridian of foot-*shaoyin*. The meridians that pertain to the *fu* organs are *yang* meridians, which mainly travel along the lateral aspect of the four limbs. Those travelling along the lateral aspect of the upper limbs are three *yang* meridians of the hand (the Large Intestine Meridian of Hand *Yangming*, the *Sanjiao* (Triple Energizer) Meridian of Hand-*Shaoyang* and the Small Intestine Meridian of Hand-*Taiyang*); while those travelling along the lateral aspect of the lower limbs are the three *yang* meridians of the foot (the Stomach Meridian of Foot-*Yangming*, the Gallbladder Meridian of Foot-*Shaoyang* and the Bladder Meridian of Foot-*Taiyang*). (see table 2)

Table 2: classification of nomenclature of the twelve regular meridians

	Yin meridians (pertaining to zang-viscera)	Yang meridians (pertaining to fu-viscus)	Course yin meridians run along the medial aspect; yang meridians run along the lateral aspect	
hand	The lung meridian of taiyin	The large intestine meridian of yangming	Upper limbs	Anterior border
	The pericardium meridian of jueyin	The triple-jiao meridian of shaoyang		Midline
	The heart meridian of shaoyin	The small intestine meridian of taiyang		Posterior border
foot	The spleen meridian of taiyin	The stomach meridian of yangming	Lower limbs	Anterior border
	The liver meridian of jueyin	The gallbladder meridian of shaoyang		Midline
	The kidney meridian of shaoyin	The urinary bladder meridian of taiyang		Posterior border

At the lower leg and dorsal foot, the liver meridian lies in the anterior border

but the spleen meridian in the midline. After crossing at the spot 8 cun above the medial malleolus, the spleen meridian is in the anterior border but the liver meridian, in the middle.

Table 1: Classification of the meridian and collateral system

The meridian system	meridian	Twelve regular meridians	The three yin meridians of hand	The lung meridian of hand-taiyin The pericardium meridian of hand-jueyin The heart meridian of hand-shaoyin	
			The three yang meridians of hand	The large intestine meridian of hand-yangming The triple-jiao meridian of hand-shaoyang The small intestine meridian of hand-taiyang	
			The three yin meridians of foot	The spleen meridian of foot-taiyin The liver meridian of foot-jueyin The kidney meridian of foot-shaoyin	
			The three yang meridians of foot	The stomach meridian of foot-yangming The gallbladder meridian of foot-shaoyang The urinary bladder meridian of foot-taiyang	
	Eight extra meridians: the Du meridian, the Ren meridian, the Chong meridian, the Dai meridian, the Yangwei meridian, the Yinwei meridian, the Yangqiao meridian, the Yinqiao meridian.				
	The twelve divergent meridians				
	collateral	The fifteen major collaterals: each of the twelve regular meridians and the major collaterals of Du and Ren meridians, plus an extra large splenic collateral.			
		The small collaterals: all the tiny collaterals.			
		The superficial collaterals: the collaterals distributed on the body surface			
	Subsidiary part	The twelve meridian tendon regions: the system of musculature spreading along with the twelve regular meridians.			
The twelve skin areas: the twelve regions where the reactions caused by the twelve regular meridians manifesting in the body surface respectively.					

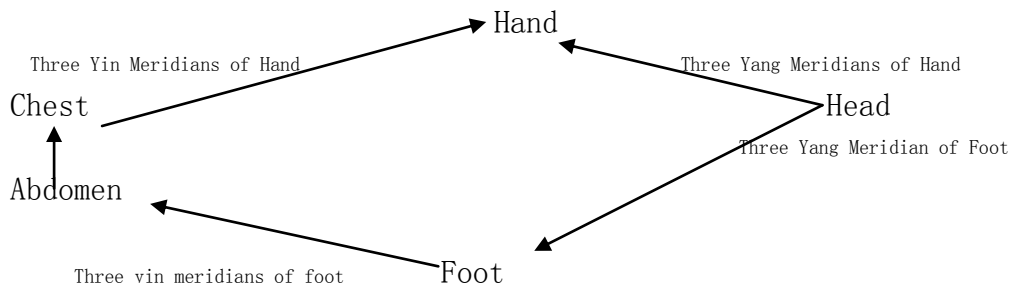
2.2. The Courses, Connections, Distributions, Interior–exterior Relationships and Cyclical Flow Order of Meridians

2.2.1 Rules of Courses and Connections

There exists a specific rule for the connections of the twelve regular meridians. Chapter 38 in **Spirit Pivot** states: “The three yin meridians of the hand travel from the viscera to the hand; the three yang meridians of the hand run from the hand to the head; the three yang meridians of the foot travel from the head to the foot; and the three yin meridians of the foot go from the foot to the abdomen.” For example, the three yin meridians of the hand travel from the chest to the end of the fingers, then connect with the three yang meridians of the hand; the three yang meridians of the hand run from the end of the fingers to the head and face, then communicate with three yang meridians of the foot; the three yang meridians of the foot go from the face and head down to the end of the toes, then connect with three yin meridians of the foot; the three yin meridians of the foot start from the

toes and go up to the abdomen and chest to connect with three yin meridians of the hand. (see the sketch below), thus, “ forming a circulative pathway of inter-connection of yin and yang meridians which travel in the body endlessly like a cycle.” As stated in chapter 18 of the **Spirit Pivot**. (See Tab 3)

Table 3 the sketch map of the connecting rule of the hand-foot

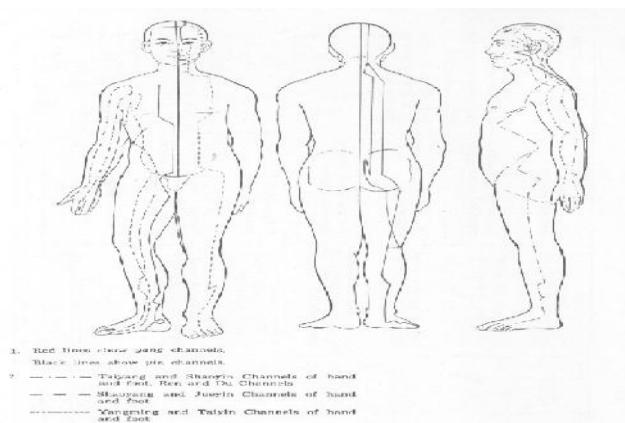


The three yang meridians of the hand terminate at the head and the three yang meridians of foot begin from the head. They connect with each other at the face and head, this explains that “the head is the confluence of yang meridians.”

2.2.2 Rules of distribution

The distributions of the twelve regular meridians on the body surface are fixed. For example, in the limbs the yin meridians are over the medial aspect, and yang meridians, lateral aspect. Each limb is supplied by the three yin and yang meridians distribution. On the whole, the anterior border is supplied by the taiyin and yangming meridians; the posterior border, by shaoyin and taiyang meridians; the midline by jueyin and shaoyang meridians. On the face and head, the face and forehead are distributed by yangming meridians; the cheek, vertex and hindhead are passed by shaoyang meridians; and the taiyang meridians travel along the lateral aspect of the head. On the body trunk, the three yang meridians of the hand run through the scapular regions. Among the three yang meridians of the foot, the yangming meridian runs anteriorly (from chest to abdomen); the taiyang meridian, posteriorly (along the back); and the shaoyang meridian, laterally. The three yin meridians of the hand all emerge from the area below the axilla, whereas three yin meridians of the foot run through the abdominal regions. The sequence of meridians in passing through the abdominal region from the interior is firstly the foot shaoyin, secondly the foot yangming, thirdly the foot taiyyin, and fourthly the foot jueyin meridians.

Fig 1-1:



2.2.3 Interior-Exterior relationship

There are six pairs of meridians of “exterior-interior correspondence” which are comprised of the three yin and three yang meridians of the hand and foot and communicate through the divergent meridians and collaterals. Chapter 24 in plain questions states: “the meridians of foot taiyang and shaoyin, the meridians of foot shaoyang and jueyin, and the meridians of yangming and taiyin are exteriorly-interiorly related respectively.” Indicated here is that the yin and yang hand, the meridians of hand taiyang and shaoyin, the meridians of hand shaoyang and jueyin and the meridians of yangming and taiyin are all exteriorly-interiorly related and refers to the yin and yang of the hand.

The two interior-exterior meridians connect at the end of the four extremities which respectively run along the medialateral aspects of four limbs (the liver meridian of the foot-jueyin crosses with the spleen meridian of foot-taiyin at spot eight cun above the medial malleolus, after which those two meridians exchange their positions, the taiyin on the anterior border and the foot jueyin in the midline). Separately these meridians which are communicating with the interior-exterior viscera, manifest in the foot taiyang meridian which pertains to the urinary bladder and communicates with the kidney; and the foot shaoyin meridian which pertains to the kidney and communicates with the urinary bladder.

The interior-exterior relationships of the twelve meridians not only strengthen communication by the connection of the two interior-exterior meridians, but also connect with and pertain to the same viscera. This enables the zang-viscera and fu-viscera with the interior-exterior relationship to be inter-coordinating in physiological function, and inter-influencing in pathology. For example, the spleen dominates transportation and transformation and is in charge of sending up the clear qi; the stomach dominates the reception and sending of the turbid qi downward; the heart-fire transmits into the small intestine, etc. In treatment, the points belonging to the two interior-exterior meridians can be mutually selected. For example, the points from the lung meridian can be selected to treat diseases of the large intestine viscera or also illnesses of the meridian.

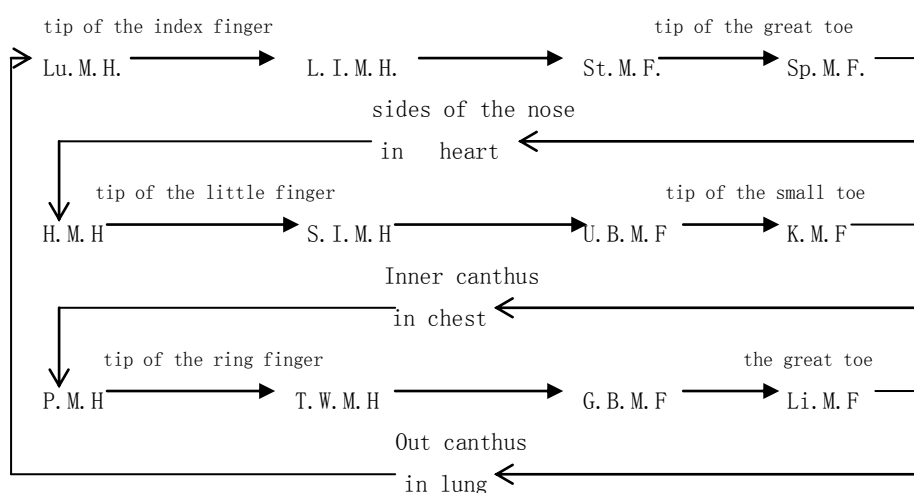
Exterior-interior Relationship of the Twelve Channels

(1) The exterior-interior-relationship the Large Intestine Meridian of Hand-Yangming and the Lung Meridian of Hand-Taiyin.
(2) The exterior-interior-relationship the Small Intestine Meridian of Hand-Taiyang and the Heart Meridian of Hand-Shaoyin.
(3) The exterior-interior-relationship the Triple triple-jiao Meridian of Hand-Shaoyang and the Pericardium Meridian of Hand-Jueyin.
(4) The exterior-interior-relationship the Stomach Meridian of Foot-Yangming and the Spleen Meridian of Foot-Taiyin.
(5) The exterior-interior-relationship the Urinary Bladder Meridian of Foot-Taiyang and the Kidney Meridian of Foot-Shaoyin.
(6) The exterior-interior-relationship the Gall Bladder Meridian of Foot-Shaoyang and the Liver Meridian of Foot-Jueyin.

2.2.4 The order of cyclical flow

The twelve regular meridians are distributed over the interior and exterior body, and the qi and blood circulate endlessly in the meridians. Beginning in the lung meridian of the hand taiyin, and transporting to the liver meridian of the foot jueyin in proper order, this process then returns once more to the lung meridian. The inter-connection of the beginning and ending-spot is similar to the cycle, the order of this flow being as follows: (see table 4)

Table 4: the cyclical flow of qi in the twelve regular meridians



Section 3 The eight extra meridians

3.1. The characteristics and functions of the eight extra meridians

The eight extra meridians include the Du, Ren, Chong, Dai, Yinqiao, Yangqiao, Yinwei, and Yangwei meridians. Characteristic of these meridians, is that they are not distributed as regularly as twelve regular meridians and have no direct connections or interior-exterior relationships with the viscera. Therefore, they are called the “extra meridians.”

The eight extra meridians travel and cross among the twelve regular meridians, and function in the following three ways:

3.1.1 The further strengthening the communication of the twelve regular meridians:

The Yangwei meridian acts as a networks the yin “to connect the yang of the whole body.” The Yinwei meridian also networks the yin “to connect yin of the entire body.” The Dai meridian “controls meridians” and binds up all the meridians running through the abdomen and lumbar regions. The Chong meridian runs upward and downward vertically in order to irrigate the three yin and yang. The Du meridian governs the yang meridians. Ren is “ the sea of yin meridians” .

3.1.2 Regulating the qi and blood of the twelve regular meridians:

During periods where the qi and blood of the twelve regular meridians are in excess, the excess will flow to the eight extra meridians; when the qi and blood of twelve regular meridians is insufficient, there will be a supplemental flow from the eight extra meridians to the twelve regular meridians.

3.1.3 The extra meridians have an established close relationship with the liver,

kidney and extra-ordinary fu-viscera, such as the uterus, brain, and marrow. The meridians communicate with them physiologically and pathologically.

3.2. The functions of eight extra meridians

The Du meridian: The Chinese word “Du” means to govern and command. The Du meridian runs along the midline of the back and cross the three Yang meridians of the Hand and Foot, as well as the Yangwei Meridian, enabling it to govern the yang meridians. Thus it is also called “ the sea of yang meridians.” Also, the Du meridian runs along the inside of the spine, and upwards to the brain, here branching at the inside of the back to pertain to the kidney. It has close relations with the brain, spine and kidney.

The Ren meridian: The Chinese word “Ren” means to take and be in charge of. The Ren meridian travels along the midline of the abdomen and repeatedly crosses the three Yin meridians of the Hand and Foot and Yinwei meridian. This is in order to nourish yin meridians of the whole body, so it also termed “ the sea of yin meridians.” “Ren” also means “pregnant,” for it begin in the uterine and is related with pregnancy. This is termed “Ren meridian dominating the uterine and pregnancy.”

The Chong meridian: The Chinese word “Chong” means a vital pass. Being a vital pass of the qi and blood, the Chong meridian flows upward to the head and downward to the foot in connection with the whole body. It also is responsible for regulating the qi and blood of the twelve regular meridians, therefore it is also called “ the sea of the twelve regular meridians.” Also, it is sometimes termed “ the sea of blood” for it is closely related with menstruation.

The Dai meridian: It wraps around the waist similar to a girdle, and binds up all meridians together.

The Yinqiao and Yangqiao meridians: The Chinese word “qiao” means to act quickly. Their functions are to moisten the eyes and dominate the opening-closing function of the eyelids, and the action of the lower extremities. The ancient Chinese doctors also described that Yinqiao and Yangqiao meridians “ dominate respectively the yin and yang of the whole body.”

The Yinwei and Yangwei meridians: The Chinese word “ wei” means to maintain and network. The Yangwei meridian networks the yang of the whole body while the Yinwei meridian networks the yin of the whole body.

Section 4 Collaterals, Divergent meridians, Meridian tendon and Skin areas

4.1 The Collateral’ s function

The main physiological functions of the collaterals are as follows:

- 4.1.1 To strengthen the relations of the two interior-exteriorly related meridians on the body surface of the twelve meridians. The connections and relations of the two interiorly-exteriorly related meridians within the region of the limbs are established and strengthened by the yin collaterals which run into the yang meridians and the yang collaterals which run into the yin meridians.

Although some of the collaterals run into the chest and abdomen, which connect the viscera, they have no fixed connecting objects.

4.1.2 To play the governing role and to strengthen the general connection of the anterior, posterior and lateral aspects of the body. The collaterals of the Ren meridian distribute on the abdominal area, while the Du Meridian runs on the back region, and, the major collateral of the spleen runs on the thoraco-hyperchondriac region; thus, the collaterals strengthen the connection of the anterior, posterior and lateral aspects of the body.

4.1.3 To nourish and transport qi and blood to the whole body. The minute and superficial collaterals branching out from the collaterals distribute the qi and blood all over the body, network and connect the tissues of the whole body. Therefore, the qi and blood running in the meridians change their linear flow into a proliferation through the collaterals and minute collaterals. This occurs in order to fully nourish the whole body.

4.2. Divergent meridians

Divergent meridians, the main branches of the regular meridians, branch out from the regular meridians and run along the chest, abdomen and the head.

The twelve divergent meridians are distributed in a branching manner from certain parts of the four limbs. This occurs mostly above the elbows and knees of the twelve regular meridians. This is called “departing.” They then enter the deep inside of the viscera, called “entering”, and finally travel outward to the exterior of the body this is called “coming out”. The meridians running upward to the face and head, where the yin divergent meridians combine with the yang divergent meridians, is called “combining”. So, the characteristics of the distribution of the twelve divergent meridians can be described by four words, namely “departing”, “combining”, “coming-out”, “entering”. Every pair of exterior-interiorly related divergent meridians is called a “combination”, and there are six combinations altogether.

The divergent meridians play a supplementary role. They reinforce connections between meridians and the twelve regular meridians. The divergent meridians have certain important functions in physiology, pathology, clinical treatment, etc. the main points are as follows:

4.2.1 To reinforce the connection of a pair of exterior-interiorly related meridians of the twelve regular meridians in the body. After entering the body, the exterior divergent meridians and the interior divergent meridians run side by side, passing through the exterior-interiorly related viscera; the yin divergent meridians combine with the yang divergent meridians when they run outward to the exterior of the body. Then, they pass into the yang meridians in the exterior of the body together. In this way, they reinforce the connection of the two meridians which are exterior-interiorly related.

4.2.2 To reinforce the centripetal connections of the exterior and interior of the body, and of the limbs and the trunk. The twelve divergent meridians play a very important role in enhancing the relationship between the meridians and

- collaterals and in passing messages from the exterior to the interior of the body. These meridian branches out from the parts of four limbs of the twelve regular meridians and run centripetally once they enter the inside of the body.
- 4.2.3 To reinforce the connection of the twelve regular meridians and the area of the face and head. The regular meridians which run upwards to the area of the face and head are mainly the six yang meridians of the twelve regular meridians. In the case of the twelve divergent meridians, all the six yang and six yin divergent meridians run upward to the area of the head; the divergent meridians of the three yin meridians of foot run upward to the head after combining with the divergent meridians of the yang meridians. This is the foundation of the theory that “the blood and qi of the twelve regular meridians and the three hundred and sixty-five collaterals, all travel upward to the face and reach the orifices of the body”. (Chapter 4 in the **Spirit Pivot**)
- 4.2.4 To enlarge the scope of the indications concerning the twelve regular meridians. With the distribution of the twelve divergent meridians over areas that the regular meridians do not cover, the sphere of acupoints of the regular meridians are enlarged. For example, the Taiyang Meridian of Foot does not reach the anus, but its divergent branches pass into the anus. Therefore, the point Chengshan, and Chengjin belonging to the Taiyang Meridian can be used to treat disease of the anus.
- 4.2.5 To strengthen the relations of the three yin and yang meridians of “the foot with the heart. The three yin and yang divergent meridians run through the abdomen and chest to strengthen the interior-exterior communication of the viscera in the abdomen, and the connection with the heart in the chest. Thus, the twelve divergent meridians are very important for the analysis of the relations of the internal organs in the abdomen to the physiological and pathological changes of the heart. At the same time, it also offers the basis for the theory of “the heart as the great monarch of the five zang-viscera and six fu-viscera.

4.3. Meridian tendons

The meridian tendons comprise the system of the twelve regular meridians, which connects tendons and muscles of the body. Its functional activities rely on the nourishing of qi and blood of the meridians and is regulated by the twelve regular meridians. It is also deviated into twelve regions called “the twelve meridian tendons.”

The twelve tendons possess physiological functions connect and maintain the bones and the normal movement of the joints. Chapter 44 in **Plain Questions** says: “the meridian tendons dominate and control the bone and promote the joints movements” .

4.4. Skin areas

The skin areas are referred to as the regions divided according to the distributions of the meridians and collaterals on the surface of the body. Chapter

56 in **Plain Questions** says: “the skin can be divided into different regions” , “The skin is the exterior region where the meridians distribute” . The twelve regular meridians and their attached collaterals distribute on certain areas of the body surface, and accordingly, the whole skin of the body is divided into twelve areas which is termed “the twelve skin areas” .

Chapter 50 in **Plain Questions** states: “The skin areas are marked by the regular meridians” , and “the skin areas are the parts of meridian system located in the superficial region of the body” . Thus, the skin areas belong to the region where the meridians and collaterals distribute, and the meridian-qi remains. It is helpful to diagnose diseases of the viscera, meridians and collaterals through observing the changes of the color and morphology of the different cutaneous regions. The therapies of external pasting, moxibustion, and hot medicated compressing applied to certain areas of the skin for treatment of internal viscera diseases derive from the application of the skin areas theory on diagnosis and treatment.

Section 5 The Physiology of Meridians and Application of Meridian Theory

5.1. The Physiological Functions of Meridians and Collaterals

The functional activities of the meridians is called “meridian-qi,” which manifest in the linking up of the exterior with the interior and the upper with the lower meridians, and in connecting the viscera with organs, in transporting qi and blood, in nourishing the viscera and tissues, responding, conducting and regulating the functions of every part of the body and so on..

5.1.1 Linking up the Exterior with the Interior and the Upper with the Lower, Connecting the Viscera and Organs.

The human body consists of five zang-viscera and six fu-viscera, four extremities and joints, five sense organs and nine orifices, skins, muscles, tendons, vessels and bones, Though there are differences in each ones’ physical functions, they cooperatively act in their organic integral activities to create an organic whole from the interior and exterior and the upper and the lower portions of the body. This kind of organic combination and mutual communication is dependent on the connecting and linking -up functions of meridians and collaterals.

The twelve regular meridians and their branches crisscross, enter into the interior of the body and reemerge at the exterior; they run up and down, connect to the viscera and each other. The eight extra meridians connect with the regular meridians. The twelve meridian tendon regions, and skin areas connect with the tendons, vessels, skins and muscles, and they organically connect to each of the viscera, tissues and organs to form a coordinative integral whole in which the exterior and the interior and the upper and the lower are closely related. The connection and link of the viscera with the organs and tissues through the meridians and collaterals is shown in the following four aspects:

5.1.1.1 The Connection of the Viscera with the Extremities

This is mainly carried out by the twelve regular meridians. The twelve regular meridians connect with and pertain to the five-zang and six-fu viscera. Once affected, their meridian-qi scatters and gathers in the tendon regions, then distributes on the skin areas. Therefore the skin, tendons and muscles are connected with the internal viscera through meridians. Chapter 33 in the Spirit Pivot says: “The twelve regular meridians connect internally with the viscera, and externally with the joints, limbs and other superficial tissues of the body.”

5.1.1.2 The Connection of the Viscera with the Five Sense Organs and Nine Orifices

The eyes, ears, nose, mouth, tongue, anterior privates, and anus are places where viscera internally, thus, the five sense organs and nine orifices connect with internal viscera through the connection meridian. For example, the Heart Meridian of the Hand-Shaoyin pertains to the heart and connects with the small intestine, then goes upward to connect with the “ocular connectors.” Its divergent collateral runs up to the tongue. The Liver Meridian of Foot-Jueyin pertains to the liver and connects with the gallbladder, then goes upward to connect with “ocular connectors.” The Stomach Meridian of Foot-Yangming pertains to the stomach and connects with the spleen, enters the upper gum and curves around the lips.

5.1.1.3 The Connections Between the Viscera

Each of the twelve regular meridians separately pertains to and connects with one of the zang-viscera of fu-viscera, thus strengthening the connections of the viscera which are exteriorly-interiorly related. Moreover, some of meridians also connect together several viscera. For example, the divergent meridian of the stomach travels upwards to communicate with the heart; the spleen meridian enters into the heart; the divergent meridian of the gallbladder passes through the heart; the kidney meridian joins the heart; the heart meridian travels upward to the lung; the kidney meridian goes along the upper orifice of the stomach; the kidney meridian passes through the liver and so on, thus instituting various relationships among the viscera.

5.1.1.4 The Connections Between Meridians

The connections of yin with yang meridians, and the exterior with the interior meridians are in fixed order and exhibit a cyclical flow. The twelve regular meridians crisscross with the eight meridians; and the eight extra meridians connect with one another, thus establishing various communications between meridians. For example, the three yang meridians of the hand and foot converge on Dazhui acupoint of Du Meridian. Yangqiao and Du Meridians assemble in Fengfu acupoint, so Du Meridian. Yangqiao and Du Meridians assemble in Fengfu acupoint, so Du Meridian is called “the sea of yang meridians.” The three yin meridians of the foot and Yinwei, Chong Meridians converge in Ren Meridian, and the three yin meridians of foot extend upward to connect with the three yin meridians of the hand. Therefore the Ren Meridian is called “the sea of yin meridians.” The Chong Meridian anteriorly merges into Ren Meridian in the chest, and posteriorly communicates with the Du Meridian, while

the Du and Ren Meridians connect with the twelve regular meridians. Meanwhile, the Chong Meridian of “the upbranches pass into the nasopharynx and pour into yang meridians; the down branches merge into Shaoyang Meridian and pour into three yin meridians” (Chapter 80 in Spirit Pivot). The qi and blood which flow from all the twelve regular meridians, as well as the Du, Ren, Chong Meridians, emerge from uterus together. Therefore the Chong Meridian is also called “the sea of the twelve regular meridians.”

5.1.2 Circulating Qi and Blood, Nourishing the Viscera and Tissues

All the tissues and organs need to be nourished in order to perform normal physiological activities. The qi and blood circulate within the whole body to nourish the viscera and tissues, and defend against the exogenous-evil to protect the body. The body must rely on the transportation and transmission of qi and blood in the meridians and collaterals to remain healthy. Chapter 47 in Spirit Pivot states: “The meridians and collaterals transport blood and qi to adjust the yin and yang, nourish tendons and bones, and improve joint functions.”

5.1.3 Response and Conducting Functions

Response and conduction mean that the meridian system functions in response to and conduction of the needling sensation and other stimulations. The phenomena of “getting qi” and “activating qi” while needling is a reflection of the response and conducting functions of the meridians.

5.1.4 Regulating the Balance

Meridians and collaterals circulate qi and blood and coordinate yin and yang to keep the relative balance of body activities. When a disease occurs in the body, the symptoms of disharmony of qi and blood, and excess or deficiency of yin and yang emerge, and can be treated by acupuncture and moxibustion therapy to stimulate the meridian regulative function. The principle is stated in Chapter 75 in Spirit Pivot: “To reduce the excess and reinforce the deficiency makes yin and yang balance.” The experimental data proves that acupuncture can adjust the function of the zang-fu viscera by puncturing the relative points on the meridians. That is through calming down the original excitation and exciting the original inhibitory state.

5.2. Application of Meridian Theory

5.2.1 Explaining the Pathological Changes

In the normal conditions, meridians and collaterals can circulate qi and blood, and respond and conduct, but where the evil-qi disturbs, they become the pathways through which the evil-qi transmits. It is reflected in pathological changes. Chapter 56 in Plain Questions says: “while the evils attack the skin, the interspace of muscle will be effected, thus, the evils go further to the collaterals, and then empty into meridians, and finally arrive at the zang-fu viscera.” This states that the meridians are the pathways whereby exogenous-evil attacks from the skin and

muscle interspace to the five-zang and six-fu and collaterals can be the routes of unhealthy pathological changes among the viscera. For example, the Liver Meridian of the Foot-Jueyin curves around the stomach and fills into Shaoyin enters into the lung and connects with the heart, so the excessive water due to kidney-deficiency can attack the heart and lung.

Because interior-exteriorly related meridians pertain to connect with the same viscera, interiorly-exteriorly zang-viscera and fu-viscera are inter-influenced in pathology. For example, the heart-fire may extend down to the small intestine, the excessive heat of the large intestine and the obstruction of fu-viscera can lead to a dysfunction of lung-qi marked by asthma, cough, and stiffness in the chest.

The meridians and collaterals are the routes of interaction of pathological changes arising not only from the exterior of the interior, or between the viscera, but also between the viscera and the tissues of the body surface. Through the conduction of meridians and collaterals, internal visceral diseases can be reflected on the body's surface, manifested at special positions or corresponding orifices. For example, stagnation of liver-qi with distention and pain in both hypochondriac regions and lower abdomen is due to the Liver Meridian of the Foot-Jueyin. The Foot-Jueyin extends to the lower abdomen and spreads through the hypochondriac region. True heart pain (angina pectoris) manifests not only from the pain on the anterior part of the heart, but also from the radiating pain extending to the ulnar border in the interior side of the upper extremities. This is because the Heart Meridian of Hand-Shaoyin travels along this region. Other examples are swelling and pain in the gum due to stomach fire, and red eyes due to a flaring up of liver-fire. All of those are the reflections of the meridian conduction.

5.2.2 Guiding the Diagnosis and Treatment of Diseases

5.2.2.1 Directing the Diagnosis of Diseases

Because meridians and collaterals have fixed courses of extension in the body, and a fixed connection with the viscera, the symptoms and signs of viscera disease are easily manifested. In clinical practice, the meridian system can be the foundation of diagnosis according to the positions of symptoms, and used in combination with the meridian distributions and their related viscera. For example, pain in both hypochondriac regions is mainly due to liver and gallbladder diseases. Headaches are another example. The pain in the forehead is related to the Yangming Meridian, pain in both lateral sides with Shaoyang Meridian, pain in the occipital region and nape with Taiyang Meridian, pain in vertex with Jueyin Meridian.

The diagnosis of the six meridian syndromes in the Treatise on Cold Attacks is accomplished through use of the syndrome differentiation system developed from meridian theory. In addition, it is helpful to diagnose pressure pain, and the tubercular or rectangular reactive substances in places the meridians pass or where the meridian-qi gathers at some acupoints. It is helpful as well to diagnose morphological changes in the local areas of skin.

An example of this diagnosis is the disorder of the lung-viscus. When it is

not functioning properly, tubes in the Feishu acupoint area, and pressure pain in the Zhongfu acupoint area can occur. Another example is that pressure pain in the Lanwei extra-point will appear in patients with appendicitis. Abnormal changes in 1Pishu acupoint usually appear in chronic indigestion. Just as Chapter 73 in the Spirit Pivot says: “The pain can be diagnosed by observing the left farts, the right parts, the upper parts and lower parts of the body, as well as its nature of cold or warm. Then the meridian it attaches to can be decided. “This reiterates that the meridians are of great significance in clinical diagnosis.

5.2.2.2 Guiding the Treatment

The meridian theory is broadly applied in clinical treatment, and is of great guiding significance, especially regarding the therapies of acupuncture, moxibustion, massage and Chinese herbs.

The therapy of acupuncture and massage use points from local spots near the affected Area, or use distant points along the meridians length in order to regulate the functional activities of qi and blood of the meridians, thus good therapeutic effect is achieved. However, the point-taking must be determined through the guidelines of the meridian theory.

Through these guidelines one can differentiate and decide which meridian the disease is threatable form and then choose the points based on the distributions and communicating ranges of the meridians. This is called “ taking the points according to the meridians.”

Herbal therapy also relies on the meridian theory. The herbs take effect through the channeling function of the meridians, which deliver the herbs to the affected part. Based on long-term clinical practice, ancient doctors formed a new theory called “meridian tropism of herbs” This involved the specific selectivity of herbs geared toward one of the meridians.

The famous doctors Zhang Jiegu and Li Gao in the Jin and Yuan Dynasties also founded the theory called the “ meridian guiding action,” based on the meridian theory .The headache, for example, belonging to the Taiyang Meridian, can be treated with the Notopteryguim Root, which belongs to the Yangming Meridian and by the Baburian Angelica Root, which belongs to the Shaoyang Meridian and lastly by the Bupleurum Root. These three herbs not only pertain to the Taiyang, Yangming, Shaoyang Meridians of the hand and foot, but also guide other herbs through the above meridians in order to achieve better therapeutic effect.

Additionally, widespread applied acupuncture anesthesia, ear acupuncture, electric acupuncture, catgut embodiment in acupoint, point-stimulation and ligation therapy are also founded and developed under the guidance of the meridian theory, which, of course, have further developed and enriched the meridian theory.

So, Meridians and Collaterals (*Jing Luo*) is an important component in the basic theory of Traditional Chinese Medicine (*TCM*). The theory of meridians and collaterals deals with the courses and distributions, physiological functions, pathological changes of the meridians and collaterals of the human body, and their

relation to the *zang-fu* organs. It was systematized by the ancient Chinese people in their prolonged clinical practice. Its formation is generally considered to be in relation to the observation of the symptoms and signs of diseases and the transmission of needling sensation, the application of *TUINA* (Chinese remedial massage, 推拿), *DAOYING* (ancient deep breathing exercises, 导引), and ancient anatomical knowledge. Just like the other basic TCM theories, such as that of *zang-fu* organs, of *qi* and blood etc. The theory of meridians and collaterals is of great significance in guiding diagnoses and treatment in various clinical branches, particularly in the *Zhenjiu* treatment. In the practice of acupuncture and moxibustion, the meridians tropism by signs-symptoms differentiation, the corresponding meridian points selection, reinforcing and reducing, and others are all on the theory of meridians and collaterals.

It is stated in *Chapter 10 of Miraculous Pivot* that "so important are the meridians and collaterals which determine life and death in the treatment of all diseases and the regulation of deficiency and excess conditions that one must gain a thorough understanding of them. The importance of studying the theory of meridians and collaterals can indeed never be overemphasized".

Chapter 2 TECHNIQUE OF ACUPUNCTURE AND MOXIBUSTION

Acupuncture and moxibustion are two distinct therapeutic methods frequently used in the clinic. Acupuncture treats disease by puncturing certain points of the human body with metal needles, while moxibustion is applying heat produced by ignited moxa-wool over the points of the skin surface. Though equipment or materiel used in the two methods are different, the therapeutic and preventive results in both are achieved through promoting smooth circulation of the channels and adjusting *qi* and blood by stimulating the points and channels. In this chapter, some of the commonly used methods of acupuncture and moxibustion are introduced. As the filiform needle is the instrument most frequently used in acupuncture, stress is placed on its manipulation.

Section 1 MANIPULATION OF THE FILIFORM NEEDLE

1. The Needles and How to Use Them

1.1 The Needles:

The needles may be of gold, silver or alloy. The needles in most common use today are made of high quality stainless steel. On the basis of structure, the filiform needle may be divided into four parts----the handle, the root, the body and the tip. (Fig.1-1)

A filiform needle may be divided into five parts:

- 1) Handle: the part webbed with filigree either of copper or stainless steel;
- 2) Tail: the part at the end of the handle;
- 3) Tip: the sharp point of the needle;
- 4) Body: the part between the handle and the tip;
- 5) Root: the demarcation line between the body and the handle.

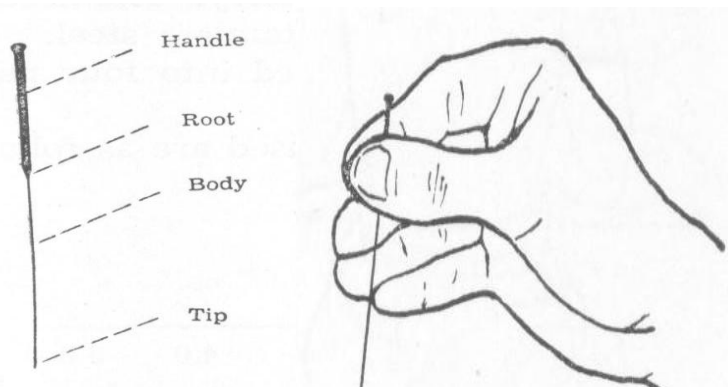


Fig. 2-1 a filiform needle

Fig. 2-2 holding needle

The size and length of the needles most commonly used are as follows: (Tab 1, 2)

Tab 1: Length

Inch	0.5	1.0	1.5	2.0	2.5	3.0	4.0	5.0
MM.	12.7	25.4	38.1	50.8	63.5	76.2	101.6	127

Tab 2: Calibre

Gauge	26	28	30	32
Diameter (mm)	0.46	0.38	0.32	0.26

The length and gauge refer to the dimension of the needle body. The common filiform needles vary in length and diameter. Needles from Nos. 26---32 in diameter and 1--3 cun in length are most frequently used in clinic.

Needles should be carefully inspected before use. The needle tip, in general, should be round but not dull, as sharp as a ping needle. The body must be straight, round and smooth, flexible and resilient, which is valued as the best quality. If the body is eroded or rusted or bent, the needle should be discarded. The eroded or loose needle root is not advisable because this can break the needle easily. So A good needle is one that is strong and flexible and has a round, smooth body and tip shaped like a pine-needle.

1.2 How to practise needling.

The filiform needle is very fine and flexible, and so demands precise finger force to insert it into the skin skillfully and manipulate it freely. In order to minimize possible pain to the patient, appropriate finger force must be mastered through practice, and it is advisable to start practicing with a shorter and thicker needle, progressing to a finer and longer one. (Fig. 2-2)

(a) Practice with sheets of paper. Fold fine soft tissue into a small packet about 5×8 cm. in size and 1 cm. thick .Try puncturing it . Hold the paper packet in the left hand and the handle of the needle with the thumb, index and middle fingers of the right hand. Rotate the needle in and out . As your finger force grows stronger, the thickness of the packet may be increased. (Fig. 2-3)

(b) Practice with a small cotton cushion of about 5-6 cm. in diameter wrapped in gauze. Hold the cushion with the left hand and the needle with the thumb, index and middle fingers of the right hand .Insert the needle into it and practice the lift-thrust and rotation procedure. (Fig. 2-3)

(c) Practice on your own body: This may follow the manipulation methods on paper packet and cotton cushion, so as to have personal experience of the acupuncture sensation in clinical practice.

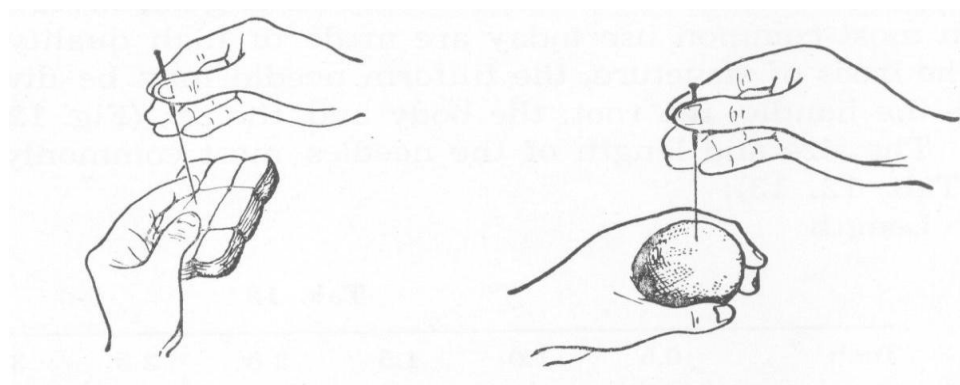


Fig. 3 Practice with sheets of paper and cotton cushion

2. Preparation for Giving Treatment

2.1 Equipment:

According to the concrete conditions, the following methods may be chosen.

Autoclave sterilization: Needles and other instruments wrapped with gauze should be sterilized in an autoclave at 1.5 atmosphere pressure and 120°C for more than 15 minutes.

Boiling sterilization: Needles and other instruments are boiled in water for 30 minutes. This method is easy and effective without any special equipment.

Medicinal sterilization: Soak the needles in 75% alcohol from 30—60 minutes. Then take them out and wipe off the liquid from the needles with a piece of dry cloth. At the same time, the needle tray and forceps which have directly contacted with the filiform needles should also be sterilized in the same way. Besides, needles used to treat some infectious cases should be sterilized and stored on separate place. Besides, instruments made of glass and others with less heat—resistance should be soaked in bromogeramine solution for 1—2 hours.

2.2 Sterilization:

Disinfection of the practitioners' fingers: Before acupuncture treatment, the practitioner's fingers should be cleaned with water and soap or with an alcohol cotton ball.

Disinfection of the area where acupuncture is performed: The area on the body surface selected for needling should be cleaned with a 75% alcohol cotton ball, or first with 2.5% tincture of iodine, and then it is removed by a 75% alcohol cotton ball. The disinfected area must not touch soiled articles, to avoid being polluted again.

2.3 Posture of the patient:

An appropriate posture of a patient is significant in correct location of points, manipulation for acupuncture and moxibustion, prolonged retaining of the needle, and in prevention of fainting. The selection of a proper posture is therefore of importance clinically. Generally, the practitioner must be able to work without hindrance and the patient is relaxed and feels comfortable. The commonly—used postures adopted in the clinic are as follows:

a. Sitting in flexion: suitable for the points on the head, neck and back. (Fig2-4)



Fig 2-4: Sitting in flexion



Fig 2-5: Sitting erect with elbows resting on a table

b. Sitting erect with elbows resting on a table: suitable for the points on the head, arm and shoulder. (Fig 2-5)

c. Lateral recumbent: suitable for the points at the lateral side of the body.

- (Fig 5) e. **Prone posture:** suitable for the points on the head, neck, backlumar and buttock regions, and the posterior region of the lower limbs. (Fig 2-7)
- d. **Supine posture:** suitable for the points on the head and face, chest and abdominal region, and areas of the four limbs. (Fig 2-6)

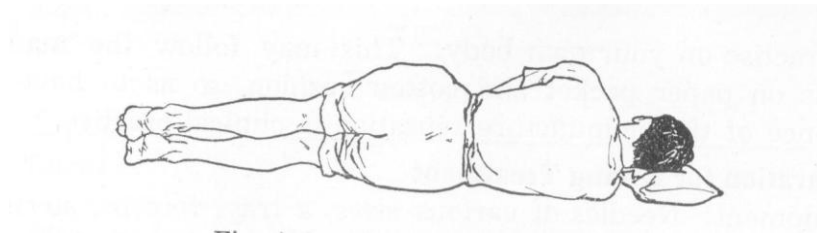


Fig 2-5: Lateral recumbent



Fig 2-6: Supine posture

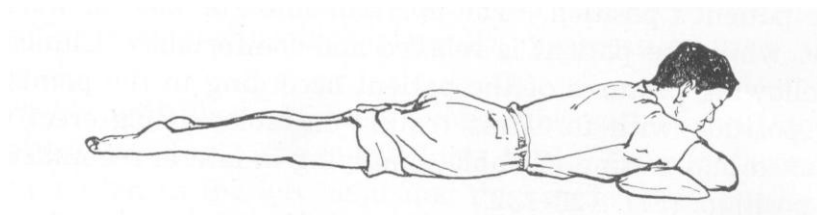


Fig 2-7: Prone posture

Moreover, posture in lying should be adopted as far as possible to the new, nervous, aged or asthenic patients, or to seriously ill persons, to avoid fainting.

3. Insertion and Withdrawal of the Needle

3.1 Insertion:

The needle should be inserted coordinately with the help of both hands. The posture for insertion should be correct so that the manipulation can be smoothly done. Generally, the needle should be held with the right hand, known as "the puncturing hand", the left hand, known as "the pressing hand", presses the area or supports the needle body. The function of the puncturing hand is to hold the needle and to perform manipulations, on the other hand, the function of the pressing hand is to fix the location of a point and to grip the needle body to help the puncturing hand to insert the needle. In the first chapter of *Miraculous pivot*, it says: "Needle must be inserted into the body with the right hand assisted by the left hand." In the book *Classic on Medical Problems*, it is said that: "An experienced acupuncturist believes in the important function of the left hand, while an inexperienced believes in the important function of the right hand." It is further stated in *Lyrics of Standard Profoundities* that: "Press heavily with the left hand to disperse *qi* and insert the needle gently and slowly to avoid pain." These explanations show the importance of the coordination of the right and left hands on insertion. According

to the length of the needle and the location of the point, different methods of insertion are employed. (Fig 2)

According to the length of the needle and the location of the point, there are various methods of insertion. The four main techniques are as follows:

3.1.1 Inserting the needle aided by the pressure of the finger of the pressing hand:

Press beside the acupuncture point with the nail of the thumb or the index finger of the pressing hand, then insert the needle into the point against the nail. This method is suitable for puncturing with short needles such as those used for puncturing Neiguan(P. 6), Zhaohai(K. 6), etc. (Fig 2-8)

3.1.2 Inserting the needle with the help of the puncturing and pressing hands.

Hold the tip of the needle wrapped in a cotton ball with the thumb and index fingers of the pressing hand; fix it directly over the selected point; meanwhile hold the handle of the needle with the puncturing hand. As the pressing hand pushes the needle tip into the skin, the puncturing hand presses it downward to the required depth. (Fig 2-9)

This method is suitable for puncturing with long needles, such as those used in puncturing Huantiao(G.B. 30), Zhibian(U.B. 54), etc.

3.1.3 Inserting the needle with the fingers stretching the skin :

Stretch the skin where the point is located to cause tension with the thumb and the index finger of the pressing hand to facilitate the insertion of the needle. This method is indicated for points where the skin is loose such as Tianshu(St. 25), Guanyuan(Ren. 4), etc. on the abdomen. (Fig 2-10)

3.1.4 Inserting the needle by pinching up the skin:

Pinch up the skin at the point with the thumb and index finger of the pressing hand, insert the needle into the skin sidewise with the right hand. This method is suitable for puncturing points of the head and face where the soft tissue is thin, such as Zanzhu(U.B. 2), Dicang(St. 4), Yintang(Extra.), etc. (Fig 2-11)

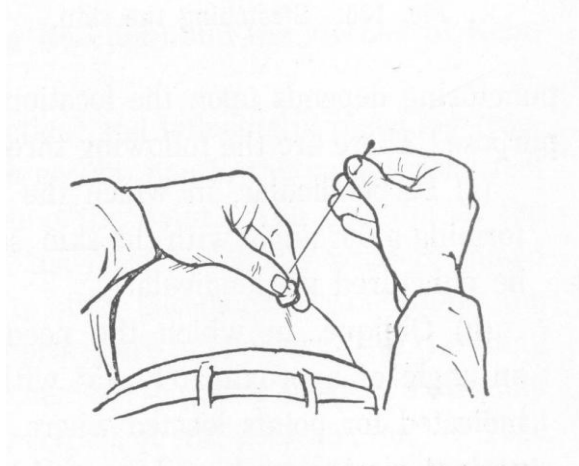


Fig 2-8: Pressing with finger



Fig 2-9: Co-ordination of finger of both hand

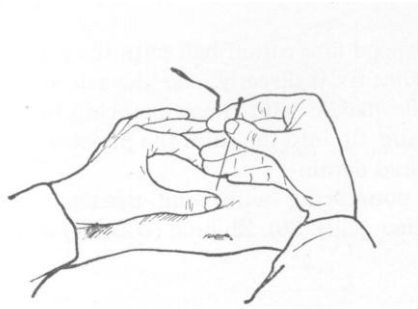


Fig 2-11: Stretching the skin



Fig 2-10: Pinching up the skin

3.2 The angle formed by the needle and the skin surface:

The degree of the angles formed by the needle and the skin surface in puncturing depends upon the location of the point and the therapeutic purpose. There are the following three angles:

- 3.2.1 Perpendicular, in which the needle is inserted perpendicularly forming a 90° angle with the skin surface. Most points on the body can be punctured perpendicularly.
- 3.2.2 Oblique, in which the needle is inserted obliquely to form an angle of approximately 45° with the skin surface. This method is indicated for points located where the muscle is thin or close to important viscera, such as Lieque(Lu.7) of the forearm, Jiuwei (Ren.15)of the abdominal area, Qimen(Liv.14) of the chest, points on the back, etc.
- 3.2.3 Transverse, also known as horizontal puncture when the needle enters the skin forming an angle of from 15° - 25° with its surface. This method is preferred for points on the face and head where the muscle is thin, such as Baihui(Du.20) and Touwei(St.4), of the head, Zanzhu(U.B.2), Yangbai(G.B.2) and Dicang(St.4) of the face, Shanzhong(Ren.17) of the chest, etc. (fig 2-12)

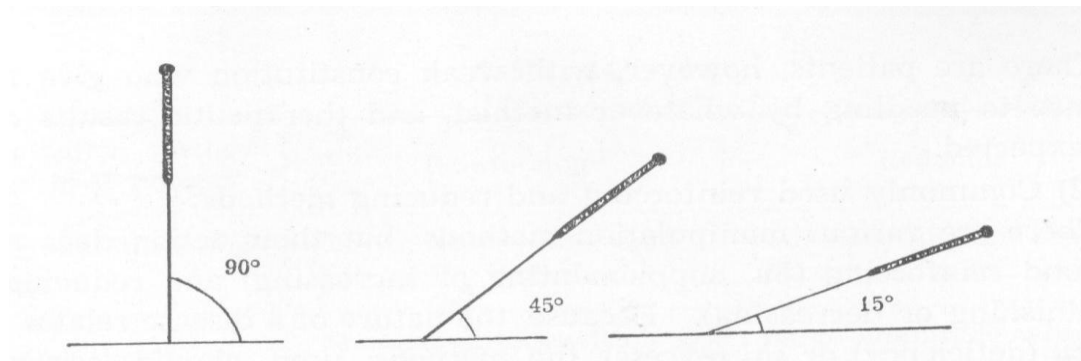


Fig 2-12: Direction of the needle

3.3 Depth of needle insertion:

Depth of needle insertion refers to the depth of the needle body within the skin. The depth of insertion depends on the pathological condition and the location of points; patients with different constitutions and body types have different needling sensations, therefore, the depth of insertion must be fully considered according to the concrete condition, location of points and different patients. Only

by doing so can better therapeutic results be obtained. Generally, a proper depth of needling induces better needling sensation without hurting the important viscera. In clinic the depth of insertion mostly depends upon the constitution of the patient, the location of points and the pathological condition. For the elderly often suffering from deficiency of *qi* and blood, or for infants with delicate constitution, and such areas as the head, face and back region, shallow insertion is advisable. For the young and middle-aged with strong or fat constitutions, or for the points on the four extremities, buttocks and abdominal region, deep insertion is adopted.

3.4 Withdrawal of the needle :

To prevent bleeding at the site of puncture and after-sensation, it is necessary to rotate the needle back and forth gently before withdrawing it , then press the puncture site gently with a cotton ball upon withdrawal. (Fig 2-13)



Fig 2-13: Withdrawal of the needle

4. The Appearance of *Qi* (Needling Reaction) and the Method of Reinforcing and Reducing

4.1 The arrival of *qi* (needling reaction) and inducing *qi* (needling reaction) :

Arrival of *qi*: In the process of acupuncture, no matter what manipulation it is, the arrival of *qi* must be achieved. In the first chapter of *Miraculous Pivot*, it is described that " acupuncture therapy does not take effect until the arrival of *qi*." In *Ode of Golden Needle* it is said: " Quick arrival of *qi* suggests good effect in treatment; slow arrival of *qi* shows retarded effects in treatment." It indicates that the arrival of *qi* is especially important in acupuncture treatment.

4.1.1. Signs of the arrival of *qi*:

The arrival of *qi*, also known as needling sensation, refers to induction of channel *qi* after the needle is inserted. During the needling sensation, the patient has soreness, numbness, a distention feeling or heaviness around the point, sometimes, has coldness, warmth, itching, pain, electric-shock feeling, antecrawling feeling, etc. At the same time, the operator may feel tenseness and dragging sensation around the needle. *Lyrics of Standard Profoundities* says: " It seems a fish bites on fishing pulling the line downward." This is a vivid description to whether the arrival of *qi* is obtained or not.

4.1.2. Factors influencing the arrival of *qi*:

4.1.2.1 Inaccurate location of the points:

It is very important to locate points correctly in acupuncture treatment. In case of inaccurate location, the required needling sensation will be affected.

4.1.2.2 Improper depth of the needle insertion:

A given depth of insertion to each point is required. Either too deep or too shallow affects the arrival of *qi*.

4.1.2.3 Imperfect manipulation:

The needle manipulation is requisite for the arrival of *qi*. The operator should practise it perfectly, otherwise, the expected effects can not be achieved.

4.1.2.4 Weak constitution and dull sensation:

In chapter 67 of *Miraculous Pivot* it describes: “ An individual with abundant *yang qi* may have a quick needling sensation; a healthy person responds with a normal rate to acupuncture, neither quick nor slow; and a man with excessive *yin* and deficient *yang* (i.e. delicate constitution and dull sensation) may have a slow needling sensation” . For severe cases there may not appear the needling sensation, and the therapeutic results are bad.

Acupuncturists in the past dynasties attached importance not only to the arrival of *qi*, but also to the activity of the “spirit *qi*” in the meridians. In *Compendium of Acupuncture and Moxibustion* it is said, “ In case of arrival of the spirit *qi*, a tense feeling appears under the needle.” The first chapter of *Miraculous Pivot* says, “A point is the out.” The function of acupuncture is to regulate the meridian *qi*. The arrival of *qi* is a manifestation of the normal activity of the spirit *qi*. Therefore, it is important in observation of the therapeutic effects.

4.2 Needling manipulation,

also known as needling transmission, refers to various manipulations of acupuncture to induce needling sensation after the needling is inserted. Generally, needle manipulations may induce needling reaction, for which several methods should be applied.

The manipulation techniques, in general, can be divided into two types: the fundamental ones and auxiliary ones.

4.2.1 The fundamental manipulation techniques:

which refer to the basic actions in acupuncture. The two commonly--used techniques are as follows:

4.2.1.1 Lifting and thrusting:

This is a method by which the needle body is perpendicularly lifted and thrust in the point when the needle is inserted to a certain depth. Thrusting means to insert the needle from the superficial layer to the deep layer; on the contrary, lifting, to withdraw the needle from the deep layer to the superficial layer. (Fig 2-14)

4.2.1.2 Twirling or rotating:

This refers to the manipulation by which the needle body is twirled or rotated

forward and backward continuously after the needle has reached its desired depth. The manipulation is done by the thumb, middle and index fingers of the right hand which hold the needle body. (Fig 2-15)

The two types of the fundamental manipulation techniques above may be used either along or in combination, according to the concrete conditions of the patient clinically.

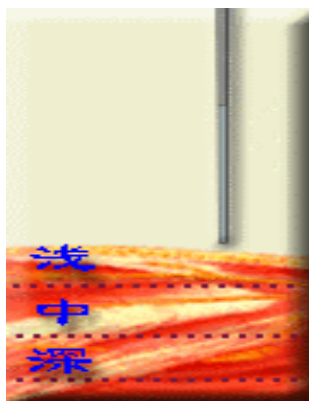


Fig 2-14: Lifting and thrusting



Fig 2-15: Twirling or rotating

4.2.2 The auxiliary manipulations

If *qi* fails to arrive after manipulation, some measures have to be taken, such as temporarily retaining the needle and then rotating again until *qi* is obtained. This is called “waiting for *qi*.” If, after the insertion and manipulation of the needle, the patient does not feel or only has little needling sensation, the method of promoting *qi* should be used. The six auxiliary manipulations are seen below.

4.2.2.1 Pressing:

Slightly press the skin up and down along the course of the channel with fingers. It is described in *Compendium of Acupuncture and Moxibustion* that “the related meridian is pushed up and down to promote the circulation of *qi* and blood”.

This is a method of promoting *qi* by which the circulation of *qi* and blood is pushed and the channel *qi* is promoted to teach the diseased and strengthening the stimulation to obtain *qi*. It is used in patient whose needling sensation is delayed.

4.2.2.2 Plucking:

In the process of retaining, pluck the needle handle slightly with the finger, causing it to tremble and strengthening the stimulation to obtain *qi*. In *Compendium of Acupuncture and Moxibustion*, it says: “First, pluck the handle of the needle a bit deeper. This is the reinforcing method.” It is also pointed out in *Questions and Answers on Acupuncture and Moxibustion* that: “If *qi* does not flow smoothly, pluck the needle lightly and make *qi* travel faster.”

4.2.2.3 Scraping:

When the needle is retained the thumb and index finger of the left hand support the body of the needle where it enters the skin, while the thumb of the right hand is placed on the tail end to hold the needle steady, then scrap the handle with the nail of the index or middle finger of the right hand upward from downward or vice versa.

4.2.2.4 Shaking:

After the needle is inserted to a certain depth, shake the needle with the hand holding the handle. Shaking is a method of conducting the *qi* flow and the needle sensation in a certain direction. In the book *Questions and Answers on Acupuncture and Moxibustion*, it is said that: "shaking is an aid for *qi* flow." Moreover, shaking the needle may be used as an auxiliary method for reducing, i. e. before withdrawal of the needle, shake the needle to drive the pathogenic factors out. In *Compendium of Acupuncture and Moxibustion*, it says, "First, shake the handle of the needle to cause arrival of *qi*. When *qi* arrives, withdraw the needle a little, which is known as the reducing method."

4.2.2.5 Flying:

After the needle is inserted to a certain depth, twirl the needle and depart the thumb and index finger from it. The two fingers separate just like a flying bird spreading its wings. This method can induce the spread of the channel *qi* and make the therapeutic result better. In the book *Introduction to Medicine*, it says: "Twirling the needle quickly for three times is known as 'flying'." Twirl the needle and separate the thumb and index finger from it for several times until the needling sensation is strengthened.

4.2.2.6 Trembling:

Hold the needle with the fingers of the right hand and apply quick lift--thrust movement in small amplitude to cause vibration. It is stated in Classic of Divine Resonance that "hold the needle with the thumb and index finger of the right hand, lift and thrust it rapidly and lightly in a trembling way to promote *qi*." Therefore it is applied to strengthen the needling sensation and activate the flow of *qi* and blood.

4.3 Even movement:

This method is used in treating diseases which are a typical of both the *xu*(deficiency) and *shi* (excess) nature . Application is by inserting the needle to a certain depth till sensation is felt, then rotating, lifting and thrusting the needle evenly and gently at moderate speed to cause a mild sensation. The needle is withdrawn also at moderate speed.

The lift-thrust and rotation methods can be used co-ordinately with either of the two as the main method. The application of the above manipulation methods depends upon the nature of the disease, i. e. *xu* or *shi* , and the location of the points over thin or thick muscle.

The effect of the reinforcing and reducing method of needling depends mainly on the general health of the patient. When the vital energy is undamaged and there is sound body resistance and prompt response to acupuncture , a marked therapeutic result will be obtained; otherwise the therapeutic result will be indefinite. In other words, the effect of the reinforcing and reducing procedures is closely connected with the vital function of the organism.

Moreover, the effect of reinforcing and reducing is affected by the pathological condition. That is to say., different manifestations of the effect may

appear in different pathological conditions. An instance is the lowering of blood pressure in a patient with hypertension, and raising it in hypotension. Similarly, needling may have a spasmolytic effect to intestinal spasm, while promoting peristalsis in intestinal paralysis.

The effect of reinforcing and reducing manipulation is also connected with the therapeutic properties of the points. Needling points Zusanli(St.36), Qihai(Ren.6), Guanyuan(Ren.4), Shenshu(U.B.23) will have reinforcing effect in promoting functional activity. On the other hand, reducing effect may be obtained by pricking Shixuan(Extra.), Weizhong(U.B.40), Quze(P.3) in order to bring down fever and expel the excess of pathogenic factor. Hence, clinically, choosing points according to the pathological condition of *xu* and *shi* nature is also an important way to obtain reinforcing and reducing effects.

5. Precautions

- 5.1 It is advisable to apply few needles or to delay giving acupuncture treatment for patients who are either famished or over-eaten, intoxicated, over fatigued or very weak.
- 5.2 It is contraindicated to puncture points on the lower abdomen and lumbosacral region for women pregnant under three months. After three months pregnancy it is contraindicated to puncture, in addition, points of the upper abdomen, and those causing strong sensation such as Hegu(L. I. 4), Sanyinjiao(Sp. 6), Kunlun(U. B. 60) and Zhiyin(U. B. 67). The fontanelle of infants should not be punctured.
- 5.3 Historic medical literature of the past contraindicates certain points on the human body for puncture or deep puncture. Most of these points are located close to vital organs or large blood vessels, such as Chengqi(St.1) located below the pupil, Jiuwei(Ren.15) near the important viscera, Jimen(Sp.11), the femoral artery, etc. These points should generally be punctured obliquely or horizontally to avoid accident.

6. Management of Possible Accidents in Acupuncture

6.1 Fainting :

This may occur due to weakness or to nervous tension on receiving acupuncture for the first time, or to too forceful manipulation. The prodromes are dizziness and vertigo, irritability, nausea, pallor., staring eyes and dull appearance. In severe cases there may be shock and unconsciousness, deep pulse. The needles should be removed at once and the patient asked to relax, the operator help him to lie down. In mild cases, offer warm drinks. The symptoms will disappear after a short rest. In severe cases, press Renzhong(Du.26) with the fingernail, or puncture Renzhong(Du.26) and Zhongchong(P.9). Moxibustion may be applied to Baihui(Du.20) and Zusanli(St.36). Generally the patient will respond, but if not, then other emergency measures should be taken.

6.2 Stuck Needle:

After the needle is inserted, it is found at times difficult or impossible to rotate, lift and thrust. This situation, known as stuck needle, may be due to various causes. If it is due to muscle spasm, the needle should be retained for a while, and then rotated for removal. Another method is to press the area around the needle, or puncture another point nearby, to relieve the muscle tension. If the needle is entangled with fibrous tissue, rotate it gently and slowly to disentangle it. Lift and thrust slightly until the muscle is completely relaxed, then withdraw the needle.

6.3 Bent Needle:

This generally happens when the needle is inserted with uneven finger force or too forcefully, or the needle strikes hard tissue. The handle of the needle may be struck accidentally, or the patient may suddenly change position while the needle is in place. If the bend is slight, the needle may be removed slowly without rotating. If pronounced, move the needle slightly and withdraw it by following the course of the bend. If the patient has changed position, move him to his original position and then withdraw the needle.

6.4 Broken Needle:

Forceful manipulation of the needle, muscle spasm, the patient changing position, or poor quality of the needle or eroded base of needle all may cause. The doctor should be calm and advise the patient not to move. If the broken needle protrudes above the skin, remove it with forceps. If not, press the tissues around the site until the broken end is exposed, then remove with forceps. If it is completely under the skin, surgery should be resorted to. To prevent accident, careful inspection of the quality of the needle should be made. The needle must be somewhat longer than the required depth of the insertion.

6.5 Hematoma:

After withdrawal of the needle, a pin-point red mark may remain. This is considered normal, and it will disappear of itself. If a bruise or swelling occurs due to injury to vessels, the site should be massaged and hot compresses applied to promote absorption of the hemostasis.

6.6 uncomfortable feeling

After withdrawal of the needle, there may remain an uncomfortable feeling due to over stimulation. If the sensation is not too severe, it may be relieved by gently massaging the local area. If the discomfort persists, it may be relieved by applying moxibustion.

Section 2 MOXIBUSTION

Moxibustion treats and prevents diseases by applying heat to points or certain locations of the human body. The material used is mainly “moxa-wool” in the form

of a large cigarette or small cones. (Fig 22)

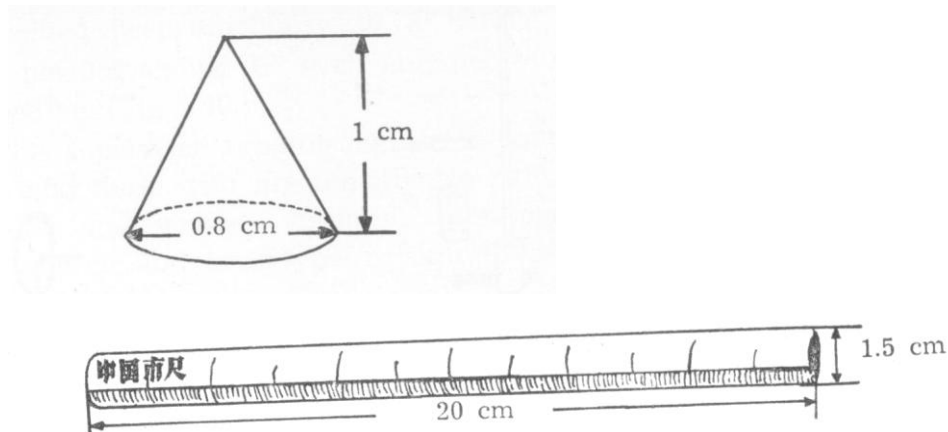


Fig 2-22: Moxa cone and stick

Moxa-wool is made of dry moxa, or mugwort leaves (*Artemisia vulgaris*), ground finely, with the coarse stems removed. It has the properties of warming and removing obstruction of the channels, eliminating cold and damp and thus promoting normal functioning of the organs. Burning moxa-wool has the following advantages.

Its heat is mild and at the same time penetrates deep beneath the skin, giving a sensation of comfort;

Moxa-wool can be kneaded into small cones of various sizes, is easy to ignite, aromatic and drives away damp and foul air.

Artemisia vulgaris grows extensively and profusely in China. It has been used for curative purposes in China for several thousand years.

1. Functions of Moxibustion

1.1. To warm meridians and expel cold

Abnormal flow of *qi* and blood in the body is usually resulted from cold and heat. Cold causes slow flow or even stagnation of *qi*, and heat results in rapid flow of *qi*. "Normal heat activates blood circulation and cold impedes its smooth flow." Since stagnation of *qi* and blood is often relieved by warming up the *qi*, moxibustion is the right way to generate the smooth flow of *qi* with the help of the ignited moxa wool. In Chapter 75 of *Miraculous Pivot* it says, "If stagnation of blood in the vessels cannot be treated by warming-up with moxibustion, it cannot be treated by acupuncture." In Chapter 48 of *Miraculous Pivot* it states, "Depressed symptoms should be treated by moxibustion alone, because depression is due to blood stagnation caused by cold, which should be dispersed by moxibustion." It is easy to understand that moxibustion functions to warm up the meridians and promote blood circulation. Therefore, it is mostly used in clinic to treat diseases caused by cold-dampness and persistent diseases caused by pathogenic cold penetrating into the deep muscles.

1.2. To induce the smooth flow of *qi* and blood

Another function of moxibustion is to induce *qi* and blood to flow upward or downward. For example, moxibustion is given to *Yongquan* (K 1) to treat the disorders caused by excess in the upper part and deficiency in the lower part of the body and

liver *yang* symptoms due to upward flowing of *yang qi* so as to lead the *qi* and blood to go downward. In Chapter 64 of *Miraculous Pivot*, it is pointed out that "when there is an excess of *qi* in the upper portion, the *qi* should be brought downward by needling the points in the lower portion." If the disorder is due to deficiency in the upper portion and excess in the lower portion of the body and due to sinking of *qi* caused by deficiency, such as prolapse of anus, prolapse of uterus, prolonged diarrhea, etc, moxibustion to *Baihui (Du 20)* may lead *yang qi* to flow upward.

1.3. To strengthen yang from collapse

Yang qi is the foundation of the human body. If it is in a sufficient condition, a man lives a long life, if it is lost, death occurs. *Yang* disorder is due to excess of yin, leading to cold, deficiency and exhaustion of the primary *qi* characterized by a fatal pulse. At this moment moxibustion applied can reinforce *yang qi* and prevent collapse. In reinforce *yang qi* and prevent collapse. In Chapter 73 of *Miraculous Pivot* it says, "Deficiency of both *yin* and *yang* should be treated by moxibustion."

1.4. To prevent diseases and keep healthy

In *Precious Prescriptions* appears the following description: "Anyone who travels in the southwest part of China, such as Yunnan and Sichuan provinces, should have moxibustion at two or three points to prevent sores or boils and to avoid pernicious malaria, epidemic diseases and pestilence." It is often said, "If one wants to be healthy, you should often have moxibustion over the point *Zusanli* (ST 36)." In Notes on *Bian Que's Moxibustion*, it says, "When a healthy man often has moxibustion to the points of *Guangyuan (Ren 4)*, *Qihai (Ren 6)*, *Mingmen (Du 4)* and *Zhogwan (Ren 12)*, he would live a very long life, at least one hundred years' life." Clinical practice has proved that moxibustion is very much helpful in preventing disease and keeping healthy.

2. Preparation

2.1 The moxibustion tray contains moxa-wool, moxa sticks and matches. (Fig 22)

2.1.1 Making moxa cones:

Place a small amount of moxa wool on a board, knead it into a cone with the thumb, index and middle fingers. Three sizes may be made : The smallest is the size of a grain of wheat; next, the size of half a date stone, and the largest is the size of the upper part of the thumb. The two smaller cones are suitable for direct moxibustion, while the largest is suitable for indirect moxibustion.

2.1.2 Making moxa sticks:

These are much more convenient to use than moxa cones. Simply roll moxa wool (other herbal medicine may be mixed in) into the shape of a large cigarette, using paper made of mulberry bark, or any other that is soft yet strong.

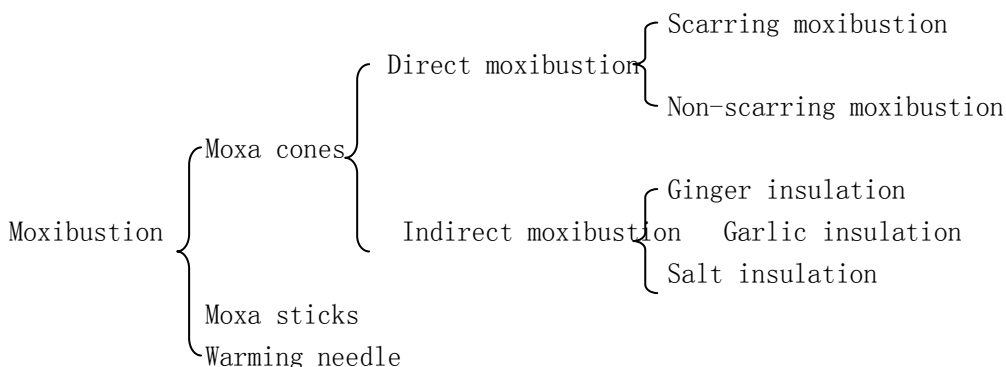
2.2 Posture of the patient

The patient should be placed according to the location of the points selected.

The patient should be comfortable and able to maintain the position for the required time for treatment.

3. Classification of Moxibustion

Clinically, there are three methods of application; i. e. with moxa cones, with moxa sticks , and with warming needle. (Tab.)



3.1 Moxibustion with moxa cones may be direct or indirect.

3.1.1 Direct: (Fig 23)

A moxa cone is placed directly on the skin and ignited. This type may be scarring or non-scarring according to the degree of cauterization.

3.1.1.1 Scarring moxibustion:

A small cone is placed on the point and burned, followed by another. This causes a local burn, blister formation, festering, and final healing with scar formation. Indications are certain chronic persistent diseases such as asthma.

3.1.1.2 Non-scarring moxibustion:

A moxa cone is placed on a point and ignited. When half to two thirds of it is burnt and the patient feels scorching , remove and renew it several times. No blister should be formed, and there should be no festering and scar formation. Indications are asthma, chronic diarrhea , indigestion, etc. of the chronic deficient and cold nature. The range of indications is broader than for scarring moxibustion.

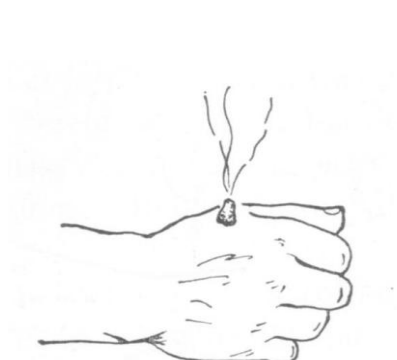


Fig 2-23: Moxibustion with moxa cone



Fig 2-24: Indirect moxibustion with ginger

3.1.2 Indirect moxibustion:

The ignited moxa cone does not rest on the skin. According to the substance insulating the cone and the skin, there are three kinds of indirect moxibustion.

3.1.2.1 On ginger:

Cut a slice of ginger about 0.2 cm. thick, punch numerous holes in it and place it on the selected point, adding a large moxa cone and igniting it. When the patient feels it scorching, remove it and light another. This method is indicated in symptoms of weakness of the stomach and spleen such as diarrhea, abdominal pain, painful joints and symptoms of deficiency of *yang*. (Fig 24)

3.1.2.2 On garlic:

Cut a slice of garlic (a large single clove of garlic is desirable), punch holes in it, put it between the point and the ignited moxa-cone. Renew the cone when the patient feels it scorching. This method is indicated in scrofula, the early stage of skin infections, poisonous insect bite, etc.

3.1.2.3 With salt:

Fill the umbilicus with salt to the level of the skin, place a large moxa-cone on the top and ignite it. This method is applied mainly in cases of collapse with symptoms of cold limbs and undetectable pulse after severe abdominal pain, vomiting and diarrhea. (Fig 25)



Fig 2-25: Indirect moxibustion with salt



Fig 2-26: Mild-warm moxibustion

3.2 Moxibustion using the stick form.

Toll moxa wool into the shape of a cylinder, using paper, ignite one end of it and put it over the selected point or diseased part of the body. This is called moxibustion with moxa sticks. If other herbal medicine is mixed with the moxa wool in the moxa sticks, the moxibustion with this kind of stick is called moxibustion with herbal moxa sticks. Moxibustion with moxa sticks is easy to manipulate, the therapeutic effect is good and the method is well acceptable for the patients so it is more often used clinically today. This method may be divided into mild-warm moxibustion, "sparrow-pecking" moxibustion and circling moxibustion.

3.2.1. Mild-warm moxibustion:

Put the lighted end of a moxa stick over the selected point to warm it. 3 cm or so away the point is recommended. It is good for the patient to feel warm,

comfortable and painless. Every mild-warm moxibustion may last 10-20 minutes until the skin around the point becomes flushed. This method is suitable to treat various diseases. (Fig 26)

3.2.2. "Sparrow-pecking" moxibustion:

Ignite one end of a moxa stick and make it point to the selected point, and peck it rapidly over the point, without touching the skin just like a sparrow pecking at the rice. In general, every "sparrow-pecking" moxibustion lasts 5 minutes or so. This method is more often to treat infantile diseases or used as emergency treatment. (Fig 27)

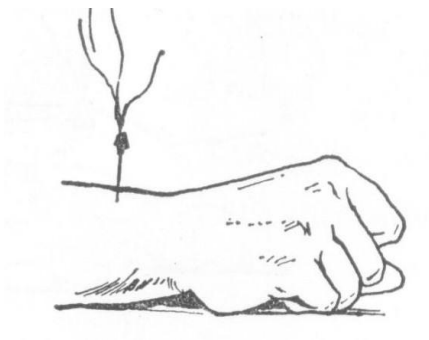


Fig 27: "Sparrow-pecking" moxibustion

Fig 28: Moxibustion with Warming Needle

3.2.3. Circling moxibustion:

In this method, the ignited moxa stick may be evenly moved from left to right or in circular movement about the selected point to warm the point. The ignited stick is 3cm or so away the skin around the point. Each circling moxibustion lasts 10-20 minutes. The method is suitable to treat rheumatic pain, nervous paralysis, etc.

3.3. Moxibustion with Warming Needle

Moxibustion with warming needle is a method of acupuncture combined with moxibustion, and is used for conditions in which both the retaining of the needle and moxibustion are needed. The manipulation is as follows: After the arrival of qi and with the needle retained in the point in proper depth, ignite the moxa wool wrapping the handle of the needle until the moxa wool is burnt out completely. Or put the needle handle into a moxa stick of 1-2 cm long and ignite the stick to conduct heat into the body through the needle body. This method's functions to warm the meridians and promote the free flow of qi and blood so as to treat painful joints caused by cold-damp, numbness with cold sensation and paralysis. It is also suitable to tonify the body. (Fig 28)

4. Precautions and remarks:

4.1 If moxibustion is to be applied to the upper and lower parts of the body at one sitting, treat the upper part first. Treat the back before the abdominal aspect, the head and body before the extremities. But consideration should be given to the pathological condition and the number of sites to be treated.

- 4.2 In determining the size of a moxa-cone or how many cones should be used, or the duration of the moxa-stick application, the patient's pathological condition, general constitution and age, and the site where moxibustion is to be applied should be taken into consideration. Generally, 3-5 cones are used for each point, and 10-15 minutes for the application of moxa-stick.
- 4.3 Moxibustion is contraindicated in high fever either due to exogenous factors or deficiency of *yin*.
- 4.4 Scarring moxibustion is not suitable for face and head for cosmetic reasons. Moxibustion should not be applied to the lower abdomen or sacral region of pregnant women. Some ancient medical literature proscribes as not suitable for moxibustion certain points, most of which are close to important organs or arteries. Examples are Jingming (U. B. 1), close to the eyeball., and Renying (St. 9), above a large artery. For further details refer to method in acupuncture and moxibustion.
- 4.5 Moxibustion may leave various degrees of burn in the local area. This ranges from heat sensation and local redness which will disappear of itself, to blister formation. Take care not to let small blisters break, as the fluid will be absorbed without infection. Large blisters, however, should be punctured and drained. If pus is formed, the blister should be dressed to prevent further infection.

Section 3 CUPPING THERAPY

Cupping is a therapy in which a jar is attached to the skin surface to cause local congestion through the negative pressure created by introducing heat in the form of an ignited material. In the ancient times in China, cupping method was called "horn method."

The animal horn was used to dispel pus. Along with continual development in clinical practice, the materials for making jars and the methods have been greatly improved. The range of indications has been expanded, since this method is simple and the therapeutic effect is good. This therapy was attracted with great attention and applied in a large scale by the broad masses, and also used as an auxiliary method of acupuncture and moxibustion.

1. Types of Jars (Fig 2-16)

There are a great variety of jars, but the commonly used are as follows.

1.1 Bamboo jar:

Cut down a section of bamboo 3-5 cm in diameter and 6-8 or 8-10 cm in length, forming a pipe. One end is used as the bottom, and the other as the opening. The middle part of the jar is a little thicker. And the rim of the jar should be made smooth by a piece of sand paper. The bamboo jar is light, economical and uneasy to break, but easy to crack with dryness to cause air leakage.

1.2 Pottery jar:

It is made from pottery clay by means of baking. The mouth of the jar is smooth with both ends smaller and the middle part extended slightly. The jar is shaped as a waist drum. The pottery jar is characterized by a big force of suction, but easy to break.



Fig 2-16: Types of Jars

1.3 Glass cup:

Glass cup is made of glass. The mouth of the cup is smooth and small, but the body of the cup is large, and the rim of the mouth everted externally. The cup is transparent, so the congestion of the local skin in the cup can be seen so as to control the time of the treatment, but glass cup is also easy to break.

2. Indication

The cupping method has the function of warming and promoting the free flow of *qi* and blood in the meridians, dispelling cold dampness, diminishing swellings and pains. In clinics, the cupping method is mainly used to treat *Bi* syndrome caused by wind dampness, such as pain of the low back, shoulders, and leg, gastrointestinal disorders such as stomachache, vomiting, and diarrhoea, and the lung disease such as cough and asthma.

The cupping method combined with bloodletting is suitable to treat acute sprains accompanied by blood stasis.

3. Manipulations

3.1. Fire throwing method:

Throw a piece of ignited paper or an alcohol cotton ball into the cup, then rapidly place the mouth of the cup firmly against the skin on the desired location. This method is applied to the lateral side of the body, otherwise the burning paper or cotton ball may fall and hurt the skin.

3.2. Fire twinkling method:

Clamp a ignited alcohol cotton ball with the forceps, move it round the inner wall of the cup, and immediately take it out and rapidly place the cup on the selected site. In addition, cupping may be combined with the bloodletting technique. First sterilize the area for cupping and prick a small vein with a triangular needle or

intrademal needle, and the cupping follows.

4. Withdrawing the Cup

After cupping, generally, the cup is sucked in place for 10 minutes or so. When the local skin becomes congested with violet coloured blood stasis formation, the cup is withdrawn. On withdrawing the cup, hold the cup with the right hand, and press the skin around the rim of the cup with thumb and index finger of the left hand to let air in, and take the cup away.

5. Precautions

- 5.1. The patient should select a comfortable position. Cups in different sizes are used according to the cupping location. Generally, the areas where the muscle is abundant and elastic, free from hairs and bone ridges are selected.
- 5.2. The burning flame should be stronger enough to create a vacuum. Hold the cup with the rim close to the local area and cup it to the skin rapidly and deftly, otherwise, there will be no therapeutic effects.
- 5.3. It is not advisable to apply cupping to the patient with skin ulcer, edema, or on an area overlying large blood vessels, to the patient with high fever and convulsion; or to the abdominal and sacral regions of the pregnant women.
- 5.4. It is not suitable to apply cupping to the patient susceptible to spontaneous bleeding or endless bleeding after trauma.
- 5.5. After cupping, there is a blood stasis or bruise at the local area. Generally, it will disappear several days later. Small blisters occurring on the skin will absorb naturally several days later. If the blisters are severe, draw out the liquid by a sterile syringe, apply gentian violet and cover them with sterilized gauze to prevent infection. In case cupping is combined with bloodletting, remove the blood from the punctured hole with a dry cotton ball.

Section 4 Ear Acupuncture Therapy

Ear acupuncture therapy is to treat diseases by stimulating certain points of the auricle with needles. Such method of treatment was recorded as early as in the book *Ningjing* (黄帝内经 500-300 B. C.) and other medical literature of subsequent dynasties. This therapeutic method has long been used by the labouring people. Since China's liberation, medical workers in accordance with Chairman Mao's instruction "Make the past serve the present and foreign things serve China" have inherited and promoted traditional Chinese medicine while also studying foreign materials for making a comprehensive study of ear acupuncture. Repeated practice and constant summing up of experience have greatly broadened the realm of ear acupuncture therapy.

1. Relations between the auricle and channels, collaterals and zang-fu organs

It is held in traditional Chinese medicine that the ear is not a separate organ but closely connected with channels and collaterals and zang-fu organs, and is a part of the body as an organic whole. As is pointed out in *Neijing*, the qi and blood of all twelve channels and their 365 collaterals ascend to the face and brain, their

branches reaching the ear to make auditory function normal. This generalizes the relation between the auricle and channels and collaterals. Specifically, the six yang channels respectively enter and go around the ear, i. e., the Small Intestine channel of Hand-Taiyang, Large Intestine Channel of Hand-Yangming, Sanjiao Channel of Hand-Shaoyang and Gallbladder Channel of Foot-Shaoyang enter the ear, while the Stomach Channel Channel of Foot-Yangming and Urinary Bladder Channel of Foot-Taiyang reach the periauricular region. The six yin channels indirectly connect with the ear through the branches of the twelve channels. Besides, among the eight extra channels, the Yangqiao and Yinqiao channels together enter the retroauricular region and the Yangwei channel enters the ear after circling the head. *Ningjing* claims on the basis of these facts that the ear is the converging site of a number of channels.

Numerous writings concerning the relationship between the ear and zang-fu organs have also been found in ancient medical literature. For instance, *Neijing* points out that ample storage of the qi of the kidney makes the auditory function of the ear normal; insufficiency of essence in the kidney leads to insufficiency of the brain which gives rise to dizziness and tinnitus. These show a physical and pathological relationship between the ear and zang-fu organs.

In normal condition, a relative balance and co-ordination is maintained among the physiological functions of the various parts of the body. Once an imbalance and inco-ordination are present and channel stasis occurs, reaction can be detected at the corresponding areas on the auricle. Clinical, diseases of various parts of the body can be cured by needling the corresponding auricular points which may promote free circulation of qi and blood in the channels and collaterals and adjust the zang-fu organs.

2. Anatomical Structure of the surface of the auricle (Fig 2-17)

The auricle is composed of elastic cartilage, a thin layer of fat and connective tissue supplied by numerous nerves. The main nerves are the great auricular and the lesser occipital derived from the 2nd and 3rd cervical spinal nerves, the auriculo-temporal branch of the trigeminal nerve, the posterior auricular branch of the facial nerve and the mixed branch of the vagus and the glossopharyngeal nerves. For greater clarity, the anatomical structure of the surface of the auricle relating to ear acupuncture are briefly described as follows:

- 2.1 Helix: The prominent rim of the auricle.
- 2.2 Helix crus: the interior end of the helix, a horizontal prominence.
- 2.3 auricular tubercle: a small tubercle at the posterior upper aspect of the helix.
- 2.4 Helix cauda: the inferior end of the helix, at the junction of the helix and the lobule.
- 2.5 Antihelix: A curved prominence opposite to the helix. Its upper part branches out into the superior and the inferior antihelix crus.
- 2.6 Triangular: The depression between the two crura of the antihelix.
- 2.7 Scapha (or scaphoid fossa): The narrow curved depression between the helix and the antihelix.
- 2.8 Tragus: A small, curved flap in front of the auricle.

- 2.9 Supratragic notch: The depression between the helix crus and the upper border of the tragus.
- 2.10 Antitragus: A small tubercle opposite to the tragus and inferior to the antihelix.
- 2.11 Intertragic notch: the depression between the tragus and the antitragus.
- 2.12 Notch between the antitragus and antihelix
- 2.13 Lobule: the lower part of the auricle where there is no cartilage.
- 2.14 Cymba conchae: the concha inferior to the helix crus.
- 2.15 Cavum conchae: The concha inferior to the helix crus.
- 2.16 Orifice of the external auditory meatus: The opening in the cavum conchae shielded by the tragus.

3. auricular points

Auricular points are specific points on the auricle to which stimuli are given for treatment of disease. When disorders occur in the internal organs or other parts of the body, various reactions may appear at the corresponding parts of the auricle, such as tenderness, decreased resistance to electric current, morphological changes and discoloration. In making a diagnosis, these phenomena can be taken into consideration. Application of stimuli to the sensitive sites serves to prevent and treat disease. These sites are also referred to as tender spots, spots with increased conductance, or sensitive spots. (Fig 2-18)

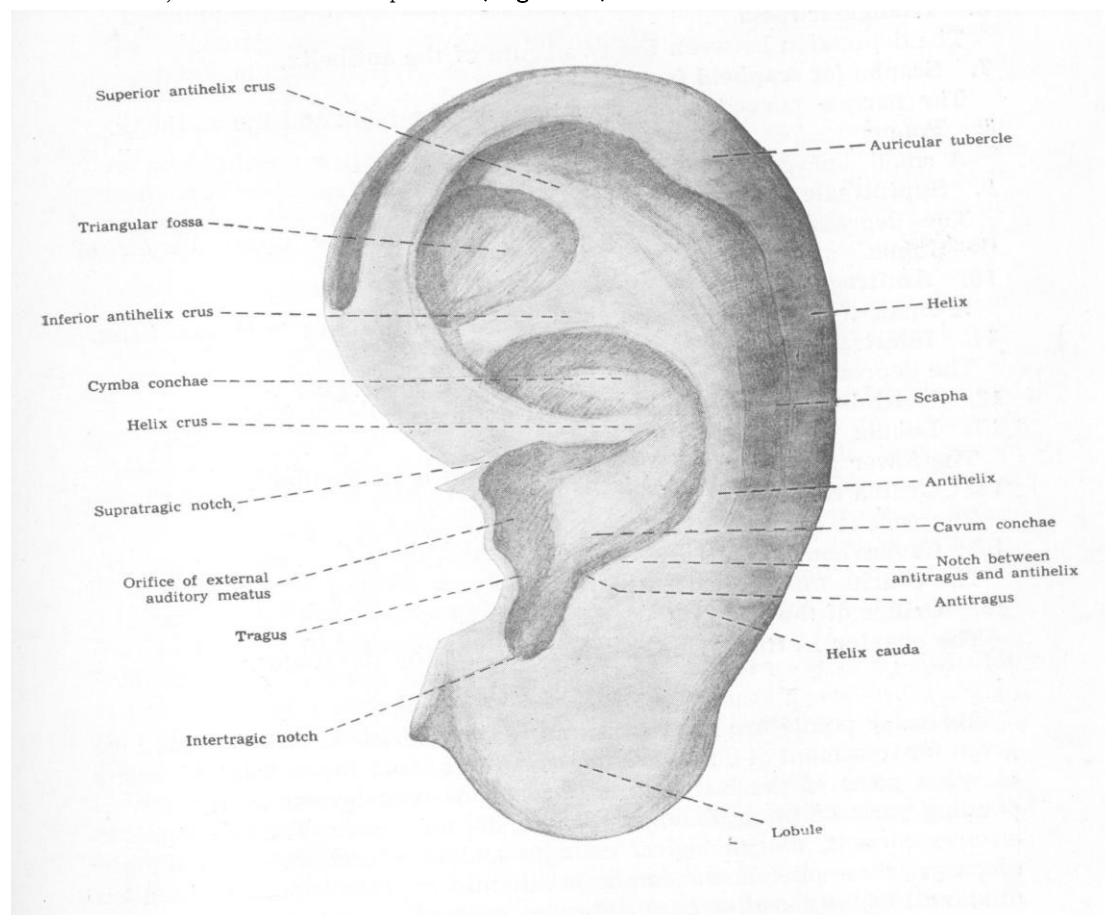


Fig 2-17: Anatomical Structure of the surface of the auricle

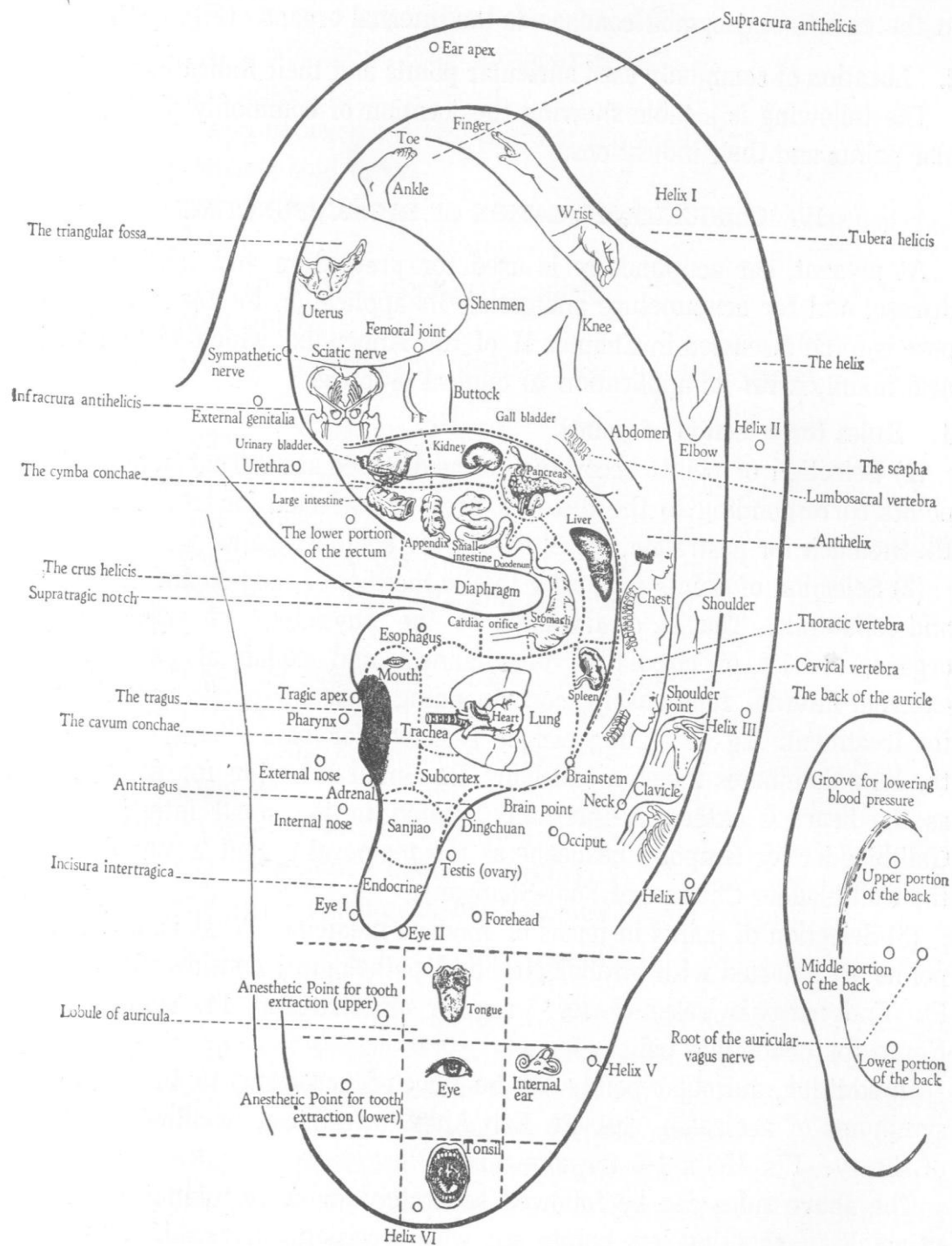


Fig2-18: auricular points

4. Clinical application of ear acupuncture

At present, ear acupuncture is used for prevention and treatment of disease, and for acupuncture analgesia.

4.1 Rules for selection of points

- 4.1.1 Selection of points according to the diseased area. That is, auricular points corresponding to the diseased areas are selected for treatment, e.g. Pt. Stomach for gastralgia, Pt. Shoulder for shoulder pain.
- 4.1.2 Selection of points according to the theories of zang-fu and channels and collaterals. That is, on the basis of the physiology of the zang-fu organs, courses of circulation of channels and collaterals and their external-internal relationship, corresponding auricular points are selected for treatment, e.g. ,Pt. lung can be selected for skin disease because the lung dominates the skin and hair ;Pt. Small Intestine for palpitation as the heart is external-internally related to the small intestine ;Pt. Gall bladder for temporal headache as temporal region is supplied by the Gall bladder Channel of Foot-Shaoyang .
- 4.1.3 Selection of points in terms of modern medicine. That' s, auricular points are selected with physiological consideration, e.g., Pt. Endocrine is selected for irregular menstruation, Pt. Sympathetic Nerve for abdominal pain.

In addition, auricular points can be selected according to the cardinal symptoms of a disease , e.g. Pt. Ear Apex for redness, swelling and pain of the eye ,Pts. Helix 1-6 for sore throat.

The above rules can be followed separately or in combination. The principle of choosing less points but with precision is advisable. Generally, points of the affected side are used. Rarely, points of both sides or only the healthy side are used. If necessary, ear acupuncture may be combined with ordinary acupuncture to enhance therapeutic effects.

4.2 Technique of ear acupuncture

Along with the popularization of ear acupuncture therapy, different methods have been developed on the basis of puncture with filiform needles, such as imbedding needles and needling with electric stimulation. Among them, puncture with filiform needles is most widely used clinically. The technique is described as follows:

- 4.2.1 Probing of the sensitive spot:** after points are prescribed, it is necessary to probe for the sensitive spots at the areas where the selected points are located. The commonly used methods are the following:
 - 4.2.1.1 Probing for the tender spot: probe with a blunt needle around the selected point on the auricle from the rim towards the center. When marked tenderness is located, press hard to mark the spot for applying acupuncture.
 - 4.2.1.2 Probing by electric apparatus: that is to observe the changes in electric resistance, capacity and potential at the areas of the selected auricular points with a special apparatus. At present, the most commonly used method is to determine the conductant point by the skin resistance. The conductant points on the auricle are usually effective spots for application of stimuli in acupuncture treatment.

- 4.2.2 Aseptic procedure:** auricular points are swabbed with 75% alcohol or 2% iodine.

4. 2. 3 Insertion of needle: stabilize the auricle with the left hand. Hold a filiform needle of 0.5 or 1 *cun* with the right hand and insert it swiftly into the point avoiding penetration of the ear. There is generally a sensation of pain, but sometimes of hotness, distension, soreness or heaviness, any of which usually signify satisfactory therapeutic result.

4. 2. 4 Retention of needle: needles are usually retained for 20-30 minutes, but in acute inflammatory cases, severe pain and paroxysmal seizures, needles are retained for 1-2 hours or even longer and intermittently manipulated to enhance stimulation.

4. 2. 5 Removal of needle: after the needle is removed, press the puncture hole with a dry, sterile cotton ball to avoid infection.

4. 2. 6 Course of treatment: treatment is given once every day or every other day. Ten treatments make a course. The interval between courses is 5-7 days.

5 Remarks

5.1 Strict antisepsis is necessary to avoid infection. Needling is contraindicated if frost-bite or inflammation is present at the auricle. In case of inflammation of the punctured hole or distension and pain in the auricle, timely and appropriate measures should be taken.

5.2 Ear acupuncture is not advisable for women during pregnancy if there is a history of miscarriage. Aged and asthenic patients with hypertension and arteriosclerosis should be given proper rest before and after needling so as to avoid accident.

5.3 if ear acupuncture is indicated for a patient who is overtired, hungry, asthenic or under mental tension, give the treatment with the patient in reclining position to prevent fainting. Should fainting occur, treat it in the same way as in ordinary acupuncture.

5.4 If sudden pain, soreness or distension occurs with retained needle at an area not within that of the disease being treated, it is advisable to lift the needle a little or remove it so that the abnormal feeling disappears.

5.5 In treating a patient with sprain or motor impairment of the extremities, it is necessary after the needle has caused heat from congestion in the auricle to ask the patient to move the affected limb, or apply massage or moxibustion the affect part in order to enhance the therapeutic effect.

APPENDIX I : THE OTHER THERAPIES

1. The three-edged Needle

The three-edged needle, known as the ensiform needle in the ancient times, is shaped in a thick and round handle, a triangular body and a sharp tip. Generally, it is used in superficial-blood-vessel pricking to cause bleeding. This method is mostly used for blood letting and promoting the smooth flow of *qi* and blood in channels. It is advisable to treat blockage of the channels, blood stasis, pathogenic excess and blockage of both *yin-qi* and *yang-qi*.



Fig 2-20: three-edged Needle

2. The cutaneous needle

The cutaneous needle is also known as the plum-blossom needle and seven-star needle, which is made of five to seven stainless steel needles inlaid onto the end of a handle. It is used to prick the skin superficially by tapping to promote the smooth flow of *qi* in the meridians and regulate the functions of the *zang-fu* organs. This superficial tapping is particularly suitable to treat disorders of the nervous system and skin disease. It is used for headache, dizziness and vertigo, insomnia, gastrointestinal disease, gynecological disease, skin disease, painful joints and paralysis. (Fig 2-19)

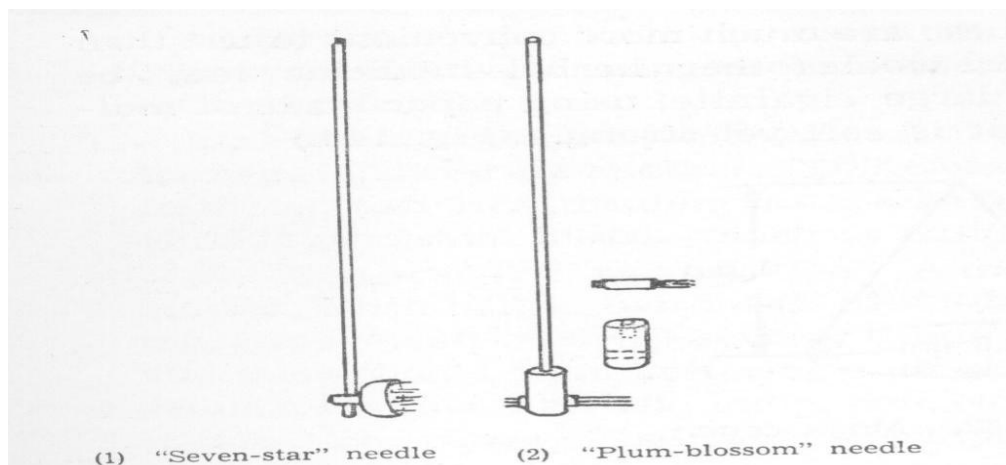


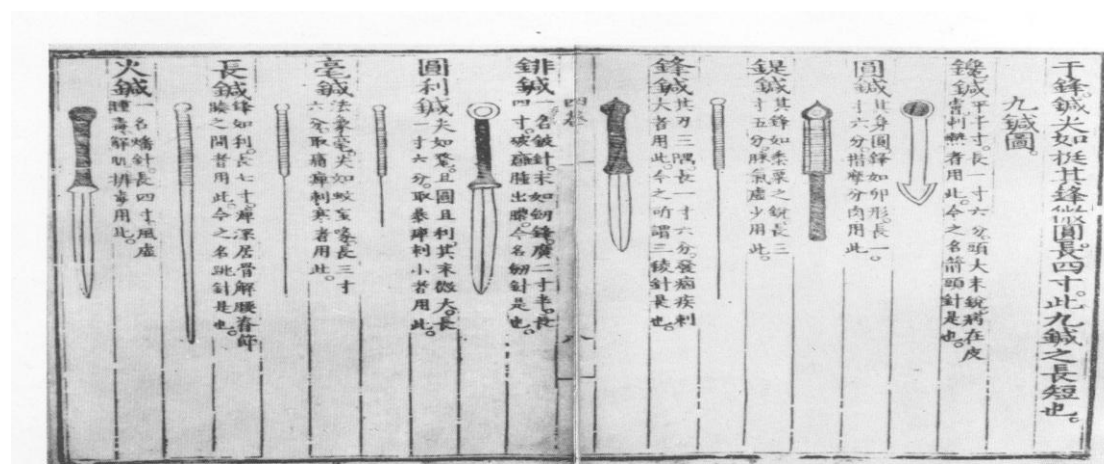
Fig 2-19: The cutaneous needle

Appendix II: The nine needles in the ancient times

The nine needles are those of different forms used in the ancient times. In Chapter 7 of *Miraculous Pivot*, it is stated that "each of the nine needles, long, short,

big, or small, has its specific usage.”(see Fig 2-21)

- 1) **the arrow-head needle**, 1.6 inches long with a round head and sharp tip like an arrow, often used for superficial diseases.
- 2) **Round needle**, 1.6 inches long with an oval--rounded tip used for disorders of the muscles or for massage treatment.
- 3) **Blunt needle**, 3.5 inches long with a round needle body and slightly sharp tip, used for blood vessels disease and pressing purpose.
- 4) **Sharp-edged needle**, 1.6 inches long with a triangle needle body and a sharp and pyramid tip, served as a scalpel for heat-toxin abscesses or for blood--letting.
- 5) **Sword-shaped needle**, 4 inches long, 0.25 inch wide, shaped as a sword, used for pain and drainage of pus.
- 6) **Round-shaped needle**, 1.6 inches long with a thin round body and a slightly large head, mainly used for sudden attack of rheumatic arthritis and pain.
- 7) **Filiform needle**, 1.6 inches long with a sharp tip and a thin body, used for cold, heat and painful conditions.
- 8) **Long needle**, 7 inches long with a round and sharp tip and big body, used to treat disorders of the deep tissue or persistent *bi*--syndrome.
- 9) **Large needle**, 4 inches long with a slightly round tip shaped as a stick, used to treat joint disorders due to the retention of water.



In *Zhenjiu Dacheng (Compendium of Acupuncture and Moxibustion)* compiled in 1601, nine kinds of needles and their clinical applications are recorded.

Fig 2-21: The nine needles in the ancient times

Chapter 3. Acupoints

Acupoints are the specific sites through which the **qi** of the **zang-fu** organs and meridians is transported to the body surface. The Chinese characters “**腧穴**” for an acupoint mean respectively “transportation” and “hole.” In the medical literature of the past dynasties, acupoints, the sites where acupuncture treatment is applied, have other terms such as “**qi** point” and “aperture.” Acupoints are not only the pathways for the circulation of **qi** and blood, but also the loci of response to diseases. In acupuncture and moxibustion treatment, proper techniques are applied on the acupoints to regulate the functional activities of the body, strengthen body resistance so as to prevent and treat diseases. Medical practitioners of past ages have left plentiful recordings describing the locations and indications of acupoints, formulating a systematical theory.

Section 1 Introduction to points

1. Classification and Therapeutic Properties of Acupoints

1.1 Classification of Acupoints

Acupoints are the sites through which the **qi** of the **zang-fu** organs and channels is transported to the body surface. Acupoints fall roughly into three categories: acupoints of the fourteen channels, extraordinary points and Ashi points, which are described separately as follows:

1.1.1 Acupoints of the fourteen channels:

Also known as “regular points,” acupoints of the fourteen meridians are distributed along the twelve regular meridians, the **Du** (Governor Vessel) and the **Ren** (Conception Vessel) Meridians, totally amounting to 361. According to ancient medical records, the acupoints of this category are the crystallization of rich clinical experience of medical workers in the past. All the points in this category can be used to treat disorders of the related meridians and collaterals. They are the most commonly used points and form the main part of all acupoints. Those of the twelve regular meridians are distributed symmetrically in pairs on the left and right sides of the body, while those of the **Du** and the **Ren** Meridians are single ones, aligning on the posterior and anterior midlines respectively.

1.1.2. Extraordinary points

Extraordinary points are named “extra points” in short. They are experiential points with specific names and definite locations, but are not attributed to the fourteen meridians. They are effective in the treatment of certain diseases. Although scattered over the body, they are still related to the meridians system, for example, **Yintang (Extra 1)** is related to the **Du** Meridian, **Lanwei (Extra 18)** to the Stomach Meridian of Foot-**Yangming**. A survey of the ancient acupuncture literature has revealed that some regular points were developed from the extraordinary points. Examples are **Gaohuang (B 43)**, which was added to the regular points in Illustrated Manual of Acupoints on the Bronze Figure and **Meichong (B 3)**, which was added to the regular points in Classic of Health-Promoting Acupuncture.

Both were formerly extraordinary points. Therefore, extraordinary points are said to be the preceding counterparts of regular points. Clinically, they are the supplement to regular points.

1.1.3. Ashi points

Ashi Points are also called “reflexing points,” “unfixed points” or “tender spots.” Chapter 13 of **Miraculous Pivot** says, “Tender spots can be used as acupoints,” and this was the primary method for point selection in early acupuncture and moxibustion treatments. Without specific names and definite locations, **Ashi** Points are considered to represent the earliest stage of acupoint evolution. Clinically, they are mostly used for pain syndromes.

1.2 Therapeutic Properties of Acupoints

The therapeutic properties of the points of the fourteen meridians are generalized on the basis of the principle that the course of a meridian is amenable to treatment. Each of the points has its own therapeutic feature owing to its particular location and pertaining meridian. Generally speaking, however, all the points can be used to treat disorders of the areas where they are located, and those adjacent to their location. These are known respectively as the local and adjacent points with therapeutic properties. In addition, some of the points can be used to treat disorders of the areas far away from where they are located. These are known as the remote or distal points with therapeutic properties.

The therapeutic properties of acupoints manifest themselves in the following three aspects.

1.2.1. The Local and Adjacent Therapeutic Properties of the Points

All the points in the body share a common feature in terms of their therapeutic properties, namely, all have local and adjacent therapeutic properties. Each point located on a particular site is able to treat disorders of this area and of nearby organs. For example, **Yingxiang** (LI 20) and **Kouheliao** (LI 19) located besides the nose, and the neighboring points **Shangxing** (Du 23), **Tongtian** (B 7) can all be effective to nasal disorders. **Zhongwan** (Ren 12) and **liangmen** (S 21) located in the epigastric region, and the nearby points **Zhangmen** (Liv 13) and **Qihai** (Ren 6) are used for gastric disorders. The therapeutic properties of the points on the head, face and trunk are judged according to this principle, so are those of the points on both the **Ren** and **Du** meridians and those of the points situated bilaterally along the above two extra meridians. Owing to the special distribution of the **Ren** and **Du** meridians, their points have more systemic influence.

1.2.2. The Remote Therapeutic Properties of the Points

The remote therapeutic properties of the points form a major regularity which is established on the basis of the meridian theory. Among the points of the fourteen meridians, those located on the limbs, especially below the elbow and knee joints, are effective not only for local disorders but also for disorders of the remote **zang-fu** organs and tissues on the course of their pertaining meridians. Some even

have systemic therapeutic properties. For example, **Lieque**(L 7) treats disorders not only on the upper limbs but also in the vertex, chest, lung and throat as well as exogeneous diseases; **Yanglingquan**(G 34) is effective not only for diseases of the lower limbs but also for hypochondrium, biliary, hepatic, and mental disorders as well as tendon abnormalities such as spasm and convulsion. **Zusanli**(S 36) not only treats disorders of the lower limbs, but also regulates the whole digestive system, even has certain effect on body defensive and immune reactions of the body.

1.2.3. Special therapeutic properties

Clinical practice has proven that puncturing certain points may bring forth biphasic regulation on diversified functional abnormalities of the body. For instance, puncturing **Tianshu**(S 25) relieves both diarrhea and constipation; puncturing **Neiguan**(P 6) corrects both tachycardia and bradycardia. In addition to the general therapeutic properties of points, clinical attention should also be paid to the special therapeutic properties of some points. Examples are **Dazhui**(Du 14), which has an antipyretic effect, and **Zhiyin**(B 67), which is indicated in malposition of a fetus.

To summarize all the points of a particular meridian are indicated in the disorders of that particular meridian. Points of the exteriorly-interiorly related meridians can be combined to treat disorders of those meridians. Neighbouring points will have similar therapeutic properties. The therapeutic properties of the points on the limbs should be categorized meridian by meridian, those points of the head, face and trunk, should be recognized in light of their locations.

2. Methods of Locating Acupoints

What is remarkable about the therapeutic results is the accuracy of locations of acupoints. In order to locate acupoints accurately, an acupuncturist must grasp the methods of locating acupoints. The methods of locating acupoints include bone-length measurement, anatomical landmarks, simple measurement and finger measurement.

2.1 Bone-length Measurement

This, also known as proportional measurement, is a method of locating acupoints in which the bone segments are taken as measurement markers to measure the width or length of various portions of the body, and then, the measurements are converted proportionately into the acupoint-locating standards. The bone-length measurement has become a basic principle of locating acupoints. Now, commonly-used bone-length measurements of various portions of the human body are shown in the following table (See Tab 3-1, 3-2, 3-3, Fig 3-1).

2.2 Anatomical landmarks

This method is based on the body surface landmarks. The landmarks maybe divided into two types: (1) fixed landmarks, which are those that would not change with body movement, such as the five sense organs, finger (toe) nails, nipple, umbilicus, etc; and (2) movable landmarks, which refer to spaces, depressions, wrinkles, etc. that will appear while the joints, muscles, skin and others move voluntarily. For instance,

when mouth is open and a depression anterior to the tragus is formed, Tinggong (SI 19) can be located; and when the hand clenched into a fist and the transverse palmar crease appears, Houxi (SI 3) can be located.

2.3 Simple measurement

These are simple methods of point location employed in clinical practice. For example, to locate Fengshi (G 31) at the tip of the middle finger when at attention, or when the index fingers and thumbs of both hands are crossed with the index finger of one hand stretching, Lieque (L 7) is in the place right under the tip of the index finger.

2.4 Finger measurement

The length and width of the patient's finger(s) are taken as a standard for point location. The following three methods are commonly used in clinical practice.

2.4.1 Middle finger measurement: When the patient's middle finger is doubled into the palm the distance between the two medial ends of the creases of the interphalangeal joints is taken as one cun. This method is employed for measuring the vertical distance to locate the limb points, or for measuring the horizontal distance to locate the points on the back (See Fig.3-2).

2.4.2 Four-finger measurement: The width of the four fingers (index, middle, ring and little) brought close together side by side at the level of the dorsal skin crease of the proximal interphalangeal joint of the middle finger is taken as three cun (See Fig.3-3).

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

Tab 3-1: table of commonly-used proportional measurement of Head

Parts	Distance	Cun	Measurement	Description
Head and face	Between the midpoint of the anterior hairline and the midpoint of the posterior hairline	12	Longitudinal	Used to measure the longitudinal distance of the acupoints on the head.
	Between the glabella and the midpoint of the anterior of hairline	3	Longitudinal	Used to measure the longitude distance of the anterior or posterior hairlines and the acupoints on the head.
	Between the lower border of the 7 th cervical vertebra(Dazhai ,Du14) and the midpoint of the posterior hairline .	3	Longitudinal	
	Between the glabella(Yintang Extra), the midpoint of the posterior hairline, and the lower border of the 7th cervical vertebral (Dazhai DU14).	18	Longitudinal	
	Between two frontal corners	9	Transverve	Used to measure the transversal distance of the acupoint on the frontal head.
	Between two mastoid process behind the ears (Wangu, GB12).	9	Transverve	Used to measure the transversal distance of the acupoint on the occipital.

Tab3-2: table of commonly-used proportional measurement of Trunk

Parts	Distance	Cun	Measurement	Description
Chest Abdomen and Hypochondrium	Between the supraclavicular fossa(TiatuRN22)and the midpoint of the sternoxyphoid symphysis.	9	Longitudinal	Used to measure the longitudinal distance of the acupoints of Ren meridian on the chest.
	Between the midpoint of the sternoxyphoid symphysis and the center of umbilicus .	8	Longitudinal	Used to measure the longitude distance of the acupoints on the epigastic region.
	Between the umbilicus and the upper border of the symphysis pubis(Qugu, RN2)	5	Longitudinal	Used to measure the longitudinal distance of the acupoint on the lower abdomen.
	Between the two nipple.	8	Transerve	Used to measure the transversal distance of the acupoint on the chest and abdomen.
	Between the apex of the axilla and the 11th rib (Zhangmen 13)	12	Longitudinal	Used to measure the longitudinal distance of the acupoint on the hypochondrum.
Back and waist	Between the medial border of the scapulaand the posterior midline.	3	Transerve	Used to measure the transverse distance of the acupoint on the back.
	Between the acromion border and the posterior midline.	8	Transerve	Used to measure the transverse distance of the acupoint on the should and back.

Tab 3-3: table of commonly-used proportional measurement of Upper and Lower limbs

Parts	Distance	Cun	Measurement	Description
Upper limb	Between the anterior and posterior axillar fold and cubital crease.	9	Longitudinal	Used to measure the longitudinal distance of the acupoints of on the hip region.
	Between the cubital crease and dorsal crease of the waist.	12	Longitudinal	Used to measure the longitude distance of the acupoints on the fore arm.
Lower limb	Between the upper order of the symphysis pubis and the upper border of the medial epicondyle of femur.	18	Longitudinal	Used to measure the longitudinal distance of the acupoint on three yin meridians of the foot on the medial side of the lower limbs.
	Between the lower border of the medial epicomy of the tibia and the tip of the medial malleolus.	13	Longitudinal	Used to measure the longitudinal distance of the acupoint on three yin meridians of the foot on the laterposterior side of the lower limbs(the distance between the gluteal groove and the popliteal crease is equivalent 14 cun).
	Between the prominence of greater trochanterand and the popliteal crease.	19	Longitudinal	Used to measure the longitudinal distance of the acupoint on three yin meridians of the foot on the laterposterior side of the lower limbs.
	Between the popiteal crease and the tip of the external malleol	16	Longitudinal	

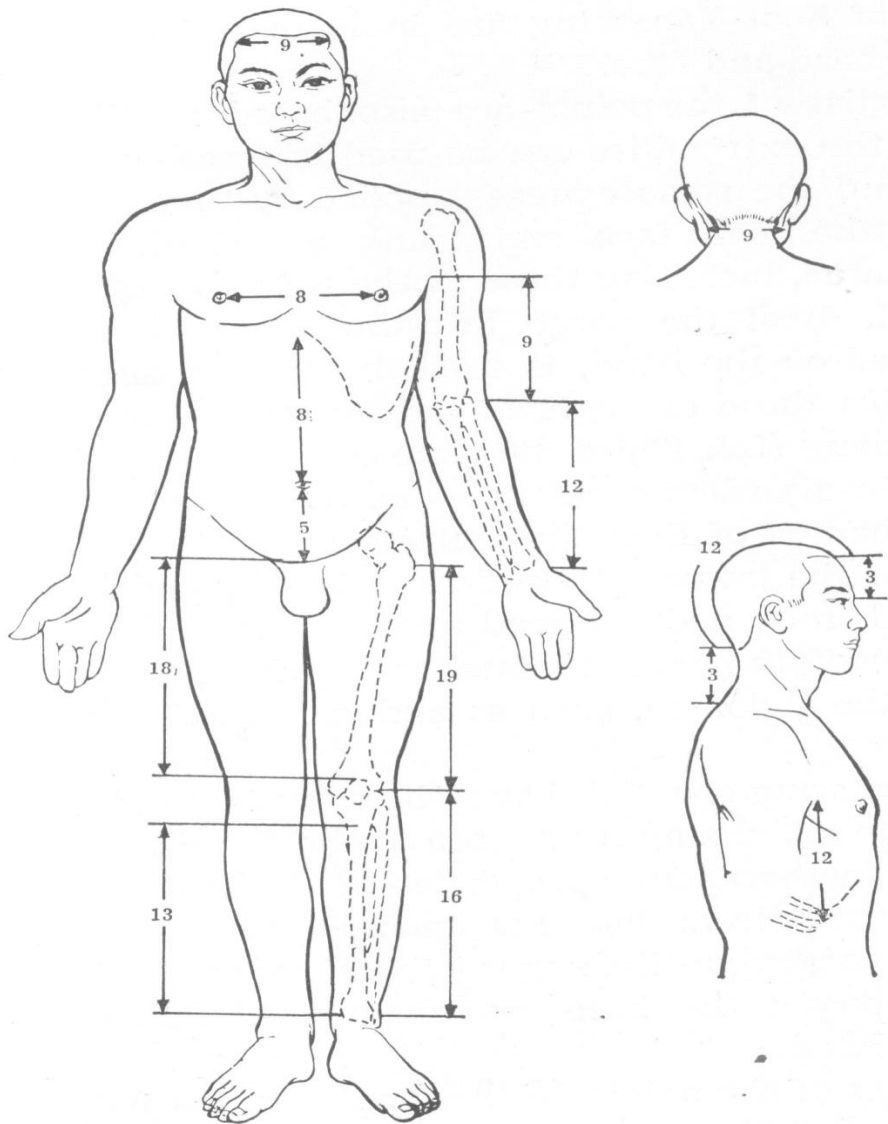


Fig 3-1: Bone-length Measurement

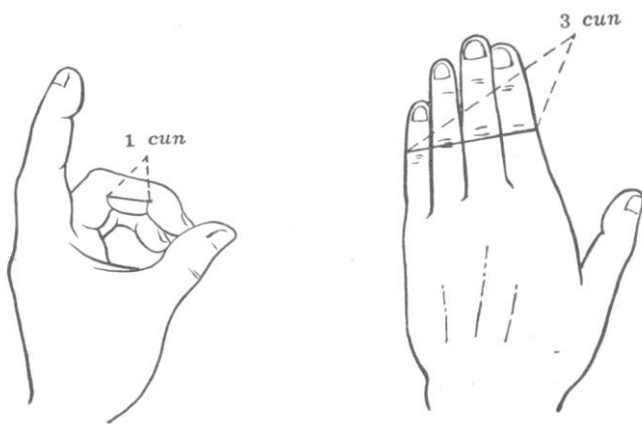


Fig.3-2: Middle finger measurement

Fig.3-3: Four-finger measurement

Section 2 The Fourteen Meridians and Their Commonly Used Points

1. The Lung Meridian of Hand - Taiyin

1.1 The Course of the Meridian

①The Lung Meridian of Hand-Taiyin originates from the middle-jiao, running downwards to connect with the large intestine. ②Winding back, it goes along the upper orifice of the stomach, ③passes upwards through the diaphragm, ④and enters the lung, its pertaining organ. ⑤From the lung system, which refers to the portion of the lung communicating with the throat, it comes out transversely (Zhongfu, L1). ⑥Descending along the radial border of the medial aspect of the upper arm, ⑦it reaches the cubital fossa. ⑧Then it goes continuously downwards along the anterior border of the radial side in the medial aspect of the forearm and ⑨ enters cunkou (Taiyuan, L9). ⑩Passing the thenar eminence, and going along its radial border, it ends at the medial side of the tip of the thumb.

The branch emerges from Lieque (L7) and runs along the dorsum of the hand onto the radial side of the of the index finger (See Fig.3-4).

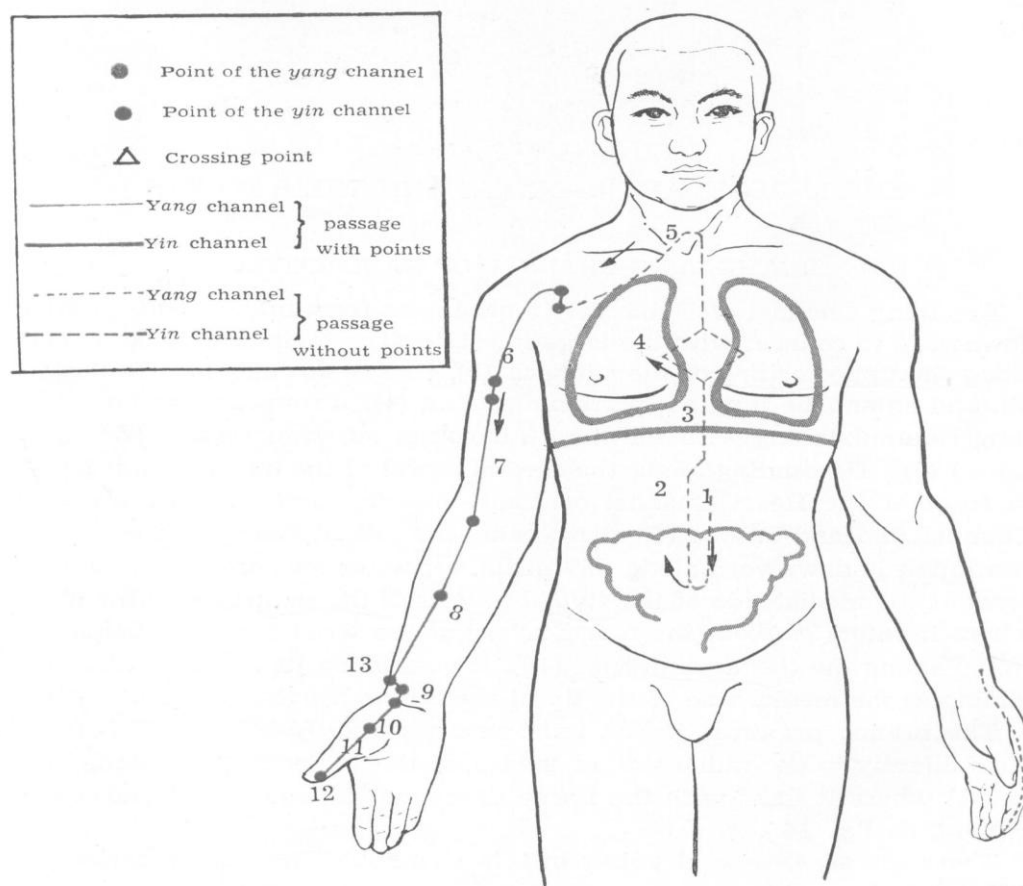


Fig 3-4: The Course of the Lung Meridian

1.2 Principal Indications

Diseases of the chest and lung such as cough, asthma, hemoptysis, oppressed feeling in the chest, chest pain, etc.; diseases of the regions along the course of this channel.

1.3 Point Commonly Used

Zhongfu (Front-Mu Point of the Lung, Lu. 1)

Location: Below the acromial extremity of the clavicle, one cun directly below Yunmen (Lu.2), 6 cun lateral to Ren Channel. (Fig 3-5)

Indications: Cough, asthma, pain in the chest, shoulder and back, fullness in the chest.

Method: Puncture perpendicularly 0.3-0.5 inch towards the lateral aspect of the chest. Moxibustion is applicable.

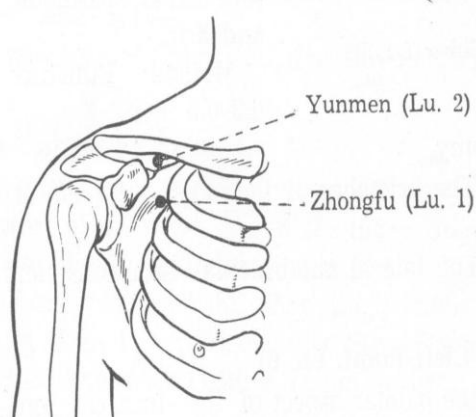


Fig 3-5

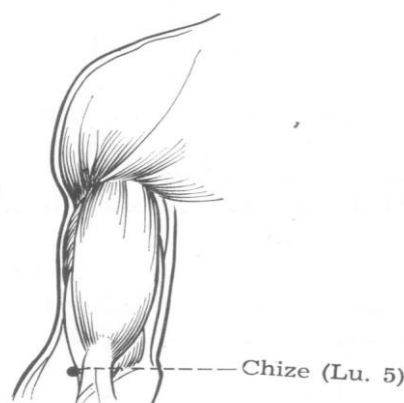


Fig 3-6

Tianfu (Lu.3)

Location: On the medial aspect of the upper arm, 3 cun below the end of the axillary fold, on the radial side of m. biceps brachii, 6 cun above Chize (Lu.5).

Indications: Asthma, epistaxis, pain in the medial aspect of the arm.

Method: Puncture perpendicularly 0.3-0.5 inch.

Chize (He-Sea Point, L 5)

Location: On the cubital crease, near the radial border of the tendon of m. Biceps brachii. The point is located with the elbow slightly flexed. (Fig 3-6)

Indication: Cough, hemoptysis, sore throat, fullness in the chest, spasmodic pain of the elbow and arm.

Instances of Adjunct points: With **Feishu** (B 13) and **Lieque** (L 7) for cough due to exopathogen; with **Shaoshang** (L 11) for sore throat; with **Gaohuangshu** (B 43) for pulmonary tuberculosis; with **Jianyu** (LI 15), **Quchi** (LI 11) and **Hegu** (LI 4) for spasmodic pain of the elbow and arm; with **Weizhong** (B 40) for abdominal pain, vomiting and diarrhea.

Method :Puncture perpendicularly 0.5-1.2 cun, or prick the point to cause bleeding.

Remarks: He-(Sea) Point of the Lung Channel of Hand-Taiyin.

Kongzui (Xi-Cleft Point, Lu. 6)

Location: On the palmar aspect of the forearm, on the line joining Taiyuan (Lu. 9) and Chize (Lu. 5), 7 cun above Taiyuan (LU. 9).

Indications: Cough, asthma, hemoptysis, core throat, pain and motor impairment of the elbow and arm.

Method: Puncture perpendicularly 0.5–0.7 inch. Moxibustion is applicable.

Lieque (L7)

Location: Superior to the styloid process of the radius, 1.5 cun above the transverse crease of the wrist. (See Fig. 57) When the index fingers and thumbs of both hands are crossed with the index finger of one hand placed on the styloid process of the radius of the other, the point is in the depression right under the tip of the index finger. (Fig 3-7)

Indications: Exopathogenic headache, cough stuffy nose, sore throat, toothache, deviation of the mouth and eye, and weakness of the wrist.

Instances of adjunct points: With **Zhaohai** (K 9) for sore throat; with **Fengchi** (G 20) and **Taiyang** (Extra 1) for exopathogenic headache; with **Hegu** (L1 4) for toothache; with **Yanglao** (SI 6) for weakness of the wrist.

Method: Puncture 0.5–0.8 cun obliquely upward. Moxibustion is applicable.

Remarks: Luo-(connecting) Point of the Lung Channel of Hand-**Taiyin**, one of the Eight Confluent Points, communicating with the **Ren** Channel.

Taiyuan (Shu-Stream and Yuan-Source Point, Lu. 9)

Location: At the transverse crease of the wrist, in the depression on the radial side of the radial artery. (Fig 3-8)

Indications: Asthma, cough, hemoptysis, sore throat, palpitation, pain in the chest and the medial aspect of the forearm.

Method: Puncture perpendicularly 0.2–0.3 inch. Moxibustion is applicable.

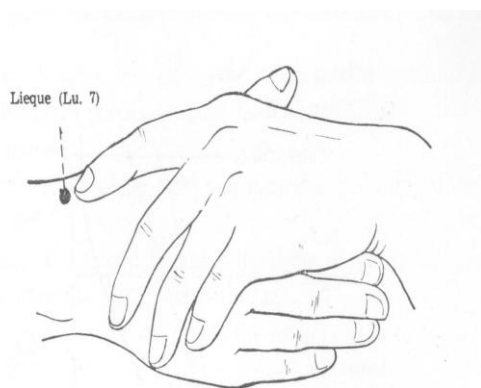


Fig 3-7

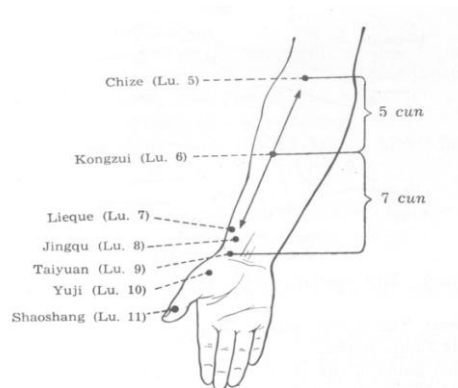


Fig 3-8

Yuji (Ying-Spring Point, Lu. 10)

Location: On the radial aspect of the midpoint of the 1st metacarpal bone, on the junction of the red and white skin (i.e., the junction of the dorsum and palm of the hand).

Indications: Cough, hemoptysis, sore throat, fever

Method: Puncture perpendicularly 0.5–0.7 inch. Moxibustion is applicable.

Shaoshang (Jing-Well Point, Lu. 11)

Location: On the radial side of the thumb, about 0.1 cun posterior to the corner of the nail.

Indications: Cough, asthma, sore throat, epistaxis, contracture and pain of fingers, febrile diseases, loss of consciousness, mental disorders.

Method: Puncture obliquely upward 0.1 inch, or prick with three-edged needle to cause bleeding.

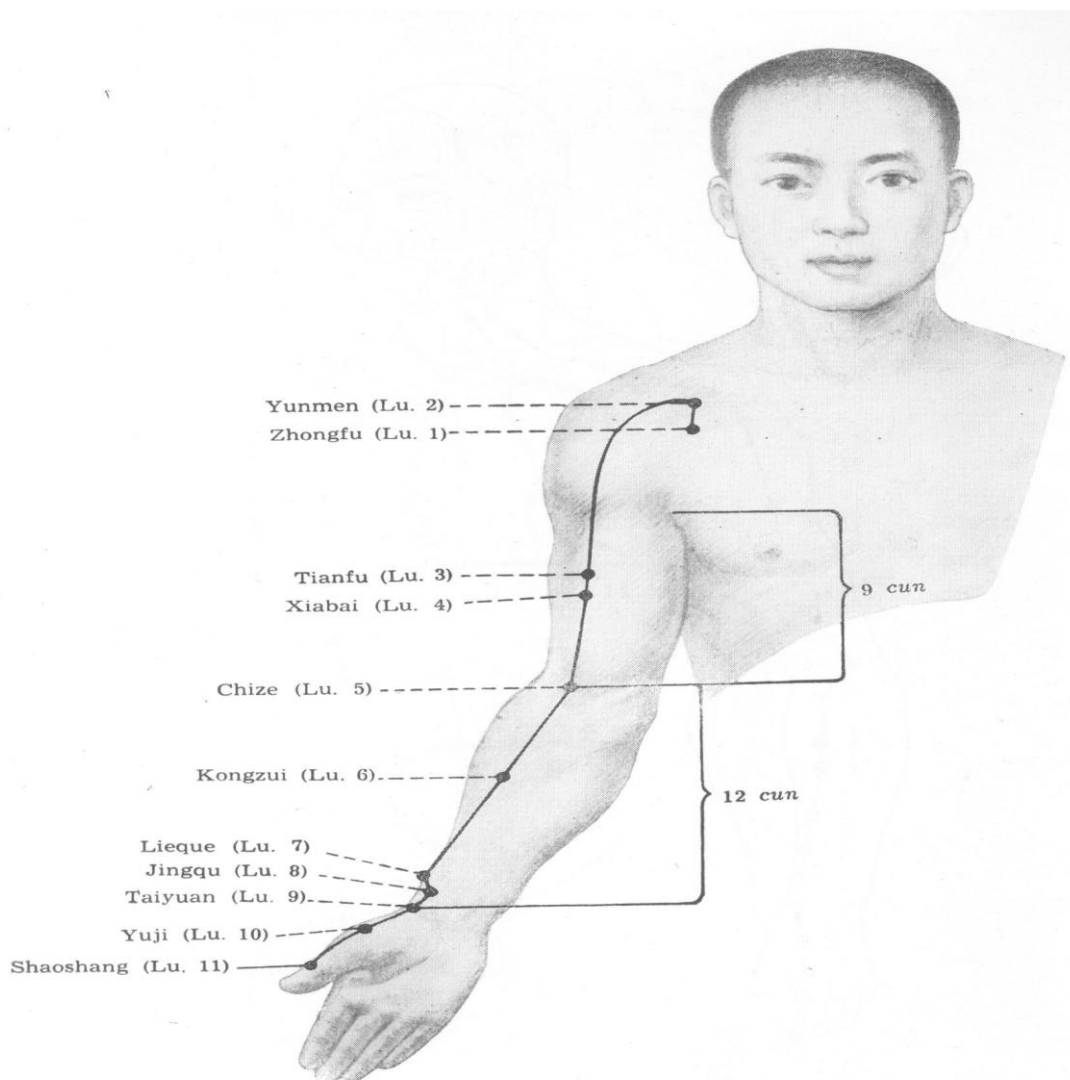


Fig 3-9: All points of Lung meridian

2. The Large Intestine Meridian of Hand-Yangming

2.1 The Course of the Meridian

The Large Intestine Meridian of Hand-Yangming starts from the tip of the index finger (Shangyang, LI 1). Running upwards along the radial side of the index finger and passing through the inter-space of the 1st and 2nd metacarpal bones (Hegu LI 4), it enters into the depression between the tendons of m. extensor pollicis longus

and brevis. Then, running on along the anterior aspect of the forearm, it reaches the lateral side of the elbow. From there, it ascends along the lateral anterior aspect of the upper arm to the highest point of the shoulder (Jianyu, LI 15). Then, along the anterior border of the acromion, it goes up to the 7th cervical vertebra (the confluence of the three yang meridians of the hand and foot) (Dazhui Du 14), and descends to Quepen (S 12) (the supraclavicular fossa) to connect with its corresponding zang-fu organs. It then passes through the diaphragm and enters the large intestine, its pertaining organ.

The branch from Quepen (S 12) runs upwards to the neck, passes through the cheek and enters the lower gums. Then it turns back to the upper lip and crosses the opposite meridian at the philtrum. From there, the left meridian goes to the right and the right meridian to the left, to the contralateral sides of the nose (Yingxiang, LI 20), where the Large Intestine Meridian links with the Stomach Meridian of Foot- Yangming (Fig. 3-10).

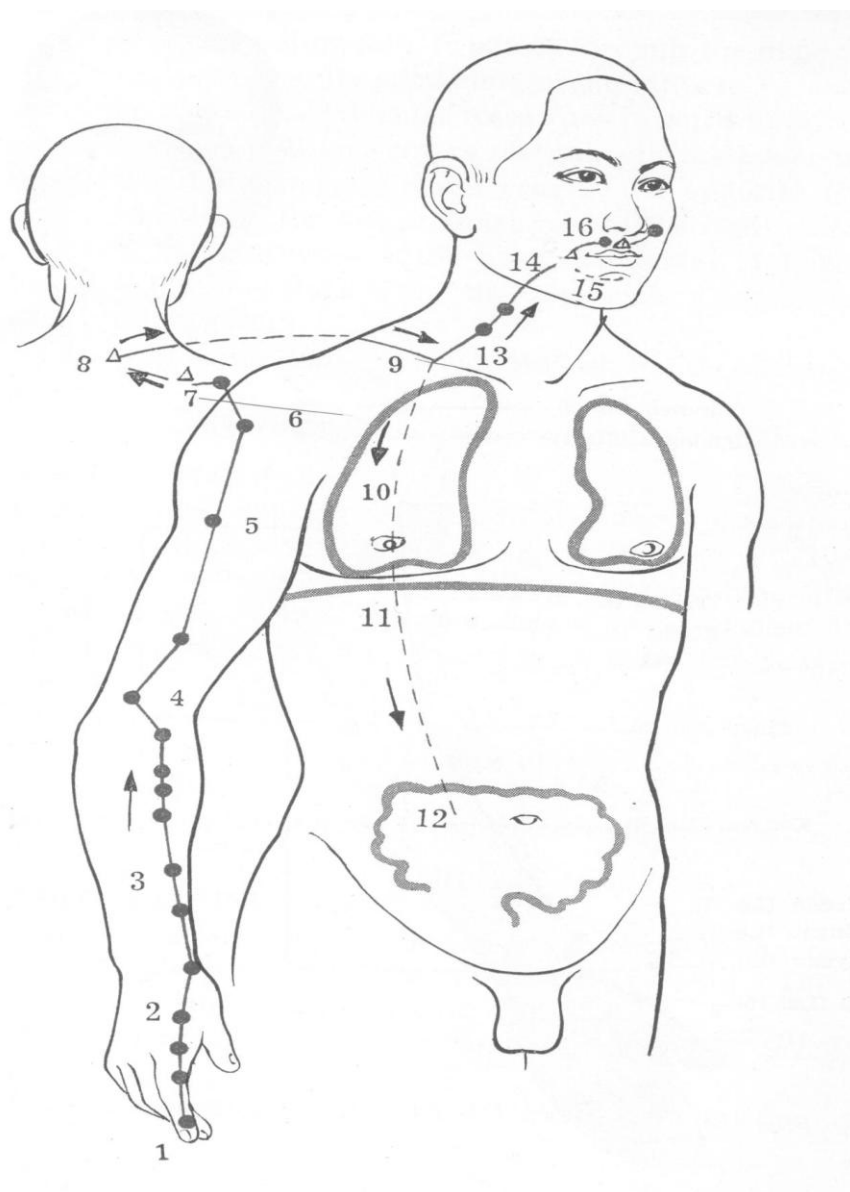


Fig 3-10 The Course of the Large Intestine Meridian

2.2 Principal Indications

Diseases of the head, face, five sense organs and throat; febrile disease; other diseases in the regions along the course of this channel.

2.3 Points commonly used

Hegu (LI 4)

Location: On the dorsum of the hand. between the 1nd and 2nd metacarpal bones, approximately in the middle of the 2nd metacarpal bone on the radial side. (See Fig. 59) Or, place in coincident position the transverse crease of the interphalangeal joint of the thumb with the margin of the web between the thumb and the index finger of the other hand. The point is where the tip of the thumb touches (Fig. 3-11)

Indications: Headache, pain in the neck, redness, swelling and pain of the eye, epistaxis, nasal obstruction, rhinorrhea, toothache, deafness, swelling of the face, sore throat, parotitis, trismus, facial paralysis, febrile diseases with anhidrosis, hidrosis, abdominal pain, dysentery, constipation, amenorrhea, delayed labour, infantile convulsion, Pain, weakness and motor impairment of the upper limbs.

Instances of Adjunct points: With **Lieque** (L 7), **Waiguan** (SJ 5), **Fengchi** (G 20) and **Dazhui** (Du 14) for cold and headache; With **Xiaguan** (S 7) and **Jiache** (S 6) for toothache; with **Taichong** (Liv 3) for hypertension or facial spasm; with **Jianyu** (LI 15), **Quchi** (LI 11), **Shousanli** (LI 10) and **Waiguan** (SI 5) for brachial palsy and pain; with **Sanyinjiao** (SP 6) for dystocia.

Method: Puncture perpendicularly 0.5-0.8cun. Moxibustion is applicable. Acupuncture and moxibustion are contraindicated in pregnant women.

Remarks: (1) **Yuan**-(Primary) Point of the Large Intestine Channel of Hand-**Yangming**. (2) The experiments have showed that acupuncture on **Hegu** (LI 4) is remarkably effective to pain, most effective to the pain in the neck, and second in the chest, abdomen and four extremities; the point can be used to obtain acupuncture anesthesia for many purposes (3) The research of acupuncture reveals that puncturing **Hegu** (LI 4) can regulate the central nervous system, produce inhibition on the cerebral cortical motor area with strong stimulation, and excitation with slight stimulation; its regulation of the autonomic nerve can be achieved mainly by regulation of vasomotor activity, changes of rheoencephalogram, heart rate and blood pressure .

Yangxi (Jing-River Point, L. I. 5)

Location: On the radial side of the wrist. When the thumb is tilted upward, it is in the depression between the tendons of m. extensor pollicis longus and brevis. (Fig 3-12)

Indications: Headache, redness with swelling and pain of the eye, toothache, sore throat, pain of the wrist.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

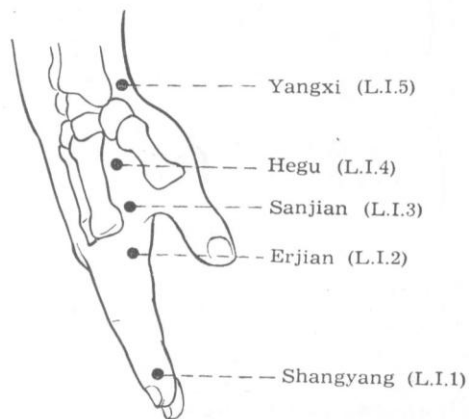


Fig 3-12

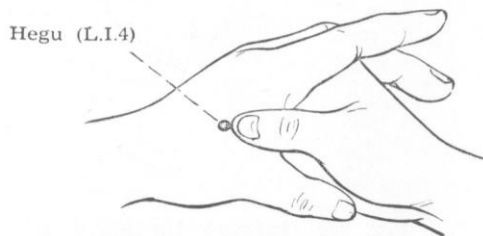


Fig 3-11

Pianli (Luo-Connecting Point, L. I. 6)

Location: 3 cun above Yangxi (L. I. 5), on the line joining Yangxi (L. I. 5) and Quchi (L. I. 11). (Fig 3-13)

Indications: Epistaxis, deafness. Aching of the hand and arm, edema.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

Shousanli (L. I. 10)

Location: 2 cun below Quchi (L. I. 11). (Fig 3-13)

Indications: Abdominal pain, vomiting and diarrhea, pain in the shoulder region, motor impairment of the upper extremities.

Method: Puncture perpendicularly 1.0-1.2 inches. Moxibustion is applicable.

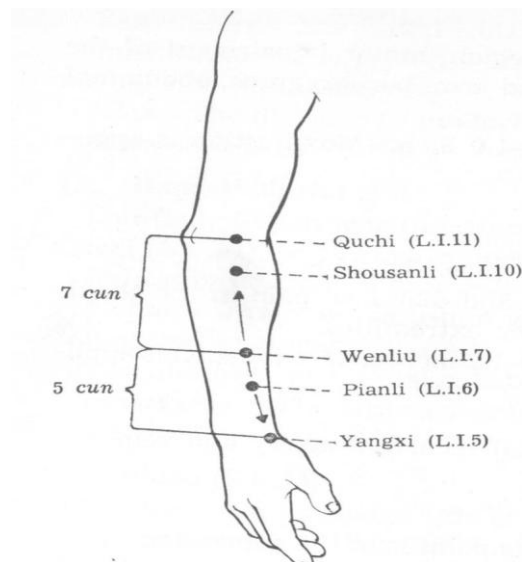


Fig 3-13

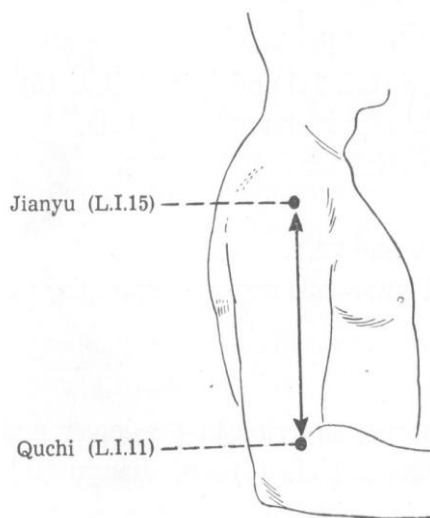


Fig 3-14

Quchi (LI 11)

Location: When the elbow is flexed to form a right angle, the point is at the midpoint of the line joining the lateral end of the transverse cubital crease and the lateral epicondyle of the humerus. (Fig 3-13)

Indications: Sore throat, abdominal pain, vomiting, diarrhea, dysentery, edema, dozziness, eczema continuous residual fever after febrile disease,

hemiparalysis, swelling and pain of the hand and arm. redness and pain of the eye. scrofala artiacaria.

Instances of adjunct points: With **Dazhui** (Du 14) and **Shixuan** (Extra 24) for high fever; with **Zusanli** (S 36) and **Sanyinjiao** (SP 6) for hypertension; with **Hegu** (LI 4) and **Waiguan** (SJ 5) for common cold; with **Xuehai** (SP 10) for urticaria or cutaneous pruritus.

Method: Puncture perpendicularly 0.8-1.5 cun Moxibustion is applicable.

Remarks: He-(Sea) Point of the Large Intestine Channel of Hand—**Yangming**.

Binao (L. I. 14)

Location: On the radial side of the humerus, superior to the lower end of m. deltoideus, on the line connecting Quchi (L. I. 11) and Jianyu (L. I. 15).

Indications: Pain in the shoulder and arm, scrofula.

Method: Puncture perpendicularly or obliquely upward 0.5-0.7 inch. Moxibustion is applicable.

Jianyu (L. I. 15)

Location: Anteroinferior to the acromion, in the middle of the upper portion of m. deltoideus. When the arm is in full abduction, the point is in the anterior depression of the two depressions appearing at the anterior border of the acromioclavicular joint. (Fig 3-14)

Indications: Pain of the shoulder and arm, motor impairment of the upper extremities, rubella, scrofula.

Method: Puncture obliquely downward 0.6-1.2 inches. Moxibustion is applicable.

Tianding (L. I. 17)

Location: On the lateral side of the neck, superior to the midpoint of the supraclavicular fossa (Quepen, St. 12), about 1 cun below Neck-Futu (L. I. 18), on the posterior border of m. sternocleidomastoideus.

Indications: Sore throat, hoarseness of voice, scrofula, goiter.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

Neck-Futu (L. I. 18)

Location: On the lateral side of the neck, level with the tip of Adam's apple, between the sternal head and clavicular head of m. sternocleidomastoideus.

Indications: Cough, asthma, sore throat, hoarseness of voice, scrofula, goiter.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

Yingxiang (LI 20)

Location: 0.5 cun lateral to the midpoint of the lateral border of ala nasi, in the nasolabial groove (Fig. 3-15)

Indications: Nasal obstruction, hyposmia, epistaxis, rhinorrhea, deviation of the mouth, itching and swelling of the face (Wry mouth), lockjaw.

Instances of adjunct points: With **Hegu** (LI 4), **Shangxing** (Du 13) and **Yintang** (Extra

2) for rhinitis or paranasal sinusitis; with **Sibai** (S 2) for biliary ascariasis.

Method: Puncture obliquely or subcutaneously 0.3-0.5 cun; scat-producing moxibustion is not advisable.

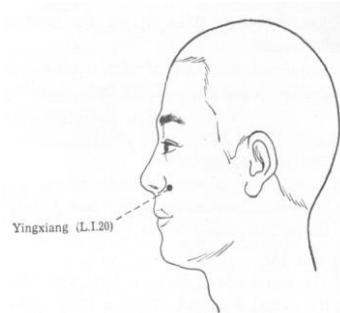


Fig1-15

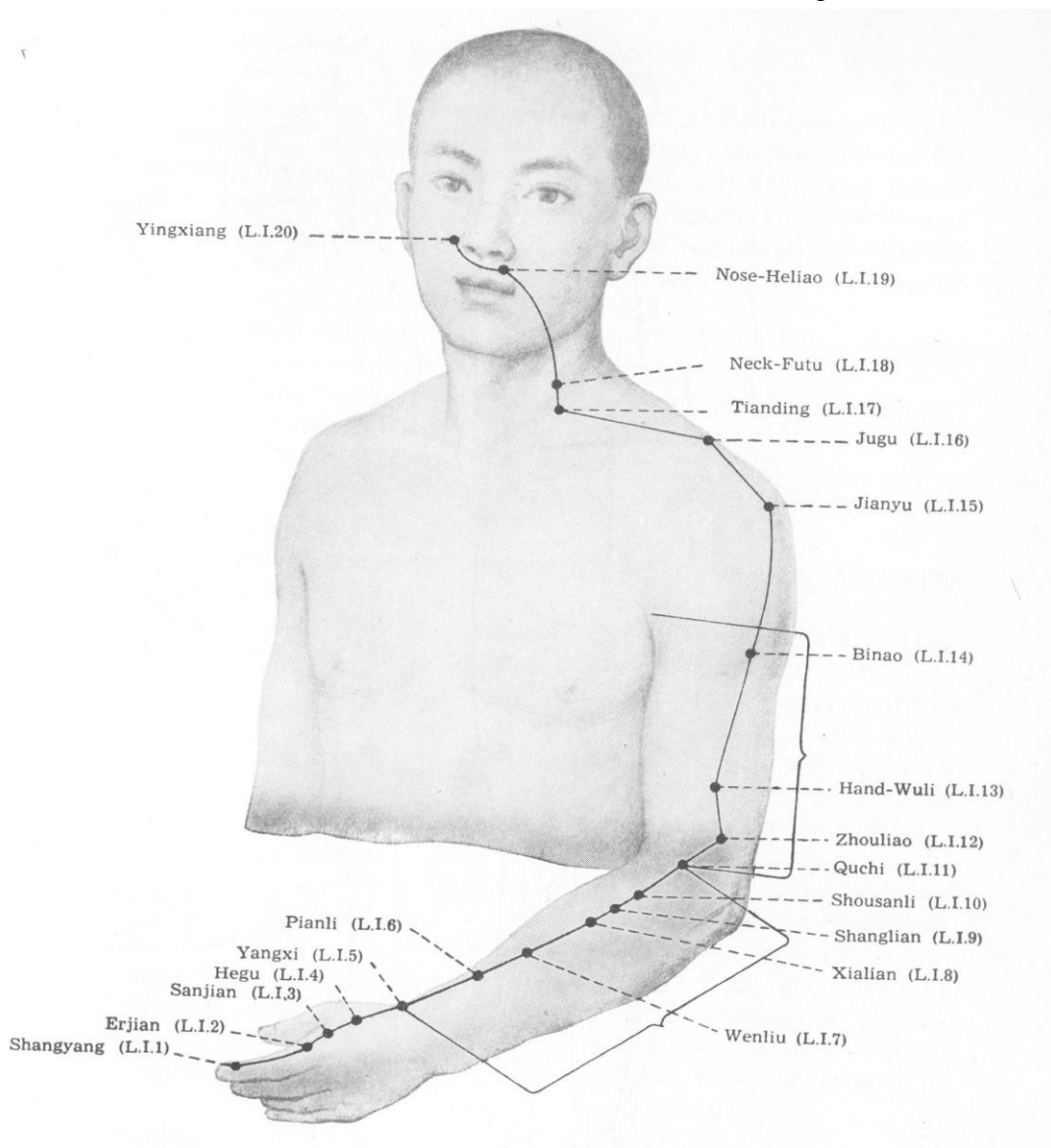


Fig 3-16 points of Large Intestine meridian

3. The Stomach Meridian of Foot-Yangming

3.1 The Course of the Meridian

The Stomach Meridian of Foot-Yangming starts from the lateral side of ala nasi. It ascends to the bridge of the nose, where it meets the Bladder Meridian of Foot-Taiyang. Turning downwards along the lateral side of the nose, it enters the upper gum. Reemerging, it curves round the lips and descends to meet the Ren Meridian at the mentolabial groove----Chengjiang (Ren24). Then it runs posterolaterally across the lower portion of the cheek at Daying (S 5). Winding along the angle of the mandible----Jiache (S 6), it ascends in front of the ear and traverses Shangguan (G 3) of the Gallbladder Meridian of Foot-Shaoyang. Then it follows the anterior hairline and reaches the forehead.

The facial branch emerging in front of Daying (S 5) runs downwards to Renying (S 9). From there it goes along the throat and enters the supraclavicular fossa. Descending, it passes through the diaphragm, enters the stomach, its pertaining organ, and connects with the spleen.

The straight portion of the channel arising from the supraclavicular fossa runs downward passing through the nipple. It descends by the umbilicus and enters Qichong (S 30) on the lateral side of the lower abdomen.

The branch from the lower orifice of the stomach descends inside the abdomen and joins the previous portion of the channel at Qichong (S 30). Further running downwards, traversing Biguan (S 31), and further through Femur-Futu (S 32), it reaches the knee. From there, it continues downwards along the anterior border of the lateral aspect of the tibia, passes through the dorsum of the foot, and reaches the lateral side of the tip of the 2nd toe.

The tibia branch emerges from Zusanli (S 36), 3 cun below the knee, and enters the lateral side of the middle toe.

The branch from the dorsum of the foot rises from Chongyang and terminates at the medial side of the tip of the great toe, where it links with the Spleen Meridian of Foot-Taiyin (Fig. 3-15).

3.2 Principal Indications

Gastrointestinal diseases; diseases of the head, face, eye, nose and mouth; toothache; mental illnesses; other diseases in the regions along the course of this channel.

3.3 Points Commonly Used

Chengqi (St. 1)

Location: Between the eyeball and the midpoint of the infraorbital ridge.

Indications: Redness with swelling and pain of the eye, lacrimation when attacked by wind, night blindness, facial paralysis, twitching of eyelids.
(Fig 3-16)

Method: Puncture perpendicularly 0.3-0.7 inch along the infraorbital ridge. It is not advisable to manipulate the needle with large amplitude.

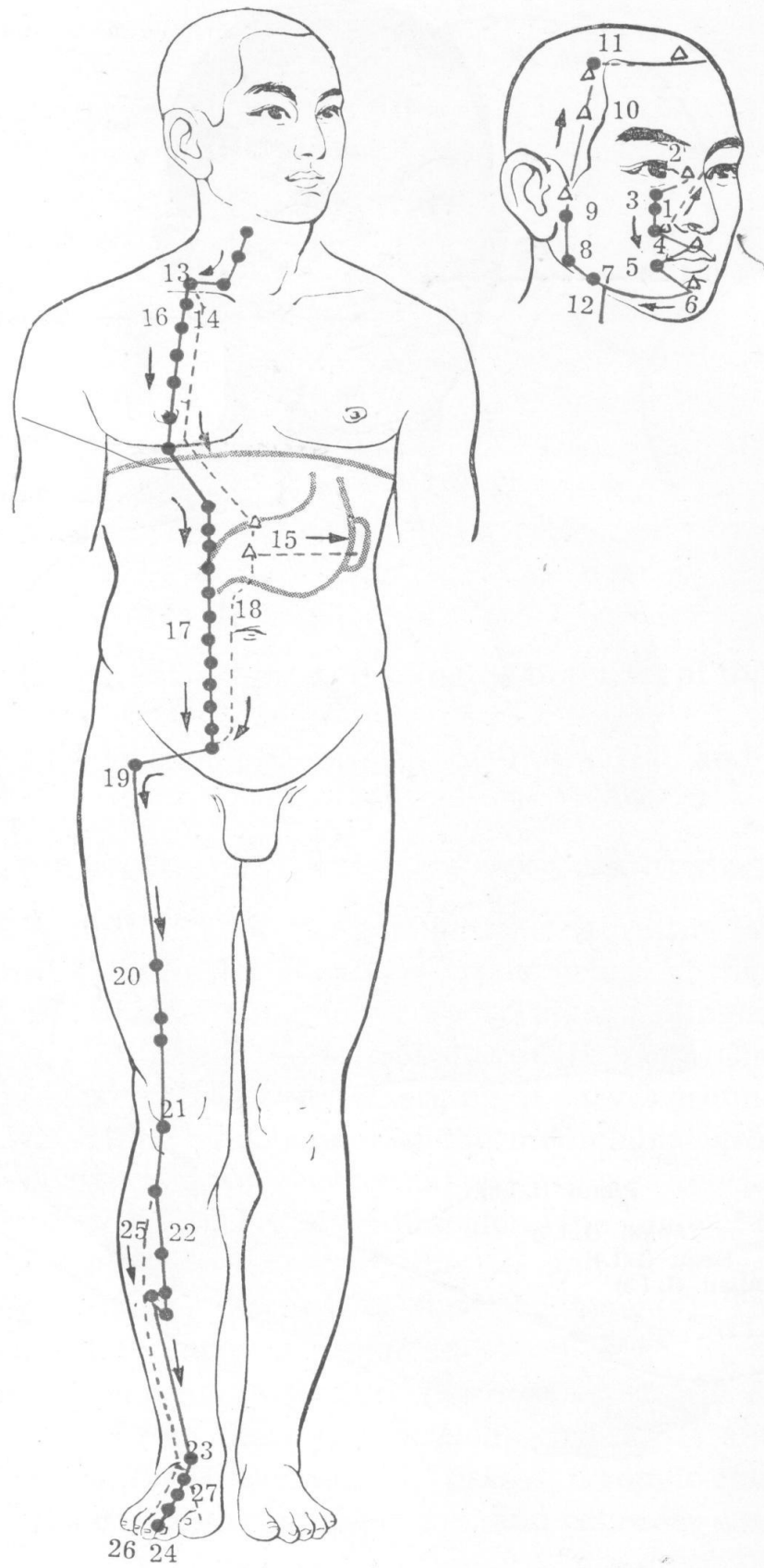


Fig 3-15 The Course of the Stomach Meridian

Dicang (St. 5)

Location: Lateral to the corner of the mouth, directly below Nose-Juliao (St. 3).

Indications: Deviation of the mouth, salivation, twitching of eyelids.

Method: Puncture obliquely 0.5-1.0 inch with the tip of the needle directed towards Jiache (St. 6). Moxibustion is applicable. (Fig 3-16)

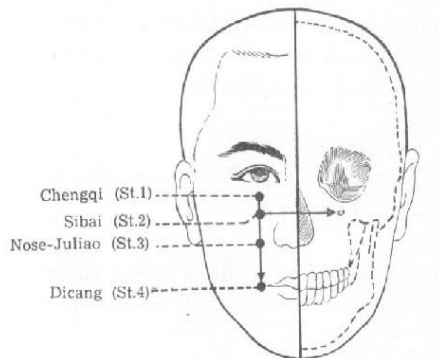


Fig 3-16

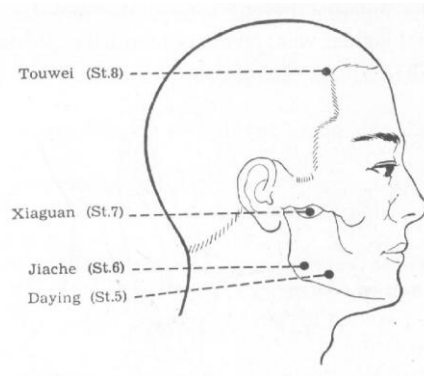


Fig 3-17

Jiache (St. 6)

Location: One finger-breadth anterior and superior to the lower angle of the mandible where m. masseter attaches at the prominence of the muscle when the teeth are clenched. (Fig 3-17)

Indications: Facial paralysis, swelling of the cheek, toothache, trismus, pain and stiffness of the neck, mumps.

Method: Puncture perpendicularly 0.3-0.5 inch or obliquely towards Dicang (St. 4). Moxibustion is applicable.

Xiaguan (St. 7)

Location: In the depression at the lower border of the zygomatic arch, anterior to the condyloid process of the mandible. This point is located with the mouth closed. (Fig 3-17)

Indications: Deafness, tinnitus, otorrhea, facial paralysis, toothache, motor impairment of the jaw.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

Touwei (St. 8)

Location: 0.5 cun within the anterior hairline at the corner of the forehead, 4.5 cun lateral to the Du Channel. (Fig 3-17)

Indications: Headache, blurring of vision, ophthalmalgia, lacrimation when attacked by wind.

Method: Puncture 0.5-1.0 inch along the scalp with the tip of the needle directed horizontally upward or downward.

Renying (St. 9)

Location: Level with the tip of Adam's apple, just on the course of the common

carotid artery, on the anterior border of m. sternocleidomastoideus.
(Fig 3-18)

Indications: Sore throat, asthma, dizziness, flushing of face.

Method: Puncture perpendicularly 0.3-0.5 inch. Avoid the artery.

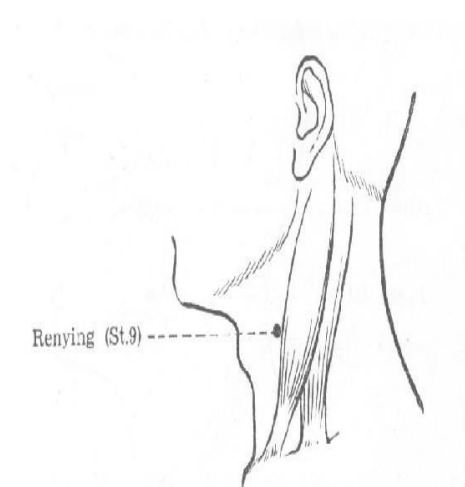


Fig 3-18

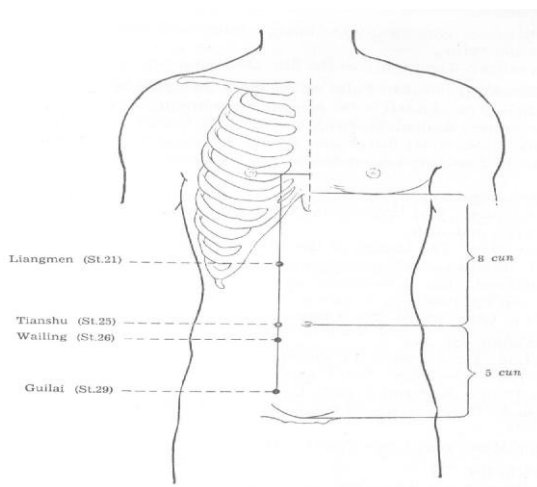


Fig 3-19

Ruzhong (St.17)

Location: In the center of the nipple.

Burong (St.19)

Location: 6 cun above the umbilicus, 2 cun lateral to Juche (Ren 14).

Indications: Abdominal distension, vomiting, gastric pain, anorexia.

Method: Puncture perpendicularly 0.5-0.7 inch. Moxibustion is applicable.

Chengman (St.20)

Location: 5 cun above the umbilicus, 2 cun lateral to Shangwan (Ren 13), or 1 cun below Burong (St.19).

Indications: Gastric pain, abdominal distension, vomiting, anorexia.

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Liangmen (St.21)

Location: 4 cun above the umbilicus, 2 cun lateral to Zhongwan (Ren 12). (Fig 3-19)

Indications: Gastric pain, vomiting, anorexia, loose stools.

Method: Puncture perpendicularly 0.7-1.0 inch. Moxibustion is applicable.

Tianshu (S 25)

Location: 2 cun lateral to the umbilicus. (Fig 3-19)

Indications: Abdominal distension, borborygmus, pain around the umbilicus, constipation, diarrhea, abdominal mass, dysentery, irregular menstruation.

Instances of adjunct points: With **Sanyinjiao** (SP 6) for irregular menstruation; with **Zusanli** (S 36) for enteritis, dysentery or ascariasis.

Method: Puncture perpendicularly 0.5—1 cun. Moxibustion is applicable.

Remarks: Front-Mu point of the large intestine.

Daju (St. 27)

Location: 2 cun below the umbilicus, 2 cun lateral to Shimen (Ren.5).

Indications: Lower abdominal distension, dysuria, hernia, seminal emission, ejaculatio praecox.

Method: Puncture perpendicularly 0.7-1.2 inches. Moxibustion is applicable.

Guilai (St.29)

Location: 4 cun below the umbilicus, 2 cun lateral to Zhongji (Ren 3).

Indications: Abdominal pain, hernia, amenorrhea, prolapse of uterus.

Method: Puncture perpendicularly 0.7-1.2 inches. Moxibustion is applicable.

Biguan (St.31)

Location: Directly below the anterior superior iliac spine, in the depression on the lateral side of m. sartorius when the thigh is flexed. (Fig 3-20)

Indications: Pain in the thigh, muscular atrophy, motor impairment, numbness and pain of the lower extremities.

Method: Puncture perpendicularly 1.0-1.5 inches. Moxibustion is applicable.

Liangqiu (Xi-Cleft Point, St.34)

Location: 2 cun above the laterosuperior border of the patella.

Indications: Pain and swelling of the knee, motor impairment of the lower extremities, gastric pain, mastitis. (Fig 3-20)

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

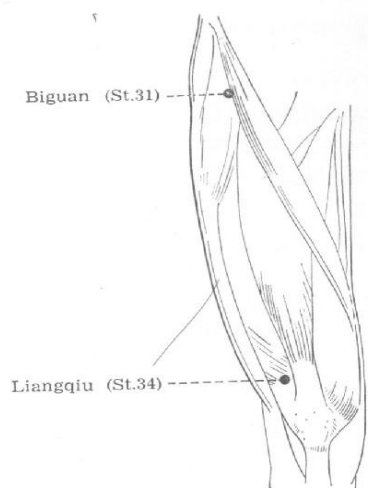


Fig 3-20

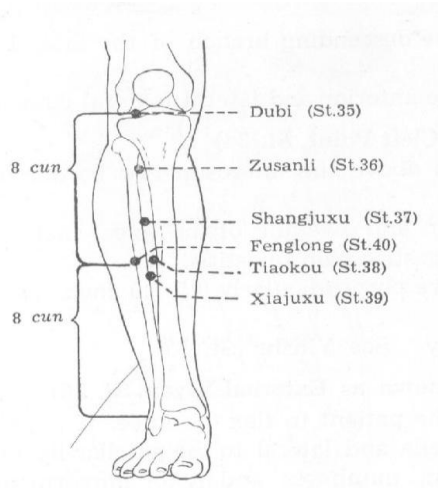


Fig 3-21

Dubi (Also known as External Xiyan, St.35)

Location: Ask the patient to flex the knee. The point is in the depression below the patella and latera to the patellar ligament. (Fig 3-21)

Indications: Pain, numbness and motor impairment of the knee, beriberi.

Method: Puncture obliquely 0.7-1.0 inch with the needle directed slightly towards the medial side. Moxibustion is applicable.

Zusanli (S 36)

Location: 3 cun below Dubi (S 35), one finger-breadth from the anterior crest of the tibia (Fig 3-21).

Indications: Gastric pain, abdominal distension, vomiting, diarrhea, dysentery, emaciation due to general deficiency, constipation, acute appendicitis, numbness and pain of the lower extremities, edema, manic depressive psychosis. hiccup. Borborygmas, mastitis, enteritis, beriberi aching of the knee joint and leg, cough asthma, indigestion, apoplexy, hemiplegia, dizziness, insomnia, mania.

Instances of adjunct points: With **Quchi** (LI 11) for Hypertension; with **Shaochong** (H 9) for insufficient lactation; with **Zhongwan (Ren 12)** and **Neiguan** (P 6) for gastrointestinal diseases, with **Dubi** (S 35) for gonitis.

Method: Puncture perpendicularly 1-1.5 cun Moxibustion is applicable.

Remarks: (1) **He-(Sea) Point of the Stomach Channel of Foot-Yangming.** (2) This point, an important health-giving one, has tonification effect. (3) Reference materials: (a) It was observed that puncturing **Zusanli** and **Shousanli** (LI 10) of both healthy persons and patients with gastric disease can make the stomach contraction faster when the stomach is in relaxation, slower when in tension, and can release pylorospasm. (b) Acupuncture on **Zusanli**, **Hegu** (LI 4) and **Sanuijiao** (SP 6) of the children with simple indigestion or toxic indigestion enables low-level free acid and total gastric acidity, and activities of pepsin and gastric lipase to increase rapidly. (c) It has been found that puncturing **Zusanli** of man and rabbits enhances the amount of properdin, 17.85 units more in man and 62.1 units more in rabbits, remarkably in 12 hours after the therapy in both man and rabbits. (d) It was reported that puncturing "**Zusanli**" and **Duzhui** (Du 14) in rabbits, could increase the opsonin greatly, promoting the phagocytic index to rise and hence enhancing immunity in the rabbits.

Tiaokou (St. 38)

Location: 8 cun below Dubi (St. 35), 2 cun below Shangjuxu (St. 37), midway between Dubi (St. 35) and Jiexi (St. 41). (Fig 3-21)

Indications: Muscular atrophy, motor impairment, pain and paralysis of the leg, shoulder pain.

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Xiajuxu (St. 39)

Location: 9 cun below Dubi (St. 35), 3 cun below Shangjuxu (St. 37), about one finger-breadth from the anterior crest of the tibia. (Fig 3-21)

Indications: Lower abdominal pain, backache referring to testis, mastitis, muscular atrophy, motor impairment, pain and paralysis of the lower extremities.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Fenglong (Luo-Connecting Point, St. 40)

Location: 8 cun superior and anterior to the external malleolus, about one finger-breadth posterior to Tiaokou (St. 38). (Fig 3-21)

Indications: Chest pain, asthma, excessive sputum, sore throat, muscular atrophy, motor impairment, pain, paralysis or swelling of the lower extremities, headache, dizziness, mental disorders, epilepsy.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Jiexi (Jing-River Point, St. 41)

Location: At the junction of the dorsum of foot and the leg, between the tendons of m. extensor digitorum longus and hallucis longus, approximately at the level of the tip of the external malleolus. (Fig 3-22)

Indications: Edema of the head and face, headache, dizziness and vertigo, abdominal distension, constipation, muscular atrophy, motor impairment, pain and paralysis of the lower extremities, mental disorder of depressive type.

Method: Puncture perpendicularly 0.5–0.7 inch. Moxibustion is applicable.

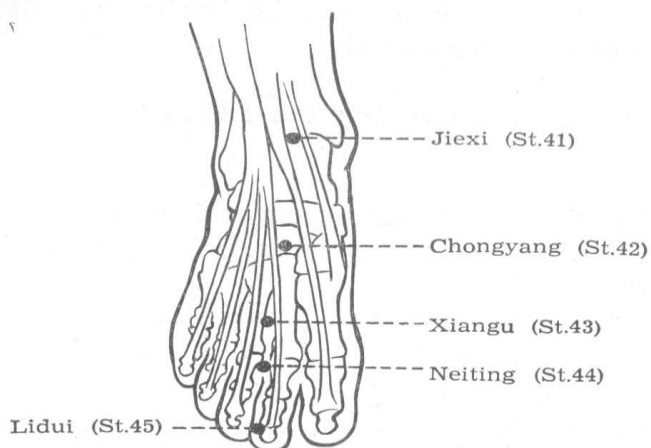


Fig 3-22

Chongyang (Yuan-Source Point, St. 42)

Location: Distal to Jiexi (St. 41), at the highest point of the dorsum of foot, in the depression between the 2nd and 3rd metatarsal bones and cuneiform bone. (Fig 3-22)

Indications: facial paralysis, muscular atrophy and motor impairment of foot, redness and swelling of the dorsum of foot.

Method: Puncture perpendicularly 0.3 inch. Avoid the artery. Moxibustion is applicable.

Neiting (Ying-Spring Point, St. 44)

Location: Proximal to the web margin between the 2nd and 3rd toes, in the depression distal and lateral to the 2nd metatarsodigital joint. (Fig 3-22)

Indications: Toothache, deviation of the mouth, epistaxis, abdominal pain of

distension, diarrhea, dysentery, pain and swelling of the dorsum of foot, febrile diseases.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

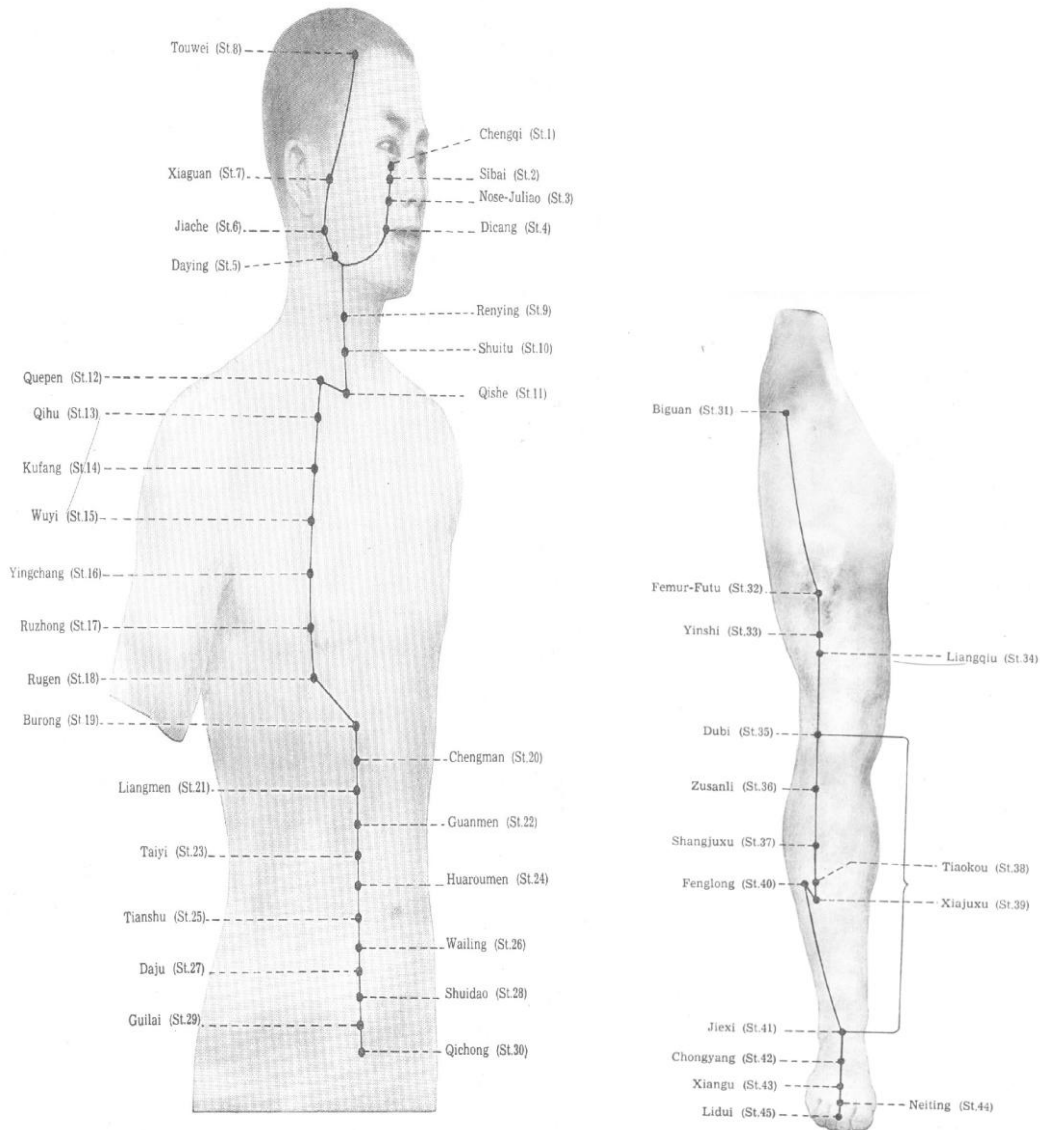


Fig 3-23: All points of Stomach Meridian

4. The Spleen Meridian of Foot-Taiyin

4.1 The Course of the Meridian

The Spleen Meridian of Foot-Taiyin starts from the tip of the big toe. It runs along the medial aspect of the big toe at the junction of the red and white skin, and ascends to the front of the medial malleolus and further up to the medial aspect of leg. It follows the posterior aspect of the tibia and passes through the front of the Liver Channel of Foot-Jueyin. Going on along the anterior medial aspect of the knee and then the thigh, it enters the abdomen, reaches the spleen, its pertaining organ, and connects with the stomach. From there it ascends, passing through the diaphragm and running alongside the esophagus. When it reaches the root of the tongue, it spreads over its under surface.

The branch from the stomach goes upwards through the diaphragm, and flows into the heart to link with the Heart Meridian of Hand-Shaoyin. (Fig. 3-24)

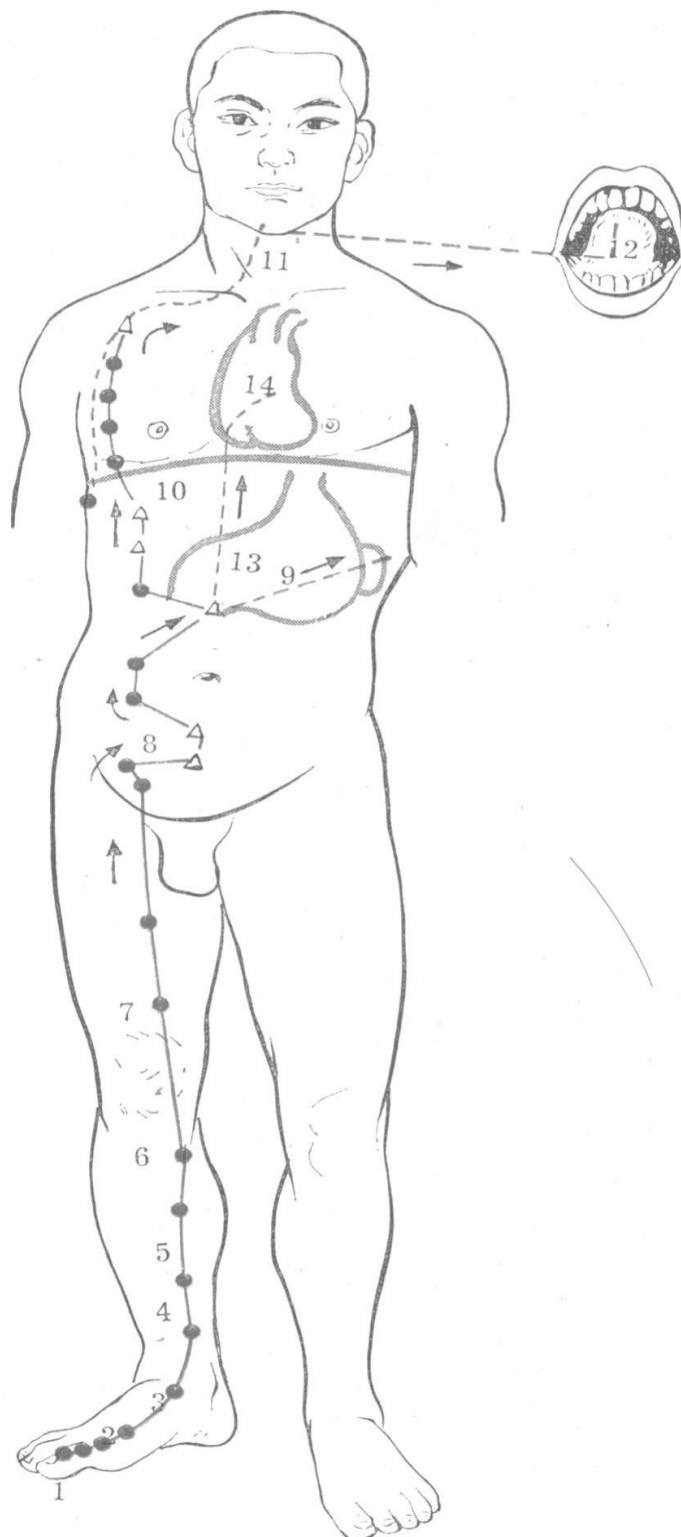


Fig. 3-24: The Course of the Spleen Meridian

4.2 Principal Indications

Diseases of the spleen and stomach, gynecopathies, diseases of the regions along the course of this channel.

4.3 Points Commonly Used

Yinbai (Jing-Well Point, Sp. 1)

Location: On the medial side of the big toe, about 0.1 cun posterior to the corner of the nail. (Fig 3-25)

Indications: Abdominal distension, uterine bleeding, mental disorders, dream-disturbed sleep, convulsion.

Method: Puncture obliquely 0.1 inch. Moxibustion is applicable.

Gongsun (Luo-Connecting Point, Sp. 4)

Location: In the depression distal and inferior to the base of the 1st metatarsal bone, at the junction of the red and white skin. (Fig 3-25)

Indications: Gastric pain, vomiting, borborygmus, abdominal pain, diarrhea, dysentery.

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

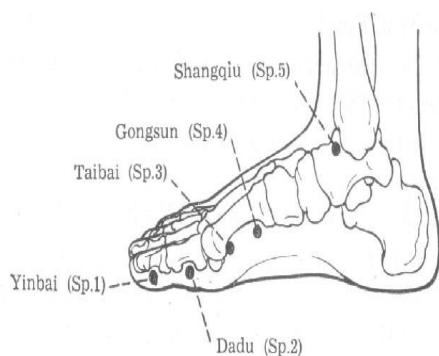


Fig 3-25

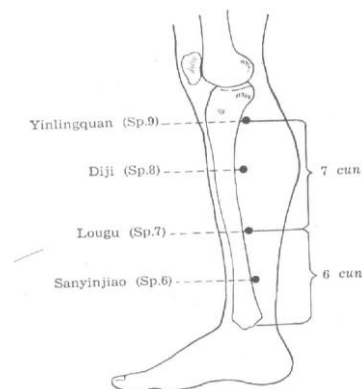


Fig 3-26

Sanyinjiao (SP 6)

Location: 3 cun directly above the tip of the medial malleolus, on the posterior border of the medial aspect of the tibia. (Fig 3-26)

Indications: Borborygmus, abdominal distension, diarrhea, irregular menstruation, morbid leukorrhea, insomnia, nocturnal emission, impotence, enuresis, hernia.

Instances of adjunct points: With **Quchi** (LI 11) for hypertension; with **Guanyuan** (Ren 4) for dysfunctional uterine bleeding; with **Shuifen** (Ren 9) (Moxibustion) for abdominal distension; with **Yinlingquan** (G 9) for angiitis of the lower extremities; with **Shenmen** (H 7) for insomnia.

Method: Puncture perpendicularly 1-1.5 cun. Moxibustion is applicable.

Remarks: (1) The ancient medical books presented that acupuncture on this point is contraindicated in pregnant women. (2) The Crossing Point of the Channels of Foot-Taiyin, -Shaoyin and Jueyin.

Diji (Xi-Cleft Point, Sp. 8)

Location: 3 cun below the medial condyle of the tibia, on the line connecting Yinlingquan (Sp.9) and the medial malleolus. (Fig 3-26)

Indications: Abdominal distension, anorexia, dysentery, irregular menstruation, dysuria, seminal emission, edema.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Yinlingquan (He-Sea Point, Sp. 9)

Location: On the lower border of the medial condyle of the tibia, in the depression between the posterior border of the tibia and m. gastrocnemius. (Fig 3-26)

Indications: Abdominal distension, edema, jaundice, diarrhea, dysuria, incontinence of urine, pain of the external genitalia, seminal emission, pain in the knee.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Xuehai (SP 10)

Location: 2 cun directly above the medial border of the patella.

Indications: Irregular menstruation, metrorrhagia and metrostaxis, amenorrhea, urticaria, eczema. (Fig 3-27)

Instances of adjunct points: With **Quchi** (LI 11) for urticaria; with **guanyuan** (Ren 4) for dysfunctional uterine bleeding; with **Ciliao** (B 32) for dysmenorrhea.

Method: Puncture 1–1.5 cun perpendicularly or obliquely upwards. Moxibustion is applicable.

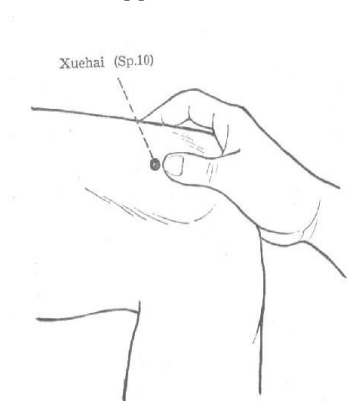


Fig 3-27

Chongmen (Sp. 12)

Location: Superior to the lateral end of the inguinal groove, on the lateral side of the femoral artery, at the level of the upper border of symphysis pubis, 3.5 cun lateral to **Qugu** (Ren. 2). (Fig 3-28)

Indications: Abdominal pain, hernia, retention of urine.

Method: puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Daheng (Sp. 15)

Location: 4 cun lateral to the center of the umbilicus, on the mammillary line, lateral to m. rectus abdominis. (Fig 3-28)

Indications: Dysentery, constipation, pain in the lower abdomen.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Tianxi (Sp. 18)

Location: 2 cun lateral to the nipple, in the 4th intercostal space. (Fig 3-28)

Indications: Sensation of fullness and pain in the chest, cough, mastitis, lactation deficiency.

Method: Puncture obliquely 0.4-0.5 inch, or apply moxa stick for 5-10 minutes.

Dabao (Major Luo-Connecting Point of the Spleen, Sp. 21)

Location: On the mid-axillary line, 6 cun below the axilla, midway between the axilla and the free end of the 11th rib. (Fig 3-28)

Indications: Pain in the chest and hypochondriac region, asthma, general aching and weakness.

Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.

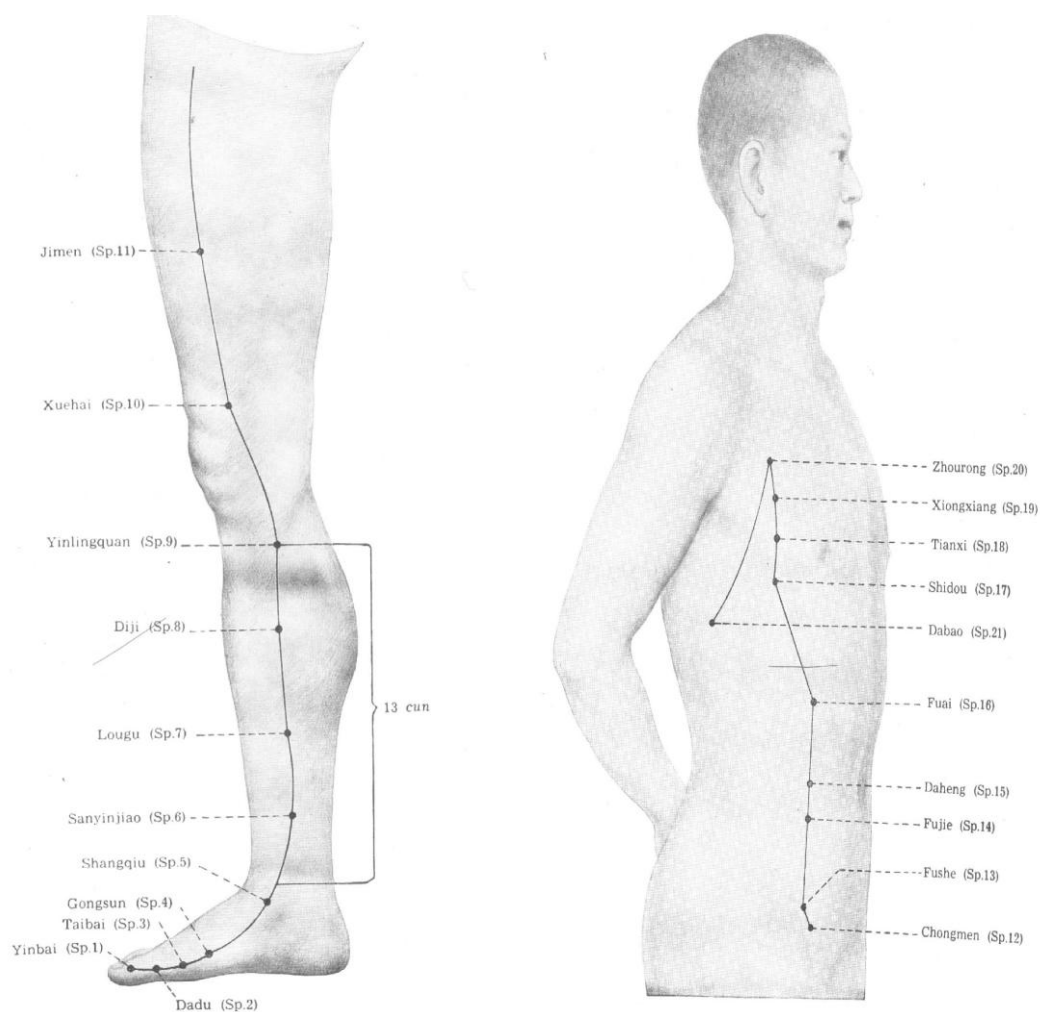


Fig 3-28: All points of Stomach Meridian

5. The Heart Meridian of Hand-Shaoyin.

5.1 The Course of the Meridian

The Heart Meridian of Hand-Shaoyin originates from the heart. Emerging, it spreads over the "heart system" (i.e. the tissues connecting the heart with the other zang-fu organs). It passes through the diaphragm to connect with the small

intestine.

The ascending portion of the meridian from the “heart system” runs alongside the esophagus to connect with the “eye system” (i.e. the tissues connecting the eyes with the brain).

The straight portion of the meridian from the “heart system” goes upwards to the lung. Then it runs downwards and emerges from the axilla. From there it goes along the posterior border of the medial aspect of the upper arm behind the Lung Meridian of Hand-Taiyin and the Pericardium Meridian of Hand-Jueyin down to the cubital fossa. From there it descends along the posterior border of the medial aspect of the forearm to the pisiform region proximal to the palm and enters the palm. Then it follows the medial aspect of the little finger to its tip and links with the Small Intestine Meridian of Hand-Taiyang (Fig. 3-29).

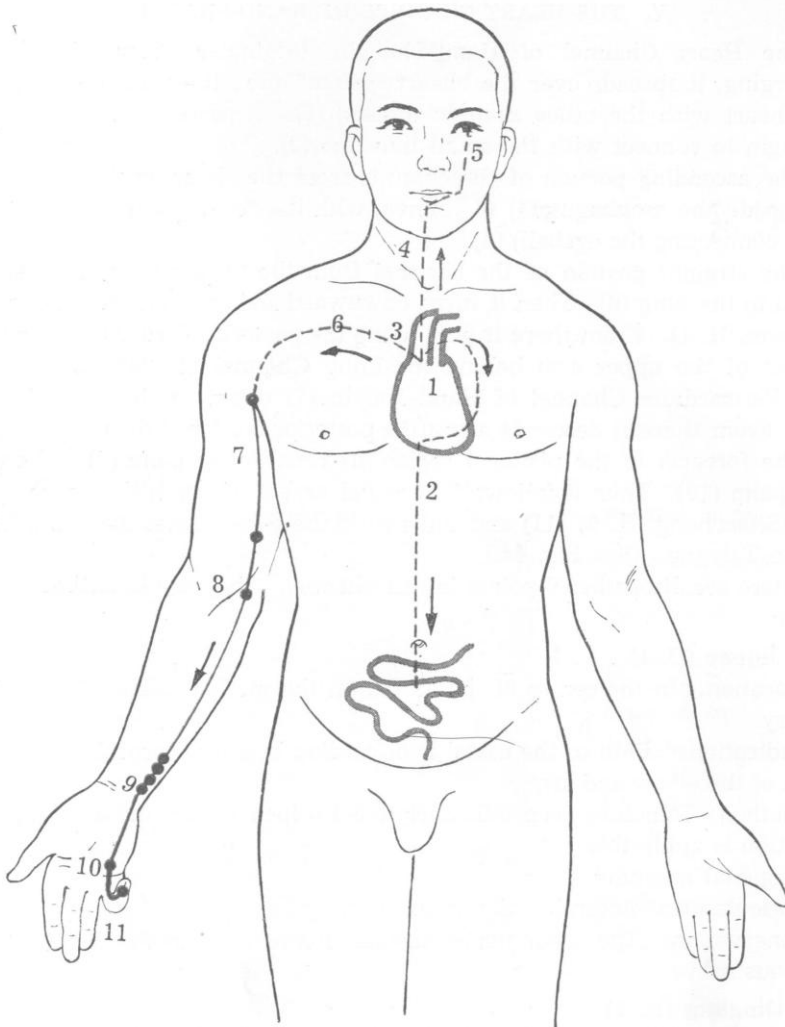


Fig. 3-29: The Course of the Heart Meridian

5.2 Principal Indications

Diseases in the heart and chest, mental diseases and the diseases of the regions along the course of this channel.

5.3 Points Commonly Used

Shaohai (He-Sea Point, H. 3)

Location: When the elbow is flexed, the point is at the medial end of the transverse cubital crease, in the depression anterior to the medial epicondyle of the humerus. (Fig 3-30)

Indications: Cardiac pain, numbness of the arm, hand tremor, contracture of the elbow, pain in the axilla and hypochondriac region, scrofula.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

Tongli (Luo-Connecting Point, H. 5)

Location: When the palm faces upward, the point is on the radial side of the tendon of m. flexor carpi ulnaris, 1 cun above the transverse crease of the wrist. (Fig 3-30)

Indications: Palpitation, dizziness, blurring of vision, sore throat, sudden hoarseness of voice, aphasia with stiffness of the tongue, pain in the wrist and arm.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

Yinxi (Xi-Cleft Point, H. 6)

Location: On the radial side of the tendon of m. flexor carpi ulnaris, 0.5 cun above the transverse crease of the wrist. (Fig 3-30)

Indications: Cardiac pain, hysteria, night sweating.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

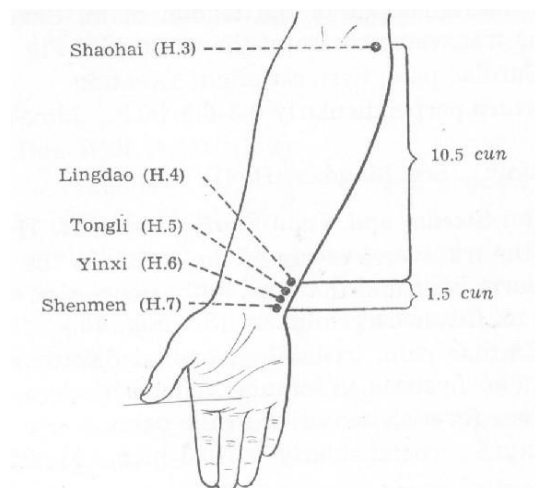


Fig 3-30



Fig 3-31

Shenmen (H 7)

Location: At the ulnar end of the transverse crease of the wrist, in the depression on the radial side of the tendon of m. flexor carpi ulnaris. (Fig 3-30)

Indications: Cardiac pain, vexation, palpitation due to fright, severe palpitation, amnesia, insomnia, depressive psychosis, mania, epilepsy.

Instances of adjunct points: With Yintang (Extra 2) for insomnia; with yongquan (K 1) for mental diseases; with Neiguan (P 6) and Xinshu (B 15) for arrhythmia.

Method: Puncture perpendicularly 0.5-0.8 cun Moxibustion is applicable.

Remarks: (1) **Shu**-(Stream) Point and **Yuan**-(Primary) Point of the Heart Channel of Hand-**Shaoyin**. (2) Reference material: Giving pitressin injection to a dog can cause pituitary hypertension, which may be greatly reduced by acupuncture on **Shenmen** (H 7). It has been reported that acupuncture on **Shenmen** (H 7), **Yinxi** (H 6), **Tongli** (H 5), **Baihui**(Du 20), **Daling** (P 7) and others may likely regulate the electroencephalogram of the patients with grand mal epilepsy, or lower the electric potential of their pathologic brain waves.

Shaofu (Ying-Spring Point, H. 8)

Location: On the palmar surface, between the 4th and 5th metacarpal bones. When a fist is made, the point is where the tip of the little finger rests. (Fig 3-31)

Indications: Palpitation, pain in the chest, twitching and contracture of the little finger, feverish sensation in the palm, skin pruritus, dysuria, enuresis.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

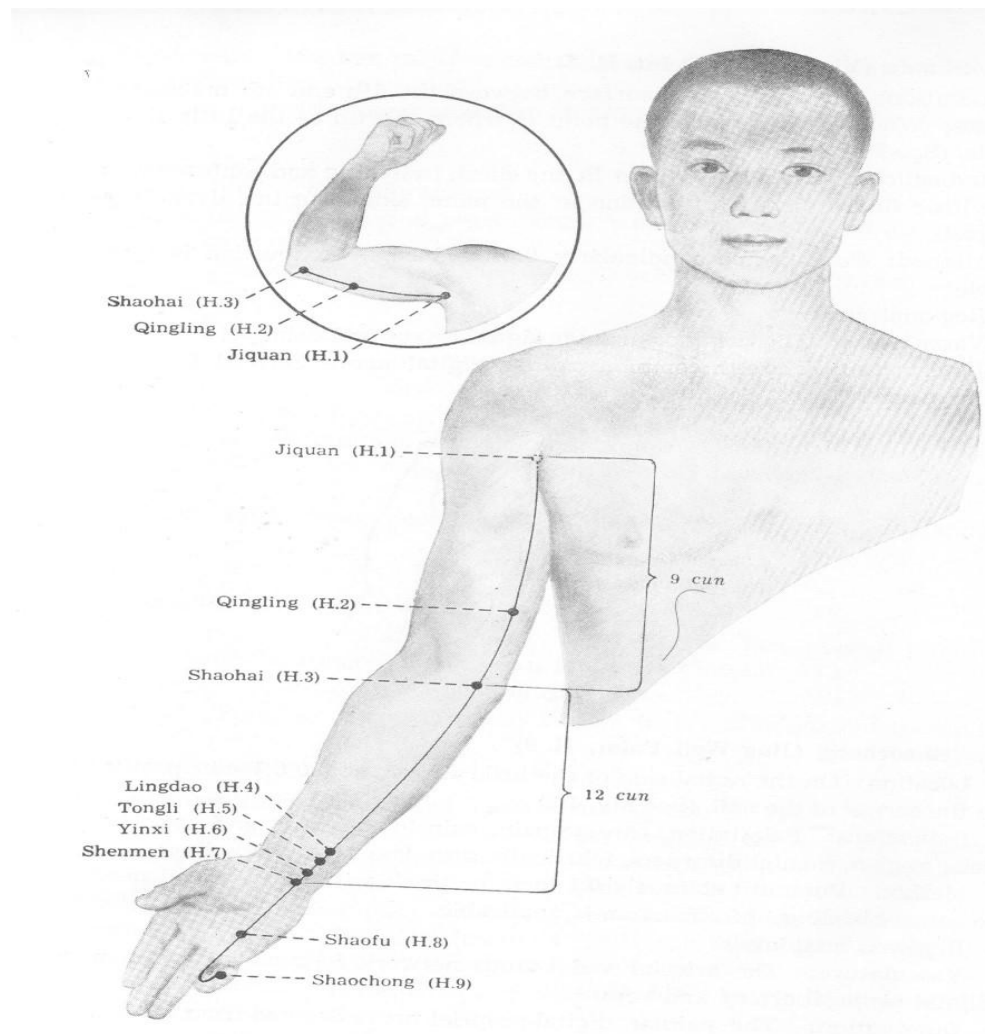


Fig 3-33: All points of Heart Meridian

6. The Small Intestine Meridian of Hand-Taiyang

6.1 The Course of the Meridian

The Small Intestine Meridian of Hand-Taiyang starts from the ulnar side of the tip of the little finger. Following the ulnar side of the dorsum of the hand it reaches the wrist where it emerges from the styloid process of the ulna. From there it ascends along the posterior border of the lateral aspect of the forearm, passes between the olecranon of the ulna and the medial epicondyle of the humerus, and runs along the posterior border of the lateral aspect of the upper arm to the shoulder joint. Circling around the scapular region, it meets Dazhui (Du14) on the superior aspect of the shoulder. Then, turning downwards to the supraclavicular fossa, it connects with the heart. From there, it descends along the esophagus, passes through the diaphragm, reaches the stomach, and finally enters the small intestine, its pertaining organ.

The branch from the supraclavicular fossa ascends along the neck to the cheek. Via the outer canthus, it enters the ear.

The branch from the cheek runs upwards to the infraorbital region and further to the lateral side of the nose. Then it reaches the inner canthus to link with the Bladder Meridian of Foot-Taiyang (Fig. 3-34).

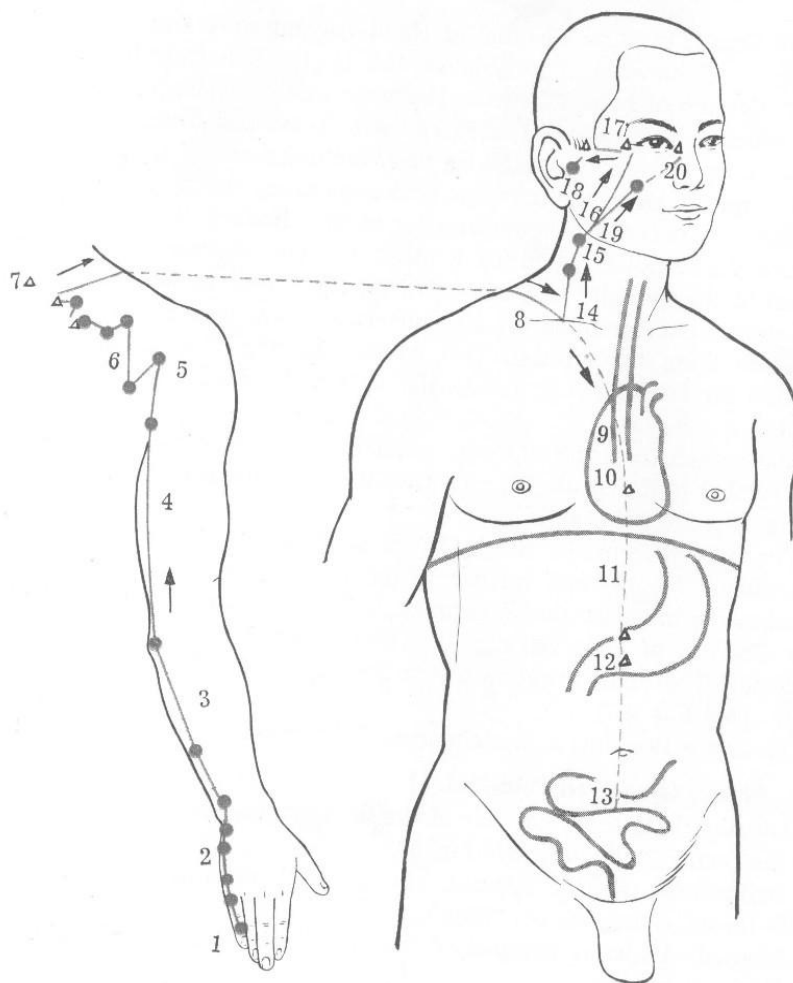


Fig. 3-34: The Course of the Small Intestine Meridian

6.2 Principal Indications

Diseases of the head, nape, ear, eye and throat, febrile and mental diseases, and the diseases of the regions along the course of this channel.

6.3 Point Commonly Used

Houxi (SI 3)

Location: When a fist is made, the point is on the ulnar side, proximal to the 5th metacarpophalangeal joint, at the end of the transverse crease and junction of the red and white skin. (Fig 3-35)

Indications: Pain and rigidity of the head and neck, redness of the eye, deafness, lumbar pain, pain of the back, malaria, depressive psychosis, mania, epilepsy, spasmodic pain of the finger, elbow and arm.

Instances of adjunct points: With **Dazhui** (Du 14) for epilepsy; with **Tianzong** (SI 11) for mastitis; with **Fengchi** (G 20) for cervical spondylopathy.

Method: Puncture perpendicularly 0.5-0.3 cun. Moxibution is applicable.

Remarks: **Shu**-(Stream) point of the Small Intestine Channel of Hand-**Taiyang**, one of the Eight Confluent Points, intersecting with the **Du** Channel.

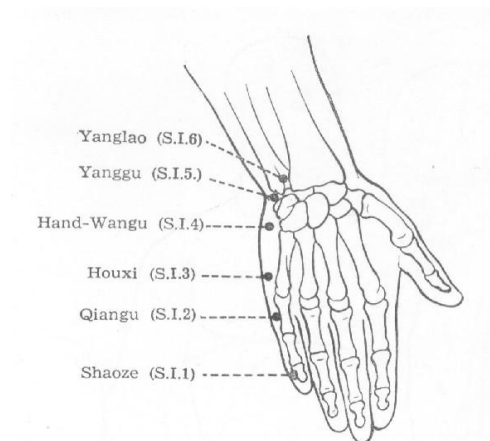


Fig 3-35

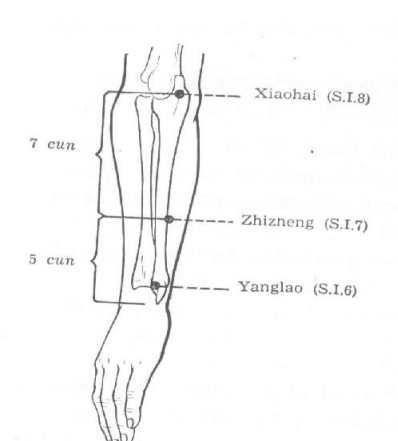


Fig 3-36

Yanggu (Jing-River Point, S. I. 5)

Location: On the ulnar side of the wrist, in the depression between the styloid process of the ulna and the triquetral bone. (Fig 3-35)

Indications: Swelling of the neck and submandibular region, pain in the wrist and the lateral aspect of the arm, febrile diseases.

Method: Puncture perpendicularly 0.3-0.4 inch. Moxibustion is applicable.

Zhizheng (Luo-Conneting Point, S. I. 7)

Location: 5 cun proximal to the wrist, on the line joining Yanggu (S. I. 5) and Xiaohai (S. I. 8). (Fig 3-36)

Indications: Neck rigidity, contracture and twitching of elbow, pain in fingers, febrile diseases, mental disorders.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

Xiaohai (He-Sea Point, S. I. 8)

Location: between the olecranon of the ulna and the medial epicondyle of the humerus.

The point is located with the elbow flexed. (Fig 3-36)

Indications: Swelling of the cheek, pain in the nape and the lateroposterior aspect of the shoulder and arm, epilepsy.

Method: Puncture perpendicularly 0.3-0.7 inch. Moxibustion is applicable.

Jianzhen (S. I. 9)

Location: Posterior and inferior to the shoulder joint. When the arm is adducted, the point is 1 cun above the posterior end of the axillary fold.

Indication: Pain in the scapular region, pain and motor impairment of the hand and arm.

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Naoshu (S. I. 10)

Location: When the arm is adducted, the point is directly above Jianzhen (S. I. 9), in the depression inferior and lateral to the scapular spine. (Fig 3-37)

Indications: Aching and weakness of the shoulder and arm.

Method: Puncture perpendicularly 0.8-1.0 inch. Moxibustion is applicable.

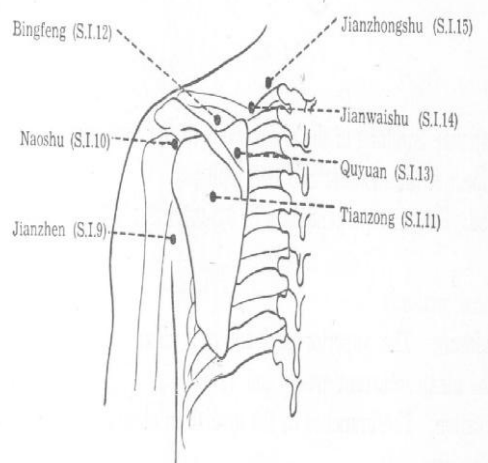


Fig 3-37

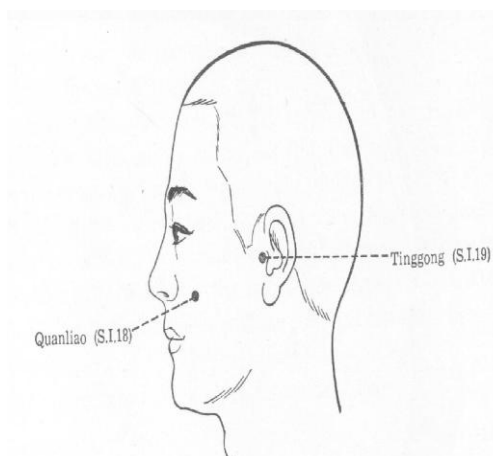


Fig 3-38

Tianzong (S. I. 11)

Location: In the infrascapular fossa, at the junction of the upper and middle third of the distance between the lower border of the scapular spine and the inferior angle of the scapula. (Fig 3-37)

Indications: Pain in the scapular region, pain in the lateroposterior aspect of the elbow and arm.

Method: Puncture obliquely 0.5-1.0 inch. Moxibustion is applicable.

Quyuan (S. I. 13)

Location: On the medial extremity of the suprascapular fossa, about midway between Naoshu (S. I. 10) and the spinous process of the 2nd thoracic vertebra. (Fig 3-37)

Indications: Pain and stiffness of the scapular region.

Method : Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

Jianwaishu (S. I. 14)

Location: 3 cun lateral to the lower border of the spinous process of the 1st thoracic vertebra (Taodao, Du 13), on the vertical line drawn from the vertebral border of the scapula. (Fig 3-37)

Indications: Aching of the shoulder and back, rigidity of neck.

Method: Puncture obliquely 0.3-0.6 inch. Moxibustion is applicable.

Jianzhongshu (S. I. 15)

Location: 2 cun lateral to the lower border of the spinous process of the 7th cervical vertebra (Dazhui, Du 14). (Fig 3-37)

Indications: Cough, asthma, pain in the shoulder and back.

Method: Puncture obliquely 0.3-0.6 inch. Moxibustion is applicable.

Tianrong (S. I. 17)

Location: Posterior to the angle of mandible, in the depression on the anterior border of m. sternocleidomastoideus. (Fig 3-37)

Indications: Deafness, tinnitus, sore throat, foreign body sensation in throat, swelling of cheek.

Method: Puncture perpendicularly 0.5-0.8 inch. Moxibustion is applicable.

Quanliao (S. I. 18)

Location: Directly below the outer canthus, in the depression on the lower border of zygoma. (Fig 3-38)

Indications: Facial paralysis, twitching of eyelids, toothache, yellowish sclera.

Method: Puncture perpendicularly 0.5-0.8 inch.

Tinggong (SI 19)

Location: Anterior to the tragus and posterior to the condyloid process of the mandible, in the depression formed when the mouth is open. (Fig 3-38)

Indications: Tinnitus, deafness, otorrhea, toothache, depressive psychosis, mania, epilepsy.

Instances of Adjunct points: With **Zhongzhu (SJ 3)** for tinnitus; with **Hegu (LI 4)** for inflammation of mandibular articulation.

Method: Puncture perpendicularly 0.5-1 cun. Moxibustion is applicable.

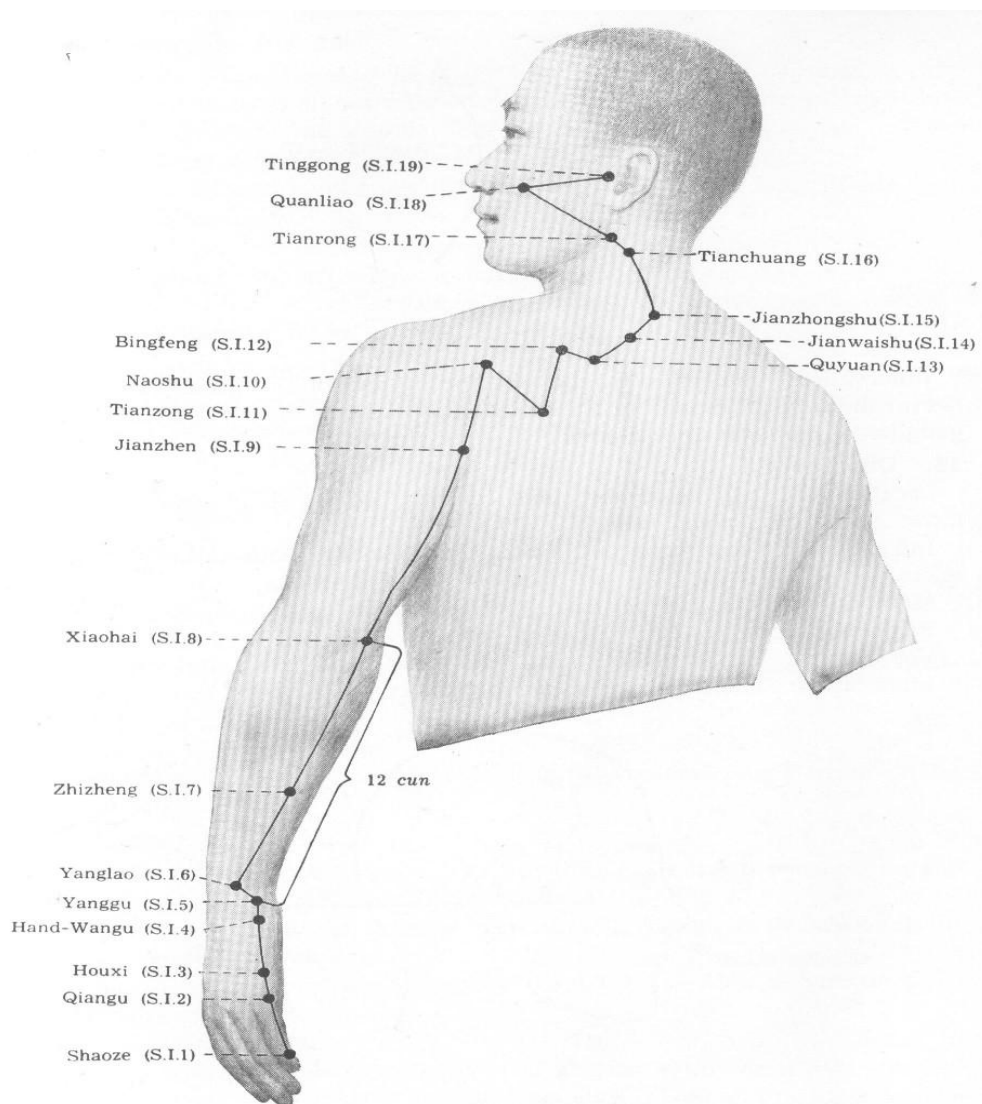


Fig 3-39: All points of Small Intestine Meridian

7. The Urinary Bladder Meridian of Foot-Taiyang

7.1 The Course of the Meridian

The Bladder meridian of Foot-Taiyang starts from the inner canthus. Ascending to the forehead, it joins the Du meridian at the vertex.

From the vertex, a branch arises, running to the temple.

The straight portion of the meridian enters and communicates with the brain from the vertex. It then emerges and bifurcates to descend along the posterior aspect of the neck. Running downward along the medial aspect of the scapula region and parallel to the vertebral column, it reaches the lumbar region, where it enters the body cavity via the paravertebral muscle to connect with the kidney and join its pertaining organ, the urinary bladder.

The branch of the lumbar region descends through the gluteal region and ends in the popliteal fossa.

The branch from the posterior aspect of the neck runs straight downward along the medial border of the scapula. Passing through the gluteal region and going

downward along the lateral aspect of the thigh, it meets the preceding branch descending from the lumbar region in the popliteal fossa. From there, it descends through the gastrocnemius muscle to the posterior aspect of the external malleolus. Then, running along the tuberosity of the 5th metatarsal bone, it reaches the lateral side of the tip of the little toe, where it links with the Kidney Meridian of Foot-Shaoyin (Fig. 3-40).

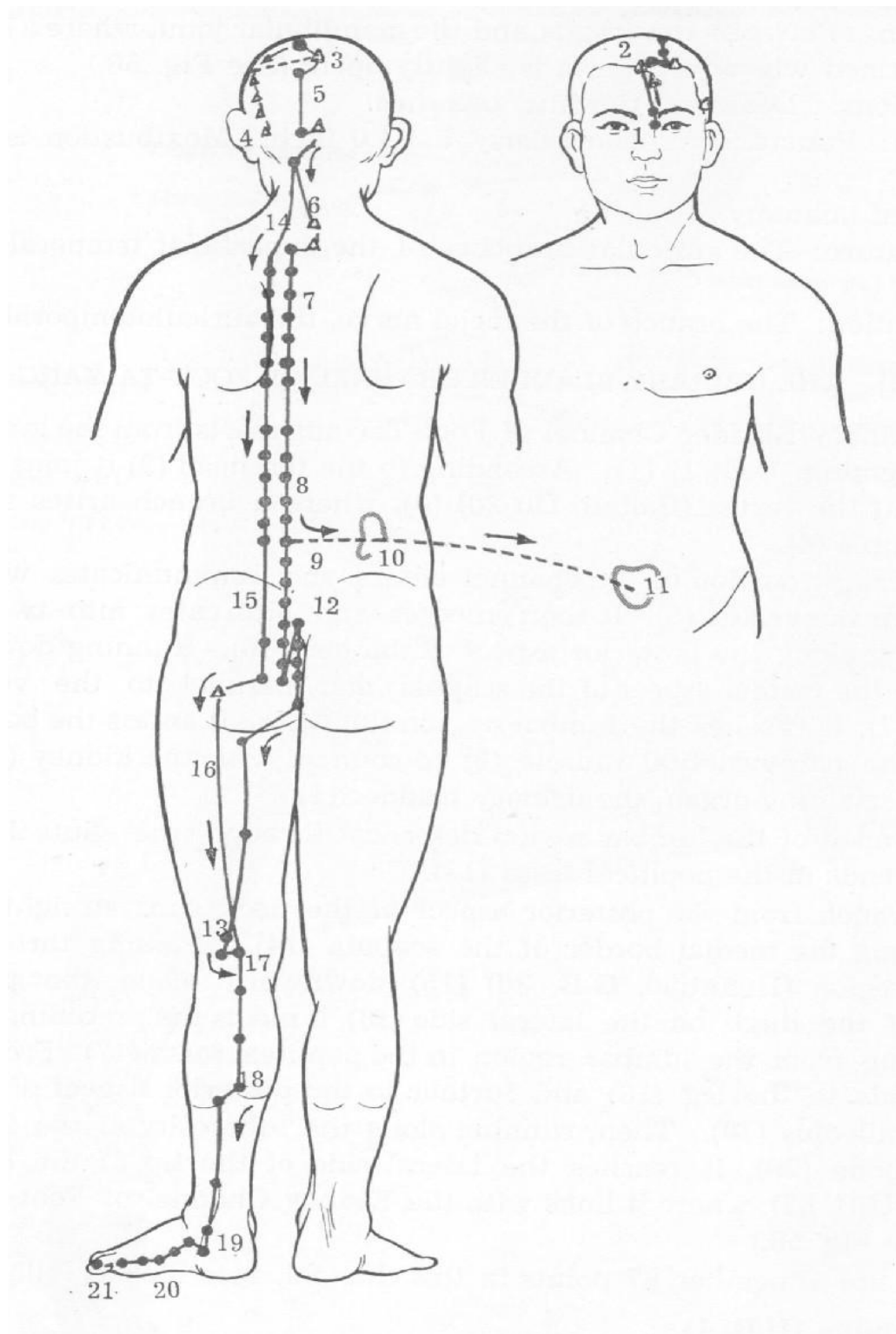


Fig 3-40: The Course of the Urinary Bladder Meridian

7.2 Principal Indications

Diseases of the head, eye, lumbar region and the lower extremities; mental diseases; the Back-Shu Points along the first lateral line and the corresponding points parallel to them on the second lateral line over the back are used to treat diseases of their relevant zang-fu organs and tissues respectively.

7.3 Points Commonly Used

Tianzhu (U.B. 10)

Location: 1.3 cun lateral to Yamen (Du 15), within the posterior hairline, on the lateral side of m. trapezius.

Indications: Headache, neck rigidity, nasal obstruction, pain in the shoulder and back.

Method: Puncture perpendicularly 0.5 inch.

Dashu (U.B. 11)

Location: 1.5 cun lateral to the lower border of the spinous process of the 1st thoracic vertebra, about 2 finger-breadths from the Du Channel. (Fig 3-41)

Indications: Cough, fever, headache, aching of the scapular region, stiffness and rigidity of the neck.

Method : Puncture obliquely 0.5 inch. Moxibustion is applicable.

Feishu (Back-Shu Point of the Lung, U.B. 13)

Location: 1.5 cun lateral to the lower border of the spinous process of the 3rd thoracic vertebra. (Fig 3-41)

Indications: Cough, asthma, hemoptysis, afternoon fever, night sweating.

Method: Puncture obliquely 0.5 inch. Moxibustion is applicable.

Xinshu (Back-Shu Point of the Heart, U.B. 15)

Location: 1.5 cun lateral to the lower border of the spinous process of the 5th thoracic vertebra. (Fig 3-41)

Indications: Epilepsy, panic, palpitation, forgetfulness, irritability, cough, hemoptysis.

Method: Puncture obliquely 0.5 inch. Moxibustion is applicable.

Geshu (U.B. 17)

Location: 1.5 cun lateral to the lower border of the spinous process of the 7th thoracic vertebra. (Fig 3-41)

Indications: Vomiting, hiccup, difficulty in swallowing, asthma, cough, hemoptysis, afternoon fever, night sweating.

Method: Puncture obliquely 0.5 inch. Moxibustion is applicable.

Ganshu (Back-Shu Point of the Liver, U.B. 18)

Location: 1.5 cun lateral to the lower border of the spinous process of the 9th thoracic vertebra. (Fig 3-41)

Indications: Jaundice, pain in the hypochondriac region, hematemesis, epistaxis, redness of the eye, blurring of vision, night blindness, pain in the back, mental confusion, epilepsy.

Method: Puncture obliquely 0.5 inch. Moxibustion is applicable.

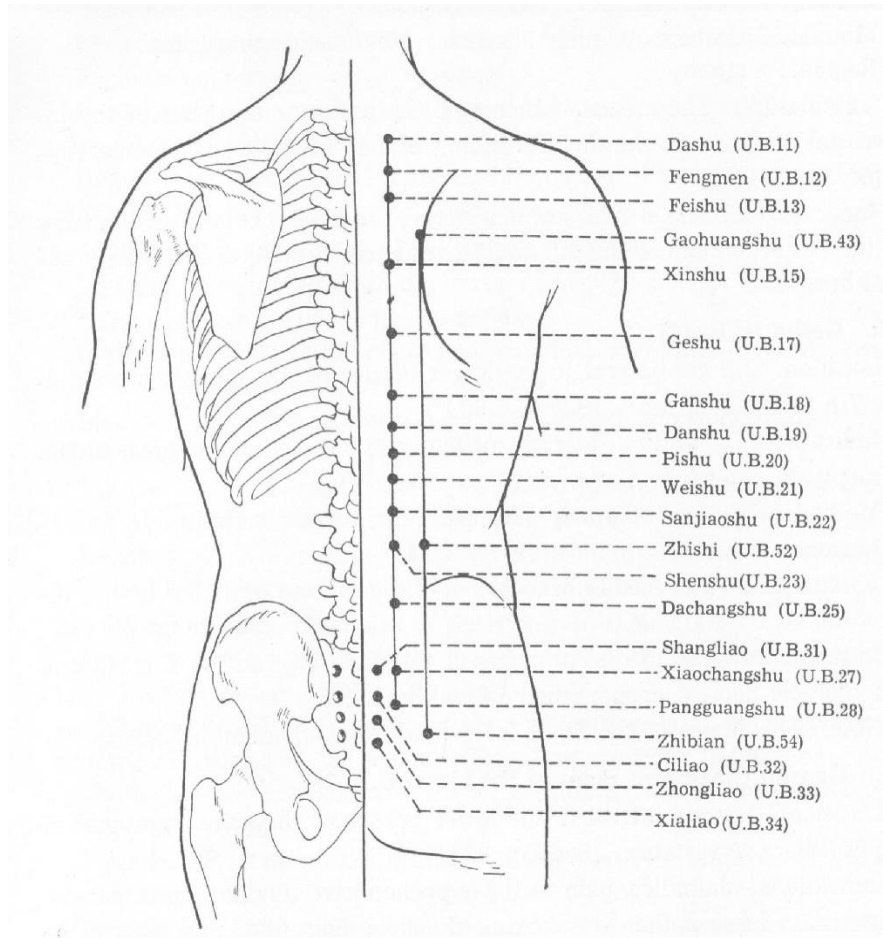


Fig 3-41

Danshu (Back-Shu Point of the Gall Bladder, U. B. 19)

Location: 1.5 cun lateral to the lower border of the spinous process of the 10th thoracic vertebra. (Fig 3-41)

Indications: Jaundice, bitter taste in mouth, pain in the chest and hypochondriac region, pulmonary tuberculosis, afternoon fever.

Method: Puncture obliquely 0.5 inch. Moxibustion is applicable.

Pishu (Back-Shu Point of the Spleen, U. B. 20)

Location: 1.5 cun lateral to the lower border of the spinous process of the 11th thoracic vertebra. (Fig 3-41)

Indications: Abdominal distension, jaundice, vomiting, diarrhea, dysentery, indigestion, edema, pain in the back.

Method: Puncture obliquely 0.5 inch. Moxibustion is applicable.

Weishu (Back-Shu Point of the Stomach, U. B. 21)

Location: 1.5 cun lateral to the lower border of the spinous process of the 12th

thoracic vertebra. (Fig 3-41)

Indications: Pain in the chest, hypochondriac and epigastric region, abdominal distension, nausea, vomiting, borborygmus, indigestion.

Method: Puncture obliquely 0.5 inch. Moxibustion is applicable.

Shenshu (Back-Shu Point of the Kidney, U.B. 23)

Location: 1.5 cun lateral to the lower border of the spinous process of the 2nd lumbar vertebra. (Fig 3-41)

Indications: Seminal emission, impotence, enuresis, irregular menstruation, leukorrhea, backache, weakness of the knee, blurring of vision, tinnitus, deafness, edema.

Method: Puncture perpendicularly 1.0-1.5 inches. Moxibustion is applicable.

Dachangshu (Back-Shu Point of the Large Intestine, U.B. 25)

Location: 1.5 cun lateral to the lower border of the spinous process of the 4th lumbar vertebra, approximately at the level of the upper border of the iliac crest. (Fig 3-41)

Indications: Abdominal pain and distension, borborygmus, diarrhea, constipation, low back pain.

Method: Puncture perpendicularly 1.0-1.5 inches. Moxibustion is applicable.

Xiaochangshu (Back-Shu Point of the Small Intestine, U.B. 27)

Location: At the level of the 1st posterior sacral foramen, 1.5 cun lateral to the Du Channel. (Fig 3-41)

Indications: Seminal emission, hematuria, enuresis, lower abdominal pain and distension, dysentery.

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Pangguangshu (Back-Shu Point of the Urinary Bladder, U.B. 28)

Location: At the level of the 2nd posterior sacral foramen, 1.5 cun lateral to the Du Channel, in the depression between the medial border of the posterior superior iliac spine and the sacrum. (Fig 3-41)

Indications: Retention of urine, enuresis, diarrhea, constipation, pain and stiffness of lower back.

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Shangliao (U.B. 31)

Location: In the 1st posterior sacral foramen, about midway between the posterior superior iliac spine and the Du Channel. (Fig 3-41)

Indications: Low back pain, irregular menstruation, prolapse of uterus, leukorrhea, scanty urine, constipation.

Method: Puncture perpendicularly 0.7-1.0 inch. Moxibustion is applicable.

Zhongliao (U.B. 33)

Location: In the 3rd posterior sacral foramen, between Zhonglvshu (U. B. 29) and the Du Channel. (Fig 3-41)

Indications: Irregular menstruation, leukorrhea, low back pain, dysuria, constipation.

Method: Puncture perpendicularly 0.7-1.0 inch. Moxibustion is applicable.

Chengfu (U. B. 36)

Location: In the middle of the transverse gluteal fold. Locate the point in prone position. (Fig 3-44)

Indications: Hemorrhoids, pain in the lumbar, sacral, gluteal and femoral regions:

Method: Puncture perpendicularly 0.7-1.5 inches. Moxibustion is applicable.

Yinmen (U. B. 37)

Location: 6 cun below Chengfu (U. B. 36), on the line joining Chengfu (U. B. 36) and Weizhong (U. B. 40). (Fig 3-44)

Indications: Pain in the lower back and thigh.

Method: Puncture perpendicularly 0.7-1.5 inches. Moxibustion is applicable.

Weizhong (B 40)

Location: Midpoint of the transverse crease of the popliteal fossa. (Fig 3-42)

Indications: Lumbar pain, muscular atrophy, pain, numbness and impaired motion of the lower extremities, abdominal pain, vomiting diarrhea, dysuria, erysipelas.

Instances of adjunct points: With **Tianzong** (SI 11) and **Jianjing** (G 21) for mastitis; with **Shenshu** (B 23) for lumbar muscle strain; with **Dazhui** (Du 14), **Quchi** (LI 11) and **Geshu** (B 17) for erysipelas.

Method: Puncture perpendicularly 1-1.5 cun. Moxibustion is applicable.

Remarks: He-(Sea) Point of the Bladder Channel of Foot-**Taiyang**.

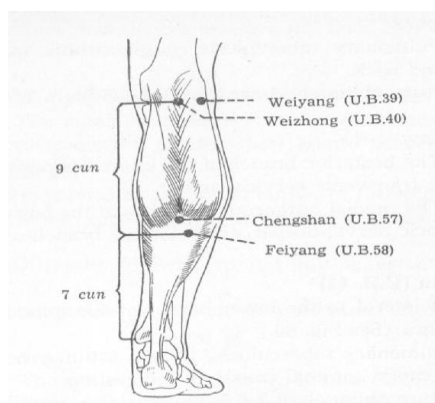


Fig 3-42

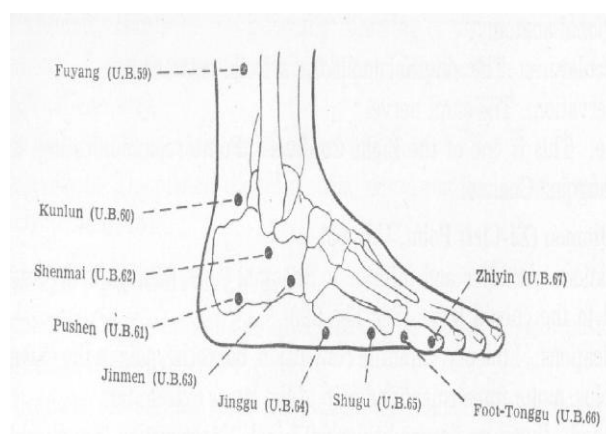


Fig 3-43

Gaohuangshu (U. B. 43)

Location: 3 cun latera to the lower border of the spinous process of the 4th thoracic vertebra. (Fig 3-41)

Indications: Pulmonary tuberculosis, cough, asthma, hemoptysis, night sweating,

poor memory, seminal emission, indigestion.

Method: Puncture obliquely 0.3-0.5 towards the scapula. Frequent or prolonged moxibustion is desirable.

Hunmen (U.B. 47)

Location: 3 cun lateral to the lower border of the spinous process of the 9th thoracic vertebra. (Fig 3-41)

Indications: Pain in the chest, back and hypochondriac region, vomiting, diarrhea.

Method : Puncture obliquely downward 0.5 inch. Moxibustion is applicable.

Weicang (U.B. 50)

Location: 3 cun lateral to the lower border of the process of the 12th thoracic vertebra. (Fig 3-41)

Indication: Abdominal distension, pain in the epigastric region and the back.

Method: Puncture obliquely downward 0.5 inch. Moxibustion is applicable.

Chengjin (U.B. 56)

Location: Midway between Heyang (U.B. 55) and Chengshan (U.B. 57), in the center of the belly of m. gastrocnemius. (Fig 3-42)

Indications: Pain in the leg, hemorrhoids, acute lower back pain.

Method: Puncture perpendicularly 0.5-1.5 inches. Moxibustion is applicable.

Chengshan (U.B. 57)

Location: Directly below the belly of m. gastrocnemius, on the line connecting Weizhong (U.B. 40) and tendo calcaneus, about 8 cun below Weizhong (U.B. 40). (Fig 3-42)

Indications: Low back pain, spasm of the gastrocnemius, hemorrhoids, constipation.

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Kunlun (Jing-River Point, U.B. 60)

Location: In the depression between the external malleolus and tendo calcaneus.

Indications: Headache, neck rigidity, blurring of vision, epistaxis, spasm and pain of the shoulder and arm, backache, pain in the heel, epilepsy in children, difficult labour. (Fig 3-43)

Method: Puncture perpendicularly 0.5 inch. Moxibustion is applicable.

Shenmai (U.B. 62)

Location: In the depression directly below the external malleolus.

Indications: Epilepsy, mental confusion, headache, dizziness, insomnia, backache, aching of the lower extremities. (Fig 3-43)

Method: Puncture perpendicularly 0.3 inch. Moxibustion is applicable.

Zhiyin (U.B. 67)

Location: On the lateral side of the small toe; about 0.1 cun lateral to the corner

of the nail. (Fig 3-43)

Indications: Headache, pain in the eye, nasal obstruction, epistaxis, malposition of fetus.

Instances of adjunct points: With **Taiyang** (Extra 1) for migraine; with **Shenshu** (B 23), **Guanyuan** (Ren 4) and **Sanyinjiao** (SP 6) for nocturnal emission.

Method: Puncture superficially 0.1 cun Moxibustion is applicable.

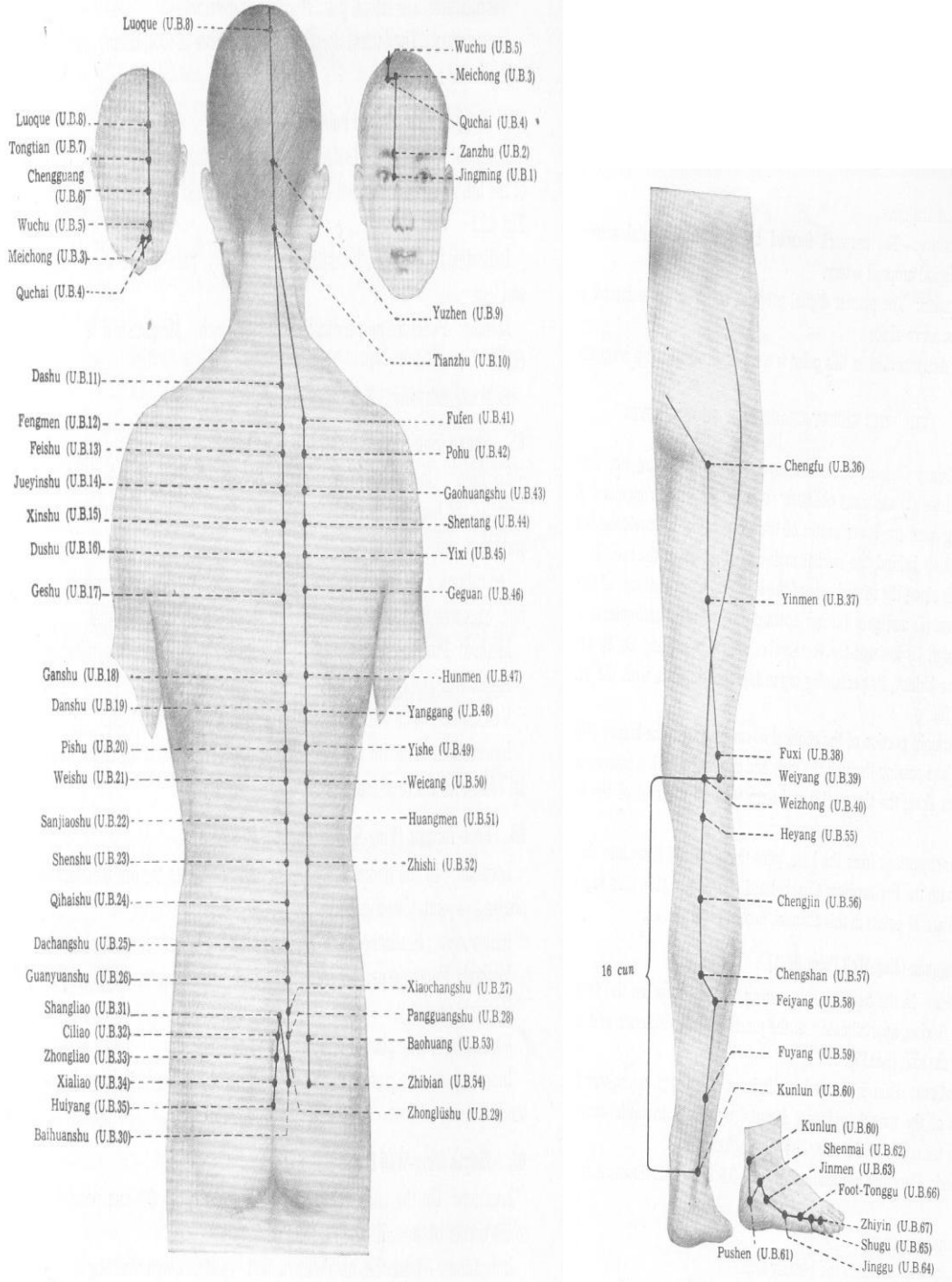


Fig 3-44: All points of Urinary Bladder Meridian

8. The Kidney Meridian of Foot-Shaoyin

8.1 The Course of the Meridian

The Kidney Meridian of Foot-Shaoyin starts from the inferior aspect of the small toe and runs obliquely towards the sole (Yongquan, KI1). Emerging from the lower aspect of the tuberosity of the navicular bone and running behind the medial malleolus, it enters the heel. Then it ascends along the medial side of the leg to the medial side of the popliteal fossa and goes further upward along the posteromedial aspect of the thigh towards the vertebral column (Changqiang, Du 1), where it enters the kidney, its pertaining organ, and connects with the bladder.

The straight portion of the meridian re-emerges from the kidney. Ascending and passing through the liver and diaphragm, it enters the lung, runs along the throat, and terminates at the root of the tongue.

A branch springs from the lung, joins the heart and runs into the chest to link with the Pericardium Meridian of Hand-Jueyin (Fig. 3-45).

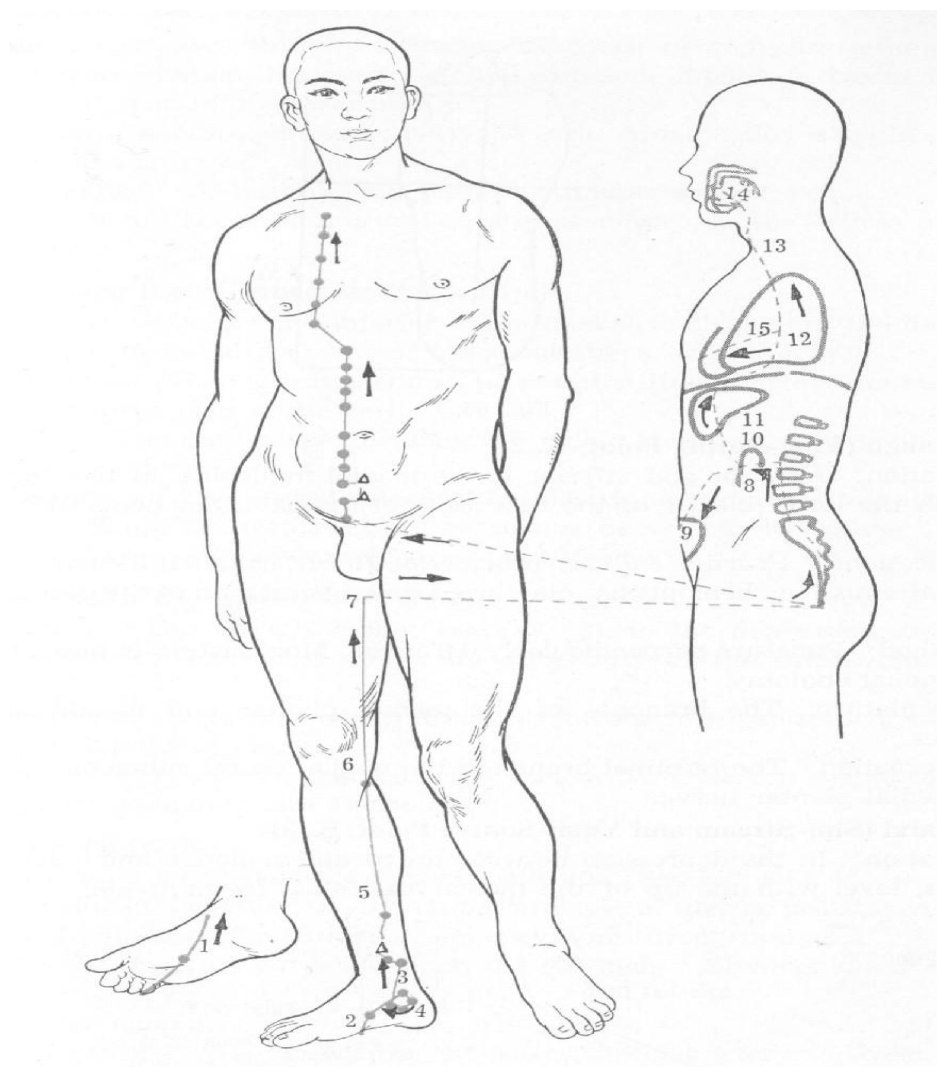


Fig. 3-45: The Course of the Kidney Meridian

8.2 Principal Indications

Gynecopathy, diseases of external genitalia, diseases of the kidney, lung and throat, and other diseases in the regions along the course of this channel.

8.3 Points Commonly Used

Yongquan (Jing-Well Point, K. 1)

Location: In the depression appearing on the sole when the foot is in plantar flexion, approximately at the junction of the anterior and middle third of the sole. (Fig 3-46)

Indications: Pain in the vertex, dizziness, blurring of vision, sore throat, dryness of the tongue, aphonia, dysuria, dyschesia, infantile convulsion, feverish sensation in the sole, loss of consciousness.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

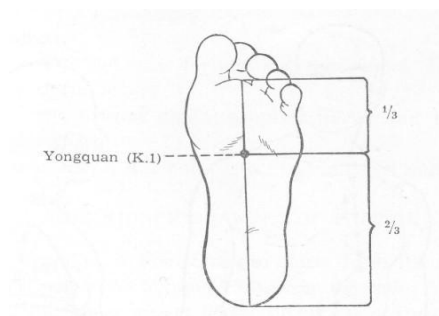


Fig 3-46

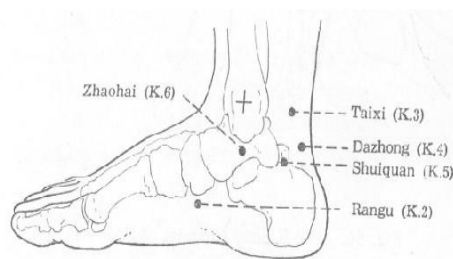


Fig 3-47

Taixi (Shu-Stream and Yuan-Source Point, K. 3)

Location: In the depression between the medial malleolus and tendo calcaneus, level with the tip of the medial malleolus. (Fig 3-47)

Indications: Sore throat, toothache, deafness, hemoptysis, asthma, irregular menstruation, insomnia, seminal emission, impotence, frequency of micturition, pain in the lower back.

Method: Puncture perpendicularly 0.3 inch. Moxibustion is applicable.

Zhaohai (K. 6)

Location: 1 cun below the medial malleolus.

Indications: Irregular menstruation, prolapse of uterus, pruritus vulvae, hernia, frequency of micturition, epilepsy, sore throat, insomnia. (Fig 3-47)

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

Fuliu (K 7)

Location: 2 cun directly above **Taixi** (K 3). (Fig 3-48)

Indications: Edema, abdominal distension, diarrhea, borborygmus, muscular atrophy of the foot, night sweating, febrile diseases without sweating, spontaneous sweating.

Instances of adjunct points: With **Shuifen** (Ren 9) for edema, with **Hegu** (LI 4) for hysteria; with **Dazhui** (Du 14) for spontaneous sweating or night sweating.

Method: Puncture perpendicularly 0.8-1 cun. Moxibustion is applicable.

Yingu (He-Sea Point, K. 10)

Location: On the medial side of the popliteal fossa, level with Weizhong (U.B. 40),

between the tendons of m. semitendinosus and semimembranosus when the knee is flexed. (Fig 3-48)

Indications: Impotence, hernia, uterine bleeding, pain in the medial aspect of the thigh and knee.

Method: Puncture perpendicularly 0.8-1.0 inch. Moxibustion is applicable.

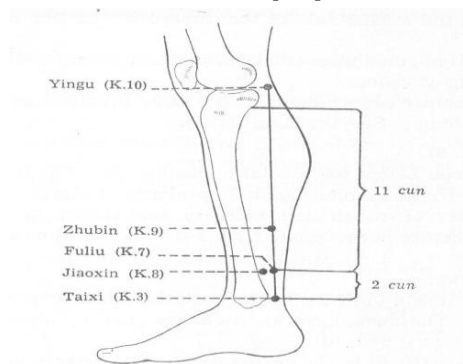


Fig 3-48

Abdomen-Zhongzhu (K. 15)

Location: 1 cun below the umbilicus, 0.5 cun lateral to Abdomen-Yinjiao (Ren 7).

Indications: Irregular menstruation, lower abdominal pain, constipation.

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Huangshu (K. 16)

Location: 0.5 cun lateral to the center of the umbilicus.

Indications: Abdominal pain, vomiting, abdominal distension, constipation.

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Abdomen-Tonggu (K. 20)

Location: 5 cun above the umbilicus, 0.5 cun lateral to Shangwan (Ren.13)

Indications: Abdominal pain and distension, vomiting, indigestion.

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Shenfeng (K. 23)

Location: In the 4th intercostals space, 2 cun lateral to the Ren Channel.

Indications: Cough, asthma, sensation of fullness in the chest and hypochondriac region, mastitis.

Method: Puncture obliquely 0.3-0.5 inch. Moxibustion is applicable.

Shufu (K. 27)

Location: In the depression on the lower border of the clavicle, 2 cun lateral to the Ren Channel.

Indications: Cough, asthma, chest pain.

Method: Puncture perpendicularly 0.3 inch. Moxibustion is applicable.

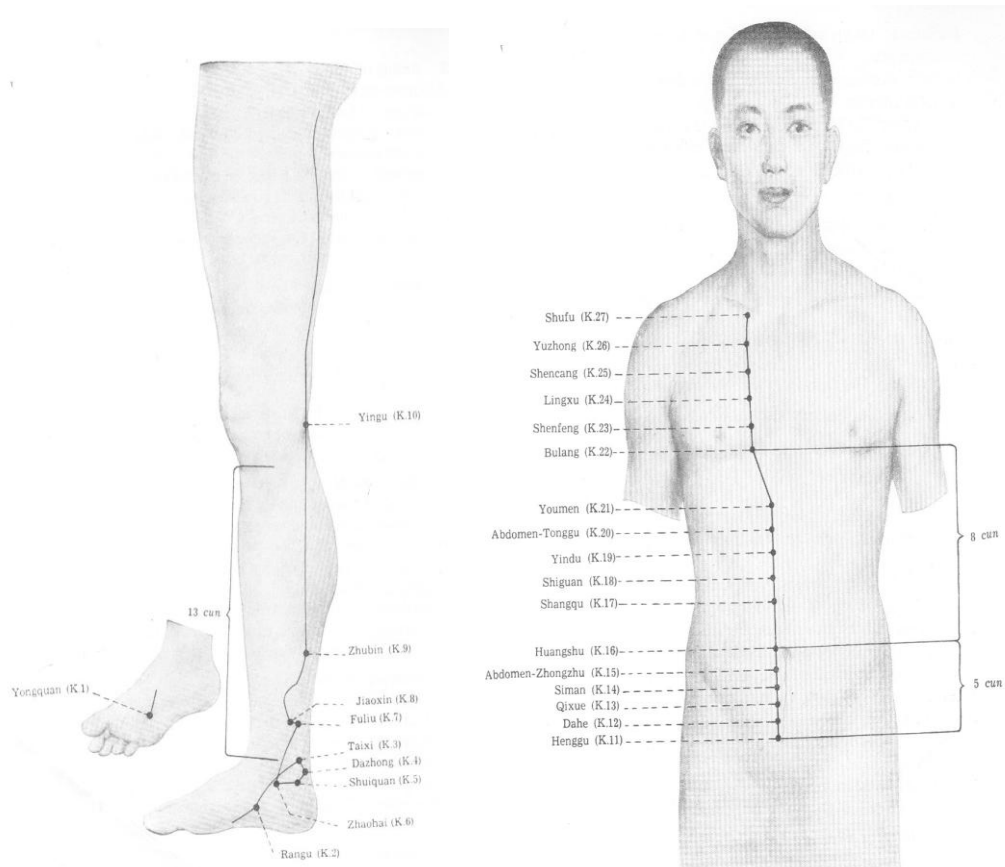


Fig 3-48: All points of Urinary Bladder Meridian

9. The Pericardium Meridian of Hand-Jueyin

9.1 The Course of the Meridian

The Pericardium Meridian of Hand-Jueyin originates from the chest. Emerging, it enters its pertaining organ, the pericardium. Then it descends through the diaphragm to connect successively with the upper, middle and lower jiao from the chest to the abdomen.

A branch arising from the chest runs inside the chest, emerges from the costal region at the point 3 cun below the axilla (Tianchi, P 1) and ascends to the axilla. Following the medial aspect of the upper arm, it runs between the Lung Meridian of Hand-Taiyin and the Heart Meridian of Hand-Shaoyin to the cubital fossa, further downwards to the forearm between the tendons of *m. palmaris longus* and *m. flexor carpi radialis*, entering the palm. From there, it passes along the middle finger right down to its tip.

Another branch arising from the palm at Laogong (P 8), runs along the ring finger to its tip and links with the Sanjiao Meridian of Hand-Shaoyang (Fig. 49).

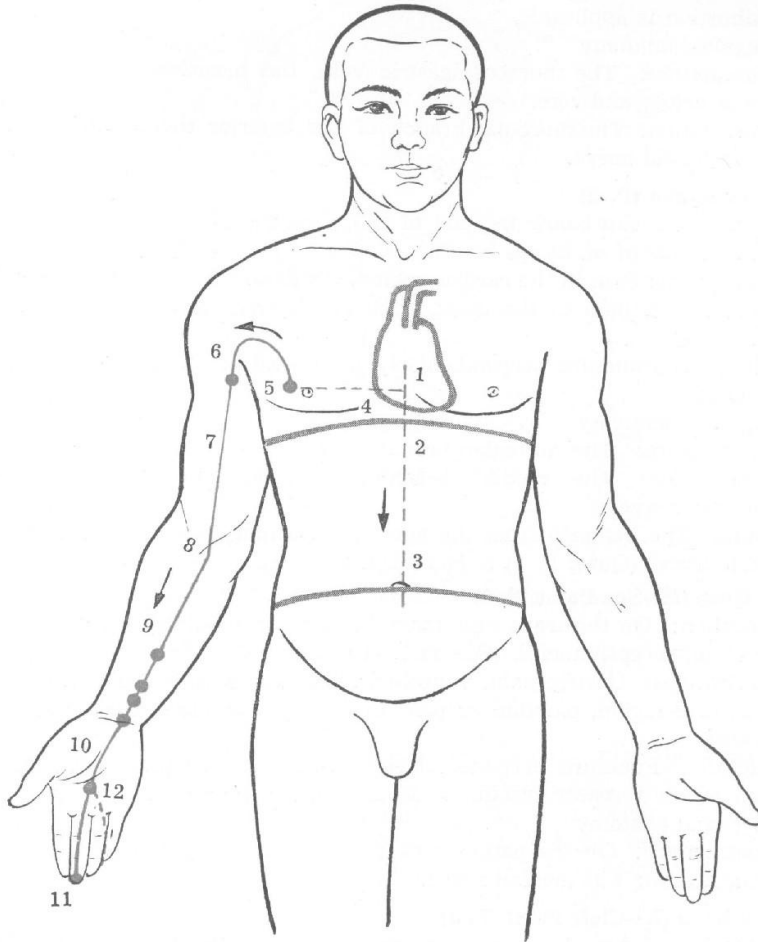


Fig 3-24: The Course of the Pericardium Meridian

9.2 Principal Indications

Diseases of the heart, chest and the stomach, mental diseases, and diseases in the regions along this channel.

9.3 Points Commonly Used

Tianchi (P. 1)

Location: 1 cun lateral to the nipple, in the 4th intercostal space.

Indications: Suffocating sensation in the chest, pain in the hypochondriac region, swelling and pain of the axillary region.

Method: Puncture obliquely 0.2 inch. Deep puncture is not advisable. Moxibustion is applicable.

Quze (He-Sea Point, P. 3)

Location: On the transverse cubital crease, at the ulnar side of the tendon of m. biceps brachii. (Fig 3-50)

Indications: Gastric pain, vomiting, febrile diseases, irritability, pain in the cardiac region, palpitation, pain in the elbow and arm, tremor of hand and arm.

Method: Puncture perpendicularly 0.5-0.8 inch, or prick with three-edged needle to

cause bleeding. Moxibustion is applicable.

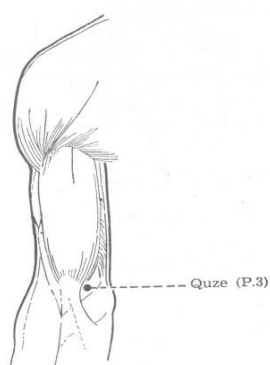


Fig 3-50

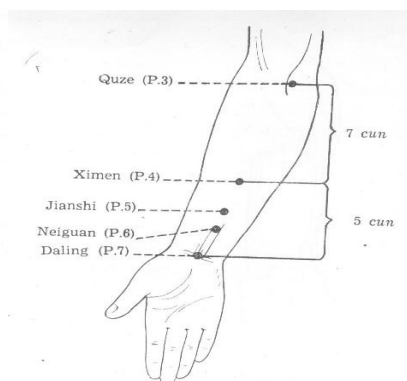


Fig 3-51



Fig. 73.

Fig 3-52

Jianshi (Jing-River Point, P. 5)

Location: 3 cun above the transverse crease of the wrist, between the tendons of m. palmaris longus and m. flexor carpi radialis. (Fig 3-51)

Indications: Cardiac pain, palpitation, gastric pain, vomiting, febrile diseases, irritability, malaria, mental disorders, epilepsy, swelling of the axilla, twitching or contracture of the elbow, pain of the arm.

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Neiguan (P. 6)

Location: 2 cun above the transverse crease of the wrist, between the tendons of m. palmaris longus and m. flexor radialis. (Fig 3-51)

Indications: Cardiac pain, palpitation, stomachache, vomiting, manic-depressive disorders, epilepsy, febrile diseases, contracture and pain of the upper extremities, hemiplegia, insomnia, dizziness oppressed feeling in the chest.

Instances of adjunct points: With **Ximen** (P 4) and **Xinshu** (B 15) for angina pectoris; with **Gongsun** (SP 4) for stomachache or vomiting; with **Suliao** (Du 25) for hypotension; with **Yongquan** (K 1) and **Zusanli** (S 36) for shock.

Method: Puncture perpendicularly 0.5-1 cun Moxibustion is applicable.

Remarks: (1) Luo-(Connecting) Point of the Pericardium Channel of Hand-Jueyin. (2) One of the Eight Confluent Points joining the Yinwei Channel. (3) It has been reported that acupuncture on this point may regulate the coronary circulation and prolong the ejection period of the left ventricle, hence increasing the myocardial contraction force and cardiac output of patients with angina pectoris, decreasing the preload, Improving the compliance of the left ventricle and lowering its enddiastolic pressure. Also, acupuncture on this point may improve the S-T segment and T wave of ECG of patients with coronary heart disease, lower the elevated β -lipoprotein, increase the coronary blood flow and blood oxygen supply, accelerate the establishment of the collateral circulation, lower the myocardial electric function and the heart rate. It has also been reported that acupuncture on **neiguan** (P 6) may control gastric secretion, adjust

the activity of salivary amylase and relieve gastrointestinal spasm. Moreover, puncturing this point may raise the blood eosinophylecell count, especially marked changer of the total white cell count, blood sugar and nonprotein nitrogen. In addition, acupunture on this point produces anticancer and cancer-prevention effects, prevents the reaction cause by artifical abortion and inhibits the cerebral cortex.

Laogong (Ying-Spring Point, P. 8)

Location: When the hand is placed with the palm upward, the point is between the 2nd and 3rd metacarpal bones, proximal to the metacarpophalangeal joint, on the radial side of the 3rd metacarpal bone. (Fig 3-52)

Indication: cardiac pain, mental disorder, epilepsy, vomiting, stomatitis, foul breath, fungus infection of hand and foot.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

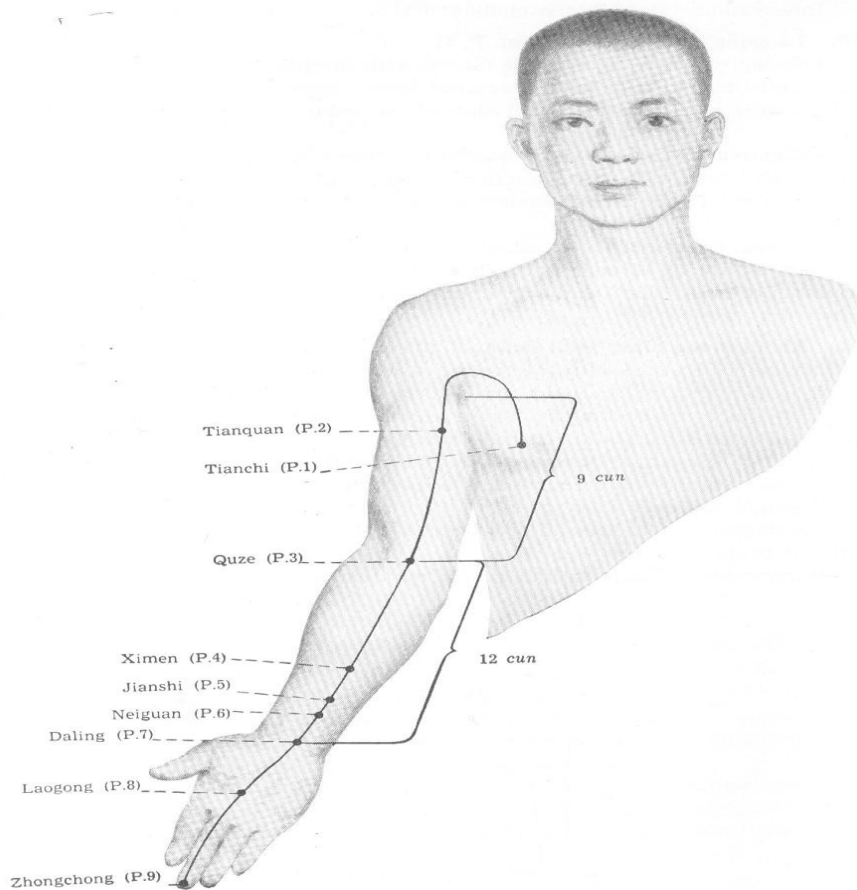


Fig 3-53: All points of Pericardiums Meridian

10. The Saojiao (Triple Warmer) Meridian of Hand-Shaoyang

10.1 The Course of the Meridian

The Sanjiao Meridian of Hand-Shaoyang originates from the tip of the ring finger (Guanchong, SJ 1), running upwards between the 4th and 5th metacarpal bones along the dorsal aspect of the wrist to the lateral aspect of the forearm between the

radius and ulna. Ascending through the olecranon and going along the lateral aspect of the upper arm, it reaches the shoulder region, where it goes across and passes behind the Gallbladder Channel of Foot-Shaoyang. Winding over to the supraclavicular fossa, it spreads in the chest to connect with the pericardium. It then descends through the diaphragm to the abdomen, and joins its pertaining organ, the upper, middle and lower jiao (i. e., sanjiao).

A branch originates from the chest. Running upwards, it emerges from the supraclavicular fossa. From there, it ascends to the neck, running along the posterior border of the ear, and further to the corner of the anterior hairline. Then it runs downwards to the cheek and terminates in the infraorbital region.

The auricular branch arises from the retroauricular region and enters the ear. Then it emerges in front of the ear, crosses the previous branch at the cheek and reaches the outer canthus to link with the Gallbladder Meridian of Foot-Shaoyang (Fig. 3-54).

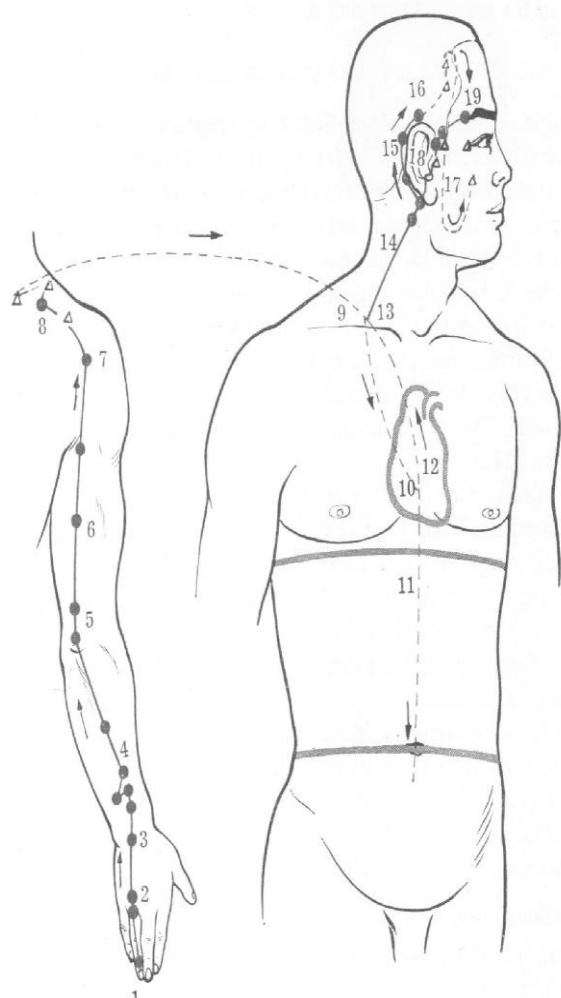


Fig. 3-54: The Course of the Triple Warmer Meridian



Fig. 3-55

10.2 Principal Indications

Diseases of the head, ear, eye, chest, hypochondrium and throat, febrile diseases as well as diseases in the regions along this channel.

10.3 Points Commonly Used

Yangchi (Yuan-Source Point, S. J. 4)

Location: At the junction of the ulna and carpal bones, in the depression lateral to the tendon of m. extensor digitorum communis. (Fig. 3-55)

Indications: Pain in the wrist, shoulder and arm, malaria, deafness.

Method: Puncture perpendicularly 0.3 inch. Moxibustion is applicable.

Waiguan (SJ 5)

Location: 2 cun above the transverse crease of the dorsum of wrist, between the radius and ulna. (Fig. 3-56)

Indications: Febrile diseases, headache, redness, swelling and pain of the eye, tinnitus, deafness, pain in the hypochondriac region, scrofula, muscular atrophy, pain, numbness and flaccidity of the upper extremities.

Instances Adjunct Points: With **Tinggong** (SI 19) for deafness of tinnitus; with **Fengchi** (G 20) for stiffneck; with **Dazhui** (Du 14), **Quchi** (LI 11) and **Hegu** (LI 4) for common cold and fever.

Method: Puncture perpendicularly 0.5-1cun. Moxibustion is applicable.

Remarks: (1) Luo-(Connecting) Point of the **Sanjiao** Channel of Hand-**Shaoyang**. (2) One of the Eight Confluent Points, connecting with the **Yangwei** Channel.

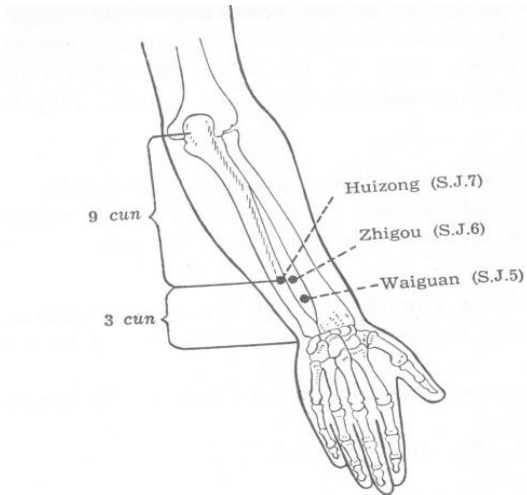


Fig. 3-56

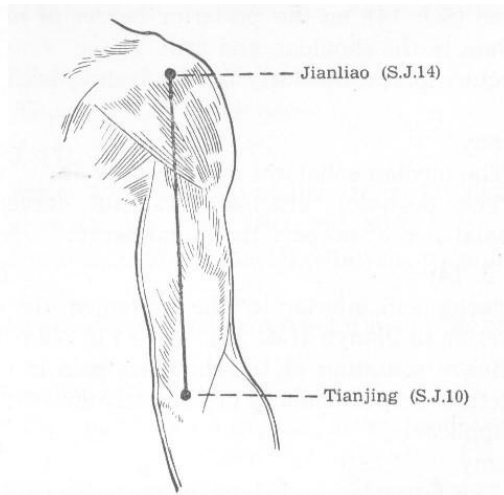


Fig. 3-57

Sanyanglou (S. J. 8)

Location: 4 cun above Yangchi (S. J. 4), between the radius and ulna. (Fig. 3-56)

Indications: Sudden hoarseness of voice, deafness, pain in the hand and arm.

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Tianjing (He-Sea Point, S. J. 10)

Location: When the elbow is flexed, the point is in the depression about 1 cun superior to the olecranon. (Fig. 3-57)

Indications: Unilateral headache, pain in the costal and hypochondriac region, neck, shoulder and arm, scrofula, epilepsy.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

Naohui (S. J. 13)

Location: On the line joining Jianliao (S. J. 14) and the olecranon, 3 cun below Jianliao (S. J. 14), on the posterior border of m. deltoideus.

Indications: Pain in the shoulder and arm, goiter.

Method: Puncture perpendicularly 0.5-0.8 inch. Moxibustion is applicable.

Tianliao (S. J. 15)

Location: Midway between Jianjing (G. B. 21) and Quyuan (S. I. 13), on the superior angle of the scapula.

Indications: Pain in the shoulder and arm, pain and stiffness of the neck.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

Yifeng (SJ 17)

Location: Antero-inferior to the mastoid process, in the depression posterior to the inferior border of the lobule of the ear. (Fig.3-58)

Indications: Tinnitus, deafness, wry mouth, lockjaw, toothache, swelling of the cheek, scrofula.

Instances of Adjunct Points: With **ZhongZhu** (SJ 3) for tinnitus or deafness; with **Xiaguan** (S 7) for mandibular neuritis; with **Dicang** (S 4), **Jiache** (S 6), **Xiaguan**(S 7), **Sibai**(S 2) and **Hegu** (LI 4) for facial paralysis.

Method: Puncture perpendicularly 0.5-1.5 cun . Moxibustion is applicable.

Remarks: The Crossing Points of the Hand-and Foot-**Shaoyang** Channels.

Ermen (S. J. 21)

Location: In the depression anterior to the supratragic notch and slightly superior to the condyloid process of the mandible. The point is located with the mouth open. (Fig.3-59)

Indications: Deafness, tinnitus, otorrhea, toothache.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

Sizhukong (S. J. 23)

Location: In the depression at the lateral end of the eyebrow. (Fig.3-58)

Indications: Headache, blurring of vision, redness and pain of the eye, twitching of the eyelid.

Method: Puncture posteriorly 0.3 inch horizontally along the skin.

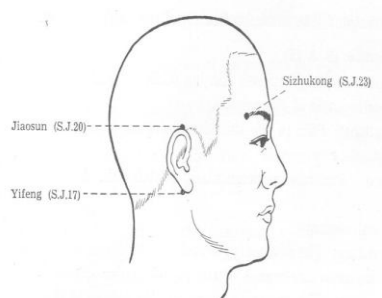


Fig. 3-58

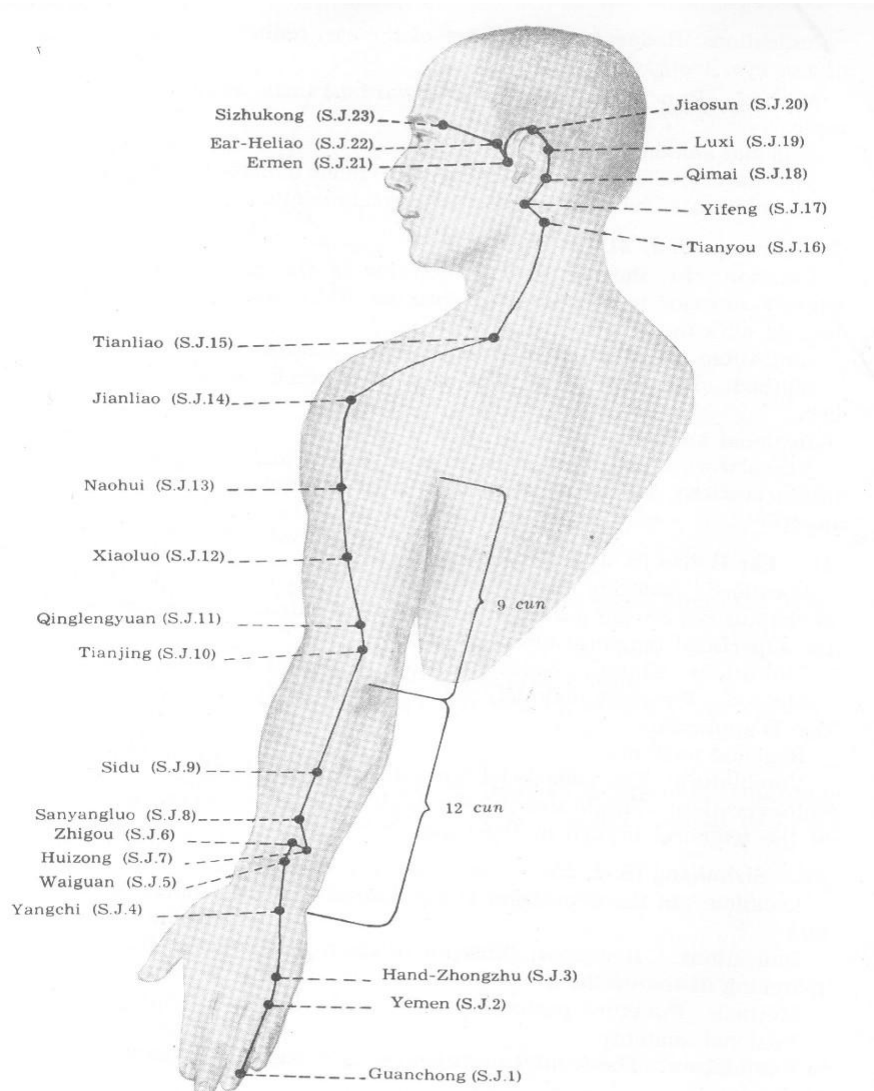


Fig. 3-59: All points of Triple Warmer Meridian

11. The Gallbladder Meridian of Foot-Shaoyang

11.1 The Course of the Meridian

The Gallbladder Meridian of Foot-Shaoyang originates from the outer canthus (Tongziliao, G1), ascends to the corner of the forehead (Hanyan, G4), then curves downwards to the retroauricular region (Fengchi, G 20) and runs along the side of the neck in front of the Sanjiao Channel of Hand-Shaoyang to the shoulder. Turning back, it traverses and passes behind the Sanjiao Meridian of Hand-Shaoyang down to the supraclavicular fossa.

The retroauricular branch arises from the retroauricular region and enters into the ear. It then comes out and passes the preauricular region to the posterior aspect of the outer canthus.

The branch arising from the outer canthus runs downwards to Daying (S 5) and meets the Sanjiao Meridian of Hand-Shaoyang in the infraorbital region. Then, passing through Jiache (S 6), it descends to the neck and enters the supraclavicular fossa where it meets the branch which has already reached the place previously. From

there, it further descends into the chest, passes through the diaphragm to connect with the liver and enter its pertaining organ, the gallbladder. Then it runs inside the hypochondriac region, comes out from the lateral side of the lower abdomen near the femoral artery at the inguinal region. From there it runs superficially along the margin of the pubic hair and goes transversely into the hip region (Huantiao, G 30).

The straight portion of the meridian runs downward from the supraclavicular fossa, passes in front of the axilla along the lateral aspect of the chest and through the floating ribs to the hip region where it meets the previous meridian. Then it descends along the lateral aspect of the thigh to the lateral side of the knee. Going further downward along the anterior aspect of the fibula all the way to its lower end, it reaches the anterior aspect of the external malleolus. It then follows the dorsum of the foot to the lateral side of the tip of the 4th toe.

The branch of the dorsum of the foot springs from Zulinqi (G 41), runs between the first and second metatarsal bones to the distal portion of the great toe and passes through the nail, and terminates at its hairy region, where it links with the Liver Meridian of Foot-Jueyin (Fig. 3-60).

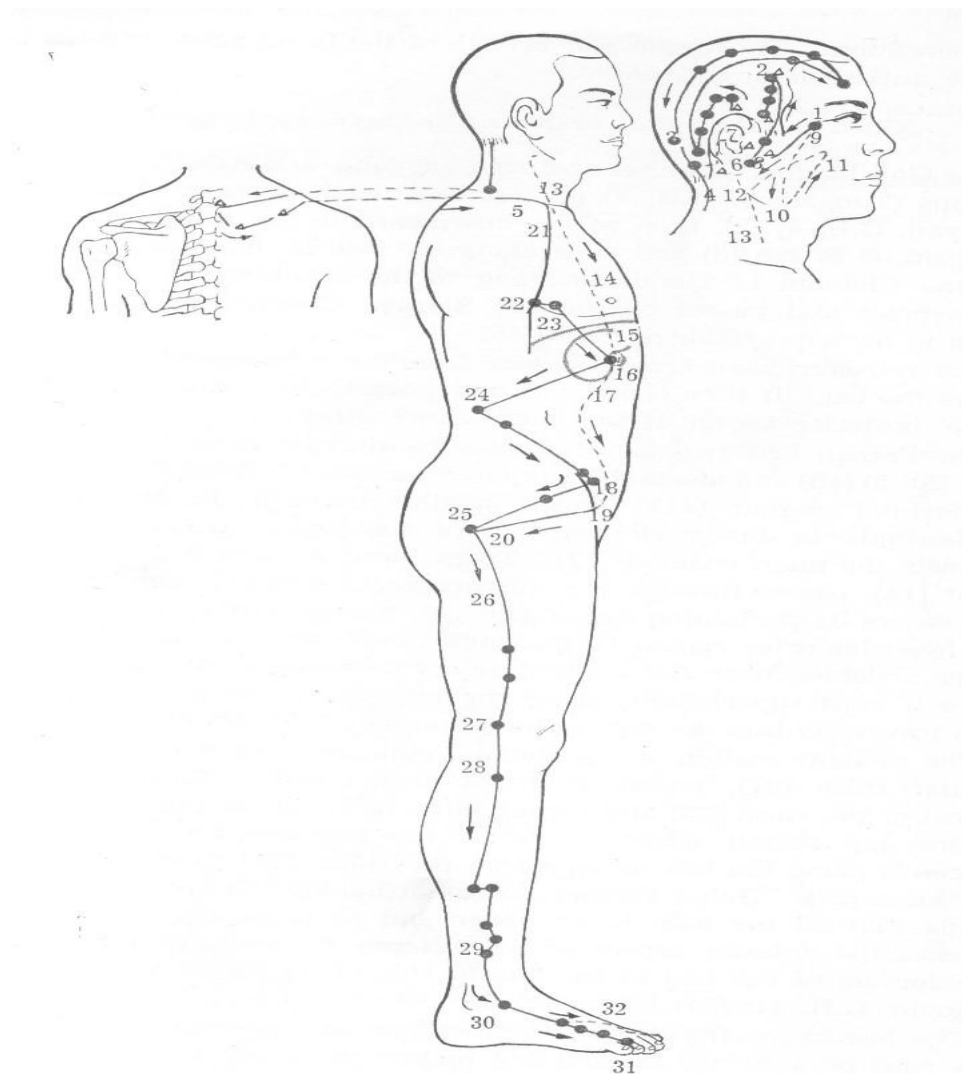


Fig. 3-60: The Course of the Gallbladder Meridian

11.2 Principal Indications

Diseases of the head, eye, ear and throat, mental diseases and the diseases in the regions along this channel.

11.3 Points Commonly Used

Tongziliao (G 1)

Location: 0.5 cun lateral to the outer canthus, in the depression on the lateral side of the orbit. (Fig 3-61)

Indications: Headache, redness and pain of the eye, blurred vision, optic atrophy.

Instances of Adjunct Points: With **Ganshu** (B 18) and **Fengchi** (G 20) for retinal hemorrhage; with **Jingming** (B 1) and **Hegu** (LI 4) for conjunctivitis.

Method: Puncture obliquely outwards 0.5—0.8 cun.

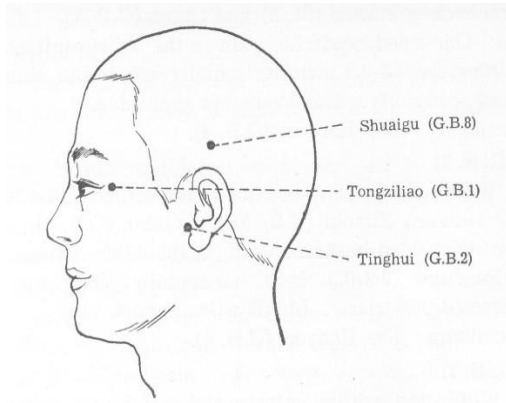


Fig 3-61

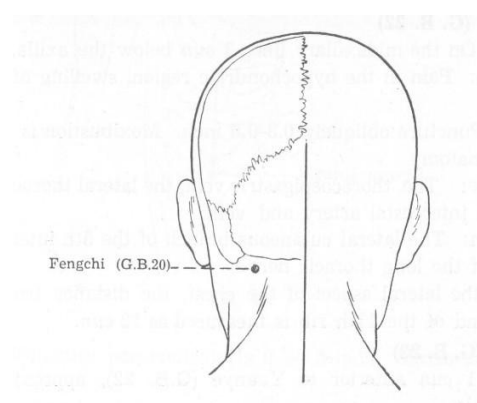


Fig 3-62

Tinghui (G. B. 2)

Location: Anterior to the intertragic notch, directly below Tinggong (S. I. 19), at the posterior border of the condyloid process of the mandible. The point is located with the mouth open.

Indications: Tinnitus, deafness, toothache.

Method: Puncture perpendicularly 0.5-0.7 inch. Moxibustion is applicable.

Qubin (G. B. 7)

Location: Within the hairline anterior and superior to the auricle, about 1 finger-breadth anterior to Jiaosun (S. J. 20).

Indications: Pain in the temporal region, swelling of the cheek and submandibular region, lockjaw.

Method: Puncture 0.2-0.3 inch horizontally along the skin with the needle directed posteriorly. Moxibustion is applicable.

Benshen (G. B. 13)

Location: 0.5 cun within the hairline of the forehead, at the junction of the medial two-thirds and lateral third of the distance from Shenting (Du 24) to Touwei (St. 8).

Indications: Headache, blurring of vision, epilepsy.

Method: Puncture 0.3-0.5 inch horizontally along the skin with the needle directed

posteriorly. Moxibustion is applicable.

Chengling (G. B. 18)

Location: 1.5 cun posterior to Zhengying (G. B. 17), on the line connecting Head-Linqi (G. B. 15) and Fengchi (G. B. 20).

Indications: Headache, rhinorrhea, epistaxis.

Method: Puncture 0.3-0.5 inch horizontally along the skin with the needle directed posteriorly. Moxibustion is applicable.

Fengchi (G 20)

Location: In the depression between m. sternocleido-mastoideus and m. trapezius, level with **Fengfu** (Du 16). (Fig 3-62)

Indications: Pain and stiffness of the head and neck, redness and pain of the eye, rhinorrhea with turbid discharge, epistaxis, manic-depressive disorders, epilepsy, febrile diseases, dizziness, cold, tinnitus.

Instances of Adjunct Points: With **Dazhui** (Du 14) and **Hegu** (LI 4) for cold; with **Waiguan** (SJ 5) for stiffneck; with **Lianquan** (Ren 23) and **Tongli** (H 5) for aphasia.

Method: Puncture obliquely 0.8-1.2 cun towards the nose with the tip of the needle slightly downwards, or subcutaneously through **Fengfu** (Du 16). Moxibustion is applicable.

Jianjing (G. B. 21)

Location: Midway between Dazhui (Du 14) and the acromion, at the highest point of the shoulder. (Fig 3-63)

Indications: Neck rigidity, pain in the shoulder and back, motor impairment of the hand and arm, mastitis, apoplexy, difficult labour.

Method: Puncture perpendicularly 0.5 inch. Moxibustion is applicable.

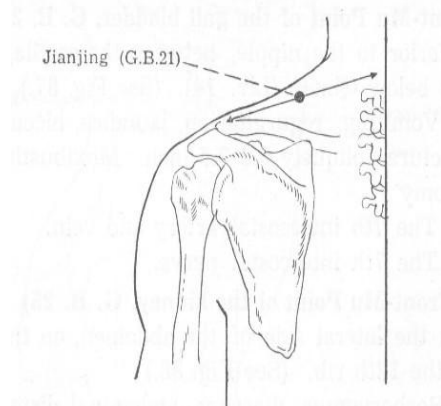


Fig 3-63

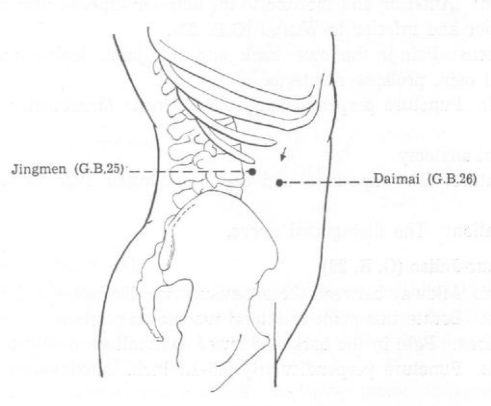


Fig 3-64

Jingmen (Front-Mu Point of the Kidney, G. B. 25)

Location: On the lateral side of the abdomen, on the lower border of the free end of the 12th rib. (Fig 3-64)

Indications: Borborygmus, diarrhea, abdominal distension, pain in the lower back and hypochondriac region.

Method: Puncture perpendicularly 0.3–0.5 inch. Moxibustion is applicable.

Daimai (G.B. 26)

Location: Directly below the free end of the 11th rib (Zhangmen, Liv. 13), level with the umbilicus. (Fig 3-64)

Indications: Irregular menstruation, leukorrhea, hernia, pain in the lower back and hypochondriac region.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Wushu (G.B. 27)

Location: In the lateral side of the abdomen, in front of the anterior superior iliac spine, 3 cun below the level of the umbilicus.

Indications: Leukorrhea, pain in the lower back and hip joint, hernia.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Huantiao (G.B. 30)

Location: at the junction of the middle and lateral third of the distance between the great trochanter and the hiatus of the sacrum (Yaoshu, Du 2). When locating the point, put the patient in lateral recumbent position with the thigh flexed. (Fig 3-65)

Indications: Pain in the lower back and hip region, muscular atrophy, motor impairment, pain and weakness of the lower extremities, hemiplegia.

Method: Puncture perpendicularly 1.5–2.5 inches. Moxibustion is applicable.

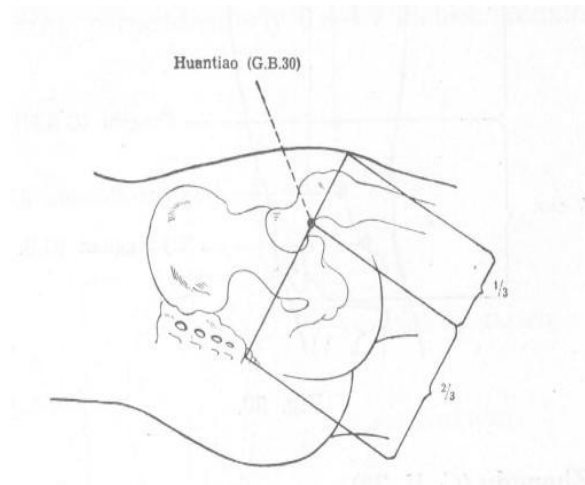


Fig 3-65

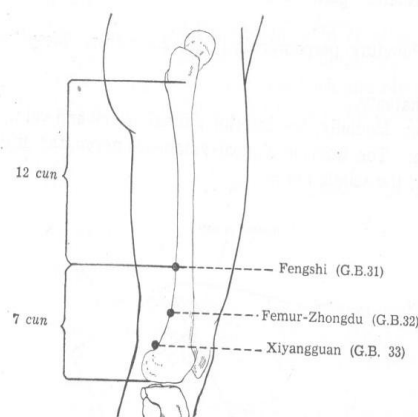


Fig 3-66

Fengshi (G.B. 31)

Location: on the midline of the lateral aspect of the thigh, 7 cun above the transverse popliteal crease. When the patient is standing erect with the hands close to the sides, the point is where the tip of the middle finger touches. (Fig 3-66)

Indications: Hemiplegia, muscular atrophy, motor impairment and pain of the lower extremities, general pruritus.

Method: Puncture perpendicularly 0.7–1.2 inches. Moxibustion is applicable.

Yanglingquan (He-Sea Point, G.B. 34)

Location: In the depression anterior and inferior to the small head of the fibula.
(Fig 3-67)

Indications: Hemiplegia, weakness, numbness and pain of the lower limbs, beriberi, bitter taste in the mouth, jaundice, vomiting, hypochondriac pain, infantile convulsion.

Instances of Adjunct Points: With **Zhigou** (SJ 6) for intercostal neuralgia; with **Riyue** (G 24) for cholecystitis, with **Quchi** (LI 11) and **Huantiao** (G 30) for hemiparalysis.

Method: Puncture perpendicularly 1-1.5 cun. Moxibustion is applicable.

Remarks: (1) He-(Sea) Point of the Gallbladder Channel of Foot-**Shaoyang**. (2) The Influential Point of tendon. (3) It has been reported that under the X-ray examination of the effects of acupuncture on the cholecystic kinesics by cholecystographic contrast medium, the researchers have found that acupuncture on this point of the healthy adults without cholecystic diseases can make the most of their cholecystic images (75.7%) shrink greatly, which indicates that acupuncture on this point can increase the cholecystic mobility and evacuation.

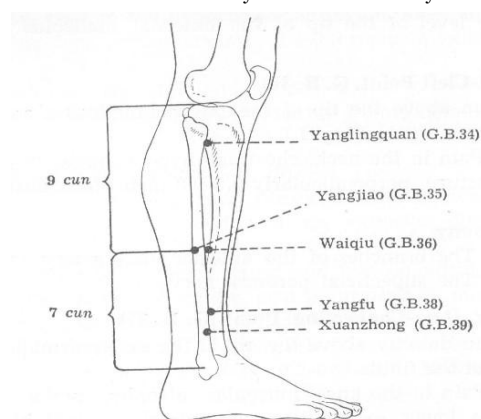


Fig 3-67

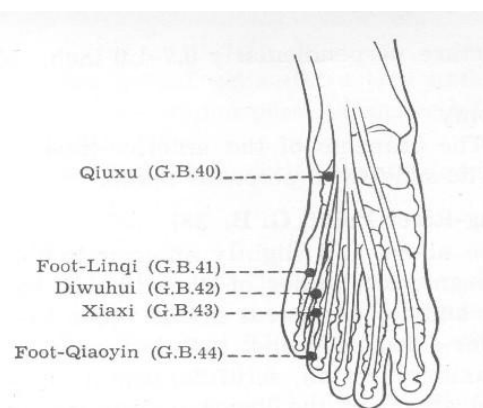


Fig 3-68

Waiqiu (Xi-Cleft Point, G.B. 36)

Location: 7 cun above the tip of the external malleolus, on the anterior border of the fibula.

Indications: Pain in the neck, chest and hypochondriac region.

Method: Puncture perpendicularly 0.5-0.8 inch. Moxibustion is applicable.

Guangming (Luo-Connecting Point, G.B. 37)

Location: 5 cun directly above the tip of the external malleolus, on the anterior border of the fibula.

Indications: Pain in the knee, muscular atrophy, motor impairment and pain of the lower extremities, ophthalmalgia, night blindness, distending pain of the breast.

Method: Puncture perpendicularly 0.7-1.0 inch. Moxibustion is applicable.

Xuanzhong (Also known as Juegu, G.B. 39)

Location: 3 cun above the tip of the external malleolus, on the posterior border of the fibula. (Fig 3-67)

Indication: Abdominal distention, pain in the hypochondriac region, pain of the anterior aspect of leg and foot, hemorrhoids with blood, beriberi, stiffneck, muscular atrophy, numbness, flaccidity and pain of the lower extremities.

Instances Of Adjunct Points: With **Tianzhu** (B 10), **Houxi** (SI 3) and **Fengchi** (G 20) for stiffneck; with **Shenshu** (B 23), **Huantiao** (G 30) and **Zusanli** (S 36) for hemiparalysis.

Method: Puncture perpendicularly 1-1.5 cun. Moxibustion is applicable.

Remarks : Influential Point of the marrow.

Qiuxu (Yuan-Source Point, G. B. 40)

Location: Anterior and inferior to the external malleolus, in the depression on the lateral side of the tendon of m. extensor digitorum longus. (Fig 3-68)

Indications: Pain in the neck, chest and hypochondriac region, swelling of the axillary region, vomiting, acid regurgitation, muscular atrophy, motor impairment, weakness and pain of the lower extremities, pain and swelling in the lateral aspect of the ankle joint, malaria.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

Xiaxi (Ying-Spring Point, G. B. 43)

Location: Between the 4th and 5th toes, proximal to the margin of the web.

Indications: Pain in the outer canthus, blurring of vision, tinnitus, pain in the cheek, submandibular region and costal and hypochondriac region, febrile disease. (Fig 3-68)

Method: Puncture obliquely upward 0.2-0.3 inch. Moxibustion is applicable.

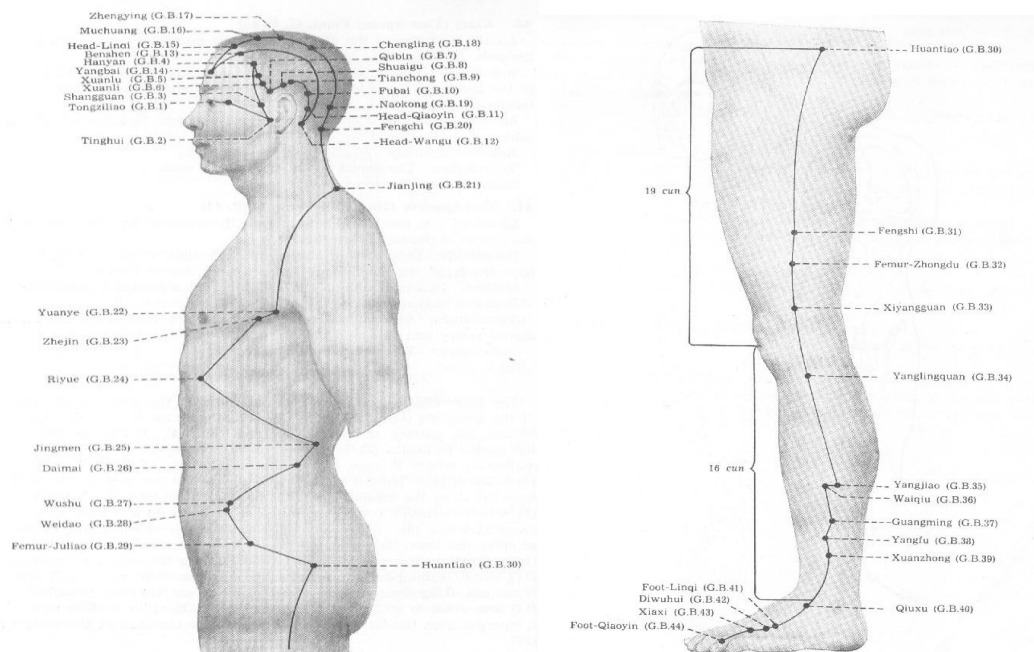


Fig 3-69: All points of Gallbladder Meridian

12. The Liver Meridian of Foot-Jueyin

12.1 The Course of the Meridian

The Liver Meridian of Foot-Jueyin starts from the dorsal hair of the great toe. Running upward along the dorsum of the foot, passing through a point, 1 cun in front of the medial malleolus, it ascends to an area 8 cun above the medial malleolus, where it runs across and behind the Spleen Meridian of Foot-Taiyin. Then it runs further upward to the medial side of the knee and along the medial side of the thigh to the pubic hair region, where it curves around the external genitalia and goes up to the lower abdomen. It then runs upward and curves around the stomach to enter the liver, its pertaining organ, and connects with the gallbladder. From there it continues to ascend, passing through the diaphragm, and branching out in the costal and hypochondriac region. Then it ascends along the posterior aspect of the throat to the nasopharynx and connects with the “eye system” (the area where the eyeball links with the brain). Running further upward, it emerges from the forehead and meets the Du Meridian at the vertex.

The branch which arises from the “eye system” runs downward into the cheek and curves around the inner surface of the lips.

The branch arising from the liver passes through the diaphragm, runs upward into the lung and links with the Lung Meridian of Hand-Taiyin (Fig.3-70).

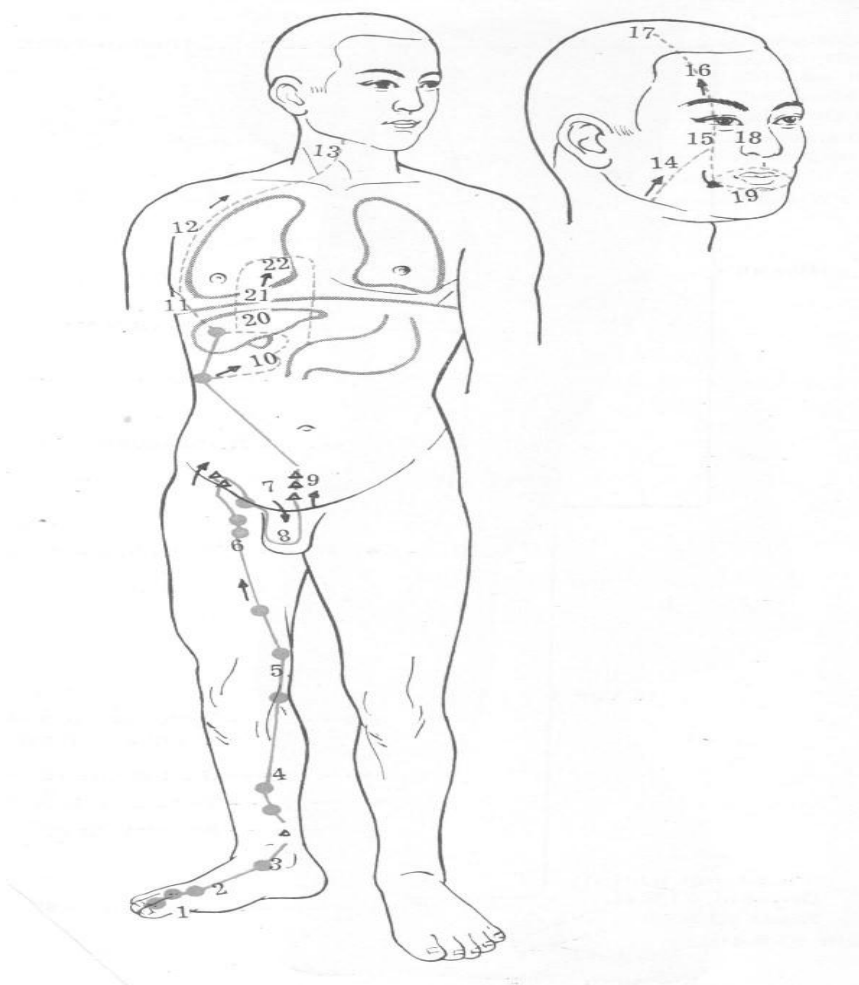


Fig.3-70: The Course of the Liver Meridian

12.2 Principal Indications

Diseases of the liver, gynecopathies, diseases of the external genitalia and diseases in the regions along this channel.

12.3 Points Commonly Used

Taichong (Liv 3)

Location: On the dorsum of the foot, in the depression anterior to the junction of the first and second metatarsal bones). (Fig 3-71)

Indications: Headache, dizziness, redness, swelling and pain of the eye, deviation of the mouth, pain in the hypochondrium. enuresis, hernia, metrorrhagia and metrostaxis, epilepsy, infantile convulsion, muscular atrophy, numbness, pain and flaccidity of the lower extremities.

Instances of Adjunct Points: With **Fengchi** (G 20) for glaucoma; with **Quchi** (LI 11) for hypertension; with **Hegu** (LI 4) and **Dazhui** (Du 14) for epilepsy or schizophrenia.

Method: Puncture perpendicularly 0.5-1 cun. Moxibustion is applicable.

Remarks: **Shu-**(Stream) and **Yuan-**(Primary) Point of the Liver Channel of Foot-**Jueyin**.

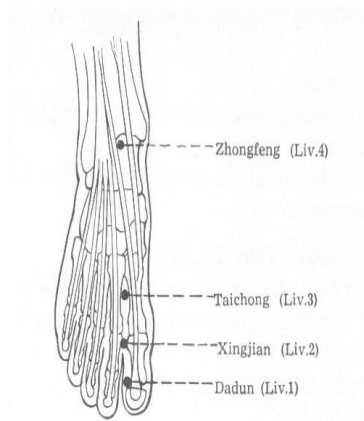


Fig 3-71

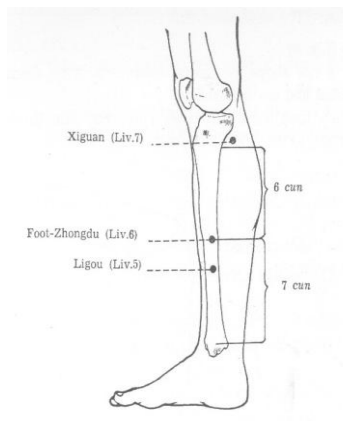


Fig 3-72

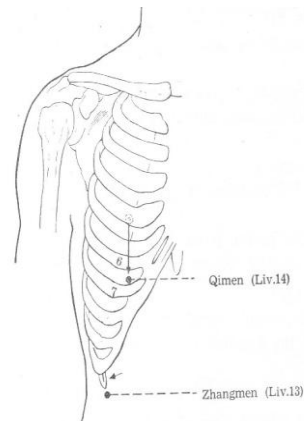


Fig 3-73

Zhongfeng (Jing-River Point, Liv. 4)

Location: 1 cun anterior to the medial malleolus, midway between Shangqiu (Sp. 5) and Jiexi (St. 41), in the depression on the medial side of the tendon of m. tibialis anterior. Fig 3-71

Indications: Pain in the external genitalia, seminal emission, retention of urine, hernia.

Method: Puncture perpendicularly 0.3-0.5 inch. Moxibustion is applicable.

Xiguan (Liv. 7)

Location: posterior and inferior to the medial condyle of the tibia, in the upper portion of the medial head of m. gastrocnemius, 1 cun posterior to Yinlingquan (Sp.9). (Fig 3-72)

Indication: Pain in the medial aspect of the knee.

Method: Puncture perpendicularly 0.4-0.6 inch. Moxibustion is applicable.

Yinbao (Liv.9)

Location: 4 cun above the medial epicondyle of the femur, between m. vastus medialis and m. sartorius.

Indications: Irregular menstruation, dysuria, pain in the lumbosacral region referring to the lower abdomen.

Method: Puncture perpendicularly 0.6–0.7 inch. Moxibustion is applicable.

Zhangmen (Front-Mu Point of the Spleen, Liv.13)

Location: On the lateral side of the abdomen, below the free end of the 11th floating rib. (Fig 3-73)

Indications: Vomiting, abdominal distension, diarrhea, indigestion, pain in the dorso-lumbar, hypochondriac and costal regions.

Method: Puncture perpendicularly 0.8–1.0 inch. Moxibustion is applicable.

Qimen (Front-Mu Point of the Liver, Liv. 14)

Location: On the mammillary line, two ribs below the nipple, in the 6th intercostals space.

Indications: Pain in the chest and hypochondriac region, abdominal distension, fullness of the chest, vomiting, hiccup.

Method: Puncture obliquely 0.3 inch. Moxibustion is applicable.

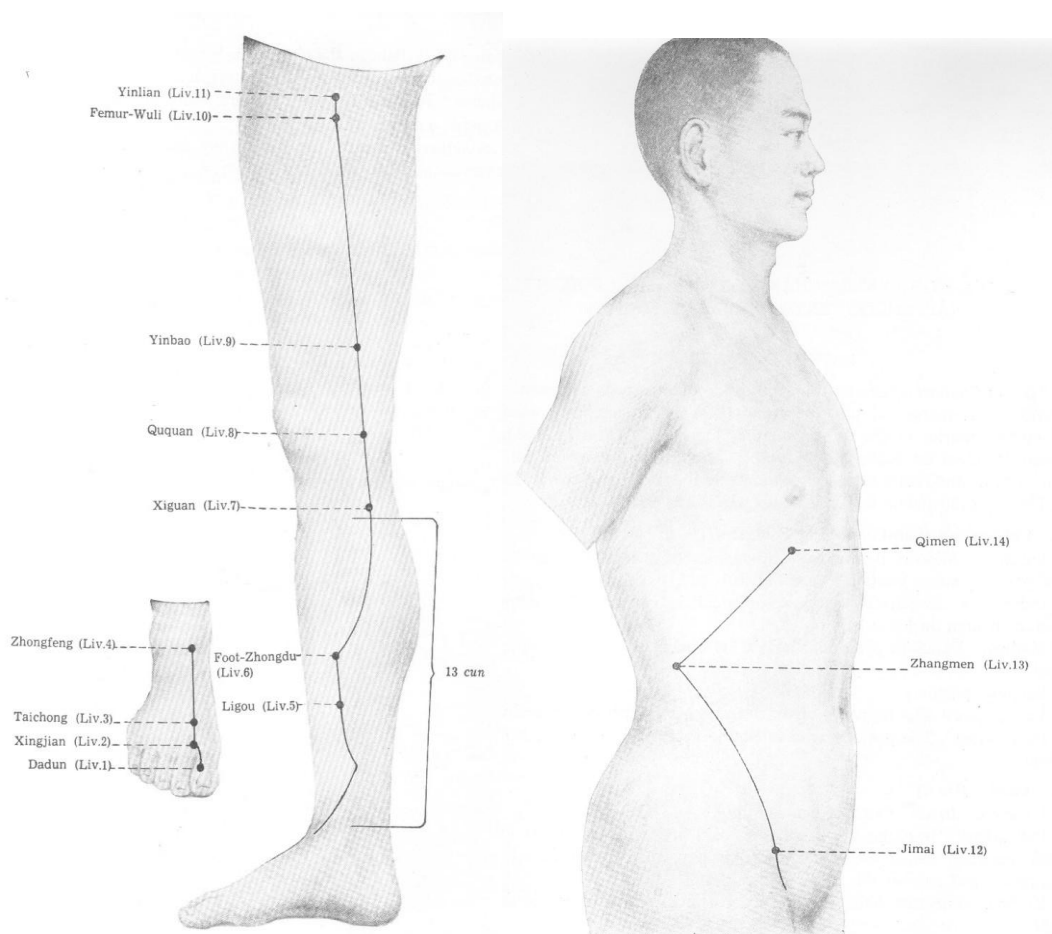


Fig 3-74: All points of Liver Meridian

13 The Du Meridian

13.1 The Course of the Meridian

- (1) The Du Meridian arises from the lower abdomen and emerges from the perineum.
- (2) Then it runs posteriorly along the interior of the spinal column (3) to **Fengfu** (Du 16) at the nape, where it enters the brain.
- (4) It further ascend to the vertex
- (5) and winds along the forehead to the nasal column.

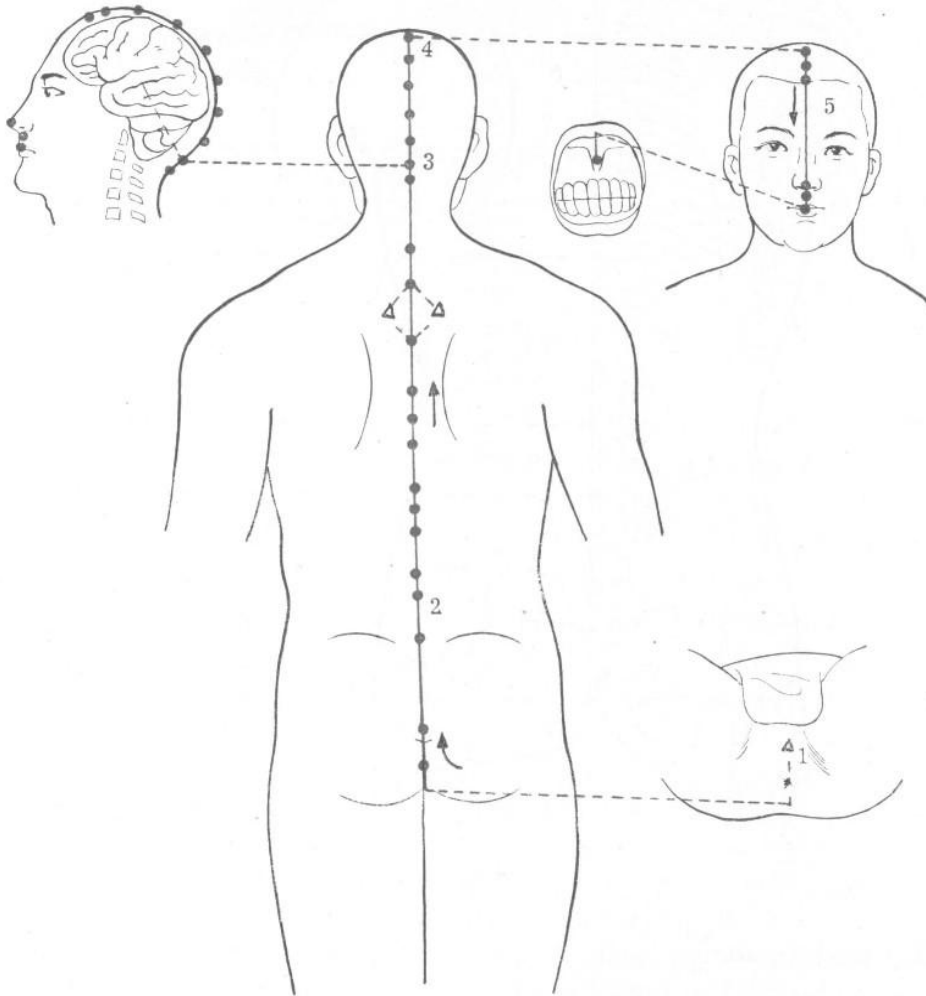


Fig 3-75: The Course of the Du Meridian

13.2 Principal Indications:

Mental diseases, febrile diseases, local diseases of lumbosacral region, back, head and neck, and corresponding splanchnopathies.

13.3 Points Commonly Used

Yaoshu (Du 2)

Location: In the hiatus of the sacrum.

Indications: Irregular menstruation, pain and stiffness of the lower back, epilepsy, hemorrhoids, muscular atrophy, motor impairment and numbness and pain of the lower extremities.

Method: Puncture obliquely upward 0.5 inch. Moxibustion is applicable.

Yaoyangguan (Du 3)

Location: Below the spinous process of the 4th lumbar vertebra.

Indications: Pain in the lumbosacral region, muscular atrophy, motor impairment and numbness and pain of the lower extremities, irregular menstruation, seminal emission, impotence. (Fig 3-76, 77)

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Mingmen (Du 4)

Location: Below the spinous process of the 2nd lumbar vertebra.

Indications: Stiffness of the back, lumbago, leukorrhea, impotence, seminal emission, diarrhea. (Fig 3-76, 77)

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

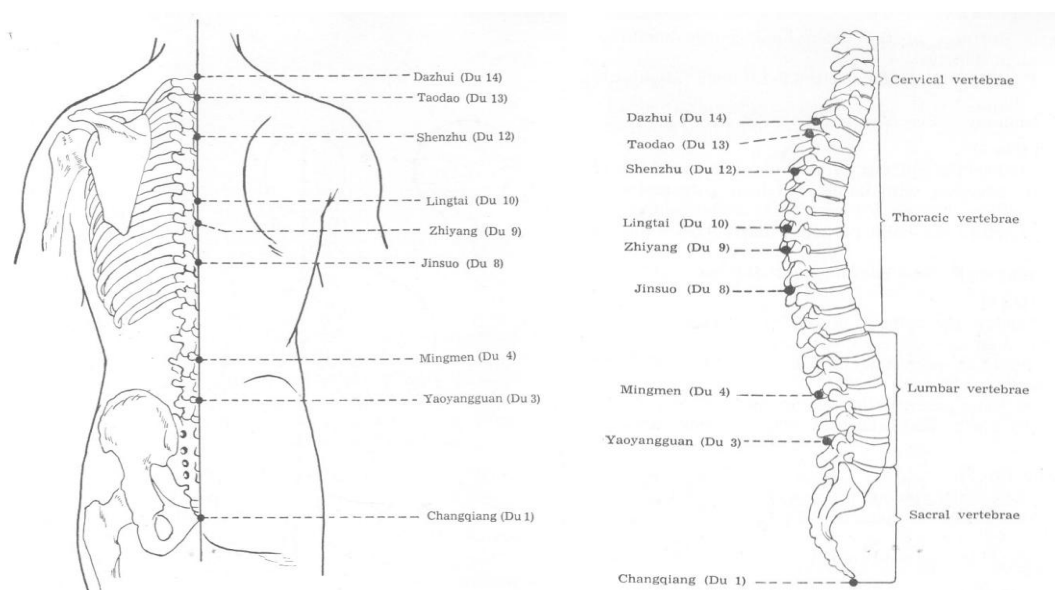


Fig 3-76

Jizhong (Du 6)

Location: Below the spinous process of the 1st lumbar vertebra. (Fig 3-76, 77)

Indications: Diarrhea with undigested food, pain and stiffness of the lower back.

Method: Puncture the point perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Zhiyang (Du 9)

Location: Below the spinous process of the 7th thoracic vertebra, approximately at the level of the inferior angle of the scapula. (Fig 3-76, 77)

Indications: Cough, asthma, jaundice, pain in the chest and back, stiffness of the spinal column.

Method: Puncture obliquely upward 0.5-1.0 inch. Moxibustion is applicable.

Shendao (Du 11)

Location: Below the spinous process of the 5th thoracic vertebra. (Fig 3-76, 77)

Indications: Poor memory, anxiety, palpitation, cardiac pain, pain and stiffness of the back, cough.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Shenzhu (Du 12)

Location: Below the spinous process of the 3rd thoracic vertebra. (Fig 3-76, 77)

Indications: Cough, asthma, epilepsy, pain and stiffness of the lower back, furuncles.

Method: Puncture perpendicularly 0.5–1.0 inch. Moxibustion is applicable.

Dazhui (Du 14)

Location: Below the spinous process of the seventh cervical vertebra (Fig 3-76, 77)

Indications: Pain and rigidity of the head and neck, malaria, febrile diseases, hectic fever due to Yin- deficiency accompanied with night sweating, cough, dyspnea, epilepsy, urticaria.

Instances of Adjunct Points: With **Quchi** (LI 11), **Waiguan** (SJ 5) and **Hegu** (LI 4) for common cold with fever; with **Fengchi** (G 20), **Houxi** (SJ 3), **Renzhong** (Du 26) and **Shennai** (B 62) for infantile convulsion; with **Fengfu** (Du 16) for Progressive muscular atrophy; with **Hegu** (LI 4) and **Zusanli** (S 36) for leukopenia caused by radiotherapy or chemotherapy.

Method: Puncture obliquely upward 0.5–1 cun. Moxibustion is applicable.

Remarks: The Crossing Point of the Three **Yang** Channels of the Hand, the Three **Yang** Channels of the Foot and the **Du** Channel.

Fengfu (Du 16)

Location: Directly below the external occipital protuberance, in the depression between m. trapezius of both sides. (Fig 3-78)

Indications: Headache, neck rigidity, blurring of vision, epistaxis, sore throat, post-apoplexy aphasia, mental disorders, hemiplegia.

Method: Puncture perpendicularly 0.5–1.0 inch. Deep puncture is not advisable.

Baihui (Du 20)

Location: 7 cun directly above the midpoint of the posterior hairline. (Simple Location Method Directly above the apex auriculae, on the midline of the head.) (Fig 3-78)

Indications: Headache, blurred vision, nasal obstruction, tinnitus, post-apoplectic aphasia, mental disorders, epilepsy, prolapse of the rectum, insomnia.

Instances of Adjunct Points: With **Changqiang** (Du 1) for prolapse of the rectum, with **Tinghui** (G 2) for tinnitus; with **Quchi** (LI 11) and **Renying** (S 9) hypertension.

Method: Puncture horizontally 0.5–1 cun. Moxibustion is applicable.

Remarks: The Crossing Point of the **Du** Channel and the Bladder Channel of Foot-**Taiyang**.

Xinhui (Du 22)

Location: 3 cun anterior to Baihui (Du 20), 2 cun posterior to the anterior hairline.

(Fig 3-78)

Indications: Headache, blurring of vision, rhinorrhea.

Method: Puncture 0.3-0.5 inch horizontally along the skin. Moxibustion is applicable.

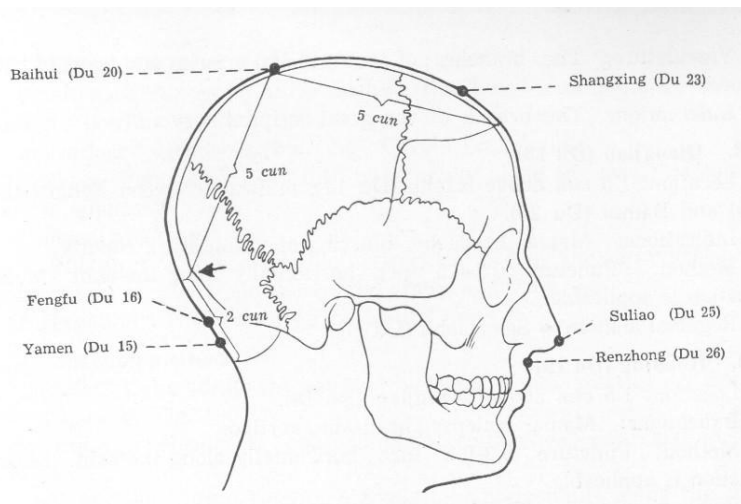


Fig 3-78

Shenting (Du 24)

Location: On the midsagittal line of the head, 0.5 cun within the anterior hairline.

(Fig 3-78)

Indications: Epilepsy, anxiety, palpitation, insomnia, headache, vertigo, rhinorrhea.

Method: Puncture 0.3-0.5 inch horizontally along the skin with the needle directed upward. Moxibustion is applicable.

Shuigou (Du 26)

Location: At the junction of the superior 1/3 and middle 1/3 of the philtrum.

(Fig 3-78)

Indications: Manic-depressive disorders, epilepsy, infantile convulsion, coma, trismus, prffiness of the face, deviation of the mouth and eye, pain and stiffness of the lower back.

Instances of Adjunct Points: With Hegu (LI 4) and Shixuan (Extra 24) for coma or faint; with Weizhong (B 40) for pain due to lumbar sprain; with Shixuan (Extra 24) and Weizhong (B 40) pricked to cause bleeding for heat-stroke.

Method: Puncture obliquely upward 0.3-0.5 cun . Moxibustion is applicable.

Remarks: The Crossing Point of the Du Channel, the Large Intestine Channel of Hand-Yangming and the Stomach Channel of Foot-Yangming. The point is also known as Renzhong.

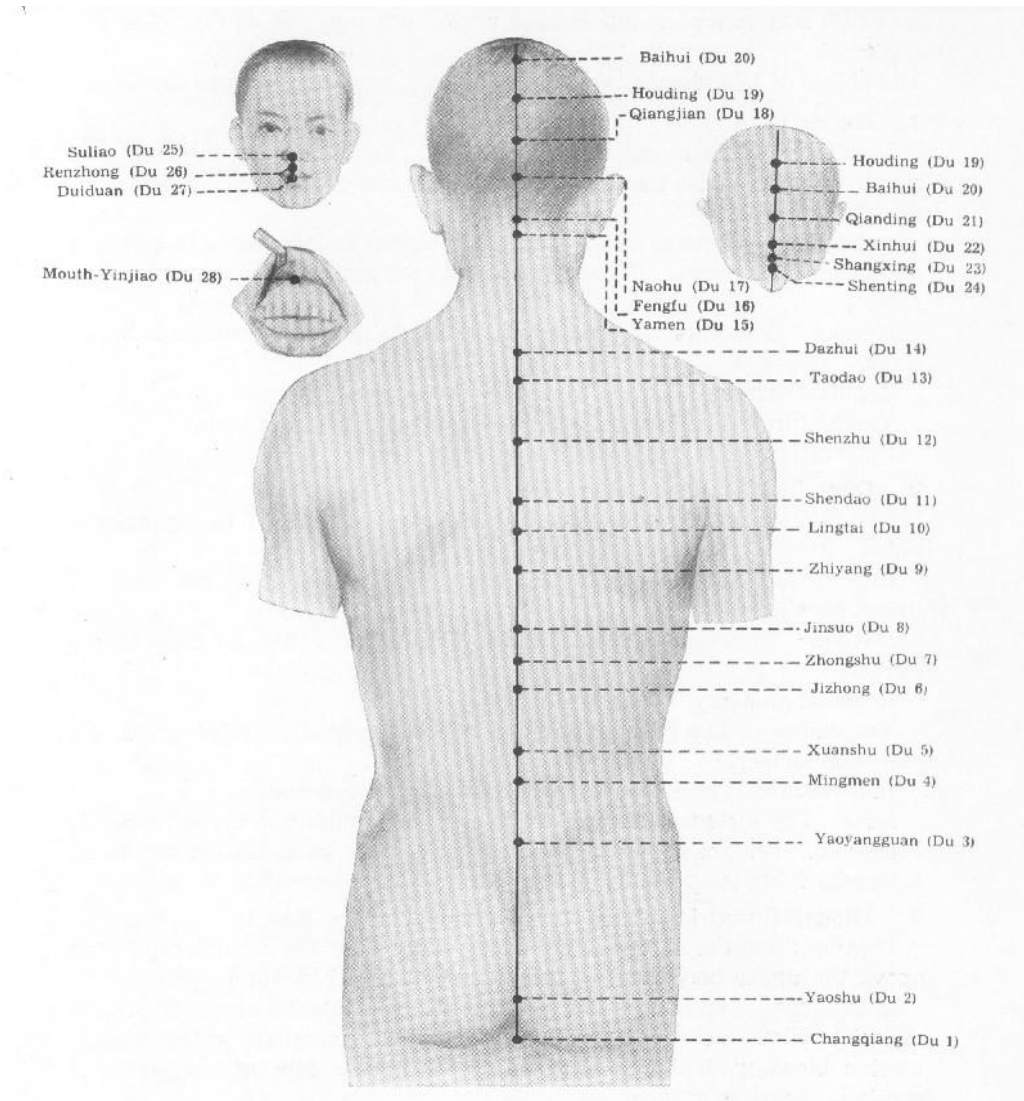


Fig 3-79: All points of Du Meridian

14. The Ren Meridian

14.1 The Course of the Meridian

(1) The **Ren** Meridian starts from the inside of the lower abdomen and emerges from the perineum. (2) It goes anteriorly to the pubic region and (3) ascends along the interior of the abdomen, passing through **Guanyuan (Ren 4)** and the other points (4) to the throat. (5) Ascending further, it curves around the lips, (6) passes through the cheek and (7) enters the infraorbital region. (Fig 3-80)

14.2 Principal Indications:

Local diseases of the abdomen, chest, neck, head and face, and diseases of the corresponding internal organs. A few points of this channel have tonifying effects, and can be used to treat mental diseases.

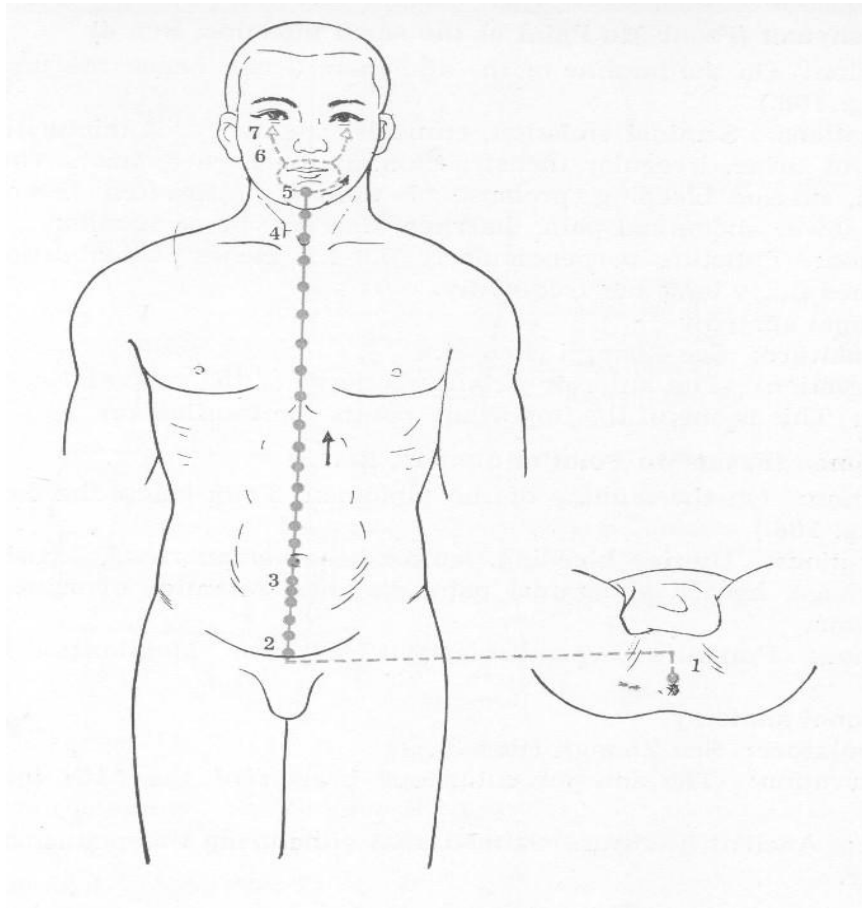


Fig 3-80: The Course of the Ren Meridian

14.3 Points Commonly Used

Qugu (Ren 2)

Location: On the midline of the abdomen, just above the symphysis pubis. (Fig 3-81)

Indications: Seminal emission, impotence, leukorrhea, retention of urine, hernia.

Method: Puncture perpendicularly 0.3-1.0 inch. Moxibustion is applicable.

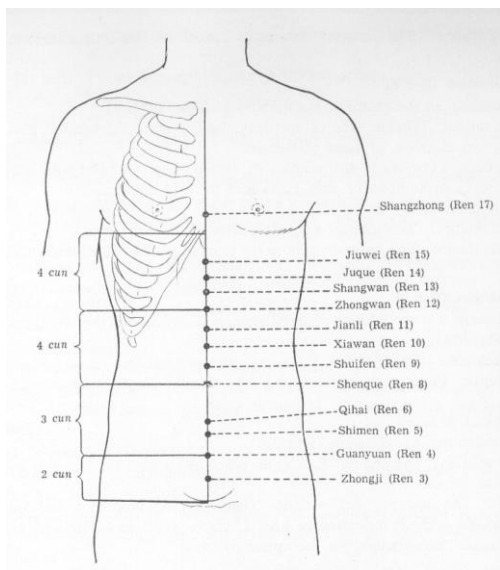


Fig 3-81

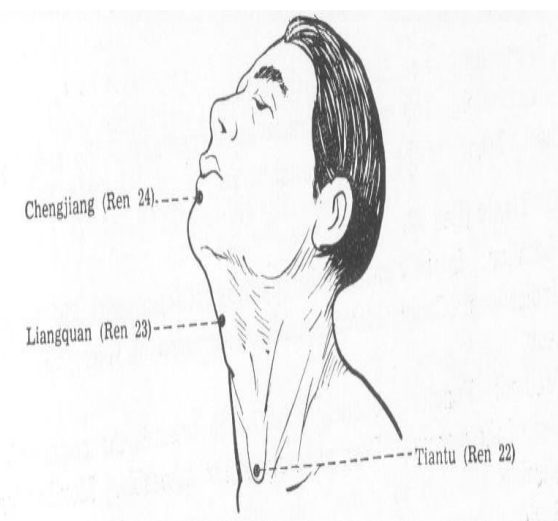


Fig 3-82

Guanyuan (Ren 4)

Location: 3 cun below the umbilicus. (Fig 3-81)

Indications: Enuresis, nocturnal emission, impotence, prostermia, frequency of urination, hernia, morbid leukorrhagia, sterility, leanness due to consumption, collapse syndrome of apoplexy, diarrhea, irregular menstruation.

Instances of Adjunct Points: With **Shenshu** (B 23), **Sanyinjiao** (SP 6), **Xuehai** (SP 10) and **Zusanli** (S 36) for dysfunctional uterine bleeding; with **Baihui** (Du 29) for collapse syndrome; with **Shenshu** (B 23), **Mingmen** (Du 4), **Sanyinjiao** (SP 6) and **Guilai** (S 29) for impotence, nocturnal emission or prostermia.

Method: Puncture perpendicularly 0.8-1.2 cun. Moxibustion is applicable.

Remarks: (1) Front-Mu Point of the small intestine (2) One of the important points for tonification.

Qihai (Ren 6)

Location: On the midline of the abdomen, 1.5 cun below the umbilicus. (Fig 3-81)

Indications: Uterine bleeding, leukorrhagia, irregular menstruation, postpartum hemorrhage, hernia, enuresis, abdominal pain, diarrhea, constipation, edema, flaccid type of apoplexy.

Method: Puncture perpendicularly 0.8-1.2 inches. Moxibustion may be applied often.

Shenque (Ren 8)

Location: In the center of the umbilicus. (Fig 3-81)

Indications: Flaccid type of apoplexy, borborygmus, abdominal pain, unchecked diarrhea, prolapse of rectum.

Method: Puncture is contraindicated. Moxibustion is applied with large cones, 5-15 in number, or with moxa stick for 5-15 minutes.

Shuifen (Ren 9)

Location: On the midline of the abdomen, 1 cun above the umbilicus. (Fig 3-81)

Indications: Borborygmus, abdominal pain, edema.

Method: Puncture perpendicularly 0.5-1.0 inch. Moxibustion is applicable.

Zhongwan (Ren 12)

Location: 4 cun above the umbilicus. (Fig 3-81)

Indications: Gastric disease, abdominal distention, borborygmus, vomiting, diarrhea, jaundice, manic-depressive disorders, epilepsy.

Instances of Adjunct Points: With **Danshu** (B 19) and **Yanglingquan** (G 34) for cholecystitis or cholelithiasis; with **Neiguan** (P 6) and **Liangqiu** (S 34) for acute gastritis; with **Neiguan** (P 6) and **Zusanli** (S 36) for gastrospasm.

Method: Puncture perpendicularly 0.8-1.5 cun. Moxibustion is applicable.

Remarks: (1) Front-Mu Point of the stomach. (2) Influential Point of the **Fu** organs. (3) Reference material: The experiment showed that acupuncture on this

point could increase gastric peristalsis in healthy persons, represented by an immediate opening of the pylorus and a little rising of the lower border of the stomach. Another experiment revealed that following acupuncture on this point, the jejunal mucosal folds became deepened and dense and the jejunal peristalsis increased, especially on the upper portion of the jejunum.

Jiuwei (Luo-Connecting Point, Ren 15)

Location: Below the xyphoid process, 7 cun above the umbilicus. Locate the point in supine position with arms uplifted. (Fig 3-81)

Indications: Pain in the cardiac region and the chest, regurgitation, mental disorders, epilepsy.

Method: Puncture obliquely downward 0.5 inch.

Shanzhong (Ren 17)

Location: On the anterior midline, at the level with the fourth intercostal space. (Fig 3-81)

Indications: Cough, dyspnea, dysphagia, chest pain, palpitation, insufficient lactation, vomiting.

Instances of Adjunct Points: With **Tiantu (Ren 22)**, **Dingchuan (Extra 14)**, **Neiguan (P 6)** and **Fenglong (S 40)** for bronchial asthma; with **Rugen (S 18)** and **Shaoze (SI 1)** for insufficient lactation; with **Hegu (LI 4)**, **Neiguan (P 6)** and **Liangqiu (S 34)** for mastitis; with **Xinshu (B 15)** and **Neiguan (P 6)** for coronary heart disease and angina pectoris.

Method: Puncture subcutaneously 1-1.5 cun Moxibustion is applicable.

Remarks: (1) Front- **Mu** Point of the pericardium. (2) Influential Point of **Qi**.

Huagai (Ren 20)

Location: On the midline of the sternum, level with the 2nd intercostals space. (Fig 3-81)

Indications: Cough, asthma, pain in the chest.

Method: Puncture 0.3-0.5 inch horizontally along the skin. Moxibustion is applicable.

Tiantu (Ren 22)

Location: In the center of the suprasternal fossa. (Fig 3-82)

Indications: Cough, asthma, sudden hoarseness of voice, sore throat, hiccup.

Method: Puncture obliquely 0.5-0.7 inch towards the posteroinferior aspect of the sternum. Deep puncture is not advisable. Moxibustion is applicable.

Chengjiang (Ren 24)

Location: In the depression in the center of the mentolabial groove. (Fig 3-81)

Indications: Facial paralysis, facial swelling, swelling of the gums, toothache, salivation, mental disorders.

Method: Puncture obliquely upward 0.2-0.3 inch. Moxibustion is applicable.

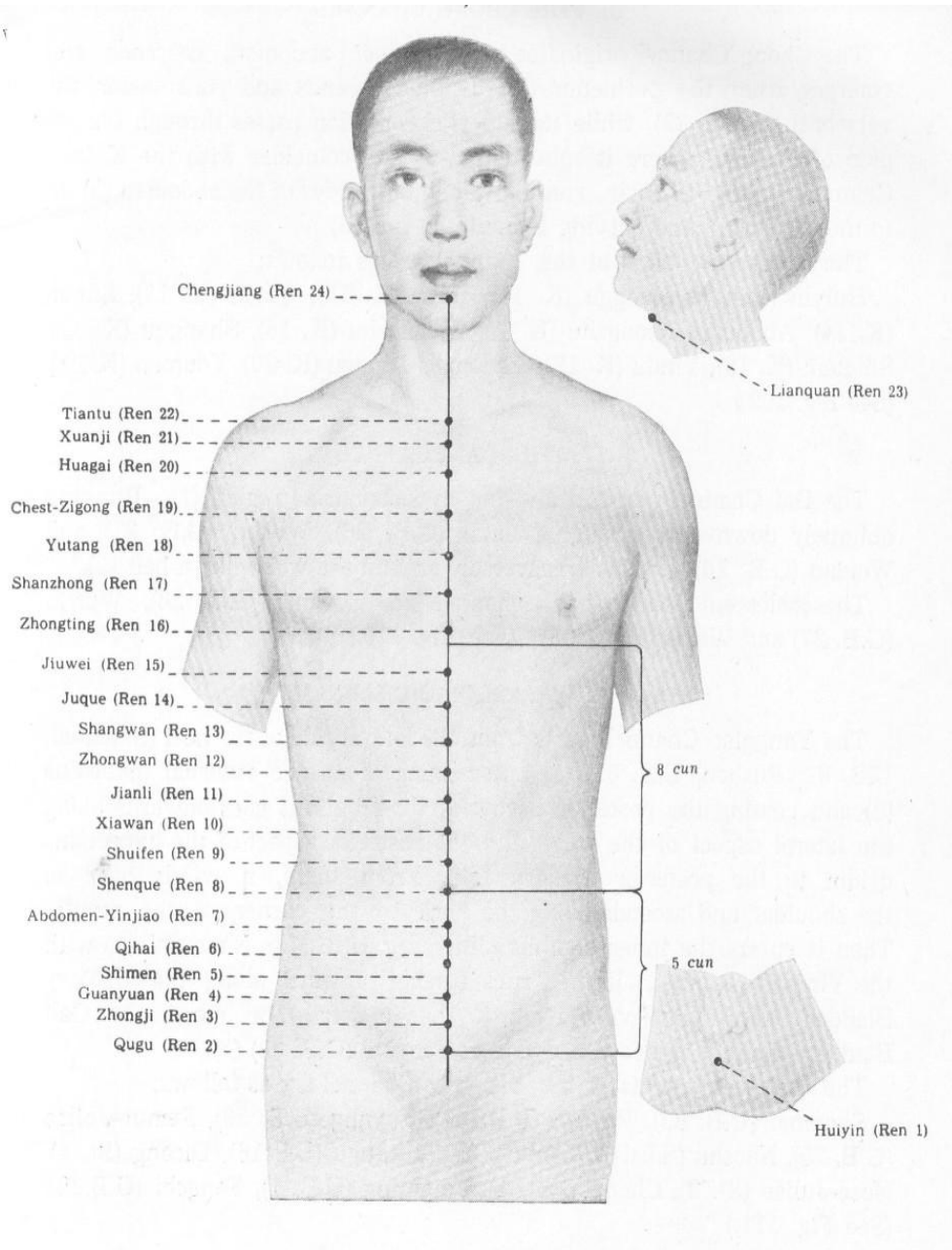


Fig 3-82: All points of Ren Meridian

APPENDIX I : EXTRAORDINARY POINTS

Yintang

Location: midway between the medial ends of the two eyebrows (the glabeela).

(Fig 3-83)

Indications: Infantile convulsion, frontal headache, rhinorrhea.

Method: Puncture 0.3-0.5 inch downward horizontally along the skin, or prick to cause bleeding.

Taiyang

Location: In the depression about 1 cun posterior to the midpoint between the lateral end of the eyebrow and the outer canthus. (Fig 3-83)

Indications: Headache, redness, swelling and pain of the eye.

Method: Puncture perpendicularly or obliquely and posteriorly 0.3-0.4 inch, or prick with three-edged needle to cause bleeding.

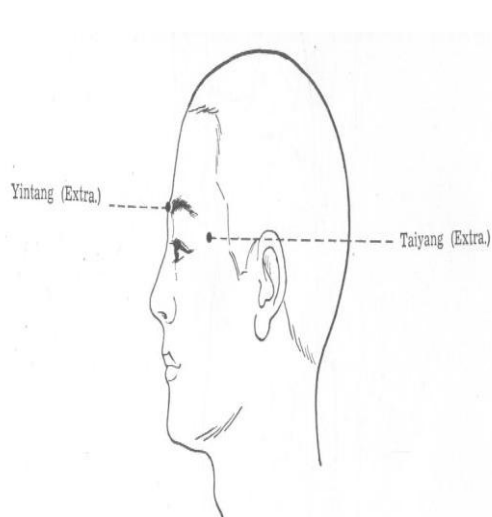


Fig 3-83

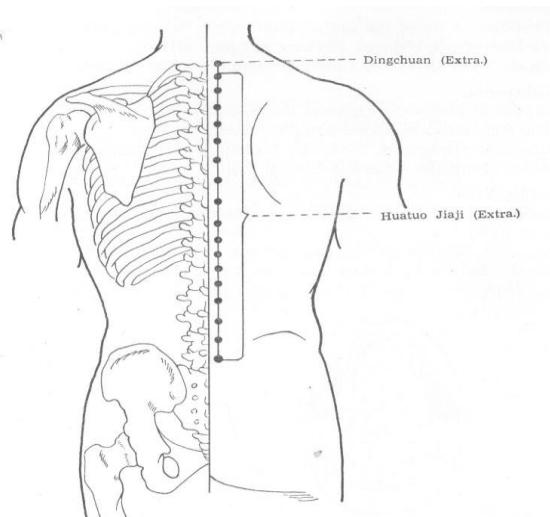


Fig 3-84

Huatuo Jiaji

Location: A group of points on both sides of the spinal column at the lateral borders of each spinous process from the 1st thoracic vertebra to the 5th lumbar vertebra. It is believed that these points were used as Back-Shu Points by the ancient famous doctor Huatuo. Below the Huatuo Jiaji Points are the Baliao Points, i. e., Shangliao (U.B. 31), Ciliao (U.B. 32), Zhongliao (U.B. 33) and Xialiao (U.B. 34). (Fig 3-84)

Indications: Similar to those of the Back-Shu Points. The Jiaji Points on the upper back are indicated in disorders of the chest, heart and lung; those on the lower back are indicated in disorders of the upper abdomen, liver, gall bladder, spleen and stomach; and those in the lumbar region are used in disorders of the lower abdomen, kidney, intestines, urinary bladder and lower extremities.

Method: Puncture perpendicularly along the lateral side of the spinous process, 0.5-1.0 inch for points along the thoracic vertebrae and 1.5-2.0 inches for those along the lumbar vertebrae. Moxibustion is applicable.

Baxie

Location: On the dorsum of the hand, on the webs between the five fingers of both hands, 8 in all. Make a loose fist to locate the points. (Fig 3-85)

Indications: Redness and swelling of the dorsum of the hand, spasm and contracture of fingers.

Method: Puncture obliquely 0.3-0.5 inch towards the interspaces of metacarpal bones.

Bafeng

Location: On the dorsum of foot, on the webs between the five toes, proximal to the margins of the webs, 8 points in all. (Fig 3-86)

Indications: Beriberi, redness and swelling of the dorsum of foot.

Method: Puncture obliquely upward 0.5 inch.

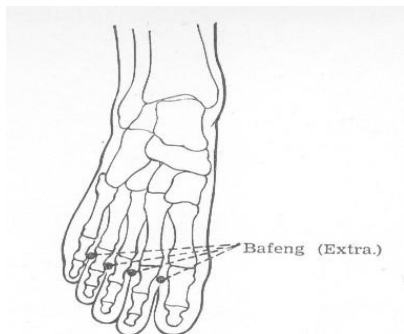


Fig 3-85

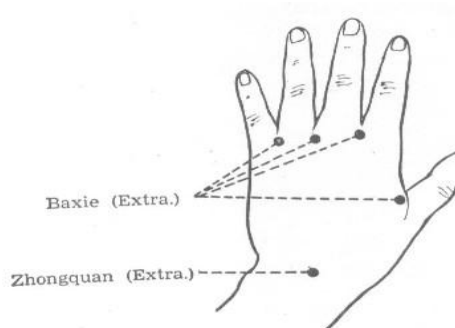


Fig 3-86

Appetent II: Specific Points

Specific points refer to those of the fourteen channels that have special therapeutic properties. They have their special names given after their different indications and functions. In view of their locations, they can be classified into two major groups: one on the limbs, and the other one on the head and the trunk.

A. Five Shu Points

Each of the twelve regular meridians has, below the elbow or knee, five specific points, namely, **Jing**-Well, **Ying**-Spring, **Shu**-Stream, **Jing**-River and **He**-Sea, which are termed Five **Shu** points in general. They are situated in the above order from the distal extremities to the elbow or knee. It is said in the first chapter of Miraculous Pivot that “the **qi** running in the meridians from the extremities to the elbow or knee is flourishing gradually.” The names of the five shu points image the flow of meridian **qi** as the flow of water. The **Jing**-Well point is situated in the place where the meridian **qi** starts to bubble. The **Ying**-Spring point is where the meridian **qi** starts to gush. The **Shu**-Stream point is where the meridian **qi** flourishes. The **Jing**-River point signifies the meridian **qi** is the most flourishing. Clinically, the **Jing**-Well Point is generally indicated in mental disorders and vexation or fullness in the chest; the **Ying**-Spring Point in febrile diseases; the **Shu**-Stream Point, in heaviness and joint pain; the **Jing**-River Point, in asthma and pharyngolaryngeal disorders; the **He**-Sea Point, in diseases of the six fu organs, such as gastrointestinal diseases. (Tab II-1-1,2)

B. Yuan-Primary Points

Each of the twelve regular channels has a site on the limbs where the **Yuan**-Primary **qi** is retained, This site is called the **Yuan**-Primary Point (In the **yin** channels,

the **Yuan**-Primary Points overlap with the **Shu**-Stream Points of the Five **Shu** Points). The **Yuan**-Primary Points play an important role in the treatment of disorders of channels and the **zang-fu** organs.

Tab II-1-1: Five Shu Points(yin meridian)

Channel		I (Wood) Jing-Well	II (Fire) Rong- Spring	III (Earth) Shu-Stream	IV (Metal) Jing-River	V (Water) He-Sea
The Three Yin Channels of Hand	Lung Hand-Taiyin	Shaoshang (Lu. 11)	Yuji (Lu. 10)	Taiyuan (Lu. 9)	Jingqu (Lu. 8)	Chize (Lu. 5)
	Pericardium Hand-Jueyin	Zhongchong (P. 9)	Laogong (P. 8)	Daling (P. 7)	Jianshi (P. 5)	Quze (P. 3)
	Heart Hand-Shao- yin	Shaochong (H. 9)	Shaofu (H. 8)	Shenmen (H. 7)	Lingdao (H. 4)	Shaohai (H. 3)
The Three Yin Channels of Foot	Spleen Foot-Taiyin	Yinbai (Sp. 1)	Dadu (Sp. 2)	Taibai (Sp. 3)	Shangqiu (Sp. 5)	Yinlingquan (Sp. 9)
	Liver Foot-Jueyin	Dadun (Liv. 1)	Xingjian (Liv. 2)	Taichong (Liv. 3)	Zhongfeng (Liv. 4)	Ququan (Liv. 8)
	Kidney Foot-Shaoyin	Yongquan (K. 1)	Rangu (K. 2)	Taixi (K. 3)	Fuliu (K. 7)	Yingu (K. 10)

Tab II-1-2: Five Shu Points(yang meridian)

Channel		I (Metal) Jing-Well	II (Water) Rong- Spring	III (Wood) Shu- Stream	IV (Fire) Jing- River	V (Earth) He-Sea
The Three Yang Channels of Hand	Large Intes. Hand-Yang- ming	Shangyang (L.I. 1)	Erjian (L.I. 2)	Sanjian (L.I. 3)	Yangxi (L.I. 5)	Quchi (L.I. 11)
	Sanjiao Hand-Shao- yang	Guanchong (S.J. 1)	Yemen (S.J. 2)	Hand- Zhongzhu (S.J. 3)	Zhigou (S.J. 6)	Tianjing (S.J. 10)
	Small Intes. Hand-Tai- yang	Shaoze (S.I. 1)	Qianqu (S.I. 2)	Houxi (S.I. 3)	Yanggu (S.I. 5)	Xiaohai (S.I. 18)
The Three Yang Channels of Foot	Stomach Foot-Yang- ming	Lidui (St. 45)	Neiting (St. 44)	Xiangu (St. 43)	Jiexi (St. 41)	Zusanli (St. 36)
	Gall Bladder Foot-Shao- yang	Foot- Qiaoyin (G.B. 44)	Xiaxi (G.B. 43)	Foot- Linqi (G.B. 41)	Yangfu (G.B. 38)	Yangling- quan (G.B. 34)
	Urin. Bladder Foot-Taiyang	Zhiyin (U.B. 67)	Foot- Tonggu (U.B. 66)	Shugu (U.B. 65)	Kunlun (U.B. 60)	Weizhong (U.B. 40)

C. Luo-Connecting Points

Each of the twelve regular channels has, on the limbs, a collateral to link its exteriorly-interiorly related yin and yang channels. On the trunk, there are the collaterals of the Du and Run Channels and the Major Collaterals has one **Luo**-Connecting Point on its origin. They are termed "the Fifteen **Luo**-Connecting Points". A **Luo**-Connecting point may be used to treat channels and disorders in the

area dominated by the two channels.

D. Xi-Cleft Points

The Xi-Cleft Point is the site where the **qi** of the channel is deeply converged. Each of the twelve regular channels and the four extra channels (**Yinwei, Yangwei, Yinqiao and Yangqiao**) has a Xi-Cleft Point on the limbs, amounting to sixteen in all. The Xi-Cleft Point is used to treat acute disorders in the area governed by its pertaining channel and those of its pertaining **zang** or **fu** organ. (Tab II-2)

Tab II-2: Xi-Cleft Points

	Channel	Xi-Cleft Point
3 Yin Channels of Hand	The Lung Channel of Hand-Taiyin	Kongzui (Lu. 6)
	The Pericardium Channel of Hand-Jueyin	Ximen (P. 4)
	The Heart Channel of Hand-Shaoyin	Yinxi (H. 6)
3 Yang Channels of Hand	The Large Intes. Channel of Hand-Yangming	Wenliu (L.I. 7)
	The Sanjiao Channel of Hand-Shaoyang	Huizong (S.J. 7)
	The Small Intes. Channel of Hand-Taiyang	Yanglao (S.I. 6)
3 Yang Channels of Foot	The Stomach Channel of Foot-Yangming	Liangqiu (St. 34)
	The Gall bladder Channel of Foot-Shaoyang	Waiqiu (G. B. 36)
	The Urinary Bladder Channel of Foot-Taiyang	Jinmen (U.B. 63)
3 Yin Channels of Foot	The Spleen Channel of Foot-Taiyin	Diji (Sp. 8)
	The Liver Channel of Foot-Jueyin	Foot-Zhongdu (Liv. 6)
	The Kidney Channel of Foot-Shaoyin	Shuiquan (K. 5)
Extra Channels	Yangqiao Channel	Fuyang (U.B. 59)
	Yinqiao Channel	Jiaoxin (K. 8)
	Yangwei Channel	Yangjiao (G.B. 35)
	Yinwei Channel	Zhubin (K. 9)

E. Back-shu Points

Back-Shu Points are corresponding points on the back where the **qi** of the respective **zang-fu** organs is infused. The Back-Shu Points are located on the Bladder Channel of Foot-Taiyang bilateral to the spinal column on the back. Most of them are situated close to their respectively related **zang-fu** organs. So the Back-Shu Points present abnormal reactions, such as tenderness, to the dysfunction of their corresponding **zang-fu** organs. They are very significant in the diagnosis and treatment of the disorders of their corresponding **zang-fu** organs. (Tab II-3)

F. Front-Mu Points

Front-Mu Points are those on the chest and abdomen where the **qi** of the respective **zang-fu** organs is infused and converged. They are located close to their corresponding **zang-fu** organs. If a **zang** or **fu** organ is diseased, abnormal reactions, such as tenderness, often appear in its corresponding Front Mu Point. So, the Front-Mu Points play a significant role in the diagnosis and treatment of the

disorders of their corresponding **zang-fu** organs. (Tab II-3)

Tab II-3 Back-shu and Front-Mu Points

Internal organs	Back-Shu Point	Front-Mu Point
Lung	Feishu (U.B. 13)	Zhongfu (Lu. 1)
Pericardium	Jueyinshu (U.B. 14)	Shanzhong (Ren 17)
Heart	Xinshu (U.B. 15)	Jujue (Ren 14)
Liver	Ganshu (U.B. 18)	Qimen (Liv. 14)
Gall Bladder	Danshu (U.B. 19)	Riyue (G.B. 24)
Spleen	Pishu (U.B. 20)	Zhangmen (Liv. 13)
Stomach	Weishu (U.B. 21)	Zhongwan (Ren 12)
Sanjiao	Sanjiaoshu (U.B. 22)	Shimen (Ren 5)
Kidney	Shenshu (U.B. 23)	Jingmen (G. B. 25)
Large Intestine	Dachangshu (U.B. 25)	Tianshu (St. 25)
Small Intestine	Xiaochangshu (U.B. 27)	Guanyuan (Ren 4)
Urinary Bladder	Pangguangshu (U.B. 28)	Zhongji (Ren 3)

G. Crossing Points

Crossing Points are those at the intersections of two or more channels. Most of them are distributed on the head, face and trunk, and amounting to over ninety in total. They are key points used to treat meridian disorders of the areas where they are located. Among them, the Crossing Points of the **Du** and **Ren** Channels are more important and have more wide indications.

H. Lower He-Sea Points

The Lower He-Sea Points refer to the six points of the three yang channels of hand and foot where the downward-flowing **qi** of the six fu organs along the three yang channels of foot, and the three yang channels of hand meet. Most of them are distributed around the knee joints and indicated in disorders of the six **fu** organs. (Tab II-4)

Tab II-4: Lower He-Sea Points

Yang Channels of Foot	Fu-Organ	Lower He-Sea Point
Foot-Yangming	Stomach	Zusanli (St. 36)
	Large Intestine	Shangjuxu (St. 37)
	Small Intestine	Xiajuxu (St. 39)
Foot-Shaoyang	Gallbladder	Yanglingquan (G.B. 34)
Foot-Taiyang	Urinary Bladder	Weizhong (U.B. 40)
	Sanjiao	Weiyang (U.B. 39)

I. Eight Confluence Points

Eight Confluence Points refer to the eight points on the limbs where the regular meridians communicate with the eight extra meridians. They are **Neiguan** (P 6),

Gongsun (Sp 4), Houxi (SI 3), Shenmai (B 62), Waiguan (SJ 5), Zulinqi (G 41), Lieque (L 7), and Zhalhai (K 6), which are respectively connected with the Yinwei, Chong, Du, Yangqiao, Yangwei, Dai, Rin and Yinqiao Meridians. All of them are distributed on the areas superior and inferior to the wrist joints and ankle joints. The Eight Confluent Points are used to treat a variety of disorders of the corresponding eight extra meridians. (Tab II-5)

Tab II-5: Eight Confluence Points

Confluent Point	Regular Channel	Extra. Channel	Indication (portion of the body)
Neiguan (P. 6)	Pericardium	Yinwei	Heart, chest, stomach
Gongsun (Sp. 4)	Spleen	Chong	
Houxi (S.I. 3)	Small Intestine	Du	Neck, shoulder, back, inner canthus
Shenmai (U.B. 62)	Urinary Bladder	Yangqiao	
Waiguan (S.J. 5)	Sanjiao	Yangwei	Retroauricle, cheek, outer canthus
Foot-Linqi (G.B. 41)	Gallbladder	Dai	
Lieque (Lu. 7)	Lung	Ren	Throat, chest, lung
Zhaohai (K. 6)	Kidney	Yinqiao	

J. Eight Influential Points

The Eight Influential Points are the eight points where the vital essence and energy of the **zang** organs, fu organs, **qi**, blood, tendon, vessel, bone and marrow join together. These points are distributed on the trunk and limbs. The Eight Influential Points are first recorded in the chapter “The 45th Medical Problem” of Classic on Medical Problems. They are Zhangmen (Liv. 13), Zhongwan (Ren 12), Tanzhong (Ren 17), Geshu (B 17), Yanglingquan (G 34), Taiyuan (L 9), Dazhu (B 11), and Juegu, or Xuanzhong (G 39). They coincide with some other specific points. Clinically, the corresponding Influential Point can be employed to treat disorders of the **zang** organs, **fu** organs, **qi**, blood, tendon, vessel, bone or marrow. (Tab II-6)

Tab II-6: Eight Influential Points

Tissue	Influential Point
Zang organs	Zhangmen (Liv. 13)
Fu organs	Zhongwan (Ren 12)
Qi (respiratory system; breathing)	Shanzhong (Ren 17)
Blood	Geshu (U.B. 17)
Tendon	Yanglingquan (G.B. 34)
Pulse, vessels	Taiyuan (Lu. 9)
Bone	Dashu (U.B. 11)
Marrow	Xuanzhong (G.B. 39)

Chapter 4. A GENERAL INTRODUCTION TO ACUPUNCTURE TREATMENT

Section 1 General Principles of Acupuncture Treatment

The general principles of acupuncture treatment are worked out by practising acupuncture and moxibustion repeatedly under the guidance of the theories of traditional Chinese medicine. They are of universal significance in decision of the treating methods, selection of points and manipulations.

1 Regulating the Yin and Yang

In the fifth chapter of *Miraculous Pivot*, it points out that “how to regulate yin and yang is most important in acupuncture treatment.” From this, we can learn that regulation of yin and yang is a fundamental principle in clinical acupuncture treatment. According to the theories of traditional Chinese medicine, diseases result mainly from relative imbalance of yin and yang, i.e. yang in excess or deficiency or yin in excess or deficiency. The mechanism of acupuncture treatment lies in regulation of yin and yang. In doing so, it brings the body back to the physiological state of “yin and yang in equilibrium” and cures patients of the illness.

Regulation of yin and yang by acupuncture is completed by point prescription and needling manipulations. For example, when dizziness due to hyperactivity of the liver-yang caused by deficiency of the kidney-yin is treated by acupuncture, the principle of treatment is nourishing the deficient yin and suppressing the excessive yang: so Taixi (K3) and Zhaohai (K6) of the kidney Channel of Foot-shaoyin are selected and a reinforcing method is used to tonify yin, meanwhile, Xingjian (Liv2) and Taichong (Liv4) is used to reduce excessive yang; in this way, the dizziness is treated.

2 Strengthening the Body Resistance and Eliminating the Pathogenic Factors

According to the theories of traditional Chinese medicine, Xu (The insufficiency or asthenia) indicates the insufficiency of genuine qi (including the body resistance). Shi (The excess) indicates the exuberance of pathogenic qi (or pathogen). In the first chapter of *Miraculous Pivot*, it says that “in acupuncture therapy, the insufficiency should be made up and strengthened and the excess should be relieved.”, pointing out clearly the principle of “strengthening the body resistance and eliminating the pathogenic factors” in clinical treatment. By different manipulations of acupuncture or moxibustion and by the autoregulation mechanism. Strengthening the body resistance and eliminating the pathogenic factors are achieved in clinical acupuncture treatment.

For patient with excessive heat syndrome, superficial puncture to cause bleeding should be often for elimination of the excessive heat; for patient with asthenic cold syndrome, reinforcing method, such as prolonged retaining of needle or applying moxibustion for restoring qi and dispelling cold, is often employed; for patient with intermingled insufficiency and excess syndrome, reinforcing and reducing methods are used simultaneously.

3 Distinguishing the Primary From the Secondary

The conceptions of the primary fundamental and the secondary incidental are relative to each other involving different meanings. For instance, the genuine qi is the primary, and the pathogenic factor is the secondary; the original disease is the primary, while the consequent disease is the secondary. This concept represents the two opposite aspects of one entity during the course of a disease. The incidental is generally the phenomenon and the secondary aspect, the fundamental cause is generally the nature and the primary aspect of a disease. Under general circumstances, the principle is treating the incidental first when it is acute or emergent, and treating the fundamental later when the course becomes insidious or gradual. But if the incidental and the fundamental are both emergent, they must be treated at the same time.

In acupuncture treatment, a disease should be assessed according to such different situations of the primary, the secondary, the root cause, the symptoms, the acute and the chronic so as to determine the principle of treatment, for some diseases resulting in constipation and dysuria, for example, points helping defecation and urination should be selected first to treat the disease, that is, to treat the symptoms first when they are acute then some points to treat the root cause or original disease are selected, that is, to treat the root cause when the acute symptoms are relieved. For edema due to insufficiency of genuine qi or body resistance weakened while pathogenic factor still prevailing. Select both the points strengthening body resistance to treat the root cause and the points inducing diuresis to alleviate edema. The latter is most widely used in clinic.

Section 2 Point Prescription

Based on the theory of channels and collaterals, acupuncture prescription includes two or more points which are selected according to the symptoms and cause of the disease, and the functions and the natures of the points. The following is a brief introduction to the methods for prescription and selection of points.

1. Selection of Points on the Diseased Channel

This method means selecting points directly from the affected channel of its pertaining viscera. For example, Zhongfu(L1), Chize(L5) and other points of the Lung Channel of Hand-taiyin are selected to make up a prescription for cough due to disease of the lung.

2. The Combination of the Exterior-interior Points

When a disease is on the yin channel, both points of this channel and points of the yang channel exteriorly-interiorly related to the yin channel can be selected at the same time, and vice versa. For example, if the Kindey Channel of Foot-shaoyin is affected, select Kunlun(B60) and jinggu(B64) of the bladder Channel of Foot-Taiyang. In addition, the compoints in application of specific points and the luo-(Connecting) points in application of specific points is a concrete application of this method in clinic.

3. The Combination of the Anterior-posterior Pints

The 'anterior' here means the thoracic-abdominal region, belonging to yin; the "posterior" means the lumbodorsal region, belonging to yang. Thus, this method is also known as the combination of abdomen-yin points and the back-yang points, that is to say, selection of the points in the anterior and posterior regions to make up a prescription. For example, select Zhongwan (Ren 12) anteriorly and Weishu (B 21) posteriorly for epigastric pain.

4. The Combination of the Distant-Local Points

select the points on the diseased area and the corresponding points distant to the area simultaneously to make up a prescription. For example. Select jingming (B1) locally and Xingjian (Liv 2) distantly to treat a disease of the eyes.

5. The Combination of the Left-Right Points

The method is used according to the theory that the courses of the channels cross each other. for example, select Hegu (LI4) on the right side to treat facial paralysis on the left side, and vice versa. Because of symmetrical distribution of the channels and collaterals, therefore the points on both sides are selected clinically in the treatment of the diseases of the internal organs so as to strengthen the coordinating effects. But it has been found that points on the healthy side and no points on the diseased side are selected in practice, such as in the treatment of hemiparesis, arthralgic pain, ect. With a certain therapeutic result.

Section 3 TREATMENT OF COMMON DISEASES WITH ACUPUNCTURE AND MOXIBUSTION

INDSTROKE (APOPLEXY)

Etiology

The causative factor of this disease is stirring wind arising from hyperactivity of yang in liver resulting from exasperation or agitation accompanied with disturbance of the zang-fu organs, qi and blood, imbalance of yin and yang and dysfunction of the channels and collaterals. Another factor is endogenous wind caused by phlegm-heat after overindulgence in alcohol and fatty diet.

Differentiation:

There are two types of windstroke according to the degree of severity: The severe type or what is called the zang-fu organs being attacked showing symptoms signs of the channels and collaterals and the viscerae; the mild type or channels and collaterals being attacked, the symptoms and signs pertaining to the channels and collaterals.

The severe type:

The zang-fu organs being attacked-many be subdivided into (a) tense syndrome and (b) flaccid syndrome.

(a) Tense syndrome:

Sudden collapse. Coma, staring eyes, fists and jaws clenched, redness of face

and ears, gurgling with sputum, coarse breathing, retention of urine, and constipation, wiry and rolling forceful pulse.

(b) Flaccid syndrome:

Coma, hands relaxed and mouth agape, eyes closed, pallor, profuse drops of sweat over head and face, snoring, There may be incontinence of feces and urine, cold limbs and feeble pulse. (See tab.1.)

Tab 1. Comparison of main symptoms and signs of tense and flaccid syndromes of apoplexy.

Tense syndrome	Flaccid syndrome
Eyes open	Eyes closed
Clenched jaws	Mouth agape
Clenched fists	Relaxed hands
Anhidrosis	Hidrosis
Continenence of urine, constipation	Incontinence of urine and feces
Wiry, rolling and forceful pulse	Feeble pulse

(2) The mild type, or channels and collaterals being attacked.

Symptoms and signs are mostly those of the sequelae of the severe type, which involve the channels and collaterals. There are also primary cases without affliction of zang-fu organs. Manifestations are hemiplegia or deviation of mouth due to motor or sensory impairment.

Treatment:

(1) The severe type: zang-fu organs being attacked.

(a) Tense syndrome

Method: To promote resuscitation by applying reducing method to points of the Du Channel and the Jing-Well Points.

Prescription: Renzhong (Du 26), BaiHui (Du 20), the 12 Jing-Well Points of both hands: (Lu. 11, H. 9, P. 9, L. I. 1, S. J. 1), Yongquan (K. 1).

Points according to symptoms and signs:

Clenched jaws: Jiache (St. 6), Xiaguan (St. 7), Hegu (L. I. 4)

Gurgling with sputum: Tiantu (Ren 22), fenglong (St. 40).

Aphasia and stiffness of tongue: Yamen (Du 15), Lianquan (Ren 23), Tongli (H. 5)

Explanation:

Renzhong (Du 26) and Baihui (Du 20) regulate the qi of the Du channel, effecting resuscitation. Bleeding the twelve jin-Well points of both hands may eliminate heat of the upper portion of the body, thus causing the endogenous wind to subside. Yongquan (K. 1) conducts the heat downward. This method is known as selecting points of the inferior portion of the body to treat disease of its superior portion. When the crisis is over, points may be chosen according to symptoms, such as jiache (St6), Xiaguan (St. 7) and hegu (L. I. 4) for clenched jaws. This method is known as combining the local and distal points according to the courses of the channels, because the Large Intestine Channel and Stomach Channel traverse the cheek.

Tiantu (Ren 22) and Fenglon (St. 40) are effective in soothing qi (breath) and resolving sputum. Yamen (Du. 15) and Lianquan (Ren 23) are local and adjacent points of the tongue. Tongli (H. 5), the Luo (Connecting) Point of the Heart Channel. May relieve stiffness of tongue because functionally the tongue is related to the heart.

Flaccid syndrome

Method: To recapture yang and avert the collapsing state by applying moxibustion to points of Ren Channel.

Prescription: Guanyuan (Ren 4), Shenjue (Ren 8), Qihai (Ren 6).

Explanation:

These three points are main points for emergency measures to restore vital function. Continuous indirect moxibustion with salt may offer improvement.

If it is difficult to decide whether the syndrome is of the tense or flaccid type, it is not advisable to bleed the twelve Jing-Well Points of the hand, but it is desirable to apply acupuncture to Renzhong (Du 26) for regaining consciousness, and Zusanli (St. 36) to readjust vital function.

(2) The mild type: channels and collaterals being attacked.

Hemiplegia:

This again may be severe or mild, and the attack may be on either side of the body. At the beginning, the affected limbs may be limp. Later, they become stiff, which finally leads to motor impairment. There may be dizziness and dysphasia. Method: Readjust qi (vital function) and blood circulation, and remove obstruction from channels and collaterals by puncturing the points of the Yang Channels of the affected side as the main points. Points of the healthy side may be used also. Puncture the healthy side first and then the affected side may be used also. Puncture the healthy side first and then the affected side. Moxibustion may be applied as supplement.

Prescription: Baihui (Du 20), Fengfu (Du 16), Tongtian (U.B. 7).

Upper extremity: Jianyun (L.I. 15), Quchi (L.I. 11), Waiguan (S.J. 5), Hegu (L.I. 4).

Lower Extremity: Huantiao (G.B. 30), Yanglingquan (G.B. 34), Zusanli (St. 36), Jiexi (St. 41).

Explanation:

Wind, being a yang pathogenic factor, usually invades the upper and exterior parts of the body. Baihui (Du 20), Fengfu (Du 16) and Tongtian (U.B. 7) are used to eliminate pathogenic wind of the upper part of the body. Since yang channels dominate the exterior part of the part of the body. Since yang channels dominate the exterior part of the part of the body. Since yang channels dominate the exterior part of the body, points are chosen mainly from these to readjust the qi and blood of the body and promote smooth circulation in the channels and collaterals of both the upper and lower parts of the body.

(3) Propylactic measures.

Senile patients with deficiency of qi and excessive sputum or with manifestations of hyperactivity of liver such as dizziness and palpitation may sometimes present symptoms of stiffness of tongue, slurred speech and numbness of finger tips. These are prodromal signs of windstroke. Prophylactic measures are paying attention to diet and daily activities, avoiding over-straining. Frequent moxibustion on Zusanli (St. 36) and Xuanzhong (G.B. 39) may prevent an attack.

Remarks:

Windstroke is similar to cerebrovascular accidents in modern medicine including cerebral hemorrhage, thrombosis, embolism, subarachnoid hemorrhage, etc. After the acute stage is over, there may be sequelae such as hemiplegia, monoplegia, or aphasia, etc.

SYNCOPE

Etiology:

Onset of syncope is due mainly to poor health with emotional disturbance and exhaustion. This is because such a condition causes derangement of qi of the channels, which in turn hinder the qi and blood of the twelve channels in their ascent to the head, prevents the yang qi from reaching the extremities and leads the nutrient qi and defensive qi out of their normal routes of circulation.

Differentiation:

Xu type: Shallow breathing, mouth agape, hidrosis, pallor, cold extremities, deep, feeble and thready pulse.

Shi type: Coarse breathing, rigid extremities, clenched jaws, deep and forceful pulse.

Treatment:

Method: To promote resuscitation and mental clearness by puncturing points of the Du and Pericardium Channels as the main points. Reducing method for the shi type and reinforcing method for the xu type.

Prescription: Renzhong (Du 26), Zhongchong (P. 9), Hegu (L. I. 4), Taichong (Liv. 3).

Secondary points:

Xu type: Baihui (Du 20), Qihai (Ren 6), Zusanli (St. 36).
and apply acupuncture combined with moxibustion.

Shi type: Laogong (P. 8), Yongquan (K. 1).

Explanation:

Renzhong (Du 26) and Zhongchong (P. 9) are points for resuscitation. Hegu (L. I. 4) and Taichong (Liv. 3) may relieve clenching of jaws and mental cloudiness and invigorate circulation of qi and blood. Laogong (P. 8) and Yongquan (K. 1) promote a clear mind and dissipate heat. Baihui (Du 20), Zusanli (St. 36) and Qihai (Ren 6) recapture qi and reestablish yang.

Remarks:

This condition includes simple fainting, postural hypotension, sunstroke, hypoglycemia, hysteria, etc. in modern medicine.

HEADACHE

(Appendix: Trigeminal Neuralgia)

Etiology:

The head is where all the yang channel of hand and foot meet. Attack of endogenous or exogenous factors may cause headache due to derangement of qi and blood in the head and retardation of circulation of qi in the channels that traverse the head.

Headache caused by exogenous pathogenic factors will be discussed in the section on the common cold. Here, we deal in detail with headache of endogenous origin, called "head-wind", which is intermittent, protracted and intractable. Pain, in either the right side or the left side of the head is known as one-sided headache. It may be of the *shi* or *xu* type, the former due mainly to hyperactivity of yang of the liver and the latter to deficiency of qi and blood.

Differentiation:

Headache is differentiated according to its locality and its supplying channels. Pain at the occipital region and nape, for example, is related to Urinary Bladder Channel of Foot-Taiyang, pain at the forehead and supraorbital region relates to the Stomach Channel of Foot-yangming, pain at the temporal region of both sides or only one side relates to the Gall bladder Channel of Foot-shaoyang and that at the parietal region is related to the Liver Channel of foot-jueyin.

Shi type: Violent boring pain may be accompanied by dizziness, irritability, bitter taste in mouth, nausea, suffocating feeling in chest, hypochondriac pain, sticky tongue coating and wiry pulse.

Xu type: Onset is mostly due to strain and stress. The pain is insidious. It may be agitating or mild and responds to warmth and pressure. The accompanying symptoms and signs are usually lassitude, palpitation, insomnia, pale tongue and weak pulse.

Treatment:

Method: To dispel wind, remove obstruction in the channel and collaterals, and regulate qi and blood by puncturing points of the local area combined with points of remote area. Reducing method for the shi type and reinforcing method or tapping with cutaneous needle for the xu type.

Prescriptions:

Occipital headache: Fengchi (G.B. 20), Kunlun (U.B. 60), Houxi (S.I. 3).

Frontal headache: Touwei (St. 8), Yintang (Extra.), Shangxing (Du 23), Hegu (L.I. 4), Neiting (St. 44).

One-side headache: Baihui (Du 20), Houxi (S.I. 3), Zhiyin (U.B. 67), Taichong (Liv.

3).

Points according to symptoms and signs:

Hyperactivity of yang of liver: Xingjian (Liv. 2), Yang lingquan (G.B. 34).

Deficiency of qi and blood: Qihai (Ren 6), Zhsanli (St. 36).

Explanation:

The above prescriptions are formulated by combining local points with distal points according to the location of headache and the channels affected.

Occipital headache: points of Taiyang Channels of Head and Foot.

Frontal headache: points of Yangming Channel of Hand and Foot.

One-side headache: points of Shaoyang Channel of Head and Foot.

Parietal headache: points of Taiyang Channels of Hand and Foot plus those of the Jueyin Channel of Foot.

These prescriptions have the effect of removing obstruction of channels and collaterals, regulating the qi and blood and relieving pain.

Remarks:

Headache occurs in various diseases in modern medical consideration: internal medicine, surgery, neurology, psychosis, ear, nose, throat, etc. Acupuncture gives gratifying results in migraine, and in vascular and functional headache.

Cutaneous needle tapping and cupping method:

Main points: Area along L1 to S4.

Secondary points: Fengchi (G.B. 20), Taiyang (Extra.), Yangbai (G.B. 14).

Method:

Tap on area from L1 to S4. Then tap on the local area and that where the afflicted channels pass through. In acute pain, Taiyang (Extra.) and Yangbai (G.B. 14) etc. may be tapped until slight bleeding occurs, then apply cupping.

Ear-acupuncture therapy

Main points: Subcortex, Forehead, Occiput, Kidney, Gallbladder, etc.

Method: Insert needles and manipulate intermittently. For persistent headache, rotate the needles continuously for 5 minutes to cause strong stimulation. Or, needles can be embedded at the sensitive spots for 1 - 7 days.

APPENDIX: TRIGEMINAL NEURALGIA

This is a transient paroxysmal burning pain on the facial region which is supplied by the trigeminal nerve.

Treatment:

Prescriptions:

Pain at the 1st (ophthalmic) branch: Yangbai (G.B. 14), Taiyang (Extra.), Zanzhu (U.B. 2), Waiguan (S.J. 5).

Pain at the 2nd (maxillary) branch : Xiaguan (St. 2), Nose-Juliao (St.3), Renzhong (Du 26), Hegu (L.I. 4).

Pain at the 3rd (mandibular) branch: Xiaguan (St. 7), Jiache (St. 6) Chengjiang (Ren 24), Neiting (St. 44).

Ear Acupuncture:

Main points: Forehead , Sympathetic Nerve, Ear-Shenmen, auricular points corresponding to the painful areas.

Method: Rotate the needles for several minutes , or embed them at the sensitive spots.

DIZZINESS AND VERTIGO

Etiology:

Causative factors:

Upward attack of hyperactive *yang* of the liver due to failing of water in nourishing wood (dysfunction of the kidney affecting the liver);

Interior retention of phlegm-damp which causes mental cloudiness.

Xu (deficiency) of qi and blood, which causes insufficiency of the “sea of marrow” in the head.

Differentiation:

Main symptoms are giddiness, and blurring of vision with a whirling sensation and of things turning, also of a tendency to fall.

Upward attack of hyperactive *yang* of live: Besides the main symptoms, there appear tinnitus, flushed face, nausea, backache, redness of tongue proper and wiry and rapid pulse.

Interior retention of phlegm-damp: Complications are fullness and suffocating sensation of chest and epigastric region, nausea and vomiting, profuse sputum, anorexia, white and sticky coated tongue, rolling pulse.

***Xu* (deficiency) of qi and blood:** complications are listlessness, lassitude, palpitation, insomnia, pulse without force.

Treatment:

upward attack of hyperactive yang of liver:

Method: points from the Jueyin(Liver) Channel and the Shaoyin(Kidney) channel are selected as the main ones to nourish yin and pacify yang. Reinforcing and reducing methods may be used at one sitting. the condition of the disease determines the method of choice.

Prescription: Shenshu(U. B. 23), taixi(K, 3), Ganshu(U. B. 18) Xingjian(Liv. 2), Fengchi(G. B. 20).

Explanation: Application of reinforcing method to Shenshu(U. B. 23) and Taixi(K. 3) strengthens the kidney, while application of reducing method to Ganshu(U. B. 18), Xingjian(Liv. 2)and Fengchi(G. B. 20) pacifies yang of the liver.

Interior retention of phlegm-damp:

Method: Resolve phlegm and eliminat damp by applying mild reinforcing and reducing methods to the Back-Shu, Front-Mu and Luo (Connecting) Points of the spleen and stomach.

Prescription: Pishu(U. B. 20), Zhongwan(Ren 12), Fenglong(St. 40), Neiguan(P. 6), Touwei(St. 8)

Explanation: Application of reinforcing method to Pishu(U. B. 20), the Back-Shu Point of the spleen, and Zhongwan (Ren 12), the Front-Mu Point of the stomach, strengthens the function of the spleen and stomach to eliminate damp. Fenglong (St. 40) the Lou(Connecting) Point of the stomach has the function of resolving phlegm when the reducing method is applied. Touwei(St. 8) is an effective point for dizziness, Neiguan (P. 6) for keeping the stomach in order and stopping vomiting.

Xu (deficiency) of qi and blood:

Method: Points of the Ren, Taiyang(Urinary Bladder) and Yangming (Stomach) Channels are selected as the main points. Apply reinforcing method. Moxibustion may also be used.

Prescription: Guanyuan (Ren 4), Pishu (U. B. 20), Sanyinjiao (Sp. 6) < Zusanli (St. 36).

Explanation: Guanyuan (Ren 4) strengthens vital energy. Pishu(U. B. 20), Sanyinjiao (Sp. 6) and Zusanli invigorate the spleen and stomach, sources of qi and blood production.

Remarks:

Dizziness and vertigo may be explained as derangement in the sense of equilibrium in modern medicine. Clinically, such illness mostly present as Meniere' s syndrome, labyrinthitis, otosclerosis, hyper-or hypotension, neurasthenia, etc.

Tapping needle method:

Main points: Baihui (Du 20), Taiyang (Extra.), Yintang (Extra.), Huatou Jiaji (Extra.).

Method: Treat once or twice daily with moderate stimulation. Five to ten treatments constitute a course.

Ear acupuncture:

Main points: Forehead, Heart, Sympathetic Nerve, Ear-Shenmen, Kidney ,Endocrine, Adrenal, Occiput.

Method: Select 2-4 points in each treatment. Manipulate the needles intermittently with moderate stimulation. Retain the needles for 15-20 minutes, Treatment may be given daily, three to seven treatments to a course, Needles may be implanted intradermally.

FACIAL PARALYSIS

Etiology:

Onset of the disease is due to derangement of qi and blood and malnutrition of the channels caused by invasion of the channels and collaterals in the facial region by pathogenic wind-cold or phlegm.

Differentiation:

Clinical manifestations on the affected side are incomplete closing of the eye, lacrimation, drooping of the angle of the mouth, salivation, and inability to frown, raise the eyebrow, close the eye, blow out the cheek, show the teeth or whistle. There may be pain in the mastoid region or headache. The tongue is coated white. The pulse is superficial.

Treatment:

Method: Eliminate the wind and remove obstruction of the collaterals by applying even-movement method to points of the Yangming Channels of Hand and Foot as the main points.

Prescription: Yifeng(S. J. 17), Dicang(St. 4), Jiache(St. 6), Yangbai(G. B. 14), Taiyang (Extra.), Hegu (L. I. 4), Quanliao(S. I. 18), Xiaguan(St. 7).

Manipulation: Select 3-5 points at one sitting. The method of horizontal penetration of two points may be used, such as penetration of Dicang (St. 4) horizontally towards Jiache (St. 6). Treat daily at the beginning.

Points according to symptoms and signs:

Headache: Fengchi (B. B. 20).

Profuse sputum: Feng long (St. 40).

Difficulty in frowning and raising the eyebrow: Zanzhu (U. B. 2) Sizhukong (S. J. 23)

Incomplete closing of the eye: Zanzhu (U. B. 2), Jingming(U. B. 1), Tongziliao (G. B. 1), Yuyao(Extia), Sizhukong(S. J. 23).

Difficulty in sniffing: Yingxiang(L. I. 20).

Deviation of the philtrum: Renzhong(Du. 26).

Inability to show the teeth: Nose-Juliao(St. 3).

Tinnitus and deafness: Tinghui (G. B. 2).

Twitching of the eyelid and the mouth: Taichong(Liv. 3).

Tenderness at the mastoid region: Head-Wangu (G. B. 12).

Explanation:

Combination of Hegu (L. I. 4) and Taichong (Liv. 3), the respective Yuan (Source) Points of the Large Intestine and Liver Channels, is effective in eliminating pathogenic wind in the head and facial region. Tinghui (G. B. 2) and Head-Wangu (G. B. 12) are useful in eliminating wind and clearing the ear. Jiache (St. 6), xiaguan (St. 7), Dicang (St. 4), Nose-Juliao (St. 3), Quanliao (S. I. 18), Yangbai (G. B. 14), Tongziliao (G. B. 1), Zanzhu (U. B. 2) Sizhukong (S. J. 23), Jingming (U. B. 1), Yingxiang (L. I. 20) and Renzhong (Du 26) are all local points of the involved channels and have the effect

of eliminating wind and invigorating circulation.

Remarks:

This disease is the same as peripheral facial paralysis or Bell's palsy in modern medicine.

In long-standing cases, the warming needle or mild moxibustion may be used. The points are Taiyang (Extra), Jiache (St.6), Dicang (St.4), Nose-Juliao (St.3) and Xiaguan (St.7). Two or three points may be used at each treatment, with heat applied to each point for 2-3 minutes.

Cupping: Cupping may be used as an adjuvant method to acupuncture. The affected side may be treated with small cups once every 3-5 days.

BI SYNDROMES (PAINFUL JOINTS)

Etiology:

Bi means obstruction of circulation of qi and blood, which usually results from invasion of the channels and collaterals by wind, cold and damp due to weakness of defensive qi when one is wet with perspiration and exposed to the wind, dwelling in damp places or wading in water. There are different types of bi syndromes, such as wandering bi (in which wind predominates), painful bi (in which wind cold and damp turn into heat).

Differentiation:

The chief symptom of bi syndromes is arthralgia. There may be muscular soreness and numbness. In prolonged cases, contracture of the extremities, or even swelling or deformity of joints may be present.

Wandering bi: This type is characterized by wandering pain of the joints of the extremities with limitation of movement. There may be chilliness and fever, thin and sticky coated tongue, superficial and rapid pulse.

Painful bi: Arthralgia responds to warmth and is aggravated by cold. There is no local inflammation. Thin white coated tongue, deep wiry pulse.

Fixed bi: Numbness of the skin and muscles, heavy sensation of the body and extremities, arthralgia with fixed pain, attacks provoked by cloudy or wet weather. White sticky coated tongue, deep slow pulse.

Febrile bi: Arthralgia with local redness, swelling and tenderness in which one or several joints are involved. Accompanying symptoms are fever and thirst. Yellow coated tongue, rolling rapid pulse.

Treatment

Method: local and distal points are selected from the yang channel supplying the diseased areas for the purpose of eliminating wind, cold and damp. Wandering bi is mainly treated with needling; painful bi with moxibustion and needling as adjuvant. For severe pain, the use of intradermal needles

or indirect moxibustion with ginger is recommended. Fixed bi is treated with both acupuncture and moxibustion. Warming needle is also advisable. Fibrile bi is treated by needling with reducing method.

Prescriptions:

Pain in the shoulder joints: Jianyu (L. I. 15), Jianliao (S. J. 14), Jianzhen (S. I. 9), Naoshu (S. I. 10).

Pain in the scapula: Tianzong (S. I. 11), Bingfeng (S. I. 12), Jianwaishu (S. I. 14), Gaohuangshu (U. B. 43).

Pain in the elbow: Quchi (L. I. 11), Chize (Lu. 5), Tianjing (S. J. 10), Waiguan (S. J. 5), Hegu (L. I. 4).

Pain in the wrist: Yangchi (S. J. 4), Yangxi (L. I. 5), Yanggu (S. I. 5), Waiguan (S. J. 5)

Numbness and pain in fingers: Houxi (S. I. 3), Sanjian (L. I. 3), Baxie (extra.)

Pain in the hip joint: Huantiao (G. B. 30), Yinmen (U. B. 37), Femur Juliao (G. B. 29).

Pain in the knee joint: Lianqiu (St. 34), Dubi (St. 35), Medial Xiyan (Extra.), Yanglingquan (G. B. 34), Xiyangguan (G. B. 33), Yinlingquan (Sp. 9).

Numbness and pain in the leg: Chengshan (U. B. 57), Feiyang (U. B. 58).

Pain in the ankle: Jiexi (St. 41), Shangqiu (Sp. 5), Qiuxu (G. B. 40), Kunlun (U. B. 60), Taixi (K. 3).

Numbness and pain in the toe: Gongsun (Sp. 4), Shugu (U. B. 65), Bafeng (Extra).

Pain in the lumber region: Yaoyangguan (Du 3).

General aching: Houxi (S. I. 3), Shenmai (U. B. 62), Dabao (Sp. 21), Geshu (U. B. 17).

Points according to symptoms and signs:

Fever: Dazhui (Du 14).

Deormity of the joint: Dashu (U. B. 11).

Explanation:

The above prescriptions are formulated by selection of local points according to the course of channels to relax the tendons, remove obstruction from channels and collaterals, regulate qi and blood and eliminate pathogenic factors.

Remark:

Bi syndromes are seen in rheumatic fever, rheumatic arthritis, rheumatoid arthritis and gout.

WEI SYNDROME

(Appendix: Infantile Paralysis)

Etiology

Causative factors: Malnourishment of tendons due to exhaustion of body fluid caused by invasion of the lung by exogenous pathogenic wind-heat;

lesion of the tendons due to accumulation of damp-heat which affects the Yangming Channels;

malnutrition of tendons due to loss of the essence and qi of the liver and kidney caused by long illness or sexual excess.

Differentiation:

Wei syndrome is characterized by muscular flaccidity or atrophy of the extremities with motor impairment.

Heat in the lung: This usually occurs during or after a febrile disease, accompanied by cough, irritability, thirst, scanty brownish urine, red tongue with yellow coating, and thready rapid pulse.

Damp-heat: The accompanying symptoms and signs are sallow complexion, listlessness and cloudy urine. There may be a hot sensation on the soles of the feet with desire to expose them to coolness. Yellow and sticky coated tongue, forceful pulse.

Insufficiency of the essence of the liver and kidney: The accompanying symptoms are soreness and weakness of the lumbar region, seminal emission, prostermia, leukorrhea, dizziness and blurring of vision. Red tongue, thready rapid pulse.

Treatment:

Method: Main points are selected from the Yangming Channels to promote circulation of qi in the channels and nourish the tendons and bones. When heat in the lung of damp-heat is responsible, needle with reducing method to dissipate heat; moxibustion is contraindicated. In case of insufficiency of essence of the liver and kidney, needle with reinforcing method. Generally, treatment is given only to the affected side. But, as the process of treatment is rather long, crossing method of puncturing may be applied. Puncture the sound side first and then the affected side.

Prescriptions:

Upper limb: Jianyu (L.I 15), Quchi (L.I. 11), Hegu (L.I 4), Waiguan (S.J. 5).

Lower limb: Biguan (St. 31), Zusanli (St. 36), Jiexi (St.41), Huantiao (G.B. 30), Yanglingquan (G.B. 34), Xuanzhong (Sp. 9).

Points for different types:

Heat in the lung: Chize (Lu. 5), Feishu (U.B.13).

Damp-heat: Pishu (U.B.20), Yinlingquan (Sp. 9).

Insufficiency of essence of liver and kidney: Ganshu (U.B. 18), Shenshu (U.B. 23).

Explanation:

The two prescriptions are based on Neijing: Select points only from Yangming for treating wei syndrome. Yanglingquan (G.B. 34) and Xuanzhong (G.B. 39), the two influential Points dominating respectively the tendon and marrow, are added to enhance the effect of nourishing the tendon and bone. Feishu (U.B.13) and Chize (Lu. 5) are used to dissipate heat in the lung, and Pishu (U.B.20) and Yinlingquan (Sp.9) to eliminate damp-heat. Moxibustion alone or combined with acupuncture is applied only after heat subsides. Ganshu (U.B. 18) and Shenshu (U.B.23) are used to tonify the liver and kidney. As wei syndrome requires a long period of treatment, it is necessary to win the patient's co-operation and confidence. Applying tapping-needle method along the channels or over the diseased area is advisable.

Remark:

Wei syndrome is seen in acute myelitis, progressive myatrophy, myasthenia gravis,

periodic paralysis and hysterical paralysis.

Appendix: infantile Paralysis (Poliomyelitis)

The principle involved in treating infantile paralysis is similar to that for wei syndrome. The corresponding Huatuo Jiaji Points (Extra.) can be added. In case of paresis of the extensor, points from the yang channels of the extension aspect are advisable; while in those cases with paresis of the flexor, points from the yin channels of the flexion aspect may be chosen. During convalescence, acupuncture should be the main treatment, with manipulation light and superficial. Moxibustion may be applied in addition.

Acute Gastroenteritis

Acute gastroenteritis refers to acute inflammation of gastrointestinal mucosa due to various pathogenic factors. The clinical manifestations are sudden onset, nausea, vomiting, abdominal pain, diarrhea, etc. it pertains to the categories of “diarrhea”, “vomiting” and “cholera morbus” in traditional Chinese medicine.

Differentiation

1. **Cold-dampness type:** Acute abdominal pain and diarrhea, thin or watery stools, nausea, vomiting, white and greasy tongue coating, soft pulse.
2. **Damp-heat type:** Abdominal pain, diarrhea, foul stools, nausea, vomiting, fever, thirst, burning sensation of the anus, yellow and greasy tongue coating, soft and rapid pulse.

Treatment:

1. Body acupuncture

Prescription: Zhongwan (Ren 12), Tianshu (S 25), Neiguan (P 6) and Zusanli (S 36).

Supplementary points: For cold-dampness type, apply moxibustion to Guanyuan (Ren 4) and Shenque (Ren 8); for damp-heat type, Quchi (LI 11), Hegu (LI 4) and Yinglingquan (Sp 9) are added.

Method: Puncture Zhongwan (Ren 12) perpendicularly about 1-1.5 cun. Retain the needle for 3-5 minutes after the arrival of qi, then lift the needle tip to the subcutaneous area and pierce Shangwan (Ren 13) 1-1.5 cun horizontally, again lift the needle tip to the subcutaneous area, then puncture Jianli (Ren 11) perpendicularly and retain the needle for 2-3 minutes, lift the needle tip again to the subcutaneous area and pierce horizontally about 1.5-2 cun Yindu (K 19) and Liang-men (S 21) of both left and right sides. The reducing method is adopted during the process, that is, puncturing Zhongwan (Ren 12) and then piercing the six points around it. For cold-dampness type, prolong the retaining of needle and apply moxibustion.

2. Ear acupuncture

Prescription: Pt. Stomach, Pt. Liver, Pt. Sympathetic Never, Pt. Shenmen, Pt. Subcortex and Pt. Large Intestine.

Method: 2-3 points are selected for each treatment. For sever pain a string stimulation is given; after the pain is relieved a mild stimulation is advisable. Give the treatment once each day or every other day. Ten treatments make up a course. The auricular-seed-pressing therapy is also applicable.

Cholecystitis (Cholelithiasis)

The diseases are caused mostly by inflammation of the gallbladder, obstruction of the cystic duct and cholesterol metabolic disorder. The patient may have a history of attack of biliary colic and acute cholecystitis. The main clinical manifestations are pain of the right upper abdomen or right hypochondrium, radiating to the right shoulder and back, epigastric distension and helching after meals, aversion to greasy food, and tenderness on the region of the gallbladder. Occasionally enlarged gallbladder can be felt by palpation. By cholecystography, the gallbladder gives a faint picture or none at all. Deformity or bad contractibility of the gallbladder or the shadow of gallstones can be found. The diseases pertain to the categories of “abdominal pain” and “hypochondriac pain” in traditional Chinese medicine.

Differentiation

- 1. Stagnation of the Liver-gallbladder qi:** Distending pain of the right upper abdomen and hypochondrium, chest oppression and discomfort, anorexia, reddish tongue with thin and white coating, taut pulse.
- 2. Retention of damp-heat in the interior:** Extending pain of the right upper abdomen or right hypochondrium, nausea, vomiting, vexation, bitter mouth, red tongue with yellow and greasy coating, taut and rapid pulse.

Treatment

1. Body acupuncture

Prescription: Riyue (G 24), Qimen (Liv 14), Danshu (B 19), Yanglingquan (G 34), Dannangxue (Extra 39) and Nei-guan (P 6).

Supplementary points: For Retention of damp-heat in the interior, Yinlingquan (Sp 9) and Ququan (Liv 8) are added; for calculus of intrahepatic duct, Taichong (Liv 3).

Method: Use the filiform needles to puncture these points with the reducing method.

2. Ear acupuncture

Prescription 1: Pt. Liver, Pt. gallbladder, Pt Sympathetic Nerve, Pt. Shenmen, Pt. Subcortex, Pt. Duodenum, Pt. Stomach and Pt. Large Intestine.

Method: 3-5 points are selected for each treatment. A strong stimulation is given. Retain the needles for 30 minutes. Give the treatment once each day. The auricular-seed-pressing therapy is also applicable.

Prescription 2: Pt. Liver, Pt. gallbladder, Pt. Sanyinjiao, Pt. Stomach, Pt. Duodenum, Pt. Esophagus, Pt Sympathetic Nerve, Pt. Shenmen, Pt. Intertragus

(Endocrine) and Pt. Ear Apex.

Method: 3-5 points are selected for each treatment. An electric stimulator is connected to them. Treat with electricity of sparse dense waves for ten minutes each time. Give the treatment once a day. The patient should eat two fried eggs in the morning and take magnesium sulfate 15g if he has constipation. During treatment, patient's stools should be sieved and examined for stones.

Diarrhea

Diarrhea refers to abnormal frequency and liquidity of fecal discharges. It is termed "xie xie" in traditional Chinese medicine.

Differentiation

- 1. Deficiency of the spleen and stomach:** Loose stools with indigested food, anorexia, epigastric distress, sallow complexion, lassitude, pale tongue with white coating, thin and weak pulse.
- 2. Deficiency of the kidney-yang:** Slight pain of the abdomen and diarrhea, or borborygmus without pain at dawn, cold limbs, lassitude in the loins and legs, pale tongue with white coating, deep and thin pulse.

Treatment

1. Body acupuncture

Prescription: Zhongwan (Ren 12), Tianshu (S 25) and Zusanli (S 36).

Supplementary points: For deficiency of the spleen and stomach, Pishu (B20) and Weishu (B 21) are added; for deficiency of the kidney-yang, Shenshu (B 23), Guanyuan (B 26), Mingmen (Du 4) and Qihai (Ren 6).

Method: Puncturing with reinforcing method is adopted. More moxibustion should be used.

2. Ear acupuncture

Prescription: Pt. Large Intestine, Pt. Small Intestine, Pt. stomach, Pt. Spleen, Pt. Shenmen, Pt. Sanjiao and Pt. Sympathetic Nerve.

Method: the auricular-seed-pressing therapy is adopted with the points on both ears used alternatively. The points are changed once every 3 days.

Arrhythmia

Any abnormality in starting portion of heart-stroke, heart rate and rhythm, and cardiac conduction is called arrhythmia, in which tachycardia, bradycardia and irregular heart rate are more common. It belongs to the categories of "palpitation", "sever palpitation" and others in traditional Chinese medicine.

Differentiation

1. **Insufficiency of the heart-qi:** Palpitation, shortness of breath, fear and fright, dream-disturbed sleep, pale tongue, thin and rapid pulse.
 2. **Obstruction of the heart-vessels:** Palpitation, restlessness, stabbing pain in the chest, fixed in a position, purplish and dark tongue, or the tongue with ecchymoses, deep and uneven pulse.
 3. **Deficiency of the heart-yin:** Palpitation, restlessness, dream-disturbed sleep, dysphoria with feverish sensation in chest, palm and soles, amnesia, night sweat, red tongue with little coating, thin and rapid pulse.
- Insufficiency of the heart-yang:** Palpitation, dizziness, feeling of stuffiness in the chest and epigastrium, lassitude, cold limbs, pale tongue with white and slippery coating, thin, weak pulse or knotted and intermittent pulse.

Treatment

1. Body acupuncture

Prescription: Neihuan (P 6), Shenmem (H 7), Xinshu (B 15) and Jueyinshu (B 14).

Supplementary points: For insufficiency of the heart-qi: Shanzhong (Ren 17), Zusanli (S 36), Lieque (L 7) and Suliao (Du 25) are added; for obstruction of the heart-vessels: Feishu (B 13), Shanzhong (Ren 17) and Sanyinjiao (Sp 6); for insufficiency of the heart-yang: Suliao (Du 25), Dazhui (Du 14), Guanyuan (Ren 4) and zushanli (S 36).

Method: Use the filiform needles to puncture the points with the reinforcing or even movement method. In case of bradycardia, retain the needles for 5–15 minutes. Handle-scraping method should be used in puncturing Suliao (Du 25). For Insufficiency of the heart-qi, Obstruction of the heart-vessels, and insufficiency of the heart-yang, mild warm moxibustion or moxibustion with warming needle may be applied in combination with acupuncture. Give the treatment once every day or every other day. Ten treatments constitute one course.

2. Ear acupuncture

Prescription: Pt. Heart, Pt. Brain, Pt. Shenmen, Pt. Small Intestine and Pt. Subcortex.

Method: 3–4 points are selected for each treatment. A moderate stimulation is given. Retain the needles for 30 minutes. Give the treatment once each day. The auricular-seed-pressing therapy is also applicable.

Essential Hypertension

Essential Hypertension is a chronic, systemic vascular disease characterized by rising of the arterial pressure, especially rising of the diastolic pressure. In the early stage, there are symptoms of dizziness, headache, palpitation, insomnia, tinnitus, dysphoria, lassitude, hypomnesia, etc. in the late stage the organs such as the heart, brain, kidneys and others may be involves. It belongs to the categories of “dizziness” and “headache” in traditional Chinese medicine.

Differentiation

1. **Excess of liver-fire:** Headache, dizziness, redness of the face and eyes, dysphoria and being easy to lose temper, red tongue with yellow coating, taut and forceful pulse.
2. **Excess of phlegm-dampness:** Dizziness, heaviness of the head, oppressed sensation in the chest, palpitation, vomiting and profuse sputum, greasy tongue coating, and slippery pulse.
3. **Hyperactivity of yang due to yin deficiency:** Dizziness, headache, lassitude in the loins and legs, tinnitus, amnesia, dysphoria with feverish sensation in the chest, palms and soles, palpitation, insomnia, red tongue, taut, thin and rapid pulse.

Treatment

1. Body acupuncture

Prescription: Quchi (LI 11) and Taichong (Liv 3).

Supplementary points: For excess of liver-fire: Fengchi (G 20) and Taiyang (Extra 1) are added; for excess of phlegm-dampness: Fenglong (S 40), Zhongwan (Ren 12) and Neiguan (P 6); for hyperactivity of yang due to yin deficiency: Shenshu (B 23), Ganshu (B 18), Taixi (K 3) and Sanyinjiao (Sp 6).

Method: The reducing or even movement method is used for excess of liver-fire and excess and phlegm-dampness; the reinforcing method is used for hyperactivity of yang due to yin deficiency.

2. Ear acupuncture

Prescription: Pt. Heart, Pt. Liver, Pt. Middle Border, Pt. Groove for Lowering Blood Pressure, Pr. Shenmen and Pt. Ear Apex.

Method: 3-5 points are selected for each treatment. A moderate or strong stimulation is given. Retain the needles for 1-2 hours. Give the treatment once each day. Pt. Groove for Lowering Blood Pressure may be pricked to cause bleeding with a three-edge-pressing therapy.

3. Scalp acupuncture

Prescription: Foot motor sensory area (bilateral), Thoracic area, and Vasomotor area.

Method: Give the treatment once each day. 5-10 treatments make up a course.

Retention of Urine

Retention of Urine refers to difficult urination resulting in large amounts of urine accumulated in the bladder, clinically characterized by blockage of urine and distension and fullness in the lower abdomen. In traditional Chinese medicine, “long bi (uroscheses)” is its name.

Differentiation

1. **Deficiency type:** Dribbling in urination, attenuating in force of the urine discharge, complete blockage of urine in severe cases, distension and fullness in the lower abdomen, pallor, listlessness, weakness of the loins and knees, pale tongue with white and slightly greasy coating, thin and weak pulse.
2. **Excess type:** Retention of urine, distention and pain in the lower abdomen, restlessness, dyspnea, red tongue, with yellow and greasy coating, slippery and rapid pulse.

Treatment

1. Body acupuncture

Prescription: Weiyang (B 39), Zhongji (Ren 3) and Sanyijiao (Sp 6).

Supplementary points: For deficiency type: Qihai (Ren 6), Guanyuan (Ren 4) and Shenshu (B 23) are added; for excess type: Pangguangshu (B 28) and yinlingquan (Sp 9).

Method: Use the filiform needles to puncture the points with the reinforcing method and moxibustion for deficiency type, with the reducing method for excess type.

2. Ear acupuncture

Prescription: Pt. Bladder, Pt. Kidney, Pt. Urethra, Pt. Sanjiao and Pt. Occiput.

Method: 2-3 points are selected for each treatment. A moderate stimulation is given. Retain the needles for 40-60 minutes. Twirl the needles once every 10-15 minutes. The auricular-seed-pressing therapy is also applicable.

Impotence

Impotence is a condition in which the penis fails to erect or the penis can erect but not hard enough to perform sexual intercourse.

Differentiation

1. **Heart-spleen deficiency:** Failure of the penis in erection, or weak erection, accompanied with palpitation, shortness of breath, listlessness, sallow complexion, loss of appetite, pale tongue, thin and weak pulse.
2. **Kidney-yang deficiency:** Failure of the penis in erection, or weak erection, accompanied with dizziness, tinnitus, soreness, and weakness of the loins and knees, cold extremities, pale tongue with coating, deep, slow and weak pulse.

Treatment

1. Body acupuncture

Prescription: Guanyuan (Ren 4), Sanyinjiao (Sp 6) and Ligou (Liv 5).

Supplementary points: For heart-spleen deficiency, Shenmen (H 7) is added; for kidney-yang deficiency, Mingmen (Du 4).

Method: Use the filiform needles to puncture the points with the reinforcing method. Moxibustion may be added.

2. Ear acupuncture:

Prescription: Pt. Seminal Palace, Pt. External Genitalia, Pt. Testis, and Pt. Endocrine.

Method: 2-4 points are selected for each treatment. Retain the needles for 30 minutes. Give the treatment once each day. 6-10 treatments make up one course. The auricular-seed-pressing therapy may also be applicable.

3. Electrotherapy.

Prescription: Group 1: Ciliao (B 32) and Rangu (K 2).

Group 2: Guanyuan (Ren 4) and Sanyinjiao (Sp 6).

Method: The two groups may be used alternatively. Low-frequency pulse current is adopted. Electrify the points for 3-5 minutes each treatment, 1-2 treatments a day. 6-10 treatments make up a course.

Dysmenorrhea

Dysmenorrhea refers to the severe pain appearing in the lower absomen and lumbosacral region during, before or after menstruation.

Differentiation

- 1. Excess syndrome:** Distending pain in the lower abdomen and lumbar pain before or during menstruation, retarded passage of dark purple menses with clots, purlish tongue with petechiae or echymoses, taut or uneven pulse.
- 2. Deficiency syndrome:** Dull pain in the lower abdomen appearing during or after menstruation, alleviated by warmth and pressure, pink and scanty menses, accompanied with soreness and weakness of the loins and extremities, loss of appetite, dizziness, palpitation, pale tongue, thin and weak pulse.

Treatment

Body acupuncture

Prescription: Zhongji (Ren 3), Ciliao (B 32), Dijì (Sp 8) and Sanyinjiao (Sp 6).

Supplementary points: For excess syndrome: Guanyuan (Ren 4) is added; for deficiency syndrome, Shenshu (B 23), Guyuan (Ren 4) and Zusanli (S 36).

Method: Use the filiform needles to puncture the points. For excess syndrome, use the reducing method and start the treatment on the third day before menstruation; for deficiency syndrome, use the reinforcing method and apply moxibustion to Guayuan (Ren 4), Zusanli (S 36) and Sanyijiao (Sp 6), retain the needles for 20 minutes and manipulate them once every 5 minutes.

Periarthritis of shoulder

Periarthritis of shoulder is a chronic, retrograde and inflammatory disease of the shoulder joint capsule and the soft tissues around it, mostly due to exposure to cold, trauma and chronic strain of the shoulder. The main clinical manifestations are soreness and dysfunction of the shoulder. The disease is usually seen in those at the age of 50 or so. It is termed “frozen shoulder”, “omalgia” in traditional Chinese medicine.

Differentiation

Pain in the shoulder radiating to the neck and back, aggravated at night or by movement of the shoulder, limitation of the active and passive movements of the shoulder joints in all directions, especially of the abduction, extension and backward extension.

Treatment

1. Body acupuncture

Prescription: Jianyu (LI 15), Jianzhen (SI 9), Binao (LI 14) and Tiaokou (S 38).

Supplementary points: For pain of the medial aspect of the shoulder, Chize (L 5), Taiyuan (L 9) and Yinlingquan (Sp 9) are added; for pain of the lateral aspect of the shoulder and over scapula, Houxi (SI 3), Tianzong (SI 11) and Yanglingquan (G 34); for pain of the anterior aspect of the shoulder, Hegu (LI 4), Quchi (LI 11) and Zusanli (S 36).

Method: Use the filiform needles to puncture the points with the reducing method. Retain the needles for 30 minutes. Give the treatment once daily.

2. Ear acupuncture:

Prescription: 2-3 points are selected for each treatment.

A strong stimulation is given, ask the patient to move the diseased arm properly during needling. Retain the needles for 20 minutes. The auricular-seed-pressing therapy may also be applicable.

Cervical Spondylopathy

The condition in which hyperosteo-geny of the cervical vertebra stimulates or oppresses the cervical nerve root, spinal cord, vertebral artery or sympathetic nerve, causing pain and other symptoms is known as cervical spondylopathy. The main clinical manifestations are soreness, distension or pain of the neck, shoulder or arm, numbness of the fingers, etc. the disease, belonging to the category of “arthralgia-syndrome” in traditional Chinese medicine, is usually seen in those at the age over forty.

Differentiation

Pain or numbness, soreness and heaviness of the head, neck, shoulder, arm, hand, upper parts of the chest and back, radiating pain. In the severe cases, there may be quadriplegia, paraplegia, hemi paralysis, fecal and urinary incontinence, etc.

Treatment

1. Body acupuncture

Prescription: Ashi point on the neck, Tianzong (SI 11), Jianyu (LI 15), Quchi (LI 11), Xuanzhong (G 39) and Shenshu (B 23).

Supplementary points: For numbness of the hand and fingers, Hegu (LI 4) and Waiguan (SJ 5) are added; for paralysis, Huantiao (G 30), Yanglingquan (G 34) and Zusanli (S 36).

Method: The patient sits with the head inclining forward slightly as acupuncture is given on Ashi point on the neck, then insert the needles perpendicularly with the reinforcing method while the patient exhales. Retain the needles for 20 minutes. Give the treatment once every other day. Apply moxibustion with warming needle to Tianzong (SI 11), or cupping to it after it is needed. The filiform needles are used to puncture the other points with the reinforcing or even movement method. It is recommended to apply more moxibustions to these points.

2. Ear acupuncture:

Prescription: Pt. Clavicle, Pt. Neck, Pt. Shoulder, Pt. Kidney and Pt. Shenmen.

Method: 2-4 points are selected for each treatment. A strong stimulation is given. Retain the needles for 30 minutes. The auricular-seed-pressing therapy may also be applicable.

Torticollis

Torticollis, also known as doresocervical myofibrositis or sprain of the neck, is caused by an improper position of the neck during sleep or attack of wind and cold on the nape. Its main clinical manifestations are acute simple stiffness and pain of the neck and its associated limitation of movement.

Differentiation

Pain in one side or both sides of the neck and nape, motor impairment of the neck, affecting the hand, shoulder or back.

Treatment

1. Body acupuncture

Prescription: Ashi point on the neck, Houxi (SI 3).

Method: Use the filiform needles to puncture the points with the reducing method. Ask the patient to move his or her neck while Houxi (SI 3) is needed. After the local Ashi point is punctured, cupping is applied.

2. Ear acupuncture:

Prescription: Pt. Neck, Pt. Clavicle and Tender spot.

Method: The filiform needles are used to puncture the points with a strong

stimulation given. Retain the needles for 60 minutes. Give the treatment once every day, and the treatment once or twice is given after the pain is relieved.

Acute lumbar Muscle Sprain

The disease is mostly due to improper posture of giving strength, or falling, wrestling, sprain which hurts the lumbar muscles, fascias, or ligaments. Its main manifestations are lumbar pain, motor impairment of the lumbar region, etc. the disease belongs to the category of lumbago due to blood stasis: in traditional Chinese medicine.

Differentiation

Sudden onset of lower back pain, motor limitation of the lumbar region, aggravated by movement, radiating to the lower extremities in case of severe pain. There is a marked tenderness of the local area.

Treatment

1. Body acupuncture

Prescription: Renzhong (Du 26), Houxi (SI 3), Weihzong (B 40), Ashi point on the lumbar region.

Method: Use the filiform needles to puncture the points with the reducing method. Puncture Renzhong (Du 26) in cun or so with the needle tip upward at the angle of 15°. a strong stimulation is given. Retain the needle for 10 minutes, and then withdraw it.

2. Ear acupuncture:

Prescription: Tender spot of the lumbosacral area, Pt. Shenmen, Pt. Subcortex.

Method: Puncture the points with the filiform needles and stimulate them strongly, then retain the needles for 1-3 hours. The auricular-seed-pressing therapy may also be applicable.

Chronic Backache

The disease is characterized by pain in the lumbar region and the back, sustained for a long time, belonging to the category of "lumbar pain" in the traditional Chinese medicine.

Differentiation

1. Cold-damp type: Coldness and severe pain in the lower back, gradually aggravated by turning the body, not relieved but aggravated by lying down quietly and aggravated on rainy days, white and greasy tongue coating, deep and slow pulse.

2. Blood-stasis type: Severe pain in the lower back, which is generally fixed in a certain area, and is aggravated by pressure and impaired movement by bending

forward or backward and turning the body, dark purplish tongue for with ecchymoses uneven pulse.

3. Kidney-deficiency type: Sustained pain and soreness in the lower back aggravated by fatigue and alleviated by bed rest, pale tongue, deep, thin and weak pulse.

Treatment

1. Body acupuncture

Prescription: Shenshu (B 23), Weizhong (B 40), Yanglingquan (G 34) and Ashi point on the lumbar region.

Supplementary points: for cold-damp type, Fengfu (Du 16) is added; for blood-stasis type, Geshu (B 17) and Ciliao (B 32); for kidney-deficiency type, Taixi (K 3) and Mingmen (Du 4).

Method: Use the filiform needles to puncture the points with even movement method.

For cold-damp type, prick Weizhong (B 40) with a three-edged needle to cause bleeding.

2. Ear acupuncture:

Prescription: Pt. Lumbosacral Vertebrae, Pt. Kidney, Pt. Subcortex, Pt. Shemen, and Pt. Adrenal.

Method: 2-3 points are selected. A moderate or strong stimulation is given. Retain the needles for 30 minutes. The auricular-seed-pressing therapy may also be applicable.

Arthritis

The disease refers to inflammatory changes of the joint, associated with various pathogenic factors, of which rheumatic arthritis, rheumatoid arthritis, osteoarthritis and others are commonly met. Its main clinical manifestations are pain, numbness and limitation of movement of the affected joints. The disease pertains to the category of “arthralgia-syndrome” in traditional Chinese medicine.

Differentiation

1. Wandering arthralgia-syndrome: Wandering arthralgia, accompanied with aversion to wind, fever, thin, white or greasy tongue coating, floating pulse.

2. Painful Arthralgia-syndrome: Sever stabbing arthralgia with fixed localization, alleviated by warmth and aggravated by cold, white tongue coating, tight pulse.

3. Fixed arthralgia-syndrome: Soreness and fixed pain in the joints, or with swelling and numbness, aggravated on cloudy and rainy days, white and greasy tongue coating, soft and slow pulse.

4. Heat arthralgia-syndrome: Arthralgia with local redness, swelling and burning, excruciating pain, involving one or several joints, accompanied with fever, sweating and thirst, yellow and greasy tongue coating, slippery and rapid pulse.

Treatment

1. Body acupuncture

Prescription: Dazhui (Du 14), Quchi (LI 11), Hegu (LI 4), Jianyu (LI 15). Waiguan (SJ 5), Wangu (SI 4), Huantiao (G 30), Xuanzhong (G 39), Jiaji (Extra 15), Fengshi (G 31), Yanglingquan (G 34), Dubi (S 35) and Kunlun (B 60).

Supplementary points: for wandering arthralgia-syndrome, Geshu (B 17) and Xuehai (Sp 10) are added; for Painful. Arthralgia-syndrome, Shenshu (B 23) and Guanyuan (Ren 4); for fixed arthralgia-syndrome, Zusanli (S 36) and Yinlingquan (Sp 9); for Heat arthralgia-syndrome, Quchi (LI 11) and Dazhui (Du 14).

Method: Select 3–5 points for each treatment according to the localization of pain, for Wandering arthralgia-syndrome and Heat arthralgia-syndrome, superficial needling and the reducing method are advisable; for Painful. Arthralgia-syndrome: and fixed arthralgia-syndrome, needling deep with the needles retained and moxibustion are recommended.

2. Ear acupuncture:

Prescription: Areas corresponding to the joints, Pt. Shemen, Pt. Liver, Pt. Subcortex and Pt. Kidney.

Method: Select 3–5 points for each treatment. A strong stimulation is given. Retain the needles for 30 minutes. The auricular-seed-pressing therapy may also be used.

Sciatica

Sciatica refers to pain in the passage and distribution region of the Sciatic nerve. Its main manifestation is the radiating pain of the lower back and legs, usually radiating from unilateral lumbar region or buttock to the posterior side of the thigh, popliteal fossa, lateral side of the leg and lateral side of the dorsum of foot. It belongs to the category of “arthralgia syndrome” in traditional Chinese medicine.

Differentiation

1. Wind-cold-damp arthralgia: fixed, severe cold and pain of the lumbar region and legs, limitation of bending forward and backward and turning, aggravated on cloudy, rainy and cold days, white and greasy tongue coating, taut and floating pulse.

2. Deficiency of the kidney-essence: Lingering soreness and weakness of the loins and knees, lassitude and listlessness, pale tongue with white coating, deep, thin and weak pulse.

3. Blood stasis obstructing collaterals: Severe fixed prickling pain in the lumbar region and leg, aversion to pressure, dark purplish tongue, sometimes with ecchymoses, deep and uneven pulse.

Treatment

1. Body acupuncture

Prescription: Dachangshu (B 25), Shenshu (B 23), Huatuojiaji point on the lumbar region, Ciliao (B 32), Weizhogn (B 40), Yanglingquan (G 34) and Juegu (G 39).

Supplementary points: for Wind-cold-damp arthralgia, Dazhui (Du 14) and Yinglingquan (Sp 9) are added; for Deficiency of the kidney-essence, Panguangshu (B 28) and Taixi (K 3); for Blood stasis obstructing collaterals, Shuigou (Du 26) and Ashi point.

2. Ear acupuncture

Prescription: Pt. Sciatic Nerve, Pt. Buttocks, Pt. Lumbosacral Vertebrae, Pt. Shenmen and Pt. Subcortex.

Method: Select 2-3 points for each treatment. Give a moderate and strong stimulation to the points. Retain the needles for 30 minutes. Give the treatment once every day. The auricular-seed-pressing therapy may also be applicable.

3. Electrotherapy

Prescription: Dicang (S 4) piercing Jiache (S 6), Sizhukong (SJ 23) piercing Zanzhu (B 2) piercing Yingxiang (LI 20), Yangbai (G 14) piercing Yuyao (Extra 5).

Method: Puncture the first point, lift the needle tip to the subcutaneous area after arrival of qi. Then pierce the second point at an angle of 30°. Send electrical current to them for 5-10 minutes. It is recommended to see the contraction of the paralytic muscles. Give the treatment once every day or every other day.

Simple Obesity

Simple Obesity refers to excessive adipose caused by the calorie intake exceeding the calorie consumption except those of endogenous and hereditary factors. Generally speaking, the diagnosis of obesity may be made by the body weight which exceeds the standard body weight by 10%.

Differentiation

Obesity, listlessness, somnolence, lassitude, shortness of breathe, edema of the lower limbs, irregular menstruation, constipation, pale and enlarged tongue with white and greasy coating, deep and taut pulse.

Treatment

1. Body acupuncture

Prescription: Zusanli (S 36), Tianshu (S 25), Sanyijiao (Sp 6), Zhongwan (Ren 12), Pishu (b 21) and Fenglong (S 40).

Method: Use the filiform needles to puncture the points with the even movement method.

Give the treatment once daily.

2. Ear acupuncture

Prescription: Pt. Shenmen, Pt. Stomach, Pt. Large Intestine, Pt. Spleen, Pt. Mouth, Pt. Hunger, Pt. Endocrine and Pt. Gallbladder (Pancreas).

Method: Select 3-5 points for each treatment. Give a moderate or strong stimulation and retain the needles of 30 minutes. Give the treatment once daily. The auricular-seed-pressing therapy may also be used. Give the treatment once every 3-5 days. Seven days make up a course.