Essentials of Electroacupuncture

Third Edition

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Contents

Foreword ..... **xi**

Preface for the Third Edition ..... **xv**

Acupuncture in the Western Nations **1**

Theories of Acupuncture **3**
- Diagram of Mutual Production 5
- Diagram of Mutual Inhibition 6
- Twelve Acupuncture Channels 7
- Five Initial Holes 8
- Five Initial Holes and Yuan, Luo, Xi 9
- Diagram of Five Holes and Yuan, Luo, Xi 13
- Diagram of Back Shu Points and Front Mu Points 14
- Diagram of Eight Confluences, Eight Influential Points 14

Study of Acupuncture **15**

New Developments in Acupuncture Research **19**

Neural Repair in the Poststroke Brain **23**

Preparation for Acupuncture **27**

Acupuncture Needle Specification **29**

Acupuncture Needle Insertion **31**

Electroacupuncture Technique **35**

Contraindications for Acupuncture **41**
- Non-Needle Insertion Acupuncture Points 42

Extra Points **45**

Ear Points **47**

Acupuncture for Children **49**

Rules of Supplementation and Release **51**

Contraindications for Moxibustion 58
Non-Moxibustion Acupuncture Points 59

Inner Workings of Channels and Points 61
Clinical Interactions between Channels and Points 66

Prescriptions....71

Head and Face Pain 73
Headache....73
Migraine 74
Retroorbital Pain 74
Temporomandibular Joint Pain....75

Musculoskeletal Pain....77
Lumbar Radiculopathy and Low Back Pain 77
Cervical Radiculopathy and Neck Pain 80
Thoracic Midback Pain 83
Flank Pain 83
Spinal Pain 84
Periscapular Pain 84
Shoulder Joint Pain 85
Lateral Epicondylitis of Humerus (Tennis Elbow) 85
Medial Epicondylitis (Golfer's Elbow) 86
Carpal Tunnel Syndrome 86
Plantar Fasciitis....87
Ostearthritic Pain at Knee and Other Joints....87
Muscle Pain in Sleep and in Cold Damp Weather 88
Fibromyalgia....88

Gasrointestinal Disorders 91
Hypersalivation....91
Salivation Deficiency 91
Glossitis, Gingivitis and Stiff Tongue 92
Gastroesophageal Reflux Disease....92
Nausea and Vomiting 93
Post Gastroenterostomy Nausea, Vomiting and Indigestion....93
Indigestion and Weight Loss 94
Dysphagia 94
Anorexia 94
Stomachache 95
Midabdominal Pain....95
Cholecystitis and Biliary Colic 95
Jaundice and Ascites in Chronic Liver Disease 95
Constipation 96
Diarrhea 96
Irritable Bowel Syndrome 96
Hemorrhoid 97
Rectal Prolapse....97

Urological Disorders....99
Essential Hematuria 99
Incontinence of Urine and Enuresis 99
Irritabbe Male Bladder and Prostatism....100
Distended Hyperactive Bladder....100
Dysuria 100
Delayed Urine Stream and Urethritis 101
Nocturnal Emission 101
Hydrocele 101

Gynecological Disorders 103
Lactation Failure at the Postpartum Stage....103
Pain in the Breast....103
Painful Engorgement of the Breast 103
Delayed Menstruation and Amenorrhea....104
Irregular Menstruation 104
Postpartum Recovery....104
Menopause and Dysmenorrhea....104
Infertility....105

Pulmonary and Chest Disorders 107
Chronic Asthma....107
Bronchitis 107
Diaphragmatic Paralysis 108
Pericarditis in Uremia 108

Neurological Disorders 111
Facial Palsy 111
Trigeminal Neuralgia 112
Parkinson's Disease 113
Peripheral Polyneuropathy of Lower Extremity 114

Hemiparesis of Stroke 119
Paresis of Leg 121
Paresis of Arm 123
Rehabilitation for Stroke Paresis 128

Monoparesis 131
Monoparesis of Leg 131
Monoparesis of Arm 132

Eye, Ear and Nose Disorders 135
Visual Deficiency 135
Epistaxis 136
Allergic Rhinitis 136
Anosmia 136
Hearing Loss, Tinnitus and Vertigo 137

Skin Disorders 139
Anhidrosis 139
Hyperhidrosis 139
Acute Skin Rash 140
Chronic Eczema 140
Skin Sore and Ulcer 140
Pruritus with or without Skin Rash 140
Herpes Zoster Intercostal Neuralgia 141
Alopecia Areata and Generalis 142

Mental Disorders 143
Lack of Spirit and Energy 143
Anxiety, Agitation and Palpitation 143
Unhappiness and Worry 144
Fear and Globus Hystericus 144
Insomnia 144

Other Disorders 145
Fever from Influenza Virus Infection 145
Psychogenic Polydypsia 145
Nicotine Addiction 145
Edema and Water Retention 146
Hiccup 146

Useful Points in Common Practice 147
Points for Unusual Symptoms 147
Analgesic Pain Discharge Points 147

Case Studies 149
Clinical Presentations and Prescriptions 149

Pain Management Strategy 153

Twelve Ordinary Channels 155
1. Hand Taiyin Lung Channel 155
2. Hand Yangming Large Intestine Channel 158
3. Foot Yangming Stomach Channel 161
4. Foot Taiyin Spleen Channel 169
5. Hand Shaoyin Heart Channel 172
6. Hand Taiyang Small Intestine Channel 174
7. Foot Taiyang Urinary Bladder Channel 177
Helpful Tips to Locate UB Channel Points 189
8. Foot Shaoyin Kidney Channel 190
9. Hand Jueyin Pericardium Channel 195
10. Hand Shaoyang Sanjiao Channel 198
11. Foot Shaoyang Gall Bladder Channel 203
12. Foot Jueyin Liver Channel 211

Eight Extraordinary Channels 217
1. Du Channel 218
Safety Tips for Du Points at the Scalp and Skull Base 223
2. Ren Channel 224
Safety Tips for Ren Points on the Abdomen 229
3. Chong Channel 230
4. Dai Channel 231

5. Yangqiao Channel 232
6. Yinqiao Channel 232
7. Yangwei Channel 233
8. Yinwei Channel 234

Pairing of Eight Confluences and Xi Points 237
Fifteen Luo Connection Points 238

Rules of Five Initial Holes and Yuan, Luo, Xi, Extra Point 239

Acupuncture Point Names in Chinese Letters 245

Five Element Theory 251
Diagrams by Po Hi and Wu 253
Yin and Yang 257
Ten Heaven Elements 258
Twelve Earth Elements 260
Four Body Constitutions 264
Pulse Diagnosis 266

Philosophy of Five Element 271
Water 271
Wood 272
Fire 273
Earth 275
Metal 277

I-Ching and Codes of Change 279
Ancient Code 283
Po Hi Code 284
Present Code 285
Future Code 286
Index of Codes 287

Meditation 289
Initiation 289
Practice of Meditation 292

Attainment in Vedic Tradition 295
Atman 296
Karma and Rebirth 297
Order of the Spiritual Elements 298

Glossary of Vedic Words 307

References 311

Index 321

Foreword

The book consists of two parts, one is the technical acupuncture currently practiced in the United States and elsewhere, the other is Asian philosophy. Acupuncture is born from Asian numerology and Five Element Theory. As I treated patients paralyzed from stroke from 2002, people asked me to write a book. The book was written from the summer of 2006, by then I had practiced acupuncture for eighteen years. In those years, I visited many retirement facilities for senior citizens, club house for retired police officers and fire fighters, and other social clubs to talk to them about acupuncture, and to recruit potential patients. Acupuncture was still new to the community. Around 2004, a message was building in my mind that there is a need to rehash the old acupuncture theories in a new format suitable to the present time, compatible to other sciences of commom knowledge, and make over conflicting old prescriptions into a combined prescription.

By definition, with western medicine being the main conventional medicine, acupuncture is called the "alternative medicine". The term alternative medicine fills the fairly large void left by the conventional medicine in which, in many functional disorders, the pathophysiological mechanism is not clearly elucidated, therefore clinical solution is not available. Acupuncture uses different approach to dignose the diseases, and offers noninterventional nonpharmacological therapies. In order to provide an effective treatment, we have to approach the clinical problems at two fronts, both conventional and alternative. The status of the diseases needs to be studied and assessed by imaging studies and blood tests. The better the disease is defined and understood, the more effective treatments can be delivered. MRI, X-Ray, Nerve Conduction Velocity Test and Electromyogram are some of the valuable diagnostic tests frequently used to treat the diseases effectively with acupuncture.

The book is written as a textbook of electroacupuncture intended primarily for acupuncturists in practice, and other healthcare services where acupuncture is integrated into the practice. Physicians deal with complex medical problems, and generally they do not treat health problems with acupuncture alone; rather they treat patients with both acupuncture and conventional medicine—thus providing the options out of conventional and alternative medicine.

The other reason I wrote this book was to provide prescriptions to treat post stroke patients with mobility impairment. From 2003, stroke researches focus on the subject of neural cell repair in the post stroke brain. There are clear evidences that new electrical activities develop at the infarcted brain cortex to cross connect to the contralesional normal brain. These remarkable researches support the concept of stroke prescriptions in old Chinese textbooks written in early Southern Sung Era (1127-1276 A.D.). This makes stroke a treatable problem. *Chinese stroke prescriptions* use a pair of bilateral neuro-muscular units as the acupuncture points to treat paresis. Connecting and stimulating bilateral points at the extremity can reactivate and connect the infracted brain to the contralesional normal brain.

We are still very much in the process of integrating acupuncture into conventional medicine. Merging two systems from different roots into one takes a long time. The book does not list experimental prescriptions with questionable clinical effects. The prescriptions come from the well known classic texts. Prescription points are arranged in groups by clinical stages. Some channel points were realigned by the rules of five elements. Practitioners must make their own decision that is most appropriate for each patient under the clinical circumstance.

The book contains categorized prescriptions for stroke hemiparesis and peripheral polyneuropathy. From 1994 to 2004, stroke death rate declined by 6.7%, in 2004 overall stroke death rate was 50.0%. Each year, 700,000 people experience new or recurrent stroke, and slightly more than 50% of stroke survivors were affected by some degree of motor deficit. (70, 72, 109) The Stroke incidence is much higher in nations where people are inadequately educated about the health risks of cardiovascular disease, and hypertension is poorly controlled. Hypertension is the most important risk factor for stroke in China. (81) In Japan, stroke incidence is on a decline. (82)

Estimated prevalence of peripheral polyneuropathy in the U.S. is about 20 million. Peripheral polyneuropathy of the lower extremity affects approximately

one-third of all diabetics. (71) Motor deficit of stroke paresis and peripheral polyneuropathy improve remarkably when treated by electroacupuncture.

In 1987, I was a student at a local acupuncture school's evening classes for three months. I learned acupuncture theories and its clinical applications. As days went by, I became confused with the acupuncture theories and technical details that did not assemble together. It seemed my evening class instructor was delivering knowledge, which he has not understood well . As more days went by, I felt, behind all these complex acupuncture points and channels, there must be an unified system that holds all the parts together in harmony, especially when the acupuncture system has been used for more than two thousand years as an effective remedy. I imagined the acupuncture channel system is like a magnificent spider web hung up in the air holding all strings together in complete harmony. I knew the source science of acupuncture came from the Confucian and Taoist philosophy such as we see in the Book of Change and the Book of Virtue.

I did not learn acupuncture from a professional school. I had two teachers. First teacher taught me how to read the Chinese literature and write the letters by calligraphy. The second teacher taught me the Asian numerology. I read and wrote memorial stone inscriptions dating back to 200 B.C. and Confucian Buddhist texts, and I studied Sung-Ming Era numerology texts. It took twelve years to go through these two courses. I am still in the study of calligraphy. Readers who are educated by the logics of Western science, thus not accustomed to the thought process of Eastern philosophy, may find it hard to understand the nonlinear logics of acupuncture. But it is my intention to make this learning easier for all readers.

A significant portion of this textbook is dedicated to the Five Element Theory and the Eastern philosophy. Five Element Theory is the fundamental base on which acupuncture channel systems were built over 4000 years. As we are aware, there is widespread interest in the Eastern philosophy in all sectors of Western society with greater attention paid to Buddhism, Yoga and meditation. Every Eastern philosophy: Buddhism, Confucianism, Taoism and Hinduism has its own unique way of seeing the basic elements in the nature. Acupuncture has always been a science of observation. Therefore, developing a skillful observation is a required process in the course of learning and practicing acupuncture.

In closing, an experienced acupuncturist can resolve the symptoms of many neurological and functional disorders, and keep the patients in a long remission. Acupuncture treatment is delivered in safe, less invasive, and above all, in

cost-effective way. This alleviates, in some cases, the interventional treatments, which can be costly in terms of expense and the time required for the recovery. Acupuncture is not, by any means, a substitute for an established medical or surgical treatment; it provides, when applicable, an alternative way of treating the diseases with natural, economical and less intervening approach.

In publishing this book, I am deeply indebted to my patients, without whom, I could not have come across the solutions to treat their problems, some of which were rare and unique.

2009 J H C

Preface for the Third Edition

After two previous editions were published, I had second thoughts about the way Extraordinary Channels were laid out in terms of their structural formations and clinical applications. Additionally, and more importantly, I felt that insufficient contribution was made to the fundamental theories of yin, yang and the five elements on which acupuncture stands as a science. The third edition provides extended logical explanations how Extraordinary Channels are formed, and how the channel points can be utilized for better clinical results.

The sections of Four Types of Body Constitution, Pulse Diagnosis and I-Ching were expanded. These three systems have evolved separately at different times; they use yin, yang, five elements and the spatial components to construct the system. It shows quite clearly that acupuncture is a small part carved out from an immensely large system. Classic texts use Body Constitution, Pulse Diagnosis and I-Ching diagrams as diagnostic schemes. Pulse Diagnosis and Body Constitution complement each other, both are based on five elements.

This edition provides expanded early history of Northeast Asia as a background to show, as much as possible, when and how the earliest acupuncture theories evolved in its original forms. It will help the readers to see acupuncture in a macroscopic view.

For the readers, especially for the beginners, it will take some time to understand the systems well; but as they read, think and contemplate, I firmly believe that their knowledge will deepen, and they will become better understanding and more capable practitioners. The section of *Inner Workings of Channels and Points* has extensive writings by two legendary acupuncturists, Pian Que and Hua Tuo. Out of total one hundred ninety-two existing acupuncture textbooks, writings

by Pian Que and Hua Tuo are the most inspirational; they take us to the farthest corner of acupuncture system, and reveal the deepest part of their minds. Pian Que is known as the earliest acupuncturist in history who lived in Warring States Era (475-221 B.C.), and Hua Tuo (110-207) lived in Eastern Han Dynasty.

The long section of *Rules of Supplementation and Release* elucidates to what direction the channel energies flow, how they form conjunction points to exchange energies, and to which side the electrodes and moxibustion should be applied in various clinical situations. Good classic textbooks have highly resourceful informations that are useful in dealing with unusual variations. Some existing prescriptions are partly modified; when different components mix into the established diagnosis, the clinical features change, consequently a different approach is needed.

In addition, more prescriptions are added in the third edition. These are hyperhidrosis, hypersalivation, uremic pericarditis, diaphragmatic paralysis, medial epicondylitis, and others. A well trained experienced acupuncturists can improvise old prescriptions; besides when necessary, they can certainly construct new prescriptions for unusual cases.

There is a clear economic value in using electroacupuncture to treat the movement disorders like polyneuropathy, Parkinson's Disease and stroke. The mobility in most stroke patients improves significantly to the extent that they do not need to stay in the assisted living facilities any longer; additionally, wheelchairs, walkers and other supportive devices become unnecessary. Effective electroacupuncture also induces long remissions from the symptoms of migraine, irritabble bowel syndrome, gastroesophageal reflux disease, spinal disc disease and other functional disorders. The costs to use supportive equipments, and to fill monthly drug prescriptions can be reduced sharply, and spine surgeries can be avoided. Electroacupuncture is much more effective than the traditional acupuncture; with less number of needles used, the clinical remissions arrive earlier. For this reason, most patients prefer electroacupuncture, and healthcare funds reimburse it at a higher rate. Electroacupuncture has a major economic impact on the national scale where the cost of health care increases each year at a steep rate.

2013 J H C

Acupuncture in the Western Nations

France and Germany have used acupuncture for two centuries. A French monk who traveled through China introduced acupuncture to France around 1780. Two French physicians applied DC current to acupuncture needles around 1820. In 1958, Chinese acupuncturists used an electric stimulator, for the first time officially, to induce anesthesia for surgery. Until then, three to four acupuncturists were at each side of a patient to rub the needles manually to generate low frequency electricity by mechanical friction.

In the United States, on the other hand, at the time of President Nixon's so called ping-pong diplomacy with China in the early 1970s, medical doctors and dentists in the State of New York went to China to study at the Beijing Acupuncture Institute. Around this time, in the urban communities in the State of California, as immigrants came from Asian nations, acupuncturists licensed in their own native countries practiced acupuncture in their west coast ethnic communities. When Governor Edmund Brown was elected into his first term in 1974, the Licensing Board of Acupuncture was commissioned in the State; subsequently, the first twenty-five foreign born acupuncturists were given licenses to practice in the state. Louisiana was first in the U.S. to commission an Acupuncture Licensing Board in 1967, Hawaii was the second, and California was the third. Currently all states in the U.S. license and monitor acupuncturists.

In November 1998, the landmark study on alternative medicine by David Eisenberg *Trends in Alternative Medicine Use in the United States, 1990-1997* was published in The Journal of American Medical Association. The study shows the size of the population using alternative medicine was larger than expected; users' education-income status was above the middle bracket; less than forty percent of users disclosed their alternative therapies to their physicians; and finally, in fiscal

terms, the total out of pocket payment made to alternative care has exceeded the same payment made to all U.S. physicians. (1) A year after the study was published, The Office of Alternative Medicine was established at The National Institute of Health.

Theories of Acupuncture

The original acupuncture diagram was written around 4000 B.C., and acupuncture was practiced from about 600 B.C. The theories and knowledge of acupuncture were acquired from observation and trial, as were atronomy, geography and other sciences. Acupunture channels are made of water, as such, its points are named spring, stream, river and sea. Numerologists and acupuncture scholars saw humans as subjective entity, but also as recipients of energy from the space around the earth, solar system and outer universe. Hwang Ti Nei Jing has chapters dedicated to this subject.

Acupuncture theory originates from the two diagrams of Po Hi (包犧, 伏羲, Fu Xi) and Ha Wu (夏禹, Hsia Yu). The first one was written around 4000 B.C., and the second around 1900 B.C. In order to review the original acupuncture theory as it develops at its initial stage, we need to travel back to the prehistoric time of the *Po Hi Era*. At Po Hi's time, theocrats ruled and provided his people with an ideology plausible to the social settings at the time. Around 4000 B.C. when first Emperor Po Hi ruled, he invented letters and numbers to help his people have names and make fair trades. Second Emperor Shin Nung invented agricultural tools, classified plants of medicinal values, and he is known as the first herbalist in history. Third Emperor Hwang Ti is well known for engaging in the discussions on the subjects of yin-yang and numerology with his wise men. He saw cosmic energy bands in the night sky. It was known then there are five energy bands, which are the manifestations of five unions of ten heaven elements. These three men were not successive emperors who ruled the same nation, they were tribal leaders who ruled an area out of the entire territory of ancient Asia in their own time. The first two emperors came from ancient Western Yi tribes. Hwang Ti was a Chinese.

Po Hi lived near the origin of Yangtze River, in the area located northwest from China. This area is comprised of the Tarim Basin, current Xinjiang and southern Kazakhstan. This region near Central Asia was the ancient cradle where the earliest languages and civilizations were hatched out, and many ancient tribal groups assembled there to migrate farther to distant lands. The ancient Silk Road that connected the west to the east was located in the vast grassland situated farther north from the Tian Shian Mountain Range. Po Hi belonged to the tribe called Western Yi, which means *western tribe who uses large bow*. By making bigger and more powerful bows, people in the region had also learned the technique to make wheels. By 1500 B.C., an army riding on fast moving chariots invaded Northern India, and conquered the Gangetic Plain. They established themselves as the new warrior class and became later known as Kshatriya. The Western Yi tribe moved farther into Northeastern Asia, and became the Eastern Yi tribe. (2, 7, 85, 87)

After the *Po Hi Era*, gradual transitional changes took place; the migratory hunter gatherer society shifted its gears gradually to build an agricultural society settled around large rivers. From 2333 B.C., tribal groups started to assemble along the Hwang Ho River in China. The eighth emperor Wu (Hsia Yu) founded Hsia Dynasty (circa 1900-1450 B.C.). Hsia was built as a federation of large tribal groups with its leadership alternating between Wu's Chinese tribes and Yi tribes. Wu was known as an outstanding flood controller, he learned techniques to direct flood water into irrigating channels from his two predecessors: sixth emperor Yo (Tang Yo) and seventh emperor Sun. Emperor Tang founded Shang Dynasty (1450-1046 B.C.). Shang was known as a powerful nation state spread around the mighty Hwang Ho River, and governed by strong central bureaucracy. All Chinese Dynasties from Hwang Ti at 4000 B.C. to Western Chou (1027-770 B.C.) were founded by direct descendants of Hwang Ti. (87)

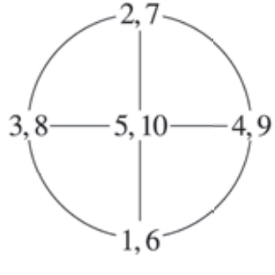
The bimillennial cycle in which the element of water exercises its power began in 2333 B.C. China became the regional superpower exerting its influence over two millennia. Civilizations that were built around large rivers used water to irrigate farmland and to transport commercial goods. In the same period, two powerful civilizations were built along the Ganges and Nile rivers. In geopolitical terms, these three civilizations dominated others in their region over two bimillennial periods, and overall for four thousand years. The subject of how the elements of water and fire were used as instruments in the speculative arena of cosmopolitics will be discussed further in the sections of Philosophical Aspects of Five Elements (Fire, Earth), I-Ching and Codes of Change.

Untill 1898, both *Hsia* and *Shang Dynasties* were considered to be ancient legendary dynasties without written history. In this year, the President of Beijing University, Wang Eui Young, fell ill. A friend of his visited him, and left herbal packages to help him recover. As Wang opened the packages, he found a small piece of flat animal bone with inscribed letters on the surface. The bone originated from an area in Henan Province near Shian of China—an area known to locals as the ancient Shang Dynasty Capital. Archeological digging exposed a large quantity of animal bones and ritual bronze vessels inscribed with early letters. Letters on the bone panels were mostly paired letters of sixty astrological signs. At periodic rites, bones were put into a fire, from the pattern the letters burn and the bones twisting and cracking, astrologers saw foretelling clues to predict fortunes. Names inscribed on the bone panels indicate this was done for the ruling clan of Shang Dynasty. Emperors' names were seen frequently on the bone panels. (3)

Again, in 1913, more bone inscriptions were unearthed at Shantung Peninsula, which dated back to the same Shang Era. Additionally, two deeper layers of preceding era yielded ceramics with inscribed letters on the surface, the style of these letters were distinctively different from later Shang Era letters. It is believed these letters were used by the Estern Yi tribe. (4, 5)

The acupuncture system is a spherical system like the earth, the solar system, and the universe itself. Humans in this spherical system are seen as recipients of energies from the earth and the outer space. There are two cosmological spatial diagrams that have developed over time into the acupuncture system. These two spherical diagrams consist of yin-yang energies and five elements. The first diagram is the diagram of mutual production seen by Po Hi (包犧, 伏羲, Fu Xi) around 4000 B.C., and the second one is mutual inhibition seen by Ha Wu (夏禹, Hsia Yu) around 1900 B.C.

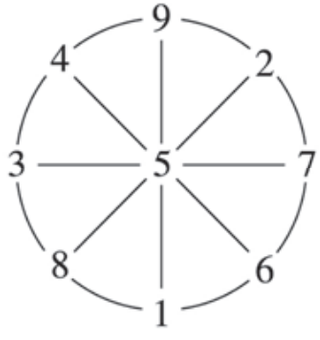
Diagram of Mutual Production



1: water, yang	6: water, yin
2: fire, yin	7: fire, yang
3: wood, yang	8: wood, yin
4: metal, yin	9: metal, yang
5: earth, yang	10: earth, yin

This diagram has numbers placed in sequence around the circle. Odd numbers are yang elements, even numbers are yin elements. Water produces wood, wood produces fire, fire produces earth, earth produces metal, metal produces water, and the cycle repeats. Earth is the central element.

Diagram of Mutual Inhibition



The growth in production cycle needs to be controlled for the balance and harmony, and to prevent the glut of overgrowth. Production and inhibition systems coexist. In the inhibition system, three numbers across the center add to make the total of 15. The preceding element is inhibited by next element that follows. Water 1, 6 are inhibited by central earth 5. Earth is inhibited by wood 3, 8. Wood is inhibited by metal 4, 9. Metal is inhibited by fire 2, 7. Fire is inhibited by water 1, 6. The difference between this diagram and previous diagram is that metal and fire have traded places. This is called "metal-fire cross exchange". Yin earth 10 is taken out of context, based on the concept that 10 is the zero, an end, and the base where 1 restarts. (7)

Acupuncture works through its channel systems, but acupuncture channels do not have a visible physical structure, and its presence cannot be demonstrated by a simple measure. That means it is a functional entity without marking. So we can say quite conveniently that acupuncture channels are invisible and intangible. But the question still remains. What is the acupuncture channel? How can we see it?

The acupuncture channel, as it exists physically, is made of water. Water is transparent and intangible, it is something you can not grab or hold on. To understand the acupuncture channels, first we need to understand the water. Water has no form of its own. Its shape is formed by the vessel in which it is situated,

by the objects it soaks into, and by the conduit through which it flows by the gravitational force.

If you throw the water into the air, it disperses away into no form; it soaks into the ground, wets the objects around it, and disappears into nonexistence. But on the other hand, water is in all things and everything around us; it is in the air as mist, frost and cloud; and it is in the flower, tree, food and in our body as an essential element. Water is indeed in all these without a form. When an object standing in its own shape is infiltrated by water, it cannot sustain its shape anymore, it collapses under its own weight. Water is the first element that came into existence before all others.

The water in the acupuncture channels may have the special electrical properties that are different from ordinary water. Such water has been found, and it contains stable water clusters. These stable water clusters are clusters of water molecules that are polarized, i.e., negative and positive charges are concentrated on separate poles of molecules. If these stable water clusters are the main constituents of channels, it can be more transparent to light than the tissue around it, it will respond differently to electrical signals. Researchers at Fudan University in Shanghai have found that along the fiber axis of the stomach channel in the leg, the transparency to infrared light is 62 percent, whereas perpendicularly outside the fiber axis, it is only 0.4 percent. There is more than 150 times difference in transparency as to whether the infrared light travels along the channel or perpendicularly at outside the channel. (89)

Twelve Acupuncture Channels

Lu	St	H	UB	P	GB
LI	Sp	SI	K	SJ	Liv
metal	earth	fire	water	regulator	wood

Lu: lung, LI: large intestine, St: stomach, Sp: spleen, H: heart, SI: small intestine, UB: urinary bladder, K: kidney, P: pericardium, SJ: sanjiao, GB: gall bladder, Liv: liver.

Five elements are used as symbolic representations of five blood filled zang (yin organs) and six empty fu (yang viscera). Metal is the essential energy of the lung and large intestine. Metal is produced from earth, earth is produced from fire. Water and fire are in direct opposition; this opposition generates power. Pericardium and sanjiao are installed as controllers to interact between fire and water; sanjiao

means triple burner, the energy regulator. The first jiao is in the chest, the second below the diaphragm, and the third below the umbilicus, in the lower abdomen and pelvis. From wood, the channel reconnects back to metal. This is called *metal-wood mutual control*; an example of this is a wooden structure that is built using metal joints and bolts to make the framework more stable and well connected. This framework provides a foundation of controlled stability. On the contrary, the direct collision between water and fire generates power.

Flow of energy in yang channel runs *clockwise* in a *spiral manner*. In contrast, countercurrent yin energy runs counterclockwise in a spiral manner, when both are seen from same observation point. The issue of "observation point" is the same issue of how we see events occurring on the two sides of a coin. The question arises: Do we see the events from one observation point or two? Is it one event or two? The answer is: it must be seen as one event from one observation point. Whether it is a yang or yin channel, all paired channels have bidirectional countercurrent energy traffic, meaning two currents run in opposite directions at the same time in a channel. Hurricanes rotate counterclockwise around the eye of storm when they are seen from the space, but from the earth, it will appear rotating the other way.

Five Initial Holes

	井	滎	輸	經	合
	Jing	Ying	Shu	Jing	He
	Well	Spring	Stream	River	Sea
Yang channel:	metal	water	wood	fire	earth
Yin channel:	wood	fire	earth	metal	water

As we look at the way a channel is laid out at above, the channel runs in the same way as the streams run to the sea, starting from a well and arriving at the sea. We can also see that each station of a water-way is marked with one of five elements. Both yang and yin channels run in a mutually productive relationship, but each of the opposing set of five corresponding stations is in mutually inhibiting relationship. When an energy passes through a station, it interacts with the energy of the station in which it is housed for a while. When yin water of Kidney Channel stops over at its station of Shu Point, K 3 Taixi, it will be inhibited and absorbed by the earth element of the station.

At the final destination point of sea, yang channel is marked with earth; yin channel is marked with water. As metioned earlier, the acupuncture channels are made of water; that means the water is the *medium* through which the primary channel energy is carried forth. When a channel energy reaches the sea, the station is marked with either earth or water, which means, at the destination point at the sea, the energy is released to either earth or water. When yang energy carried by water moves toward the sea, it interacts and releases itself into the earth forming silt, which builds a delta at the mouth of a river where it faces the sea. On the other hand, yin energy interacts and releases itself to the water at the sea. In essence, yang and yin channels use the elements of earth and water as checkers at the release points.

Five Initial Holes and Yuan, Luo, Xi

All twelve channels have three additional points of Yuan, Luo and Xi inserted in between the five original points.

井	滎	輸	原	經	絡	郄	合
Jing	Ying	Shu	Yuan	Jing	Luo	Xi	He
Well	Spring	Stream	Source	River	Connection	Cleft	Sea

Well: Live well.
Spring: Lively bubble of water.
Stream: Water propels forward.
Source: Original energy is present.
River: Large body of water.
Connection: Farthest point from the sea where reflux of sea tidal wave reaches to.
Cleft: Crack through which water seeps away. It provides backdoor connection to other channels.
Sea: River is released to the sea.

In yin channels, Shu and Yuan Points are combined into one point. In yang channels, Shu and Yuan are two independent points. At *Yuan Points* in yang channels, the *original channel energy* itself is present. For example, LI 4 Hegu is a metal in a yang metal channel. Inserting a needle to this point will do two works at the

same time; weak energy will be supplemented, and excess energy will be released. In six yang channels, the channel's own energy is exposed at its Yuan Point; the examples are LI 4 Hegu-metal, St 42 Chongyang-earth, SI 4 Wangu-fire, UB 64 Jinggu-water, SJ 4 Yangchi-fire, and GB 40 Qiuxu-wood.

There are *bidirectional connections* between Luo Points and Yuan-Shu Points in paired channels of an element. In paired Lung and LI Channels, LI 6 Pianli connects to Lu 9 Taiyuan; and Lu 7 Lieque connects to LI 4 Hegu. Other examples are the connection between UB 58 Feiyang and K 3 Taixi, and between H 5 Tongli and SI 4 Wangu. The same inter-connections exist in the rest of Ordinary Channels. These connections work like a canal situated between two rivers. Depending on the volume and speed of water flow, the direction of flow will change. Yang-urinary bladder and yin-kidney are two channels paired in the water channel system. As mentioned earlier, corresponding points in these two channels oppose each other in a mutually inhibiting manner, yet the connection between *Luo* and *Yuan-Shu* balances each other out. The medium used in this balancing act would be, very naturally, the water, and the result is the harmony.

Sciatica pain from lumbar disc disease (excess energy in the UB Channel) can be released by using He-Luo-Yuan, Shu connections, i.e., UB 40 Weizhong-UB 58 Feiyang-UB 64 Jinggu; and alternativey by using UB 40-UB 58-K 3 Taixi. Conversely, excess energy in K Channel can be discharged by using K 10 Yingu-K 4 Dazhong-K 3 Taixi connection, or by K 10-K 4-UB 64 Jinggu.

The physical constituent of the acupuncture channel is the transparent water molecule, the molecules are polarized by negative and positive charges that are concentrated on separate poles of molecules. When a water molecule is electrically charged, it will respond diffferently to different electrical signals. Oscillations along the meridians, which are identified with qi in traditional Chinese medicine, are like waves in a river. When a person is sick, the water clusters in the affected meridian become misaligned, and qi does not flow oscillating in normal waves. Acupuncture to the meridian restores normally vibrating oscillations. (89) Acupuncture theorists in Korea have postulated that energy in a meridian flows through the Bonghan duct network. Novel threadlike structures were observed running afloat in the cerebrospinal fluid of the brain and the spinal canal. (90)

He can be called as a delta point where the river releases itself into the open sea. This is the point where energy excess can be released away. Energy releases itself in the optimum amount, and it is self regulated. Through He Points, energy can be

released either away from the body or into the reservoir inside the body depending which way the channel energy is headed to. Yang channel He Points are earth, in another word, the silt; and yin channel He Points are water. Water is always the medium that moves the channel energy from the well to the sea. There are three *Inferior He Points* in Stomach and UB Channels at the leg. These are He Points of small intestine (St 39), large intestine (St 37), and sanjiao (UB 39). It implies that certain problems pertaining to these organs can be corrected by working on their Inferior He Points.

Water is the only element that can wet the pericardium, manage three jiaos, and moisten stomach's earth energy to help it run from the face, through the stomach, and to the feet. Again, water is the only neutral medium with which two channels can merge and intersect, without interfering, at Confluence Points, and Luo-Yuan, Shu Points. At yang channel's He Points, earth controls the energy traffic; at yin channel's He Points, water controls the energy traffic.

Earth can be transformed by water, when mixed and moistened by water, earth turns into silt or mud, which can be discharged through a conduit; an example is St 44. Earth is the only element that is capable of being transformed this way. Water can do the same to wood and metal to some extent; the examples are LI 2 and GB 43. Water can discharge the channel's main energy.

In order to overcome the complexity of the acupuncture system, we need to spend some time contemplating on the very nature of water itself. A spring situated at a high mountain inevitably flows to the sea, and it returns to its origin in the form of pure water drops by way of rain clouds, or dew from mist. On the other hand, salmon return to their original birth place at a high mountain by swimming back countercurrent from the sea. There they hatch eggs to start new lives again. For further discussions on the issue of channel energy, please read the writings of Pian Que and Hua Tuo in the section of The Inner Workings of Channels and Points.

To deliver an effective acupuncture, we must use *Front Mu Points* correctly. Mu, when written in Chinese Character, means "recruit." Mu Points will relieve the main symptoms, which have prompted the patient to seek medical attention, but the relief will not last unless the main body of acupuncture work is done to correct the root cause that lies at the bottom of symptoms. Organ representation at the *Back Shu Points* of Urinary Bladder Channel also deserves special attention. All organs and viscera are represented in the Back Shu without exception. When Back

Shu Points are used, the degree of energy gain and release is controlled internally, just as He Points release energy in a self regulated way. Therefore the Back Shu Points are tonification points.

We must also use *Eight Influential Points* consistently. In treating a stomach disease, if the practitioner is uncertain about the energy status of stomach channel whether the disease is caused by a deficiency state or an excess state, and cannot determine how to initiate the treatment. Here the safe start is to enhance the earth energy first, and discharge it later to balance it out. In practice, gastric symptoms presented herewith by the patient can be relieved quite well by using Ren 12 Zhongwan with large moxibustion. H 7 Shenmen can also enhance stomach energy, and calm the patient. And further, combined use of UB 21 Weishu and UB 22 Sanjiaoshu also enhances and balances out stomach energy with respect to food transit. An excess stomach energy can be released by the connections of St 36 Zusanli-St 40 Fenglong-Sp 3 Taibai, or by using St 45 Lidui separately. Associated problems with the large and small intestines can be solved by using Inferior He Points of St 37 Shangjuxu and St 39 Xiajuxu. Kidney points, by its nature, will invariably inhibit stomach energy, but using kidney points stored in Chong Channel by way of Sp 4 Gongsun will be helpful in resolving gastrointestinal and gynecologic problems together; Sp 4 is a Luo Point of Spleen Channel; it is also a Confluence Point connecting to Chong Channel. Gall bladder and liver points will suppress stomach energy by opposition, but using these two channels through Mu-Confluence connections of GB 25 Jingmen and Liv 13 Zhangmen can be helpful in solving the stomach problems.

When treating a patient with a particular clinical problem, if the practitioner can sort out the patient's primary body constitution out of four different types, either by direct observation or pulse diagnosis, this will facilitate to set up an effective treatment plan. Traditional herbal therapy is based on the diagnostic schemes derived from four body constitutions and its matching pulse. *Equilibrium* is a state in which physiological balance is achieved with no energy input or output. On the contrary, homeostasis is a condition in which a steady state is achieved by ongoing energy input and output. Acupuncture produces the state of homeostasis, but not the equilibrium. Equilibrium is an absolute mind body state in which one relates to others without struggle, and lives in conformity to the rules of nature.

Five Holes and Yuan, Luo, Xi

Channels \ Holes	Well Jing	Spring Ying	Stream Shu	Source Yuan	River Jing	Connection Luo	Cleft Xi	Sea He
Hand Taiyin Lu	Lu 11 Shaoshang	Lu 10 Yuji	Lu 9 Taiyuan		Lu 8 Jinggu	Lu 7 Lieque	Lu 6 Kongzui	Lu 5 Chize
Hand Yangming LI	LI 1 Shangyang	LI 2 Erjian	LI 3 Sanjian	LI 4 Hegu	LI 5 Yangxi	LI 6 Pianli	LI 7 Wenliu	LI 11 Quchi
Foot Yangming St	St 45 Lidui	St 44 Neiting	St 43 Xiangu	St 42 Chongyang	St 41 Jiexi	St 40 Fenglong	St 34 Liangqiu	St 36 Zusanli
Foot Taiyin Sp	Sp1 Yinbai	Sp 2 Dadu	Sp 3 Taibai		Sp 5 Shangqiu	Sp 4 Gongsun	Sp 8 Diji	Sp9 Yinlingquan
Hand Shaoyin H	H 9 Shaochong	H 8 Shaofu	H 7 Shenmen		H 4 Lingdao	H 5 Tongli	H 6 Yinxi	H 3 Shaohai
Hand Taiyang SI	SI 1 Shaoze	SI 2 Qiangu	SI 3 Houxi	SI 4 Wangu	SI 5 Yanggu	SI 7 Zhizheng	SI 6 Yanglao	SI 8 Xiaohai
Foot Taiyang UB	UB 67 Zhiyin	UB 66 Tonggu	UB 65 Shugu	UB 64 Jinggu	UB 60 Kunlun	UB 58 Feiyang	UB 63 Jinmen	UB 40 Weizhong
Foot Shaoyin K	K 1 Yongquan	K 2 Rangu	K 3 Taixi		K 7 Fuliu	K 4 Dazhong	K 5 Shuiquan	K 10 Yingu
Hand Jueyin P	P 9 Zhongchong	P 8 Laogong	P 7 Daling		P 5 Jianshi	P 6 Neiguan	P 4 Ximen	P 3 Quze
Hand Shaoyang SJ	SJ 1 Guanchong	SJ 2 Yemen	SJ 3 Zhongzhu	SJ 4 Yangchi	SJ 6 Zhigou	SJ 5 Waiguan	SJ 7 Huizong	SJ 10 Tianjing
Foot Shaoyang GB	GB 44 Qiaoyin	GB 43 Xiaxi	GB 41 Linqi	GB 40 Qiuxu	GB 38 Yangfu	GB 37 Guangming	GB 36 Waiqiu	GB 34 Yanglingquan
Foot Jueyin Liv	Liv 1 Dadun	Liv 2 Xingjian	Liv 3 Taichong		Liv 4 Zhongfeng	Liv 5 Ligou	Liv 6 Zhongdu	Liv 8 Ququan

Inferior He Points of Hand Yang Channels, LI: St 37 Shangjuxu, SI: St 39 Xiajuxu, SJ: UB 39 Weiyang.

Back Shu Points and Front Mu Points

Organ	Back Shu	Front Mu
Lung	UB 13 Feishu	Lu 1 Zhongfu
Pericardium	UB 14 Jueyinshu	Ren 17 Shanzhong
Heart	UB 15 Xinshu	Ren 14 Juque
Liver	UB 18 Ganshu	Liv 14 Qimen
Gall Bladder	UB 19 Danshu	GB 24 Riyue
Spleen	UB 20 Pishu	Liv 13 Zhangmen
Stomach	UB 21 Weishu	Ren 12 Zhongwan
Sanjiao	UB 22 Sanjiaoshu	Ren 5 Shimen
Kidney	UB 23 Shenshu	GB 25 Jingmen
Large Intestine	UB 25 Dachangshu	St 25 Tianshu
Small Intesitne	UB 27 Xiaochangshu	Ren 4 Guanyuan
Urinary Bladder	UB 28 Pangguangshu	Ren 3 Zhongji

Eight Confluences, Eight Influential Points

Zang Organs	Liv 13 Zhangmen
Fu Organs	Ren 12 Zhongwan
Qi	Ren 17 Shanzhong
Blood	UB 17 Geshu
Tendon	GB 34 Yanglingquan
Blood Vessel	Lu 9 Taiyuan
Bone	UB 11 Dashu
Marrow	GB 39 Xuanzhong

Old textbooks call the brain a sea of marrow, marrow means “nerve.” Marrow for GB 39 Xuanzhong also means “nerve.” Marrow mentioned for Kidney Channel means “bone marrow.”

Study of Acupuncture

Presently all acupuncturists are educated by professional schools. Before 1900, in China, Japan and Korea, acupuncturists were trained in schools sponsored by the State. Fengshu artists practiced acupuncture based on their knowledge of I-Ching and numerology. Government officials also practiced acupuncture after their retirement, having passed the rigorous civil service examinations, which required mastering Confucian-Taoist Texts and I-Ching, they were well qualified practitioners. Most acupuncture schools, especially in Western nations, teach acupuncture employing linear physical logics. Theories of acupuncture cannot be defined and taught well in this manner. Confucian and Taoist logics are *nonlinear*, humans are seen within the context of spatial cosmology. (9, 10, 11)

Asians educated in their own native countries reading technical textbooks printed in English also approach acupuncture by linear logics. In reality, it is hard to find both a tutor and the spare time to study *Confucian Taoist Texts* written in Chinese. It takes years, even with a good tutor, to be able to read and understand secular Chinese texts. It can be said though that those who have mastered Chinese literature with perseverance despite all difficulties will be richly rewarded with a solid knowledge base. The knowledge base is, in a way, a *launch pad* to leap onto the higher ground. In the minds of secular Chinese, the ultimate truth was always outside the realm where things can be heard or seen. Therefore knowledge was only a simple tool to reach beyond the knowledge itself.

It is generally believed that formal acupuncture was practiced in full scale from the Spring and Autumn Era (770-476 B.C.). There is an anecdotal history that Confucius (551-479 B.C.) objected to the practice of surgery, which he regarded as a destructive invasion to the sacred human body born from the

parents. Benevolence, utmost respect to parents and ancestral worship were the fundamental cornerstones of Confucian doctrine.

The famous herbalist diagnostician, Zhang Zhong Jing, wrote a diagnosis prescription textbook *Shang Han Lun* in late Han Dynasty around 200 A.D., the book contains acupuncture prescriptions in limited numbers. (6) The first acupuncture textbook in history *Zhen Jiu Jia Yi Jing* was written by Huang Pu Mi (215-282 A.D.) from 256 to 259. The book was inscribed into stone blocks for publication in 282, in Western Chin Dynasty. Many revised versions have been published since then. The book was written in the framework of cosmology and numerology. For readers who are not accustomed with numerology, the book is hard to understand; besides acupuncture point locations are referred to general body areas, without a measured distance from a specific anatomical landmark. This book divides a day into 100 water-clock hours: 50 hours for the day, and 50 hours for the night. (12, 110-5) Circadian cycle researchers tell us the circadian biological cycle is 25 hours, but it runs on a 24 hour cycle cued by the daylight. (34) Nevertheless Zhen Jiu Jia Yi Jing is the best book to learn the basic theories of acupuncture. For more details on water-clock hours, read The Inner Workings of Channels and Points.

Many acupuncture textbooks published in Northern Sung Dynasty (960-1127) were influenced, more or less, by the famous numerology philosopher *Shao Jiang Je* (1011-1077). His numerology book was pivotal in producing acupuncture texts with perfectly illustrated diagrams of energy confluences and its internal channel connections. (13) Most of the highly valued and useful acupuncture textbooks were published from Southern Sung Dynasty (1127-1276) to Ming Dynasty (1368-1644).

Tong Ren was written by Wang Wei De, and it was inscribed into a stone block in 1026 with the support of the fourth emperor of Northern Sung Dynasty. The book lists 360 points in 14 channels in a well organized format; its clear-cut illustrations of meridians help the readers to understand otherwise very confusing acupuncture system. The author of Tong Ren avoided making conjectural statements on theoretical or clinical subject matters, and most of the rules set in the book are unequivocal. This makes Tong Ren the best reference book of meridians. Other books frequently quote Tong Ren for correct needle insertion and moxa use. Direct translation of Tong Ren is copper man, it means a bronze statue that is inscribed with meridians and points. (110-1)

Zhen Jiu Zi Sheng Jing was written by Wang Zhi Zhong from 1180 to 1195, and stone inscription was made in 1220 in Southern Sung Dynasty (1127-1276).

The book is arranged by clinical diseases. The author provides his own prescriptions, and quotes extensively other books for alternative prescriptions, and different ways of using needles and moxa. (110-2)

Zhen Jiu Da Cheng was inscribed into stone blocks in 1601 in late Ming Dynasty sponsored by the reigning emperor. The book was written by the emperor's physician Yang Ji Zhou. This book, like other Chinese acupuncture textbooks, quotes well known prescriptions and comments extensively from other books and authors. The extended quotes and broad references make Zhen Jiu Da Cheng the most comprehensive and practical book. If a practitioner has a well written version of Zhen Jiu Da Cheng, there is no need to have another textbook except reference books for point location and anatomy. The best version of Zhen Jiu Da Cheng is the revised second edition published in 1657 during the reign of the founding emperor of Qing Dynasty (1643-1912). This text has been published repeatedly in different versions in Japan and Korea. (14, 110-4) The third edition was published in 1681 during the reign of the second emperor, and the fourth edition was published in 1737 during the reign of the fourth emperor of Qing Dynasty.

Nearly all references from Zhen Jiu Da Cheng in this book was taken from *Chim Gu Dae Sung*, which is the Korean version of the 1657 edition. (14) The best known Korean herbology acupuncture textbook, Dong Eui Bo Gam, written by Huh Juhn, was published in 1613. Its Japanese version was published in 1724, and the Chinese version was published in 1766. (86)

Classic acupuncture textbooks always start a chapter or a section with a formal dialogue between Hwang Ti and his wise man Qi Bo in which the former raises an issue about the new subject, and the latter defines, the same is seen in Nei Jing. The formal dialogue goes through similar fixed repetitions of defining and redefining the subject matters without variations; at times, it fails to define a new topic because it is seen again from the same perspective. They had a comprehensive understanding on the subject of energies, state of mind, and external factors of heaven, earth, space, and wind, cold, warm moisture, dry heat. But they were blindfolded on the subject of cell functions whether it is a human cell, or an invasive agent from outside, which was vaguely called "wind" meaning pyrogen. Consequently this leaves a conspicuous void in otherwise perfectly designed acupuncture system. Thus far, Hwang Ti is known as a legendary figure in ancient Chinese Medicine, and Qi Bo as a wise man who could stand before the emperor to make his case.

In summary, Po Hi (Fu Xi) and Ha Wu (Hsia Yu) offered the fundamental principles of acupuncture, and Hwang Ti offered the logical explanations to cover the ground. The substance of the dialogue between Hwang Ti and Qi Bo is so diverse, it cannot be something said at one time, nor something written through one person's hand. It is generally believed that the earliest acupuncture textbooks were written from Spring and Autumn Era (770-476 B.C.), and Confucius (551-479 B.C.) and his grandson Zi Si (483-402 B.C.) made early contributions. Eighteen volume Nei Jing passed down from Han Dynasty has portions written by Pian Que, the legendary acupuncturist of Warring States Era (475-221 B.C.).

China and other nations in the Northeast Asia did not have a printing technology until mid Qing Dynasty (1643-1912). Letters were copied from a stone block inscribed with the text. First the stone block was moistened with ink water, then traditional rice papers were placed over the stone to make press images of inscribed letters.

New Developments in Acupuncture Research

There are numerous research studies in which the mechanism of how electroacupuncture (EA) relieves pain has been demonstrated by animal experiments; many researchers have identified opioid neuropeptides at the specific brain locations. In 1985, Xiang Liu demonstrated a descending pain inhibitory mechanism between *St 36 Zusanli* and the hypothalamic nucleus raphe magnus by EA analgesia on male rats. (19) In 1989, Qiang Wang found endorphin containing neurons in the hypothalamic arcuate nucleus by applying low frequency EA to St 36 Zusanli and Sp 6 Saninjiao. (20) St 36 and Sp 6 are two primary pain relieving points. Acupuncture to the same St 36 in rats elicits a different response in Iwa's experiment; it stimulates gastric motility via vagal efferents. (42)

EA to *LI 4 Hegu* also elicits different responses. In one study, 2 Hz stimulation to the left hand LI 4 shows an EEG response of increased Theta wave activity originating from the limbic cingulate brain cortex. (43) In another study, when EA is delivered to LI 4, the sympathetic nerve is activated to raise blood pressure, and simultaneously the gastric parasympathetic nerve is inhibited. (44) The brain generates spontaneous spike trains from several areas: substantia nigra, zona compacta, nucleus periventricularis hypothalami, and nucleus hypothalamicus posterior, in favored patterns, but EA changes the repetitions of favored patterns. This suggests favored patterns in spike train may represent various neural codes. (45)

EA to *GB 30 Huantiao* and *GB 34 Yanglingquan* relieves pain from peripheral inflammation mediated by the spinal neuropeptide nociceptin orphanin FQ, and this antinociceptive effect is blocked by intrathecal injection of nociceptin antagonist. (21) The receptor cells of persistant inflammatory pain, which is relieved by EA to GB 30 and GB 34, are sensory neurons of lumbar dorsal root ganglion.

(22) In most animal studies, EA induced analgesia is mediated by an opioid neuropeptide. In classic acupuncture textbooks, GB 30 and GB 34 are recommended as main points to relieve pain from peripheral inflammation.

In Baek's experiment on Sprague-Dawley rats, collagen and Freund's adjuvant are injected to introduce arthritis pain. Analgesic effect from EA to *St 36 Zusanli* is measured by tail flick units. The analgesic effect of EA is blocked by pretreatment injection of atropine (cholinergic receptor antagonist) and ondansterone (serotonergic receptor antagonist, 5-hydroxytryptamine 3). These results suggest the analgesic effect of EA is mediated by the cholinergic and serotonergic receptor. (23) In 2005, Dan Qin Xiao showed that the antinociceptive effect mediated by the hypothalamic nucleus submedius is blocked by 5-hydroxytryptamine receptor antagonist. (26)

Zhi Ling Guo has shown that EA to *P 5 Jianshi* and *P 6 Neiguan* influences cardiovascular sympathetic reflexes in cats by working through opioid receptors in rostral ventrolateral medulla and periaqueductal grey matter. (27) In another experiment by the same author, vagotomy was performed first on cats for barodenervation to block the sympathetic cardiovascular reflexes, which raise heart rate and blood pressure. After EA to P 5 and P 6, c-Fos in hypothalamic arcuate nucleus was analyzed by immunochemical labeling. Numbers of c-Fos positive neurons have increased significantly in cats treated with EA. (28) Acupuncture textbooks refer to P 6 as the pain relieving antiinflammatory point. In clinical practice, when there is an ongoing inflammatory process in the body, the point detector shows P 6 enlarges its point size significantly, and P 6 turns itself practically into a Mu Point. In chronic peripheral polyneuropathy, the point size of P 6 becomes very large to the extent that P 6 merges with P 5 to form a large single point. P 6 Neiguan is a mandatory point to treat peripheral polyneuropathy.

In four separate studies involving a total of 114 participants, fMRI was performed after pain was induced by heat. Neurologic signature responses were seen at thalamus, posterior and anterior insulae, secondary somatosensory cortex, anterior cingulate cortex, and periaqueductal gray matter. (106)

Several research studies show that EA increases circulating *estrogen* in ovariectomized rats. In the research by Hong Zhao on ovariectomized rats, needles were inserted to Ren 3 Zhongji, Ren 4 Guanyuan, positive electrodes were connected to bilateral extra points Zigong (7.5 mm lateral from Ren 3), and negative electrodes were connected to Sp 6 ipsilaterally on each side. In rats treated by EA, circulating

estrogen levels were higher than untreated rats. The selection of extra point Zigong as primary points and Sp 6 as matching points for negative electrodes appears appropriate under the circumstance. (29) In another study by the same author, EA was performed to ovariectomized rats to the same acupuncture points; the treated group had higher corticotropin releasing hormone neuron counts and higher gonadotropin releasing hormone counts in the hypothalamic area than the control group. (30) From above studies, we can draw a reasonable conclusion that providing acupuncture for postmenopausal women, in a proper clinical setting, is not an empirical treatment.

It has been known that in the post ischemic brain, after transient ischemia or stroke, a series of pathophysiologic changes lead to degeneration of neurons in the vulnerable brain region. The biochemical mechanism appears to show that excitoxic glutamate receptor activity triggers the damaging process of which Ca2+ influx through N-methyl-D-asparate *glutamate receptor* is key. In animal experiments, the cerebral artery was occluded to induce brain cell damage, and EA was performed to assess the repair process of damaged cells.

In the study of Ning Sun, EA was applied to Ren 24 Chengjiang and Du 26 Renzhong after a rat's middle cerebral artery had been occluded for 30 minutes. Neuroprotective effect was seen in the EA group. It appears this effect is mediated by the nerve growth factor through the PI 3-K pathway. (31) In another study designed by Ee Hwa Kim, a gerbil's common carotid artery was occluded to induce ischemic damage; acupuncture needles were inserted to St 36 Zusanli with no electrical application. The result showed treated gerbils had an increase in cell birth in the dentate gyrus detected by immunohistochemistry assay. (32) In peripheral nerve injuries produced by neuro-inflammation, microglia, which is the resident macrophage in the central nervous system, has a role in resolving the pro-inflammatory response. (91)

As to the optimal dosage of EA, low frequency of 2 Hz, in 100 microampere current, in time interrupted saw tooth mode, delivered over 30 minutes, produces the best analgesia. (20) Most animal EA analgesia research has been done under this setting. EA analgesia produced by 4 Hz is completely blocked by opiate antagonist *naloxone*. On the other hand, analgesia produced by 100 Hz is only partially blocked by this opiate antagonist. EA by low frequency 4 Hz appears to be mediated by the endogenous opiate system. (33)

In functional MRI study on fifteen healthy volunteers, GB 34 Yanglingquan and nonmeridian sham points were treated by EA. Both real and sham electroacupuncture

activated the reported distributed pain neuromatrix. However, real EA elicited significantly higher activation of neuromatrix than sham EA over primary sensorymotor cortex and hypothalamus, and deactivation over the rostral segment of the anterior cingulate cortex. (46) Prior study by functional MRI shows the cerebral occipital visual cortex is lit up by EA given to GB 43 Xiaxi. (47) In classic acupuncture textbooks, GB 16 Muchang, GB 41 Linqi and GB 43 are listed as the prescription points for visual blurring.

In summary, EA mitigates chronic pain mediated by endogenous opiate peptides. Aside from pain relief, pain threshold is elevated, sleep improves, and there is a sense of calm wellness. These other collateral effects could have been mediated through cholinergic or serotonergic activities.

Neural Repair in the Poststroke Brain

In the United States, annual stroke statistics show slightly more than 50% of stroke survivors have some degree of motor impairment. From 1994 to 2004, the death rate from stroke declined 6.7%. For the year of 2004, overall death rate was 50.0%, and the incidence of stroke was 700,000. However the annual incidence of new and recurrent stroke is expected to increase from 795,000 in 2008 to an estimated 1.14 million in 2025. An estimated 7 million americans over 20 years of age have had stroke. The direct and indirect cost of stroke for 2008 was $34.3 billion. These statistics have led to a research focus on the mechanism of neural repair as they relate to the patterns of human recovery after stroke. (57, 105, 109) In the normal brain, during early stage of learning motor skills, dorsolateral prefrontal cortex and presuppplementary motor cortex are activated in functional magnetic resonance imaging, but executing learned motor skill activates primary motor cortex. These two areas interconnect with the basal ganglia and cerebellum to coordinate independently in two sets of loop circuits: cortex-basal ganglia and cortex-cerebellum. (58)

It has been known that cerebral cortical neurons damaged by infarct produce new cells; and these new sprouting neurons regroup and create new circuits. There are interesting new studies on biological cellular mechanism of neural repair in the post-stroke brain. In the study by *Carmicheal*, the neuroanatomical tracer biotinylated dextran amine (DBA) was injected into rat's somatosensory cortex bordering infarct 3 weeks after stroke. The DBA labeled new neurons are seen posterior and medial from infracted cortex; these new cells have lost their reciprocal thalamic connection; and the mean vector has formed a new pattern of horizontal cortical connections. (59)

In 2003, *Ward, Brown* and *Frackowiak* have investigated motor recovery from stroke by using Functional Magnetic Resonance Image (fMRI) while motor task is performed to activate related brain motor area. The study has recruited 8 first-ever stroke patients presenting with hemiparesis resulting from cerebral infarction sparing the primary motor cortex, and 4 age matched control subjects were recruited. All patients and control subjects were right handed. Blood oxygen level dependent (BOLD) fMRI scannings were done at weekly intervals for 4 weeks, then again 2 and 5 months later. During scanning, patients performed paced isometric dynamic hand grip exercise to generate maximum voluntary contraction using their impaired hands; in control subjects two used dominant hand and two used non-dominant hand. Analyzed scanning data showed remarkably consistent patterns in recovery related changes in brain activation patterns, which were independent of the initial severity and rate of recovery. The data suggests that, in stroke patients with infarcts not involving primary motor cortex, there is a clear linear relationship between recovery score and task related brain activation in many parts of motor system. After stroke, there is an early and widespread recruitment of brain regions during motor performance. This process occurs primarily in motor related regions involving: bilateral sensorimotor cortex, premotor cortex, supplementary motor area, cingulate motor areas, cerebellum, basal ganglia, thalamus, and also in parietal cortex, prefrontal cortex. Thereafter, initial motor skill learning from attention dependent movement changes to more automated performance. (60)

In 2006, *Ward* and *Frackowiak* have repeated similar investigation on 20 stroke patients, although cohort included patients with cortical infarcts, none extended into the hand region of primary motor cortex. fMRI scannings using BOLD technique were done while patients performed isometric hand grip task. Activation was seen in premotor cortex. The most lateralized activations were in contralateral sensorimotor cortex and ipsilateral superior cerebellum. Patients with poorer outcome activated much wider area. After the stroke, recruitment of new motor area and reorganization take place. New parallel separate *independent motor circuits* develop involving cerebellar-basal ganglia afferents and their projections to cortical motor region via ventrolateral thalamus. The implication is that damage in existing networks can be compensated for by activity in another. (61)

In 2004, in the stroke recovery study by *Tombari*, eight patients with pure motor hemiparesis were selected. All were right handed. Thus all patients had the

infarct on the left side of the brain, and the neurological deficit on the right side of the body. fMRI scannings were performed by BOLD technique. First fMRI was performed 20 days after stroke; second and third fMRI's were performed 4 months and 12 months after stroke. The result showed several reorganization processes: overactivation of contralesional sensorimotor cortex, some motor recovery as transient compensatory circuit involving the posterior cingulate cortex, the supplementary motor area, and the bilateral premotor cortex. (62)

In the study by *Carmichael* using adult Sprague Dawley rats, ischemic lesions were produced by thermocoagulation to pial blood vessels. On day 1 after lesion, *synchronous neuronal activity* occured in the same side of brain in perilesion area with frequency range of 0.2-2 Hz. A later pattern of activity occured on days 2 and 3 after stroke with frequency range of 0.1-0.4 Hz in contralateral cortical areas that contain the cell bodies of the sprouting axons. (63) In the study by *Dancause* in 2005, axonal sprouting near the ischemic injury and the establishment of novel connections to cortical areas distant from the injury were seen by microelctrode stimulation mapping in the experimental squirrel monkeys. (64)

The nervous system is populated by an enormous variety of neurons that show distinct dendritic morphologies, local and long distance axonal connections, neurotransmitter phenotypes, and the patterns of gene expression. Transplantation experiments have proved the process by which neurons become committed to the laminar fate that is typical of their time of origin. These studies have demonstrated that by the time a young neuron has progressed through its final mitotic division and ready to initiate migration, the cell has acquired the information needed to migrate to the layer typical of its birthday, even in an environment in which host neurons are destined for other layers. (96)

During development of the mammalian cerebral cortex, radial glial cells generate layer-specific subtypes of excitatory neurons in a defined temporal sequence in which lower-layer neurons are formed before upper layer neurons. The data show that a subset of radial glial cells is specified to generate upper-layer neurons regardless of birthdate, but these progenitor neurons are intrinsically programmed to generate neurons predominantly later than their lower layer counterparts. Thus contrary to the prevailing model, the study indicates that molecular fate specification ensures proper birthdate order, rather than vice versa. (97)

Stroke prescriptions in *Zhen Jiu Da Cheng* lists bilateral acupuncture points in large numbers, which are, in fact, neuromuscular activation points of muscles;

these are LI 11 Quchi, LI 15 Jianyu, Lu 5 Chize, P 3 Quze, St 36 Zusanli, UB 57 Chengshan, and GB 34 Yanglingquan. Other mandatory bilateral points are LI 4 Hegu, P 6 Neiguan, and Sp 6 Saninjiao through which electro acupuncture energy connects to specific brain areas as shown in animal experiments. In a typical practice of classic acupuncture, needles are inserted to bilateral points, and they are manipulated at the nonparetic side to generate low frequency electricity by friction. Moxibustion is applied again to the nonparetic side to generate and send heat and infrared radiation. In essence, all these manipulations are attempts to establish connections between the paretic and nonparetic side by way of *crosss circuits* passing through the brain. Midline backup points are used to boost the circuit and overall strength of the patient. When electricity is applied to bilateral points, electric currents flow through the shortest distance by crossing over the thorax and pelvis. But undoubtedly, part of the electric currents will traverse through the corresponding areas of the brain as shown in preceding research studies. (19, 20, 43, 46)

Faced with all these new scientific findings at cutting edge neural research fronts, we wonder how all these new facts, in bits and parts, would reconcile with classic stroke acupuncture prescriptions. In the research of Carmichael, neuronal electrical activities occur in rat's poststroke brain, in perilesional area first, and later in contralesional area. In the fMRI study on the post stroke brain by Ward, new neuronal circuit develops in contralesional brain to cross connect to ipsilateral spinal tract. The direction to which sixteenth century acupuncturists tried to make energy flow connection is the same direction the electrical currents flow in experimental post stroke brain. The attempt described in the old acupuncture text was to cross connect the affected stroke brain to the normal brain. The methods used in classic acupuncture conforms to the findings of new neural research.

Preparation for Acupuncture

Acupuncturists are expected to formulate their own treatment plan. Regardless of the features of clinical symptoms, the strategic plan is to supplement the deficient energy and to release the excess energy. Supplementation can be accomplished by bringing in a nurturing force or by adding more of the same element. Release or suppression can be accomplished by releasing the excess energy or by bringing in an inhibitory force. Therefore the initial work of acupuncture is to define what is in deficiency state and what is in excess state. One may somehow simply perceive the state of energy, but subjective perceptions can lead us to a wrong conclusion. Acupuncture has objective tools to measure and locate the deficiencies and excesses; and it comes with the methods to correct the energy imbalance. The tools to fix the energy imbalance originates from the Five Element Theory and its production inhibition system. Energy imbalance can be corrected by using needles and moxibustion by the rules.

Logical prescriptions come from the Five Element Theory, but the ground informations, on the practice field, come from the patients. On the first visit, take a full history of illness. Patients always want to tell their own cases in their own words. It usually takes less than ten minutes for a patient to present the case. Afterwards, the doctor can ask specific details of symptoms. Ask the patient to place the degree of pain or discomfort on a scale of one to ten. Since there are no scientific tools to measure the degree of pain, the patient's own estimate is the best yardstick on which therapy success can be measured. A therapy goal that is acceptable to the patient and can be delivered by the physician needs to be defined and stated clearly at the first visit.

Assemble all existing imaging scans and other laboratory reports. Initial examination should include the involved area and other areas of concern. Oftentimes, patients show warm tender points that are actually activated Luo, He Points or Confluence Points; these points are found often by the patients themselves, physical therapists, or sometimes by reflexology-massage therapists. On the progressing visits, aside from the patient's own reports on their symptoms, the physician should carefully observe the patients to detect signs of pain or unease in their posture and movement, and ask how well they function through their work-rest cycles on ordinary days. When the symptom is reduced to the very minimum, treatment can be concluded. The remaining gap can be closed in by the patient's own natural healing process. Physical therapy and rehabilitation can be bundled together with follow-up visits. For most people, acupuncture is a painful procedure. Patients will come for treatment as long as there are appreciable positive gains.

Acupuncture Needle Specification

In early Han Dynasty, at about 160 B.C., China became the first nation to gain the technology to make ferrous iron from mined ore. The iron needles that were used before our modern era were thick and stiff as nail. Before Han Dynasty, needles were made from bronze. Food and Drug Administration rule requires specifically all acupuncture needles to be made from the surgical stainless steel. *Stainless steel* is an alloy metal composed of ferrous iron 80%, chromium oxide 20%, and carbon 0.3%. Chromium has the special property of repairing damaged alloy surfaces to prevent rusty corrosion. Carbon hardens steel so that the needle tip can be ground to a smoothly tapered sharp end. An F.D.A. rule also requires acupuncture needles to have tensile strength of 300-400 psi (pressure per square inch), which means the needles withstand the specified pressure and remain straight when released from the pressure.

Acupuncture needles containing copper have reduced tensile strength; these needles may not remain straight as they puncture the skin and enter into the tissue. Silicone coated needles may not sufficiently transmit energy, heat, and electricity. Silicone is an artificially made composite material, it coats needles with a rubber-like thin film. Acupuncture needles with plastic handles cannot accomodate moxibustion; moxibustion (moxa) grass balls do not adhere to the smooth plastic handles; furthermore, the plastic will block the transmission of heat and infrared radiation from moxibustion.

A 50 mm needle has a 50 mm long flexible needle body, the stated length does not include the 20 mm long flexible needle handle. A *corrugated flexible coil handle* is best suited for moxa grass attachment. Irregularly coiled ornamental needle handles do not allow moxa grasses to attach firmly to the handles. The effect of

acupuncture is directly proportional to the length and diameter of the needle. Longer and thicker needles are more effective; on the other hand, they may cause somewhat more pain associated with needle insertion. Under usual circumstances, a 50 mm long needle with gauge 0.25 mm is adequate. Inserted needles need to have enough room for electrode application and moxa. For small thin persons and children, a 30 mm long needle with gauge 0.20 mm will be adequate. Ear needle length is 7 mm, and gauge is 0.16 mm. A flexible needle attached to a stiff handle causes more pain. When a flexible needle is attached to a non-flexible stiff handle, it looses its resilience, thus its insertion causes more pain.

Acupuncture Needle Insertion

This book does not have drawings of acupuncture channels with the points listed. The best illustrated reference book for locating acupuncture points is *Essentials of Chinese Acupuncture* published by Foreign Language Press, Beijing, China. (17) The best book to help a practitioner to avoid complications from needle insertion and to better understand human anatomy is *Gray's Anatomy* (18)

Each acupuncture point has its own location, title, role, and indication. There are other specifics attached to the points such as mode of needle insertion, strength of moxibustion, cautions, some anecdote, and the contraindication. The use of a guide tube shortens the needle penetration time, and this reduces the pain associated with needle penetrating through the epidermal layer. The epidermal layer has a larger number of sensory nerve endings. When a needle is tapped through a guide tube, the depth of needle insertion is usually 5-8 mm. Many times, needles need to advance further to gain the depth. The best way to insert a needle further is to hold the needle handle between the thumb and index finger, and bow out the needle against the middle and ring fingers. In this way, the needle position and the speed of insertion can be controlled well and with consistency. The little finger rests on patient's skin and forms the base of work station.

I want to emphasize that *needle manipulation* of jabbing, twirling, and rubbing are not necessary. Manipulating the needle is an outdated practice used before the era of electroacupuncture. There is no need to shub needles in and out on acupuncture points to feel de qi (obtaining the energy). The acupuncture effect is mediated through the interactions between the brain and various neuropeptides. Experimental studies on animals demonstrate repeatedly that application of EA to certain acupuncture points connects to the hypothalamic nuclei and other regions

in the central brain and spinal cord, and the acupuncture effects are mediated by opioid, cholinergic, and serotonergic neuropeptides.

Again, avoid inserting a needle into an *artey* or *vein* at all costs. By pulling and pushing the skin, a vein can be moved out of the needle insertion path. For acupuncture points near an artery, the artery must be correctly located by palpation, and make certain that needle insertion path is outside the artery. Needles can be inserted obliquely to avoid blood vessels. Lu 7 Lieque is closely located near the radial artery. Heart Channel points at the wrist are closely located to the ulnar artery. P 3 Quze is also located near the brachial artery. Needle insertion into the tendon and periosteum causes extreme pain. To list a few examples out of many, P 5, P 6 and GB 34 are near the tendons. Sp 6 Saninjiao is near the periosteum of tibia, GB 37 Guangming and GB 39 Xuanzhong are near the periosteum of fibula. EA delivered to a needle, which is in contact with the periosteum, causes sharp unbearable pain. For the three points listed above and other points near the periosteum, make sure there is some space between the needle and the bone margin. Insert a needle diagonally away from the bone margin.

Every needle inserted into patients causes pain. An inserted needle must have a valid clinical indication. It is desirable to use a minimum number of needles, and achieve clinical remissions early rather than late. The value of clinical remission, whether it is partial or complete, will be measured against the number of needles used, the time and cost spent for the treatments, and it will be always subjected to the rule of *zero sum game*. If patients do not see the clinical gain in a time and cost effective manner, they may not accept the proposals to proceed further.

In view of a *patient's position* to receive acupuncture treatment, the supine position is most comfortable. The table to do acupuncture for stroke patients should be lower in its height to allow the patient's buttocks to land on the side of the table directly from a wheelchair or a walker, and then be helped to lie down supine on the table. When treating stroke paresis, needles are inserted in every session, in supine position, to Ren 4 Guanyuan, Ren 6 Qihai, Ren 12 Zhongwan, Liv 13 Zhangmen and Du 14 Dazhui. In supine position, a needle inserted to Du 14 Dazhui can remain at the point suspended in the air between a pillow and the treatment table. In this case, a short 30 mm long needle with gauge 0.25 mm is suitable. Moxibustion can be applied to Du 14 when patient rises up from the table.

GB 30 Huantiao can be inserted with a needle in supine position if the patient is not obese. Obese patients have large redundant skin flap at the hip area in such

a way that the point cannot be exposed properly for needle insertion. In this case, decubitus or sitting position is required to insert a needle to GB 30. GB 30 requires a deep needle insertion with a very large moxa with repeats, use a 60 mm long needle to allow some space between the burning moxa and the skin.

UB 40 Weizhong can be inserted with a needle in the supine position if a rolled towel supports the legs to stay up, off from the table. A sitting position is required to insert needles to all UB points at the back. When the classic acupuncture textbooks were written, there was no portable clock or watch. The time how long an inserted needle stays in the point to supplement and release was measured by the number of respirations. One respiration was 5 seconds long.

Complications from acupuncture occur infrequently, and the most common complications are related to infections that are caused from the practice of *compromised sterility*. Some acupuncture needle devices that are currently marketed have a needle delivery mechanism in which multiple needles are threaded through one guide tube. In doing so, the guide tube and the needles are exposed to the nonsterile environment including the practitioner's hands, consequently the sterility becomes compromised.

Minor bleeding at a needle insertion site usually stops quickly when pressed with a dry cotton ball. Some patients, although infrequent, react adversely to needle insertion. These patients turn pale, perspire in cold sweats, feel faint, and even pass out briefly. This is seen as a *vasovagal reaction*. When this occurs, needles should be removed immediately. Most patients recover quickly in few minutes, some patients need to rest on the table to recover. This occurs commonly in males, younger patients, and mostly during the first treatments. Some acupunctuists see this reaction as a result of collision produced by two conflicting forces; the force that made the patient ill, and the opposing force that was brought in by the acupuncture to treat the illness.

When certain acupuncture points are used in an inappropriate manner, damages and complications can occur. Before using a point, read the instructions to use the point in Twelve Ordinary Channels and Eight Extraordinary Channels, and read the Non-Needle Insertion Acupuncture Points.

Electroacupuncture Technique

There is a limited number of trained acupuncturists who can perform a heavy-duty electroacupuncture (EA) for stroke paresis and peripheral polyneuropathy. For some reason, many practicing acupuncturists have not learned electroacupuncture and moxibustion to the fullest capacity. In the United States, there are 7 million stroke survivors, half of them suffer from motor impairment; and there are 20 million polyneuropathy patients who live with pain and motor dysfunction. The prevalence of both diseases is on an up-swing. EA produces the desired clinical remissions much earlier than the traditional acupuncture. For this reason, patients prefer EA. EA is becoming the main type of acupuncture therapy.

To practice a good electroacupuncture, practitioners need to use good needles and equipments. Electrical stimulator must have the capacity: six outlets for the electrodes to plug in, electrical frequency settings of 2, 5 and 10 hertz (Hz) and electrical current deliverable up to 100 microampere (mA). 10 Hz delivers electrical impulse 10 cycles per second. The less the Hz number is, it delivers electrical enrgy spaced out wide, in larger bulk, and this may cause discomfort. The more frequently the energy is delivered in smaller portions, it causes less discomfort.

Federal and State laws require acupuncturists to use sterile surgical steel needles. Resterilization and reuse of needles are prohibited by the rules set by the Food and Drug Administration of the United States. Health regulatory agencies of the U.S., most nations of the European Union and other developed nations in the world enforce strict sterility rules. Acupuncture must be done under strict *sterile precautions*.

Acupuncture points need to be located by a *point finder*. For example, GB 30 Huantiao, which is used for lumbar disc disease and GB 21 Jianjing used for cervical

disc disease or rotator cuff tendinitis are located far away from helpful anatomical landmarks; it is hard to locate these points correctly without the point finder. Moisture on the skin from an alcohol swab helps to locate the acupuncture points with a point finder probe. When the probe is correctly positioned on the point, the beeping tone becomes a higher note.

When a meridian is affected by a disease and is in disarray, certain acupuncture points on the meridian enlarge the *point size* when detected by a point finder; and in fact, these points have turned into instant Mu Points. For example, when a person suffers from pericarditis or diffuse inflammation in the body, the point size of P 3 Quze and P 6 Neiguan becomes large. Note that these points require needle insertion, and you need to study the cause of disease.

For tall patients with large frame, the distance from one point to the next point, on a meridian, can be slightly longer than average. For extremely obese patients, needle insertion needs to be deeper, and the space between two meridians can be wider. The distance from one point to another is measured by cun. 1 fen is 3 mm, 1 cun is 3 cm, 1 chi is 30 cm, and 1 zhang is 3 m.

A s*tainless steel needle* is the standard. Gold needles have no extra value. Acupuncture works by way of electromagnetic force. Ferrous iron makes the best wire to transmit the electromagnetic energy. The solar system's gravitational force exerts its power on the iron at the earth's core. A thin gauge needle with a flexible corrugated *coil handle* is preferred as it causes less pain; additionally, moxibustion grass attaches better to a corrugated flexible handle; and electrodes can readily be connected to it. Needles must be inserted by being tapped through a *guide tube* to minimize pain. *Needle manipulations* of jabbing and twirling cause additional pain without any verifiable benefit. Needles were rubbed and manipulated in old days to generate low frequency electrical current by friction. Direct application of burning moxibustion to the skin causes burn blisters and permanent scar. For this reason, the practice of scarring moxibustion has been determined illegal in many states.

When electral current is added to the traditional acupuncture, the treatment effect is boosted. Electrical current is used normally in a low current of 80-*100 microampere*, or even less when it is applied to the face or emaciated arms. Electrical current can induce a gentle vibrating sensation or twinge when it is applied to small parts of the body such as the forearm and the face. Higher current induces forced muscle contractions, and causes damage to local tissues, oftentimes to the nerve endings at the neuromuscular units, i.e., He Points at the elbow and below the knee. In

most cases of electric stimulation, time interrupted *saw tooth wave* mode is preferred, in low frequency of *2, 5, 10 Hz* (hertz). 10 Hz is the demarcation point between low and high frequency. Do not use frequency over 10. EA analgesia induced by high frequency is rapid in onset but of short duration with no cumulative effect. (112) To secure good electrical connection, alligator clamps and wires can be taped to the skin. A pair of two electrodes applies to a set of bilateral points. For example, out of a pair of two electrodes, one electrode applies to St 36 at the right leg, and the other electrode applies to St 36 at the left leg. The time length of EA delivery is usually 30 minutes; for stroke, peripheral polyneuropathy and Parkinson's Disease, it is 45 minutes. For most cases including neurological diseases, EA treatments are given twice a week, with two to three days intervals between treatments.

Negative electrodes apply to the affected side or more severely affected side of the body. Positive electrodes apply to the unaffected normal side or less affected side, whichever is right or left. The electrode application of right vs. left is determined by multiple factors. The determination process is complex. To study this further, read the section of The Rules of Supplementation and Release.

The followings are the criteria for electrode applications, in regards to positive electrode vs. negative, right side of the body vs. left side:

1. When a channel is affected by a disease process, the Jing-Well Point and the He-Luo Points become large and tender when they are palpated, and when the point finder probe is positioned on the point, beeping tone becomes a higher note. When this sign is seen on the right side, insert needles to the right side, and apply moxa and positive electrodes to the left side; the key to undo the intrinsic disease process is on the left side. The diseased Jing-Well Point on the right side does not connect to its He-Luo Points.

   When GB 30 Huantiao becomes large and tender on the right side, apply a very large moxa and a positive electrode to the left side. When a disease affects a channel, the points on the channel becomes sore, and the channel is busy carrying disorderly signals; when checked with a point finder, points are large, and the beeping tone becomes a higher note. When the symptoms manifest on the right side, insert needles to the right side, and apply moxa and positive electrodes to the left side. The tool to fix the pathological process of the disease is on the left side. When the right vs. left situation is reversed, apply the same basic rules in a reversed manner. *Negative electrode* applies to the affected side or

more severely affected side. Damaged organs and viscuses repair themselves in a negatively charged electrical field. (25)

2. In disorders of the Central Nervous System such as stroke paresis, the affected side with unilateral neural deficit is determined by clinical examination and imaging studies. To diagnose polyneuropathy, it is essential to do Nerve Conduction Velocity Test and Electromyography to determine which side is more severely damaged in terms of sensory motor dysfunction. In Parkinson's Disease, it is mainly neurological examination that determines which side is more severely affected, but brain imaging study may also help to establish the basic diagnosis itself. Again negative electrode applies to the affected side or more severely affected side.

   For disorders relating to the olfactory nerve, optic nerve that connect to the sensory cortex of the brain at the same side, negative electrodes apply to the affected side. Again for disorders caused by lower level cranial nerves such as trigeminal, facial, vestibulocochlear (auditory), and accessory nerve, negative electrodes apply to the affected ipsilateral side.
3. In peripheral neuromuscular diseases such as lumbar and cervical disc diease, the affected side shows sensory motor dysfunction. Negative electrodes apply to the affected side. It is better to do NCVT and EMG to confirm the clinical diagnosis. Primary low back pain on the right side can oftentimes cause secondary neck base pain on the left side. In this case, treat the low back pain first.
4. Chinese acupuncturists in the fourteenth century had the knowledge that the pain sensation from a leg ascending on the nerve track crosses over to the other side at the level of sacrum, and needles were inserted to the affected side where the pain sensation came from. In this case, moxa would have been applied to the unaffected side. (14)
5. When a disease is produced intrinsically, mediated through the Central Nervous System as in chronic fatigue, fever, sweating, anorexia, and general debilitation, moxa applies "to the right side for women, to the left side for men." In this case, negative electrodes apply to the left side for women, and to the right side for men. This electrical orientation applies to all internal organ disorders, mental disordes, and skin disorders. The internal organs and viscuses are innervated by the autonomic sympathetic, parasympathetic and vagus nerves, which originates from the midbrain and the brain stem, and descend without crossing over. This rule applies similarly to Extraordinary Channels when they are used for internal organ disorders. (14)

6. For men with adrenal insufficiency, the point size of UB 23 and UB 52 becomes extremely large on the right side; for women in menopause, the same occurs on the left side. In this case, apply negative electrodes to the right side for men, and to the left sisde for women. UB Channel descends from the head, moves down straight on the back. Back Shu Points are tonification points, moxa may be used on both sides.
7. In case of uremic pericarditis, pain and disease signal from the chest travel through the Pericardium Channel on the right arm. P 3 Quze and P 6 Neiguan become warm and red. Pericardium heart fire that is not cooled off by kidney water exposes itself on these points. The excess energy needs release. In treating uremic pericarditis by EA, negative electrodes apply to the right side of the body. The disease affects Sanjiao and Pericardium Channels, and manifests itself on the right arm. Make sure appropriate tests and medical care are provided for patients with pericarditis. The distress signals originating from the heart travel to the left arm. Do not treat cardiac symptoms with acupuncture.
8. The location of an organ pulse at the radial artery whether it is located at the right arm or the left is not a primary factor in determining to which side the electrodes apply. For more details, refer to the sections of The Rules of Supplementation and Release, and Pulse Diagnosis.

One side of the body can have only one type of electrodes, it cannot have mixed electrodes of two different types. When a session of EA is completed, the electrodes can be removed from needles one at a time. Turning off the electrical stimulator while the electrodes are still connected to needles will cause electric surge and unpleasant electric shock to the patient. EA should not be used to patients with a heart pacemaker without a clearance from the pacemaker manufacturer or the surgeon. EA cannot be applied to the ears or the head. All prescribed acupuncture points require, by principle, bilateral needle insertions.

Advantages of electroacupuncture:

1. EA brings clinical remissions earlier than the traditional acupuncture. This is beneficial to the patients medically and economically. Also it gives the practitioner a competitive edge.
2. When EA is applied combined with Extraordinary Channels, clinical recovery arrives earlier with less number of needles used.

3. EA can treat difficult medical problems where traditional acupuncture fails. Stroke paralysis, peripheral polyneuropathy and spinal disc diseases with muscle spasm and atrophy can be treated effectively with EA.
4. Patients prefer EA, and healthcare funds reimburse EA at a higher rate.

Contraindications for Acupuncture

Do not treat patients with acupuncture in the following circumstances:

1. Patients who are at postprandial stage with a full stomach, dehydrated, malnourished, drunken, or mentally deranged.
2. Pregnant women, especially during the first trimester. Acupuncture is disruptive to the harmony between a mother and her fetus.
3. Avoid treating patients with unstable vital signs and unclear mental status.
4. It is not desirable to treat patients who cannot communicate clearly. Acupuncture treats the subjective symptoms presented by the patient, which oftentimes cannot be assessed by diagnostic tests. When there is no understandable communication, the treatment track leading to the therapeutic goal can neither be established nor sustained.
5. Patients who are in an actively progressing medical or surgical disease process. These patients must be seen at acute care services.
6. Do not insert a needle to the contraindicated points. Inserting a needle to *Lu 2 Yunmen* and *St 12 Quepen* carries a high potential to induce pneumothorax. Even if a needle is inserted at the recommended depth, it can be either accidentally pushed in by the patient, or passively by surrounding objects. Do not use Lu 2, St 12, and other points on the frontal chest wall; use alternative points to treat the illness. Most points on the frontal chest wall have limited clinical value. A classic textbook lists Lu 1 Zhongfu and St 22 Guanmen for enuresis, but for safety, UB 40 Weizhong is listed as an alternative point.

The diaphragm is a broad dome shaped muscular membrane situated between the thorax and the abdomen; its sternal part arises from the xyphoid process; its lumbar part attaches to the front of transverse process of the first lumbar vertebra;

and laterally, it attaches to the lower margin of the twelfth rib. The liver is located directly under the right diaphragm, the transverse colon and spleen are located under the left diaphragm. In the thorax above the diaphragms, two lungs join each other at the midline behind the sternum. The heart and mediastinum are located at the midpart between the two lungs, the mediastinum contains large main blood vessels and airways. (18) The Kidney and Stomach Channel points run on the frontal chest wall 2 cun and 4 cun lateral respectively from the median line.

Non-Needle Insertion Acupuncture Points

Lu 2 Yunmen	LI 4 Hegu	LI 13 Shouwuli	St 1 Chengqi
St 9 Renying	St 12 Quepen	St 17 Ruzhong	St 30 Qichong
Sp 6 Saninjiao	Sp 11 Jimen	H 2 Qingling	UB 8 Luoque
UB 9 Yuzhen	UB 56 Chengjin	K 11 Henggu	SJ 8 Sanyangluo
SJ 19 Luxi	SJ 20 Jiaosun	GB 3 Shangguan	GB 18 Chengling
GB 21 Jianjing	Du 10 Lingtai	Du 11 Shendao	Du 17 Naohu
Du 22 Xinhui	Du 24 Shenting	Ren 1 Huiyin	Ren 5 Shimen
Ren 8 Shenque	Ren 15 Jiuwei	Ren 17 Shanzhong	

1. In classic acupuncture textbooks, some points are listed on the channel to show the *direction of energy flow*, but they are not used clinically to treat diseases, therefore needle insertion is not needed. The points are: St 1 Chengqi, St 17 Rhuzhong, St 30 Qichong, Sp 11 Jimen, K 11 Henggu, SJ 8 Sanyangluo, Liv 12 Jimai, Ren 1 Huiyin, Du 10 Lingtai, Du 11 Shendao, and Ren 8 Shenque.
2. Needle insertion to some acupuncture points carries very high risks of inducing *serious complications*. On the other hand, most points have negligible clinical efficacy. The points are: Lu 2 Yunmen, St 1 Chengqi, St 9 Renying, St 12 Quepen, St 17 Ruzhong, LI 13 Shouwuli, H 2 Qingling, UB 8 Luoque, UB 9 Yuzhen, UB 56 Chengjin, SJ 8 Sanyangluo, SJ 19 Luxi, SJ 20 Jiaosun, GB 3 Shangguan, Ren 1 Huiyin, and Ren 8 Shenque. The complications from needle insertion are: pneumothorax, arterial bleeding, infection, and nerve and tissue damages.
3. Needle insertion to the acupuncture points may inadvertently direct a needle through the unobstructed *suture lines*. The points are: GB 18 Chengling, Du 17 Naohu, Du 22 Xinhui, Du 24 Shenting, UB 8 Luoque, and UB 9 Yuzhen.

4. Needle insertion to the acupuncture points causes *collision of energy flow*, this may make the patient collapse suddenly, and even induce an unexpected death. The points are: Ren 15 Jiuwei, and Ren 17 Shanzhong. Ren 15 should not be inserted with a needle for patients who are physically exhausted and mentally deranged. Ren 17 should not be inserted with a needle for women in postpartum stage.
5. For women in *pregnancy*, *reproductive age*, and *postpartum stage*, needle insertion and moxibustion are contraindicated to the following points: LI 4 Hegu, Sp 6 Saninjiao, GB 21 Jianjing, Ren 5 Shimen, and Ren 17 Shanzhong. Needle insertion can induce abortion, residual sterility, and sudden unexpected collapse. (14, 86)
6. When the needle insertion to a point carries a potential complication, even if the complication is minute, and the possibility is remote, it is better to avoid needle insertion, and use a stick moxa instead.

Many people believe acupuncture is safe, and it is minimally invasive not enough to cause any internal damages. But there are many reported and unreported incidences of complication: needle insertion to the scalp of a pediatric patient caused bacterial meningitis; needle insertion to the upper part of frontal chest caused pneumothorax for which a chest tube insertion was required; internal bleedings are caused often from deep needle insertions exceeding the recommended depth.

Extra Points

Zhen Jiu Da Cheng, published in 1657 in Qing Dynasty, lists thirty-four extra points. (14) The textbook written by Chong Yu Ming lists 108 extra points. (36) Some regular points are listed as extra points; a good example is St 35 Dubi, which is named Xiyan as an extra point. Extra points are added accessory points, and they do not, by any means, replace the regular points. Practitioners see extra points of their own almost every day.

The followings are the clinical settings in which extra points appear:

1. In deformities resulting from extreme spinal scoliosis, compressed vertebra, surgical scar, and severe scarring from injury, regular points are displaced from their original locations, and sometimes they can disappear.
2. Ashi points are produced by tendinitis, myositis, and appear at the merging points of inflamed muscles and tendons. Ashi points are at the center of a tender sensitive area, and they are oftentimes called trigger points.
3. Lumbar and cervical disc disease produce extra points, these are not necessarily tender points. Typical extra points are located between the sacroiliac area and the greater trochanter of femur, the subtrochantric tendons, around the shoulder trapezius muscle, and above the upper part of deltoid muscle. Misaligned energy flow produces extra points around the involved channels.
4. When a meridian is in disarray, He, Luo, Yuan, Shu and Jing-Well points increase its size, and extra points can also appear. When a point finder probe is placed on these points, a very high beeping tone is generated.

These extra points can be treated by supplementation-release method with combined use of moxibustion. Negative electrode applies to the extra point at the diseased side, which may not belong to any ordinary channel. Since there is no pertinent contralateral point in an ordinary channel to apply a positive electrode, it can be applied to an ordinary channel point, which is in the vicinity where the pertinent contralateral point would be situated. Before connecting a positive electrode to this regular point, the relevant value and the significance of the point must be considered. It will be appropriate to use a point of a specific channel that is involved in the disease process. Generally in clinical practice, extra points need to be treated until the point detector signal becomes minimal, or turns off completely.

In lumbar disc disease, a tender extra point appearing at the gluteal region can be treated with a negative electrode, with a positive electrode applied to a UB point at the contralateral side. Similarly in cervical disc disease, a tender extra point appearing around the upper scapula can be treated with a negative electrode, with a positive electrode applied to a SI or LI point at the contralateral side.

To see an exemplary variation on this subject, refer to the research study by Hong Zhao in the section of New Developments in Acupuncture Research. (29) In this study, rats had ovariectomy, and were treated with positive electrodes connected to bilateral extra points Zigong (7.5 mm lateral from Ren 3), and negative electrodes were connected to Sp 6 ipsilaterally on each side. The selection of points and mode of electrode application are appropriate under the circumstance.

Ear Points

Most acupuncturists use ear points mainly for detoxification, weight loss, and smoking cessation. The ear has points for all organs and anatomical body parts. The acupuncture textbook from the Shanghai Institute of Chinese Medicine has a good ear point map. (37) *Ear Acupuncture Treatment* written by Wong Ryiu Chuen has the most extensive coverage on ear points. The book suggests ear organ points work through the sympathetic and parasympathetic pathways. (38) When treating sciatica, plantar fasciitis, shoulder bursitis, or pain at any other part of the body, a corresponding ear point can be used; pain at a specific body location will subside dramatically.

Ear points are flash points. They can be used in initial sessions to bring quick pain relief. Ear points, in this case, are temporary anesthetic points, but its utility is limited, and it is not a substitute for the general body acupuncture. Body acupuncture work must follow to back up the initial pain relief, and to resolve the main clinical problem. Back Shu organ points are more effective and profound points than ear organ points. Ear points for small organ parts such as mouth, anus, and urethra can be used to induce pain relief initially.

Acupuncture for Children

The book is not intended for pediatric patients. Adult point locations do not apply to small children. Apart from the difference of body size, acupuncture to children is an entirely different matter in many aspects.

Children have the skull sutures that will not close up for many years to come, and their abdominal peritoneal sheath is not thick and tough enough to resist the needle penetration. In addition, the muscle and skin layers are thin, which makes their blood vessels and internal organs much more vulnerable to the needle penetration. Besides, most children cannot cope with the pain from repeated needle insertions. A silver cone, instead of needle, can be applied to the skin on its angled central peak, and it can be connected to the electrical source. This is a nonpenetrable relatively painless device, and was used first in Japan around 1985. Electrical parameters for children will differ vastly from adult settings.

It is the author's opinion that acupuncture should be done selectively to only a few children who are overall in good health. Children have small body size and limited strength reserve. Any type of acute care to children must be provided by pediatric specialists. It would be unwise to waste the valuable time for trials of empirical acupuncture treatment. Old acupuncture texts written in previous dynasties provide prescriptions for pediatric and gynecologic diseases. It can be safely assumed that only limited health care measures other than acupuncture were available for children at the time these old acupuncture textbooks were written. NIH had a clinical trial in which children were treated by acupuncture for nausea and vomiting induced by chemotherapy for osteosarcoma, which has been removed by surgery. Alopecia areata and chronic skin eczema respond well to conventional acupuncture.

Obliteration of the sutures of the skull vault takes place as age advances. It may commence between the ages of 30 and 40 on the inner surface, and about 10 years later on the outer surface of the skull, but the time at which the skull sutures close are subject to great variations. Obliteration usually occurs first at the bregma, extending into the sagittal, coronal and lambdoid sutures, in that order. (18) Needle insertion to the scalp where unclosed skull sutures still exist can cause intracranial hemorrhage and meningitis.

Children also have higher range of motion at the intervertebral spaces between C1 and C2, and between C2 and C3, until the uncinate processes project upwards and downwards to form the pseudoarthrosis (false joint) known as the *uncovertebral joint of Luschka*. The pseudoarthrosis, which is not present at birth, protects the vertebral canal when it is fully developed. (69) In children, needle insertion to Du Channel points at the high cervical spine and skull base must be avoided.

Rules of Supplementation and Release

Acupuncture textbooks published nowadays contribute very little, and sometimes none, to moxibustion (moxa). Old texts published in Sung, Yuan and Ming Era specify the points to which moxibustion can be used, the strength of fire, and whether moxa should be repeated, and if so how many times. The textbooks also mention controversies between scholars regarding the use of moxa. One example is Lu 10 Yuji, and others are Du 20 Baihui and UB 40 Weizhong, and there are many more. Classic textbooks carry the title of "Textbook of Acupuncture and Moxibustion" with few exceptions. Effective acupuncture in its fullest capacity cannot be delivered by needle alone without being complemented by moxa; that means the energy deficiency can be supplemented, and the energy excess can be released much better by adding moxa.

Fire can handle both *loose channels* and *tense channels*. Fire can supplement loose deficient channels, and release tense excess channels. The outcome of whether moxa applied to certain points supplements or releases depends on the situation within the channels and points. The points mean specifically *Luo Points*. When energy is deficient, supplementation is needed. When energy is in excess, release is needed. In general, it is recommended to supplement first and release afterwards. Apply moxa to the yang channel first and the yin channel later. Apply moxa to the upper body first, and the lower body later. Apply moxa in small numbers first, and in large numbers later. Classic acupuncture textbooks make strong points against the excessive use of moxa to the upper extremity. They warn that it will result in a net loss of the acupuncture effect at the end of treatment. Moxa to the upper extremity should be used selectively, in small size, and in limited frequency.

When the channel is in *excess* and the Luo is deficient, apply moxa to yang channel, and apply needles to Luo Point connecting to yin channel. Conversely when the channel is *deficient* and the Luo is in excess, apply needles to yang channel, and

apply moxa to Luo Point connecting to yin channel. Fire releases excessive corrupt energy from the channel, and needles supplement weak energy in the channel. Here the channel means a paired yang-yin channel of UB and K out of the twelve ordinary channels. Luo means, for example, *Luo* to *Yuan, Shu* pathway in paired UB-K Channel, and this works similarly in other paired channels. When the yang UB Channel is in excess and its Luo is deficient, apply moxa to the proximal yang UB Channel, and apply needles to its Luo-Yuan, Shu points at UB-K Channel's crosss connection. When the yang UB Channel is deficient and its Luo is in excess, apply needles the yang UB Channel, and apply moxa to Luo-Yuan, Shu points at UB-K Channel's cross connection. There is an energy transit connection from UB 58 to K 3, and from St 40 to Sp 3; the same connections exist in all other paired Ordinary Channels. The connection from Luo to Yuan, Shu comes either with yang to yin connection (UB 58-K 3) or yin to yang connection (K 4-UB 64), but textbooks list yang to yin connection as the primary.

When water in the channel does not flow, it becomes overfilled, stagnates, and turns putrid. This stagnant water can be flushed out from the channel by moxa, which is an act of purge. The putrid water can also be discharged by draining it from the Luo Point, which is an act of release. *Excess energy* constricts internal orifices, oversecretes fluid, and induces painful distention of internal organs and viscera. It also induces muscle contraction and spasm. *Deficient energy* produces weakness, lethargy, and muscles become flaccid. It also produces sores at internal organs and outer skin.

Supplementation and release for the main yang channel and its Luo-Yuan, Shu are summarized as follows:

main channel (yang) .....He-Luo-Yuan, Shu (yin)
excessive—moxa.....deficient—needle
deficient—needle.....excessive—moxa

He Points are always neutral release points. Needle supplements, and moxa releases. Classic textbooks simply call the main yang channel yang, and its corresponding Luo-Yuan, Shu yin. When the main channel is yin, then the order should be reversed; but traditionally the connection from yang channel's Luo to yin channel's Shu has been used predominantly. This method of supplementation and release has been used typically and successfully for spinal disc disease, diseases of organs and viscera, and musculoskeletal pain in general.

Fire can *supplement* or *release* energy. Subtle slow burning fires supplement energy; to do this, a large moxa ball can be wrapped around evenly on a 20 mm long corrugated needle handle, then fire the grass at the tip of handle. Fire will travel slowly over the entire length of the handle to supplement. Fast burning hot fires release energy; to do this, attach a round bulky moxa ball to the needle handle, and fire the whole moxa ball at once. An old classic acupuncture textbook instructs to blow air to the fire to make it hot quickly for the release of energy. Needles used before our modern era were much thicker than current stainless steel needles. It would have taken a much stronger fire to heat those needles. It is doubtful though whether fire can be controlled precisely at will. Whether fire will supplement or release will have to be played out, in large part, in a self-regulatory manner. This implies the determination of supplementation vs. release will be dictated by conditions within, but not without.

Thin layer moxa that burns slowly, and with repeats, will supplement. A *large moxa ball* that burns quickly will release. Large sudden fire scares off the devils in corrupt channels. Needles dig holes on earth to bring fresh water. When the energy is corrupt, use big sudden fire for release. When the energy is deficient and barren, use needles to bring *fresh water* to arid ground. Old classic textbooks call acupuncture points "earth holes". Supplemental moxa uses a large moxa ball evenly wrapped around the needle handle to burn slowly over time. *Deep supplementation* requires strong moxa with repeats; this method of supplementation for old debilitated patients applies to UB 17 Geshu, UB 19 Danshu, UB 23 Shenshu, UB 43 Gaohuangshu, St 36 Zusanli, GB 21 Jianjing, and Du 14 Dazhui.

In summary, moxa and needles work by the following rules in order to supplement and release:

1. Needles supplement deficient channels and Luo Points.
2. Moxa releases excessive channels and Luo Points.
3. Thin slow burning moxa supplements.
4. Bulky fast burning moxa releases.
5. Very small signal moxa releases.

Under usual circumstances, release moxibustion takes a very small moxa ball, which applies to He, Luo, Yuan-Shu, and Jing-Well Points. This is the *signal moxibustion* that draws attention to the release point from which the excess energy piled up in the corrupt channel can be discharged. The signal moxa applies to the

affected side except when Extraordinary Channels are used. An excess energy that needs to be released from a corrupt channel heads to He, Luo, Yuan-Shu, and Jing-Well Points lured by a command gesture coming from the signal moxa placed at the above points. *Release Yuan-Shu Points* at the hands and feet are H 7 Shenmen, P 7 Daling, Sp 3 Taibai, UB 64 Jinggu, K 3 Taixi, and Liv 3 Taichong. *Release Jing-Well Points* at the feet are St 45 Lidui, and K 1 Yongquan. All He Points are release points. When an internal organ disorder is treated, a very small moxa grass can also be applied, as signal moxa, to *Confluence-Xi Points* of Extraordinary Channels, to the left side for men, to the right side for women. For Ashi and tender-trigger points, apply a large moxa ball to release. A large moxa ball that burns quickly can remove the stagnant energy hiding in certain point holes of corrupt channels.

As for the directions to which side, in what sequence and manner the moxa should be applied, use the following rules:

1. Use small moxa ball first, and large moxa later. Apply moxa to yang channel first and yin channel later. Apply moxa to the upper body first and lower body later. Moxa to the upper extremity should be restricted to small size balls and in limited frequency; large and frequent moxa applications to the upper extremity results in a net loss of acupuncture effect.
2. *Zhen Jiu Da Cheng* has an instruction for moxibustion as follows: "Disease at the left—moxa to the right; disease at the right—moxa to the left." It means when the disease is on the left side, apply moxa to the right side; when the disease is on the right side, apply moxa to the left side. If the disease affects one side of the body unilaterally like unilateral motor-sensory weakness or stroke hemiparesis, apply moxa to the *unaffected side* of the body; for right side pain, weakness and paresis, moxa applies to the left side of the body, and vice versa. A very small signal moxa can be applied occasionally to the *affected side* to release a corrupt energy that produces pain, spasm, and muscle contraction. This indication for moxa use applies to stroke paresis, peripheral polyneuropathy, cervical and lumbar disc diseases, carpal tunnel syndrome, plantar fasciitis, and other similar conditions. The above conditions are neuromuscular or musculoskeletal disorders that involve predominantly one side of the body. (14)
3. *Zhen Jiu Da Cheng* quotes *Zhen Jiu Zi Sheng Jing* to give another short instruction for moxibustion as follows:
   "men—left, and women—right"

For diseases that have no right vs. left orientation such as chronic fatigue, fever, sweating, anorexia, and general debilitation, apply a strong stick moxa with repeats starting from the mid-toe tip (St 45), then passing through the center of the leg, and reaching to the popliteal skin fold (UB 39, UB 40, K 10, Liv 8); to the left side for men, and to the right side for women. To heal the mind and spirit, apply a stick moxa to all five fingers, starting from the root of fingers, and reaching to the finger nails (six Jing-Well points); to the left side for men, and to the right side for women. Sensory stimulation given to the left side of the body will be perceived at the right cerebral cortex, and vice versa. Here the cortical cells may sense different signals other than the heat itself coming from the moxa, which can somehow intrinsically influence organs and viscera differentiated by which side the moxa was applied to. Moxa heat is the vehicle that reaches the sensory cortex of the brain, and it harbors the infrared radiation that may exert a special influence on the diseased organs and viscera, depending on how it is perceived by the brain. (14)

This implies that, for the diseases of organs and viscera that are internally mediated through the Central Nervous System, the right side brain is predominantly involved in the disease process for men; by contrast for women, the left side brain is predominant. The autonomic sympathetic, parasympathetic and the vagus nerves that are derived from the midbrain and the brain stem descend to innervate the internal organs and viscera at the same side without crossing over to the other side. The predominant brain at one side influences affected organs and viscera at the periphery. For an unseen internal disease, the central axis of disease process is at the right side brain for men, at the left side brain for women. Therefore moxa applies to the left side extremity for men, and to the right side for women. This rule applies similarly to Extraordinary Channels when they are used to treat internal diseases; apply a very small moxa to the *Confluence-Xi Points* of Extraordinary Channels, to the left side for men, and to the right side for women.

4. Supplemental moxa to Back Shu Points and Front Mu Points are always applied bilaterally. The energy gain at these two systems is self-regulated internally.
5. Right vs. left disposition of organs and viscera on the radial artery pulse is not a factor in determining to which side of the body moxa applies when treating diseases affecting internal organs and viscera. (14)

The central control station at an electric supply company has signal panels and control buttons, the controller there pushes buttons to direct electric flow on thousands of grids on the ground. When electric flow is massive, it aggregates, surges, and synchronizes on its own in defiance to human control. The same phenomenon takes place to electronic signal flows of e-mail. In my opinion, in human acupuncture energy flow, the self-regulatory force within is greater than the intervening forces from without. The innermost part of the human body produces a nurturing energy (營, ying) from the food source, and it is protected by layers of a safeguard shield (衛, wei). These two are called *ying wei* meaning the enterprise in a protected environment. The clear ying energy starts from upper jiao, moves through the internal passages to reach the starting point of channels, then it circulates around throughout the day and night. The turbid wei energy moves along the exterior of channels; it covers yang channels during the day, and yin channels during the night. (12)

Excess is a measurable state. Deficiency is an immeasurable state. Both are disease states. *Excess* means excessive overfilled energy that spills over its boundary. The state of excess is visible and measurable. Energy excess in a channel spills over at certain points making the points busy and larger in size, which can be measured by the point detector. Excess clogs the system, and causes a disease state. Excess needs to be released. *Deficiency* means lack of energy, the energy is not filled up to the level enough to be seen and measured. There is not enough energy to fire the engine. Deficiency needs to be supplemented up to a measurable level. Supplementation and release can be accomplished by using certain points out of five initial holes and Luo-Yuan, Shu connections.

Excess does not mean the strength. Deficiency does not mean the emptiness. Strength is the power in equilibrium. Emptiness is the void that can take up any size great or small. Acupuncture produces a controlled homeostatic steady state that requires ongoing energy input and output to stay in balance, which does not reach to the state of equilibrium or the emptiness. The *equilibrium* and the *emptiness* are an absolute mind body states in which the mind, the body and the surrounding nature coexist in harmony.

In summary, excess (實, shi) is comprised of the following elements and characteristics: existence, visible, seen, defined, manifestation of a disease, body of symptom. Deficiency (虛, xu) is comprised of the following elements and characteristics: absence, invisible, unseen, undefined, pathophysiological process and under-pinning of a disease, initiator of a disease process. The debate to define shi and xu lasted for

six hundred years over the two dynasties of Sung and Ming. Cofucianism being the fundamental tenet on which the political and social systems were built for the ruling dynasties, the debate at times became overheated with personal fervor; and it devided the officials of government and the Confucian scholars into opposing camps in China and Korea. The other associated hot topic was whether the humans are formed primarily from the ideal (理, ly) or from the energy (氣, qi), or both.

Moxibustion fire delivers heat, and bright sun ray's energy that reflects from a mirror, a component of light that is infrared radiation. Electrical application added to traditional acupuncture has undoubtedly diminished the value of moxibustion and its significance; furthermore, quite conveniently, it has alleviated all the tedious works of dealing with moxa grass, its ash, and a match. Electroacupuncture (EA) works by way of electromagnetic energy, but not by heat or infrared radiation. EA applies to bilateral points, but not to the median line points or ashi trigger points. As of now, we do not know the precise methodology how to supplement or release exclusively by EA alone.

Moxibustion grass leaves come from wormwood; its botanical name is Artemisia absinthium. Grass leaf of soft texture is preferred; when pressed and rolled around, it aggregates well, and forms a firm grass ball that attaches well to the acupuncture needle's corrugated handle. Some Artemisia leaves fail to aggregate to form firm grass balls, and fall apart like sand grains. These leaves, while burning, can drop off from the needle handle, and land on the skin. A traditional moxa stick generates *infrared radiation* intensity of 43,300 mV; for smokeless moxa stick, the intensity is 31 mV. (41) A moxa stick can be applied to the acupuncture points to which the needle insertion is contraindicated.

Asterisk (*) marks attached to the prescription points indicate the degree of fire strength of moxibustion, and the size of grass ball:

* Mild moxibustion, very small or small moxa, pine nut or soy bean size moxa ball.

** Moderate moxibustion, medium size moxa, pencil eraser size moxa ball.

*** Strong moxibustion, large moxa, peanut grain size moxa ball, moxibustion may be repeated.

**** Very strong moxibustion, very large moxa, marble ball size moxa ball, repeat moxibustion up to 3 times.

For the acupuncture points not marked by asterisk (*), moxibustion is not indicated.

There are unresolved controversies in the classic textbooks in regards to whether or not moxa can be used to certain points, what size of moxa should be used, and in what sequence. The variations are listed next:

1. For the following points, moxa use is not allowed, but a very small moxa can be used at times to supplement or release; these points are Lu 10 Yuji, Lu 11 Shaoshang, St 45 Lidui, H 5 Tongli, H 9 Shaochong, P 9 Zhongchong.
2. Very strong moxa applies to Ren 4 Guanyuan, Ren 6 Qihai, Ren 12 Zhongwan, Du 14 Dazhui, UB 43 Gaohuangshu, GB 30 Huantiao, GB 34 Yanglingquan, Liv 13 Zhangmen. Under usual circumstances, UB 15 Xinshu and UB 40 Weizhong cannot take a moxa, St 36 Zusanli takes a small moxa, and Du 20 Baihui takes limited moxa. But in stroke, all four points can take a very large moxa; there are other points with this variation.
3. *Older patients* require very strong moxibustion with many repeats to supplement their feeble energy. For older fragile patients, apply moxa in the order of: Du 14 Dazhui—UB 17 Geshu, UB 19 Danshu, UB 23 Shenshu, UB 43 Gaohuangshu—GB 21 Jianjing, GB 39 Xuanzhong—Ren 4 Guanyuan—St 36 Zusanli. There are some variations in the sequence of using the above points. Older patients' health problems originate largely from weakness and depleted immune strength. The same rule applies to severely debilitated patients who have suffered through a prolonged damaging illness.

Contraindications for Moxibustion

Moxibustion is contraindicated to the next acupuncture points, moxa can damage adjacent tissues and organs, and induce other complications. For the points to which moxibustion is contraindicated, electrical application is contraindicated as well: (14, 86)

1. Moxibustion to the following acupuncture points produces heat damage to adjacent tissues, nerves, and blood vessels. For St 1 Chengqi and UB 1 Jingming, the moxa heat damages the eyeball; for St 7 Xiaguan, the moxa heat damages the neural ganglion; for St 9 Renying, the moxa heat warms the common carotid artery; for SJ 16 Tianyou, the moxa heat can cause facial swelling and closure of eyelids by damaging the facial nerve.
2. For GB 21 Jianjing and Ren 5 Shimen, needle insertion and moxa are prohibited for pregnant women, and women in reproductive age, it can cause abortion and residual infertiltity. Combined use of LI 4 Hegu and Sp 6 Saninjiao with moxa can cause abortion.
3. For four Du points on the scalp, Du 15, Du 16, Du 17, Du 22, moxa causes serious neurological complications.
4. For St 17 Ruzhong and Ren 15 Jiuwei, both needle insertion and moxa are prohibited. Infection and mental agitation can occur.
5. It is the author's recommendation that moxa should not be applied to the acupuncture points on the face and around the ear. It is more practical to use EA instead. Putting needles with burning moxa grass on the face and near the ear is a process not comfortable for most patients. These points are St, UB points around the eyes, LI points near the nose, and SI, SJ, GB points around the ears.

Non-Moxibustion Acupuncture Points

Lu 3 Tianfu	Lu 8 Jingqu	Lu 10 Yuji
Lu 11 Shaoshang	LI 19 Heliao	LI 20 Yingxiang
St 1 Chengqi	St 7 Xiaguan	St 8 Touwei
St 9 Renying	St 17 Ruzhong	St 32 Futu
St 33 Yinshi	Sp 7 Lougu	Sp 9 Yinlingquan
Sp 16 Fuai	Sp 20 Zhourong	SI 9 Jianzhen
SI 18 Quanliao	UB 1 Jingming	UB 2 Zanzhu
UB 3 Meichong	UB 6 Chengguang	UB 10 Tianzhu
UB 15 Xinshu	UB 30 Baihuanshu	UB 36 Chengfu
UB 37 Yinmen	UB 40 Weizhong	P 9 Zhongchong
SJ 4 Yangchi	SJ 16 Tianyou	SJ 23 Sizhukong
GB 21 Jianjing	GB 22 Yuanye	GB 33 Xiyangguan
GB 42 Diwuhui	Du 6 Jizhong	Du 15 Yamen
Du 16 Fengfu	Du 17 Naohu	Du 22 Xinhui
Du 25 Suliao	Ren 5 Shimen	Ren 15 Jiuwei

Inner Workings of Channels and Points

Over a course of two to three millennia, both acupuncture and western medicine have gone through many evolutionary changes to branch out into two different types of medicine. As it stands today, with the help of advanced imaging studies, reliable blood tests, and well thought out sophisticated procedures, western medicine provides the best treatment to care for sick people with serious medical problems.

For the eastern medicine, the diagnosis and treatment scheme layed out 2000 years ago in Shang Han Lun has become irrelevant. Dividing febrile diseases into six yin-yang categories and using herbs containing ephedrine to break the fever, without paying attention to the microbial concept of disease and antibiotic of choice, have made the logics in Shang Han Lun consequently inappropriate in our current medical practice. Numerous acupuncture points were prescribed to induce sweating in the purpose of breaking fever and chill. There was no aspirin or tylenol. Similarly, nihondo (samurai swords) are not used in military battles any more, but they are still being made and sent to museums and collectors to conserve and display the high standard craftsmanship of samurai tradition. Kendo (the art of sword fighting) is practiced now with round sticks cut from bamboo trees.

Currently Chinese herbs are considered nontherapeutic agents; never the less acupuncture provides useful diagnostic and therapeutic schemes for *functional disorders*, which are not well understood by conventional western medicine. The more we explore and define the functions of the human body by scientific research, we see a large void left out unresolved, which cannot be explained adequately by science alone. Understanding how the brain perceives, thinks and functions is as hard as understanding how the universe operates. Knowing something correctly

in many details does not mean the knowledge is perfect and wholesome. Acupuncture diagnosis is made based on yin, yang and the Five Element Theory. These elements are used here as tools to contemplate, to define, and to understand a much larger complex system as a whole.

Meridian means, in physical terms, the vertical runs of acupuncture channels. Acupuncture channel means a functional system of energy flow harboring not only the channel points but also all Confluence, Luo and Xi Points merging and connecting with many other Channels. Channel is more inclusive and practical term than meridian.

The driving force of acupuncture channel comes from food. Water and grain come into the stomach, and turn into rubbish particles in the colon in the end. In this digestive process, the nutrients extracted from food are absorbed from the small intestine, then it is carried by the blood stream to the liver, heart, and finally to the lung. The energy (qi) in the acupuncture channel is made of two parts. The first clear energy is called "ying" meaning an enterprise, which is the core energy that comes from the nutrients. The ying energy originates from middle jiao that contains small intestine from which nutrients are absorbed. This original ying energy runs through the internal passages, and enters into Lung Channel located in upper jiao.

The ying energy starts from Lu 2 Yunmen at 3 A.M. to cycle 50 times, through 14 channels, over a day and night. Then the ying energy returns to Liv 14 Qimen, and recycles again from Lu 2 Yunmen at 3 A.M. the next morning. The power from ying propels the acupuncture energy to run through all 14 channels (12 Ordinary Channels plus Ren and Du Channels), 50 times around, over 25 hours (100 hours), over a day and night. The second turbid energy is called "wei" meaning a safeguard shield, this energy runs along the exterior of channels. Wei runs around yang channels during the day, and around yin channels during the night. The channel energy is damaged by external elements of wind, cold, heat, humidity, and by excessive eating and drinking. It is also damaged by anger and hatred. (12, 14)

According to the old texts, to measure the speed of channel energy, the clock was set by the speed of water flow and its volume. A day is made of 100 water-clock hours; 50 water-clock hours for the day, and another 50 for the night. The following divides determine how a day and night passes through 100 water-clock hours: when the time moves through the divides of taiyang—shaoyang—yangming—yin, it

passes through 4 water-clock hours; when this is repeated 6 times, it passes through 24 water-clock hours; when the time returns back to taiyang, it has passed through 25 water-clock hours. When the time stops over at the fourteenth star out of twenty-eight stars, it has passed through 50 water-clock hours or half of a full day and night. When the cycle repeats, and stops over at the next fourteenth star, it has passed through 100 water-clock hours, or a full day and night.

In old days, time was not measured by mechanical clocks, it was measured by water. The human biological process is not commanded and tied down to an artificial clock that runs over 24 hours for a full day and night, it had to be otherwise. Human biological process runs on 25 hours cycle for a day and night. Technically water clock could not count minutes and seconds. The water clock time was stretched out. The water clock was set to start and complete its cycle in 100 hours by the speed of water flow and its volume. The longer a day was stretched out, the more precise the hours would be. To measure the speed of acupuncture channel energy, they set up the clock to run as to the biological circadian cycle of 25 hours. There are two clock hours, one is the biological circadian clock of 25 hours per day that applies to acupuncture channels, and the clock of 24 hours coinciding with the earth's rotation around the sun to which conventional day, month and year are accorded.

The acupuncture energy travels through the entire 14 channels (16 zhang 2 chi), 50 times around, over a day and night, which is made of 100 water-clock hours. When the classic texts were written, measuring the water flow was the only method to record the real time on earth, and the time was stretched out to be precise; and its time was confirmed by checking the earth's position with the twenty-eight stars around it, as it rotates over 24 hours.

There is only one clock, it starts and closes a day over 24 hours. Circadian biological cycle runs over 25 hours, but in order to complete its cycle in time, it has to rush and jump into the mid-night train before it takes off to start a new day. Circadian rhythm runs on 25 hour cycle, but it shortens its cycle cued by the daylight. Many researches were done on this subject. When the human volunteers participating in the experiment are kept in an environment completely shut away from the daylight, circadian rhythm runs on 25 hour cycle. Indicator constituents in the blood and urine fluctuates and recycles within the 25 hour time frame. The brain cells pacing the circadian cycle are influenced by intermediary cells that are connected to the optic nerve. (34)

Nan Jing written by *Pian Que* lists special acupuncture points where the channel energy originating from the lung merges with other points, and accelerates to move fast forward. The list is as follows:

Lung Channel..... Lu 1 Zhongfu, Lu 2 Yunmen, Lu 3 Tianfu, Lu 4 Xiabai
LI Channel..... LI 4 Hegu, LI 5 Yangxi
Stomach Channel..... St 42 Chongyang, St 5 Daying, St 9 Renying, St 11 Qishe
Spleen Channel..... Sp 11 Jimen, Sp 12 Chongmen
Heart Channel..... H 1 Jiquan
SI Channel..... SI 16 Tianchuang
UB Channel..... UB 40 Weizhong
Kidney Channel..... K 3 Taixi, K 10 Yingu
Pericardium Channel..... P 8 Laogong
Sanjiao Channel..... SJ 22 Heliao
GB Channel..... GB 2 Tinghui, GB 3 Shangguan
Liver Channel..... Liv 3 Taichong, Liv 10 Wuli, Liv 11 Yinlian
(94)

Zhen Jiu Da Cheng lists the lengths of all acupuncture channels. The listed lengths are as follows:

1. Six hand yin channels (from chest to hand): each channel is 3.5 chi long (3 chi 5cun long), and the total length is 21 chi.
2. Six hand yang channels (from hand to head): each channel is 5 chi long, and the total length is 30 chi.
3. Six foot yang channels (from head to foot): each channel is 8 chi long, and the total length is 48 chi.
4. Six foot yin channels (from foot to abdomen); each channel is 6.5 chi long, and the total length is 39 chi.
5. Du Channel is 4.5 chi long. Ren Channel is 4.5 chi long. The combined length is 9 chi.
6. Yangqiao Channel (from foot to eye) is 7.5 chi long. Yinqiao Channel (from foot to eye) is 7.5 chi long. The combined length is 15 chi.

The combined total length of all 14 channels (12 Ordinary Channels plus Ren and Du Channels) is 16 zhang 2 chi. The channel energy runs through 14 channels in a whole cycle of 50 times around over a day and night, which is made of 100 water-clock hours. When the ying energy cycles 50 times through the channels over a day and night, it travels the distance of 810 zhang. As to the measured length, 1 fen is 3mm, 1 cun is 3 cm, 1 chi is 30 cm, and 1 zhang is 3 m. (12, 14)

Please note that two Qiao Channels combined length is counted into the total, but the channel names are not included in 14 channels. Qiao Channel's work is to stand tall, but in doing so, it uses other channel's points, therefore their names are not included. Additionally four other Extraordinary Channels are not listed. Chong means shock or collision, there is no height on this energy. Dai turns around the body laterally like a belt, again there is no height. For both Yangwei and Yinwei Channels, wei means bundling other channels, there is no height gained in bundling other channel's energies.

The following is a verse in *Zhen Jiu Yu Long Jing* written by *Pian Que*:

1. Zusanli and Neiting work differently from Quchi and Hegu work.
2. Weizhong couples with Chengshan, but on arriving to Kunlun, they separate.
3. Huantiao links to Yanglingquan, Tongli links to Lieque.
4. Working together uses a participation law. Working individually uses a separation law. (95)

The following is the author's interpretation on the above subject:

1. St 36 Zusanli is earth in earth channel, St 44 Neiting is water in earth channel. Former tones up the energy, latter moistens the earth to make it softer and movable for release. LI 11 Quchi is earth in metal channel, LI 4 Hegu is metal, the self, in metal channel. Former supplements its own metal energy, latter treats diseases by its own power, the metal.
2. The toxic portion of UB energy from the low back and urinary bladder discharges at UB 40 Weizhong, and when it arrives at UB 60 Kunlun, it perishes; but the main UB energy continues through Weizhong, UB 57 Chengshan, and beyond Kunlun.
3. GB 30 Huantiao and GB 34 Yanglingquan are related, and work together. H 5 Tongli and Lu 7 Lieque link by the law of metal-fire exchange.

4. Water and water, water and wood, water and earth, water and metal work together through mutual cooperation. Wood and earth, fire and metal, earth and water, metal and wood work together through mutual exchange and inhibition. Water and fire, metal and metal work individually by the law of separation.

Clinical Interactions between Channels and Points

Sanjiao Channel receives its original fire energy from mingmen (adrenal gland). Sanjiao regulates the transit and storage of food in fu organs. Food moves through three jiaos: mouth-esophagus (upper jiao), stomach-small intestine (middle jiao), and large intestine (lower jiao). For salivation problems, glossitis, and gingivitis, use P 3 Quze. For swallowing difficulty, use SJ 1 Guanchong. For food transit problems, use UB 22 Sanjiaoshu.

Sanjiao Channel can also regulate the temperature and energy by using water. The upper jiao disperses water as mist to cool off the heart fire; the middle jiao that contains intestines disperses water as bubble; the lower jiao in the pelvis disperses water into the drain. UB 39 Weiyang works as a lever to open and close the control valve of a steam engine from which hot water and steam pressure can be released for temperature control. The appendix is the sensor of internal body temperature located in the lower jiao. It may send a signal to the large intestine to reabsorb more water. A person whose appendix has been removed surgically has limited capability to regulate body temperature in unusually hot and cold environment.

Repeated use of P 6 Neiguan takes away water from the sanjiao. P 6 connects and resonates with SJ 5 Waiguan, this connection provides an accees for Pericardium Channel to take away more water from sanjio. Both Pericardium Channel and upper jiao are located in the thorax, which contains the heart, pericardium, and lungs. P 3 Quze is a He Point and water, it uses water to help Pericardium Channel and upper jiao to cleanse their systems. The upper jiao uses water, and disperses it in the form of mist through the lung's respiration. The dispersal of water through the upper jiao, and the Pericardium Channel's access to sanjiao's water can create a water shortage in the entire sanjiao system. Faced with this water shortage, the lower jiao reabsorbs more water out of the stool, and the stool becomes excessively dry and hard.

The following treatments reset the imblance of water supply to sanjiao and pericardium:

1. In treating excess fire energy and anxiety caused by the damp heat produced by the opposition of heart fire vs. kidney water, first use H 7 Shenmen, and later K 1 Yongquan to discharge the excess fire and water energy respectively.
2. SJ 6 Zhigou opens up the blocked Ren Channel in female, and treats severe constipation and failure to perspire in febrile diseases. Zhigou means *a branch of water canal*.
3. St 28 Shuidao supplies water to the sanjiao, and treats fever retained in its system. Shuidao means *a water way*.
4. K 15 Zhongzhu supplies water to the lower jiao, and treats dry stool. Zhongzhu means *pouring water to the middle*.
5. K 16 Huangshu supplies water to the lower and middle jiao, and treats dry stool. Huangshu means *a division point*, in this case, the division between the middle and lower jiao.
6. K18 Shiguan supplies water to the upper jiao. Shiguan means *a stone gate* that checks the water flow.
7. Chong Channel supplies water to the dry sanjiao by providing kidney points for water supply.
8. Dai Channel treats excessive water reabsorption from the stool, and removes the fluid retained in the lower abdomen and pelvis.

Pericardium is located in the upper jiao. Both use water to extinguish the heart fire. Kidney and Chong Channels run along the median line to supply the needed water to the pericardium and sanjiao.

UB Channel *Back Shu* Points represent all twelve yin zang organs and yang fu viscera. Back Shu Points are tonification points, which means, when moxa is applied to a Shu Point, the energy of a specific organ will be supplemented to the optimal level. Back Shu Points are definitely not release points by their nature.

When a patient complains of pain from distended urinary bladder, and frequent urination from increased bladder sphincter muscle tone, apply needles and small moxa to UB 23 Shenshu, UB 28 Pangguangshu, apply a needle with very large moxa to Ren 3 Zhongji, and apply needles to UB 40 Weizhong to realx the constricting sphincter muscle.

For biliary colic, use UB 49 Danshu, GB 24 Riyue, GB 34 Yanglingquan, GB 37 Guangming, and Liv 3 Taichong. The last three points release the constriction of bile duct through He-Luo-Yuan, Shu discharge. The same rule applies to all other zang organs and fu viscera. Here the *mandatory prescription points* are Back Shu Points of the involved organs, Front Mu Points, and the distal He-Luo-Yuan, Shu discharge pathway.

Excess energy causes contraction of the intestinal smooth muscles, over secretion of fluid, constriction of the sphincter muscles of viscera, distention of the internal organs and viscera, and contraction and spasm of the skeletal muscles. *Defeient energy* causes atony and standstill of the internal organs and viscera, lethargy and flaccidity of both the intestinal and skeletal muscles, and sores at the internal organs and outer skin. The movement and secretion of the internal organs and viscera are controlled by the autonomic sympathetic, parasympathetic and vagus nerves derived from the midbrain and brain stem.

When *headache* patients come for acupuncture treatment, identify the involved channels. In a headache that starts from the occipital base and reaches to the forehead, UB and Du Channels are involved. Useful points for this headache are Du 14 Dazhui, Du 20 Baihui, UB 10 Tianzhu, and UB 11 Dashu. When UB 62 Shenmai is used for occipital headache, it runs through Yangqiao Channel points as far as to UB 1 Jingming at the forehead via GB 20 Fengchi at the occipital base.

In a temporoparietal headache, GB and SJ Channels are involved; to treat this headache, use UB 63 Jinmen first, which is a Xi Point connecting to Yangwei Channel that has many points at the affected temporoparietal area. For the mixed migraine type headache in perimenopausal women, Sp 4 Gongsun is the most useful point; this point connects to Chong Channel.

UB 62 Shenmai, UB 63 Jinmen, and Sp 4 Gongsun are respectively Confluence, Xi and Confluence Points connecting to three Extraordinary Channels. Reflect on all ins and outs of eight Extraordinary Channels thoroughly, and observe carefully how each channel exerts its influence in clinical cases. Use limited *number of needles* to treat, and identify the clinical effect produced by each needle. When too many needles are used, it becomes hard for the practitioner to analyze whether a needle has worked; and if it has, what effect it has produced. Besides, when multiple needles are used, they cause more pain to the patient. Good practitioners use the least number of needles to produce the best results.

The diagnostic term *lumbar disc disease* is a simple physical term that does not sufficiently reflect the complex pathophysiology involved in the disease process. Lumbar disc disease is a multifaceted clinical syndrome. UB Taiyang Channel is a yang water channel, and it is paired with K Shaoyin Channel of yin water. UB Channel energy originates from the forehead, runs along the paraspinal column, and ends at the tip of the fifth toe. Low back pain caused by lumbar disc disease is primarily a disorder of UB Tiayang Channel. Herniated disc is not the sole cause of low back pain and radiculopathy. UB Channel water nurtures the wood in GB and Liv Channels, the former controls ligaments, and the latter controls muscles. Pain, muscle spasm, and loss of mobility are caused by centrally and peripherally mediated inflammatory processes.

In producing the low back pain and radiculopathy, besides the herniated disc, the dorsal rami of the lumbar spinal nerve, sciatic, deep and superficial peroneal, and posterior tibial nerves are involved. The muscles involved in the disease process are the paraspinal muscles, piriformis, tibialis anterior, extensor hallucis longus, peroneus longus, extensor digitorum longus, gastrocnemius, and subtrochantric tendons and muscles. (78) In low back pain, proven sources of pain are the posterior midline part of annulus fibrosus of a herniated disc, the inflammed nerve root at its lateral exit, and the facet joint capsule. (68)

When treating the pain of lumbar disc disease, GB 30 Huantiao, GB 34 Yanglingquan and St 36 Zusanli must be used as the first line points. GB 34 and St 36 are the neuromuscular start points of all the muscles starting from the lateral side of the anterior crest of the tibia. GB 30 and GB 34 work through spinal neuropeptide, and through the sensory neurons of the lumbar dorsal root ganglion. (21, 22) In addition, GB 34 connects to primary sensory motor cortex and hypothalamus. (46) There is a descending pain inhibitory mechanism between St 36 and the hypothalamic nucleus raphe magnus. (19)

To remove the excess energy causing spastic back pain at the spinal muscles, use moxibustion to paraspinal UB points at the affected side. When the central back pain is displaced distally to the leg, use He-Luo-Yuan, Shu connections between UB and K Channels to release the pain. UB 40 Weizhong must be used from the start; UB 40 discharges toxic energy from the back. Additionally UB 23 Shenshu works on the bone to maintain its integrity, and it also boosts overall energy. UB 11 Dashu is an Influential Point to strengthen the bone, and it is a Confluence Point connecting to many yang channels. Also Du 14 Dazhui is an

effective Confluence Point that connects to six hand and foot yang channels, the point will help the entire spine to maintain its stature and strength.

When *old weak patients* come for acupuncture treatment for various reasons, it is better to help them with their exhausted weak energy first. To do this, from the first visit, use Du 14 Dazhui, UB 23 Shenshu, GB 21 Jianjing, St 36 Zusanli, and Ren 4 Guanyuan with very large moxa, with repeats. UB 19 Danshu and UB 21 Weishu can enhance appetite and digestive functions. Liv 13 Zhangmen is an important "must use point" to save patients in hopeless debilitating conditions. The point recruits spleen energy, and connects to Dai Channel. Spleen provides digestive juice to all viscera. Additionally Liv 13 can readily detoxify the toxic metabolites of drugs and chemotherapy agents.

The definition of clinical *remission* is resolution of symptoms. In lumbar disc disease, the remission is resolution of pain and immobility; in irritable bowel disease, the remission is resolution of abdominal cramp and diarrhea; in peripheral polyneuropathy, it is resolution of tingling numbing pain, and being capable of walking in a stable gait without an aid; in stroke, it is regaining the mobility of the extremities. To arrive at the remission, physical therapies and exercise programs are required. Once the clinical remission is obtained and solidified, it lasts months and often years. To remain in remission, the patient must stay overall in stable health, and live a physically active life.

Hua Tuo said in his textbook *Zhong Zhang Jing* that there are ways in which a person without a disease can die: when the fate is broken, the person dies; when the temperament changes, the person dies; an insane person who speaks violent words dies; a violent person who does not speak dies; a person in a violent haste dies. When a person suffers a disease, one who likes to pass will pass through it; one who likes to block will block it; one who likes water handles it as though he crosses over a water; one who likes to swim helps it by swimming. Do not counter these measures however it pleases a sick person, nor forcefully suppress it. If one follows this, ten people will live out of ten, one hundred people will live out of one hundred, there is no disease that can not be healed. (100)

Prescriptions

When we read the section of prescriptions in the classic texts, and read twelve ordinary channels for references, we notice there are more than thirty acupucnture points indicated for abdominal distention. Again, there are multiple prescription points for dysuria and dysmenorrhea. Inevitably, the question arises: "Why are there so many prescriptions for one problem?" The answer is simple. There was no one good prescription to treat a common malady. There are numerous prescription points to induce sweating in order to break the fever because there were no good antipyretics. Nowadays doctors perform endoscopy and laparoscopy to see the inside of the intestines and cavities, and do biopsies and other works to treat the problems effectively.

With a sense of fairness, the author did not want to cut short the overlapped prescription points in the classic texts. Out of many repetitive prescriptions in the texts, there are some effective prescriptions for many functional disorders, especially for neurological diseases. From the historical perspective, as a translator of old texts, the author is not the person to judge the value of books written many centuries ago in a different world. This long section will take the readers through the piles of similar prescription points, which may be seen as endless mundane repetitions. But, in the end, it should be recognized that old prescriptions are delivered with typical patterns and attributes with the essence and truth hidden behind.

This large chapter lists prescriptions for specific diseases and other mixed disorders. Practitioners do not need to use every point listed as a prescription. The prescriptions list all the inclusive points that can be used under various circumstances. Some prescription points in this book differ from existing ones. New

prescription points were selected by the rules of Five Element Theory and from a consideration paid to the Extraordinary Channel's involvement in the disease process.

In most cases, the time required for a session of EA is usually 30 minutes; for stroke paresis, monoparesis, peripheral polyneuropathy, and Parkinson's Disease, it is 30-45 minutes depending on the patient's tolerance to the procedure. Other parameters for electrical current and frequency are specified for each disease treated by EA. Under the usual circumstances, use the Front Mu Points first, then use primary organ points with attention paid to He-Luo-Yuan, Shu connections, and always use the Back Shu Points. It will take time to become familiar with Extraordinary Channel's complex conjunction system and realize its usefulness.

Inserting needles to patients is a simple physical work, but analyzing the symptoms and constructing a treatment plan is a complicated job. As the listed prescriptions are used, the author advises the readers to read the chapter of Five Element Theory in this book and other source books to break the barrier and expand the mind. Generally it takes breaking the barrier first, and the depth is gained later. Then what is learned from daily practice will be reflected through the prism of our mind, the old mind and the new free mind. After a due course, internalized wisdom will be formed. (14, 110-1, 2)

Head and Face Pain

Headache

All headaches come through the back spine. Headaches travel through UB Channel, GB, SJ, and Du Channel. Perimenopausal headache may have Ren and Chong Channels involved at the ventral side, but it has to come through the back spine to cause a headache. For this reason, for any type of headache, use UB 10 Tianzhu, UB 11 Dashu, and Du 14 Dazhui first; these three points block insulting energies ascending on the back spine from entering into the head.

The crucial points that treat headache are mostly located in the foot. They are Confluence-Xi Points of Extraordinary Channels. Headache can be divided into occipital tension headache, temporoparietal headache, and variant migraine type headache that may occur at a certain time in the menstrual cycle. When treating the migraine type headaches for women, the prescription for menopause and dysmenorrhea should be used at the same time. Select the points as to the type of headache, and the location of pain. Mixed type general headache responds well to EA and moxa applied to GB19, UB 10, UB 11, UB 22, and Du 14.

UB 62 Shenmai is the Confluence Point of Yangqiao Channel, and UB 63 Jinmen is the Xi Point of Yangwei Channel. The former is used for occipital headache, and the latter for temporoparietal headache. Use EA to Back Shu Points. Negative electrodes apply to the side where the headache is located, or to more severely affected side. Moxa applies to the same side where positive electrodes apply. Same rule applies to the Confluence-Xi Points of Extraordinary Channels. Use EA in saw tooth wave mode, with frequency of 5-10 Hz, current of 80-100 microampere (mA), for 30 minutes. The next is a combined prescription for headache in general.

Du 12 Shenzhu ****
Du 14 Dazhui ****
GB 12 Wangu ***
GB 19 Naokong *
GB 20 Fengchi ****
GB 34 Yanglingquan ****
St 36 Zusanli *
UB 10 Tianzhu
UB 11 Dashu ***
UB 19 Danshu *
UB 22 Sanjiaoshu *
UB 60 Kunlun *
UB 62 Shenmai *
UB 63 Jinmen *

Migraine

First use the same points prescribed for general headache. For women in perimenopausal period, use the next six basic points for menopause and dysmenorrhea, and add Sp 4 Gongsun, which is the Confluence Point of Chong Channel. Frequently migraine turns out to be not a pure migraine. Women in menopause may have arthritis and disc disease of cervical spine from osteoporosis and degenerative joint disease. Appropriate tests and imaging studies are required.

Ren 3 Zhongji ****
Ren 6 Qihai ****
Sp 6 Saninjiao *
Sp 4 Gongsun *
Ren 4 Guanyuan ****
UB 23 Shenshu *
LI 4 Hegu *

Retroorbital Pain

Avoid needle insertion to UB 9, apply a moxa stick to the point. Apply moxa only once to Du 23. Use EA to Back Shu Points.

Du 13 Taodao **
Du 16 Fengfu
Du 23 Shangxing **
GB 14 Yangbai
Liv 3 Taichong *
Liv 8 Ququan *
UB 9 Yuzhen *
UB 10 Tianzhu
UB 11 Dashu ***
UB 60 Kunlun *
UB 62 Shenmai *
UB 63 Jinmen *

Temporomandibular Joint Pain

By the time a patient with TMJ pain comes for acupuncture treatment, the patient usually has seen dentist, ENT doctor, and rheumatologist over some time. MRI is required before acupuncture treatment. For joint fluid and subluxation at TMJ, an antiinflammatory drug can be used briefly. TMJ pain is primarily a manifestation of imbalance of stomach channel's energy between two sensory motor units of the right side and the left. Cross over application of electric current will correct the imbalance. All points require bilateral electrical application with negative electrodes applied to the affected side. Use small 30mm/0.2 gauge needles on the face to minimize pain. Use 100 microampere (mA), in saw tooth wave mode, with frequency 5-10 Hz. Use lower current of 70-80 mA to the face. The face is much more sensitive to electrical current. Tape all electrodes to the facial skin to maintain a good electrical contact, and to immobilize the needles. The time length of electrical stimulation is 30 minutes. Keep needles in St 7 for 5 minutes or less. Tape the electrodes on St 7 securely, and ask the patient not to move the jaw while a needle is in place. A moving needle in the point can damage the neural ganglion. All six points in the left column require EA. Use a very small moxa to St 45 at the affected side for release.

St 6 Jiache *
St 7 Xiaguan
St 36 Zusanli *
SJ 21 Ermen *
GB 12 Wangu ***
GB 20 Fengchi ***
LI 4 Hegu *
Du 14 Dazhui ****
Du 20 Baihui
St 44 Neiting *
St 45 Lidui *

Musculoskeletal Pain

When treating painful musculoskeletal disorders, unless there is a specific reason not to, always use St 36 Zusanli and Sp 6 Saninjiao. Other useful points are GB 34 Yanglingquan, Du 14 Dazhui and Liv 3 Taichong. For elderly patients, Ren 4 Guanyuan, Ren 6 Qihai, Ren 12 Zhongwan, GB 21 Jianjing and UB 23 Shenshu will boost weak energy. EA to St 36 Zusanli connects to the hypothalamic pain receptor nucleus raphe magnus. EA to ST 36 Zusanli and Sp 6 Saninjiao activates endorphine containing neurons in the hypothalamic arcuate nucleus in experimental rats. (19, 20) Unless ther is a contraindication (pregnancy), use St 36 and Sp 6 at the same time, pain is relieved better.

EA to GB 30 Huantiao and GB 34 Yanglingquan relieves pain induced by peripheral inflammation; these two GB points have the antinociceptive effect mediated by spinal neuropeptide and through the sensory neurons of the lumbar dorsal root ganglion. (21, 22) Separately GB 34 exerts its antinociceptive effect mediated centrally by the hypothalamus and the somatosensory motor cortex of brain. (46) GB 30 and GB 34 work in unison, use them together for better pain relief. (95) It takes two to three days to feel the pain relief, pain relief does not come instantly.

Lumbar Radiculopathy and Low Back Pain

In most patients with lumbar disc disease, radiculopathy improves with conservative therapy. As the swelling and inflammation subside at the posterior annulus fibrosus, compressed nerve root and facet joint (three proven sources of pain), pain and discomfort diminish. Surgery is indicated for a limited number of patients with progressive neurological deficit. (68) Most patients prefer a conservative

management. The causes of radiculopathy are multiple as follows: lumbar disc disease with herniation, subluxation of the vertebral body (spondylolisthesis), osteoarthritis at the facet joint capsule, stenosis at the lateral exit of the nerve root. Low back pain and radicular pain that have not responded to epidural injection can be treated succesfully by EA. (67, 68)

In treating lumbar disc disease with EA, negative electrodes apply to the affected side or more severely affected side, and positive electrodes apply to the unaffected or less affected side.

To determine which side is truely the affected side, use the next criteria:

1. The affected side has typical pain, discomfort, muscle spasm, and the characteristic radiating spastic pain of lumbar radiculopathy. But the symptoms presented by patients need to be scrutinized. The so called sciatica is not a reliable criterion to determine which side is truely the affected side by disc disease. Arthritis at the lumbosacral joint and hip joint can cause pain mimicking sciatica. At times X-Rays are required to differentiate. Subtrochantric bursitis can also cause sciatica-like pain, examination of the hip will elicit well localized tenderness at the subtrochantric area.
2. When a spine X-Ray study shows scoliosis, the spine at its convex side usually produces spastic pain. Physical examination can elicit paraspinal muscle splinting and tenderness at the convex side of the spine. The concave side may have nerve root stenosis from contracted exit space.
3. MRI or CT Scan does not provide a reliable clue in determining which side is affected. Although the study indicates one side has more severe spinal stenosis than the other, it does not correlate well clinically. Imaging studies are not functional test.
4. When in doubt, perform a Nerve Conduction Velocity Test (NCVT); the study specifies involved nerves, severity of the disease, and other variations mixed into the radiculopathy such as motor and sensory neuropathies. Besides a well performed and well interpreted NCVT can differentiate stable chronic denervation from progressing acute denervation. When the test shows reinnervation, it means the specific nerve is recovering from the damage. NCVT is one of the criteria used in determining whether or not a surgical intervention is indicated. When neurological deficits progress rapidly as in the cauda equina syndrome and other types of progressing paralysis, an immediate surgery must be considered. A well trained neurologist can identify the peripheral motor nerve branches that were previously denervated but being reinnervated at the time the test is performed. The muscles that are being reinnervated by the motor nerves can be stimulated and rehabilitated by EA. (78)

Phase 1. Eliminate the central back pain.

Use EA to Back Shu Points. Use larger moxa to Back Shu Points at the affected side. Do not apply moxa or EA to UB 40. The length of time for a session of EA is 30 minutes.

UB 23 Shenshu ****	UB 24 Qihaishu **
UB 25 Dachangshu *	UB 26 Guanyuanshu *
UB 27 Xiaochangshu *	UB 28 Pangguangshu *
UB 40 Weizhong	St 36 Zusanli *
GB 34 Yanglingquan ****	

If there is significant pain at the piriformis and hip area, use the next six points listed below. UB 64 and the subtrochantric points are unilateral points at the affected side. GB 30 is a piriformis muscle point that relieves the radiating pain. The subtrochantric point is 2 cun straight below the greater trochanter of the femur; in severe tenderness, apply a needle and moxa to the affected point. Apply moxa to to Luo—Yuan, Shu Points at the leg at the affected side only after the pain has migrated distally from the central back to the leg.

UB 40 and GB 30 are two essential points in treating lumbar disc disease. UB 40 discharges toxic energy from the spine, and GB 30 moves pain away from the low back to the leg. Moxa and positive electrode apply to GB 30 at the unaffected side. For clarification, reread the section of Electroacupuncture Technique.

GB 30 Huantiao ****	Subtrochantric point ***
GB 31 Fengshi **	UB 58 Feiyang *
UB 40 Weizhong	UB 64 Jinggu ***

If there is significant splinting of tibialis anterior and other muscles lateral to the tibial crest, use the next eight points.

St 36 Zusanli **
St 37 Shangjuxu *
St 40 Fenglong *
Sp 3 Taibai *
GB 34 Yanglingquan ****
GB 39 Xuanzhong **
Liv 3 Taichong *
Sp 6 Saninjiao *

Phase 2. After the central back pain is completely eliminated, there may be residual pain located at the sacral-piriformis and gluteus-hip area still radiating to the leg. Use the next six points to remove the pain. Start from the proximal points, and move gradually to the distal points.

Du 3 Yaoyangguan *
UB 27 Xiaochangshu *
UB 54 Zhibian *
Du 4 Mingmen *
UB 53 Baohuang ****
GB 30 Huantiao ****

Phase 3. When the pain is located mostly at the leg, use UB Channel's He-Luo-Yuan, Shu Points. Apply EA to the leg points. Apply moxa to Yuan, Shu Points at the affected side to discharge the pain from the the ankle and foot.

GB 31 Fengshi **
GB 34 Yanglingquan ****
St 36 Zusanli *
K 3 Taixi *
UB 40 Weizhong
UB 58 Feiyang *
UB 60 Kunlun *
UB 64 Jinggu ***

After EA has removed most pain from the low back and leg, some patients feel persistent residual pain at the sacroiliac joint. A small dose of triamcinolone and xylocaine can be injected into the joint space between S1 and S2, 1.5 cun lateral from the median line. This tender ashi point is UB 27 Xiaochangshu in most cases.

Cervical Radiculopathy and Neck Pain

Cervical disc disease and facet joint disease at C2-C3 and C3-C4 can produce spastic pain at the base of the neck, and pain can extend further up to the occipital base and parietal scalp when the ascending branches of the dorsal rami of C2 is affected. The dorsal rami of the spinal nerves of cervical, thoracic, lumbar and sacral

region innervate the muscles and skin. And the affected nerves can produce pain at the head and flank.

The pectoralis major muscle is supplied by the nerve fibers derived from C5-C6 and C7-C8, and radiculopathy at these levels can produce pain at the frontal chest wall, which may mimick cardiac pain. Some patients undergo a cardiac stress test. Methodical physical examination, with combined use of MRI and NCVT can make the differential diagnosis between cervical disc disease, cervical osteoarthritis and rotator cuff disease of the shoulder. Primary low back pain at the right side can oftentimes cause secondary neck base pain at the left. In this case, treat the low back pain first, the neck pain may resolve on its own. Radicular pain that has not responded to epidural injection can be treated succesfully by EA. The rule for EA is same as lumbar disc disease. Apply EA to Back Shu Points, bilateral paraspinal points of SI 11, GB 20, GB 21, and St 36, GB 34. When the cervical radiculopathy does not respond to EA, and the neural deficits progress, consult with a high caliber neurologist to rule out upper motor neuron disease and spinal cord lesions. (69)

Phase 1. Eliminate the central pain at the base of the neck and thoracic upper back.

GB 20 Fengchi ***
Du 12 Shenzhu ****
Du 14 Dazhui ****
St 36 Zusanli *
UB 10 Tianzhu
UB 11 Dashu ****
GB 34 Yanglingquan ****

Phase 2. When there is no central pain, the next work is to eliminate the paracentral pain located in the large area between the thoracic spine and the medial margin of scapula. This will move the pain to the shoulder. As cervical radiculopathy is treated by EA, the toxic energy moves from the spine to the shoulder over a sequence of Du—UB—SI Channel.

Du 12 Shenzhu ****
Du 14 Dazhui ****
SI 11 Tianzong *
SI 13 Quyuan *
SI 14 Jianwaishu *
SI 15 Jianzhongshu ***
GB 21 Jianjing **

If the patient is on prednisone or antiinflammatory agents, taper off the drugs gradually, and use the next points to counteract the withdrawal effects. UB 52 treats adrenal insufficiency, and GB 30 and GB 34 are analgesic and antiinflammatory points.

UB 23 Shenshu ***	GB 34 Yanglingquan ****
UB 52 Zhisi *	Ren 4 Guanyuan ****
GB 30 Huantiao ****	Ren 6 Qihai ****

Phase 3. Move the pain away from the shoulder to the upper arm, then to the elbow, and finally discharge it through the forearm, wrist, and hand. In cervical radiculopathy, when EA moves the pain at the neck base distally to the shoulder, the toxic energy leaves Du and UB Channel, and aggregates around SI and LI Channel. After the toxic energy has passed through He Points at the elbow, the pain arrives at the ventral side of the forearm, and aggregates around P Channel. Here the pain can be discharged mainly through P Channel's He, Luo, Shu, Ying Points. The toxic energy at the shoulder, as it is treated by EA, moves over a sequence of SI—LI—P Channel. Pain moves distally over a sequence of shoulder—upper arm—elbow—forearm—hand—tip of the middle finger.

LI 4 Hegu *	Lu 5 Chize *
LI 11 Quchi *	Lu 7 Lieque ***
LI 14 Binao *	P 3 Quze *
LI 15 Jianyu ****	P 6 Neiguan *
SJ 5 Waiguan *	P 7 Daling *
H 7 Shenmen ***	P 8 Laogong *

Use He-Luo-Yuan, Shu, Ying connections of hand yang and hand yin channels to discharge the pain from the elbow and forearm. *LI and P Channels* are the main paths to discharge the pain. Use three ear points of shoulder, upper arm, and elbow at the same side ear. All three points are at the scapha of the ear. Treat the ashi points at the shoulder by moxibustion, and cupping if necessary. The elbow trigger point at the lateral epicondyle of the humerus can be injected with a small dose of triamcinolone and xylocaine with a thin 25 gauge needle.

Lu and LI Channels cover the area of radial nerve distribution. H and SI Channels cover the area of ulnar nerve distribution. SJ Channel covers the area of radial and ulnar nerve distributions at the dorsum of hand. P Channel covers the area of median nerve distribution at the palmar side of hand, which includes the finger tips and the dorsal aspects of distal phalanges of the first four fingers except the fifth.

Thoracic Midback Pain

Neck pain from cervical disc disease discharges through the He Points at the elbow. Low back pain from lumbar disc disease moves distally along the Back Shu Points, and discharges through UB 40 Weizhong. Thoracic midback pain moves distally along the UB points lateral to the Back Shu Points, and discharges through UB 55 Heyang. Use lager moxa to UB points at the affected side. Select UB points at the level where midback pain is located. The range of midback is approximately from T4 to L2. Points below UB 55 can be used when most pain at the midback is relieved. UB 55 must be used from the start. LI 16, Du 14 are mandatory points. Negative electrodes apply to the side where pain and paraspinal muscle splinting are present .

LI 16 Jugu **	Du 14 Dazhui ****
Lu 10 Yuji	GB 25 Jingmen *
UB 12 Fengmen **	UB 13 Feishu ****
UB 15 Xinshu	UB 17 Geshu *
UB 18 Ganshu *	UB 43 Gaohuangshu ****
UB 23 Shenshu ***	UB 44 Shentang **
UB 46 Geguan *	UB 47 Hunmen *
UB 55 Heyang **	UB 58 Feiyang *
UB 60 Kunlun *	UB 64 Jinggu ***

Flank Pain

Liv 3 Taichong *	St 36 Zusanli *
Liv 13 Zhangmen ****	GB 39 Xuanzhong **
SJ 5 Waiguan *	GB 44 Qiaoyin*
SJ 6 Zhigou ****	UB 43 Gaohuangshu ****

Spinal Pain

Pain at the spinal column itself is caused by osteoarthritis, spinal stenosis, ankylosing spondylitis, and past spinal surgeries with fusion. Use EA to Back Shu, Liv 13 and leg points. Use large moxa to affected side of back. Pain at the spinal column itself is a difficult problem to treat. It does not respond well either to acupuncture or physical therapy.

Du 20 Baihui	Du 14 Dazhui ****
Du 12 Shenzhu ****	Du 9 Zhiyang *
Liv 13 Zhangmen ****	UB 5 Wuchu **
UB 20 Pishu *	UB 21 Weishu *
UB 25 Dachangshu *	UB 27 Xiaochangshu *
UB 28 Pangguangshu *	UB 39 Weiyang *
UB 40 Weizhong	UB 60 Kunlun *
UB 62 Shenmai *	UB 64 Jinggu ***

Periscapular Pain

UB 10 and GB 10 help to lift the scapula.

Du 14 Dazhui ****	GB 10 Fubai ***
LI 15 Jianyu ****	GB 21 Jianjing **
UB 10 Tianzhu	GB 34 Yanglingquan ***
UB 11 Dashu ****	SI 14 Jianwaishu *
SI 11 Tianzong *	SI 15 Jianzhongshu ***

Use the next six points to discharge pain from the arm. P 7 Daling is the relese point of pain.

P 3 Quze *	P 6 Neiguan *
LI 11 Quchi *	P 7 Daling *
SJ 5 Waiguan *	P 8 Laogong *

For periscapular pain (frozen shoulder) and shoulder joint pain, the pain at the shoulder can be discharged by using SI 8 Xiaohai, SI 7 Zhizheng, SI 4 Wangu (He, Luo, Yuan), and SI 6 Yanglao (Xi), these are difficult points to use in any position. SI 8 Xiaohai, SI 7 Zhizheng, H 7 Shenmen can be used instead. But when the excessive SI energy in the shoulder passes through LI 15 (Confluence of St-Yangqiao-LI Channel), it arrives at LI 11 Quchi, and discharges through P Channel. The sequence of toxic energy flow is listed at the section of cervical radiculopathy.

Shoulder Joint Pain

Use EA to LI 15, SJ 5, and P 6. Use three ear points of shoulder joint, shoulder, and clavicle at the same side ear; the first point is at the level of ear tragus, the second and third points are 0.3 cun above and below the level of tragus. All three points are at the scapha of the ear. For patients with advanced osteoarthritis with very narrow subachromial space, inject triamcinolone 40 mg and xylocaine through the subachromial space into the glenoid joint cavity. The subachromial space is accessible posterior from the deltoid muscle insertion.

LI 11 Quchi *	Du 14 Dazhui ****
LI 14 Binao *	H 3 Shaohai *
LI 15 Jianyu ****	SI 11 Tianzong *
UB 11 Dashu ***	GB 21 Jianjing **

Use the next points to discharge pain from the arm.

SJ 3 Zhongzhu *	SJ 5 Weiguan *
SJ 4 Yangchi	P 3 Quze *
Lu 5 Chize *	P 6 Neiguan *
LI 11 Quchi *	P 7 Daling *
LI 4 Hegu *	P 8 Laogong *

Lateral Epicondylitis of Humerus (Tennis Elbow)

Tennis elbow occurs to wide range of people in the general public.

Do not insert needle to LI 13, hold a large moxa stick about 1 cun away from the point. Use EA to LI 15, GB 21, GB 34, and St 36. The ashi point or trigger point of tennis elbow is at the lateral epicondyle of humerus, which is LI 12 Zhouliao. This point can take a small moxa with or without a needle, and small dose of triamcinolone and xylocaine can be injected with a thin 25 gauge needle.

Du 14 Dazhui ****
LI 10 Shousanli *
LI 13 Shouwuli ***
LI 15 Jianyu ****
SI 11 Tianzong *
GB 34 Yanglingquan ****
St 36 Zusanli *
LI 11 Quchi *
LI 14 Binao *
P 6 Neiguan *
GB 21 Jianjing **

Medial Epicondylitis (Golfer's Elbow)

Tendons originating from the olecranon and humeral epicondyle are the source of pain. The most practical pathway of discharging the pain from the elbow is H 3, SI 8—SI 7 (H 5)—H7. Use EA to LI 15, GB 34, St 36, and P 6.

Du 14 Dazhui ****
GB 21 Jianjing **
LI 15 Jianyu ****
H 3 Shaohai *
H 5 Tongli *
H 7 Shenmen ***
P 6 Neiguan *
SI 7 Zhizheng *
SI 8 Xiaohai *
GB 34 Yanglingquan ***
St 34 Zusanli *

Carpal Tunnel Syndrome

Before treating a patient with suspected carpal tunnel syndrome, run a Nerve Conduction Velocity Test to confirm the diagnosis. Severe CTS does not respond well to acupuncture. Use very small moxa to SJ 3 and H 9. Use EA to P 3, P 6, LI 11, LI 15, SJ 5 and GB 34. P 7 and P 8 are the release points of pain.

Du 14 Dazhui ****
LI 4 Hegu
LI 11 Quchi
LI 15 Jianyu ****
P 3 Quze *
P 6 Neiguan *
P 7 Daling *
GB 21 Jianjing **
GB 34 Yanglingquan ****
SJ 3 Zhongzhu * (stiffness)
SJ 5 Waiguan *
H 8 Shaofu *** (heat in the hand)
H 9 Shaochong * (weak extension)
P 8 Laogong *

Plantar Fasciitis

S 1 radiculopathy affecting the sole of the foot and osteoarthritis at the talocalcaneal joint are misdiagnosed oftentimes as plantar fasciitis.

At the first treatment, advise patients not to use sole protecting podiatric gear; while being treated, the foot needs to be exposed to natural weight bearing and walking without restrictions. At the final visit, ask patients to walk on their toes and heels, if this can be done without pain, the treatment is completed. K 1 is a unilateral point at the affected side, it is a release point. All other points are bilateral. Use heel-ankle points on the affected side ear. Use EA to St 36, GB 34, GB 39, and Sp 6.

K 1 Yongquan *
Sp 4 Gongsun *
Sp 6 Saninjiao *
St 36 Zusanli *
GB 34 Yanglingquan ***
GB 39 Xuanzhong **
GB 40 Qiuxu *

When there is residual pain along the medial side of the leg and foot, use K 1 Yongquan, K 3 Taxi, K 4 Dazhong, K 10 Yingu, and UB 64 Jinggu.

Ostearthritic Pain at Knee and Other Joints

Many elderly patients suffer far advanced osteoarthritis with little or no cartilage left in the joint. Faced with multiple comorbidities, a joint replacement operation is considered not desirable by many patients. Pain and mobility can improve significantly with acupuncture. St 35 Dubai is also known as Xiyan as an extra

point; the second Xiyan is symmetrically located at the other side of patella. Insert needle only to the tender side. Do not use this point in a disintegrated knee. St 36, GB 30, P 6 and UB 22 remove fluid and damp heat from the arthritic joints and Baker's cyst of the knee. Use moxa to Xiyan at the affected side. Use a very small moxa to GB 41, the point relieves joint and muscle pain. Use EA to Back Shu Points, leg points, and GB 30.

St 31 Biguan *
St 36 Zusanli ***
GB 30 Huantiao ****
GB 34 Yanglingquan ****
GB 41 Linqi *
Sp 6 Saninjiao *
P 6 Neiguan *
K 10 Yingu *
St 35 Dubai (Xiyan) *
St 38 Tiaokou *
UB 11 Dashu ***
UB 22 Sanjiaoshu *
UB 23 Shenshu ****
Ren 4 Guanyuan ****
Ren 6 Qihai ****
Ren 12 Zhongwan ****

Muscle Pain in Sleep and in Cold Damp Weather

Many people who are in normal state of health suffer from frequent calf muscle cramp in sleep, and others complain muscle spasm and pain when their body is exposed to cold damp air. Patients who suffered stroke or other spinal conditions have similar complaints. Liv 13, GB 26 and GB 41 are the three major points. Use a very small moxa to GB 41. For Liv 13, a very large moxa applies with repeats only to the left side. Use EA to GB 34, St 36, and Liv 13.

Ren 4 Guanyuan ****
Ren 6 Qihai ****
Ren 12 Zhongwan ****
Liv 3 Taichong *
Liv 13 Zhangmen ****
GB 26 Damai **
GB 34 Yanglingquan ****
GB 41 Linqi *
St 36 Zusanli *
P 6 Neiguan *

Fibromyalgia

The pathophysiology of fibromyalgia is poorly understood. It is hard to achieve a lasting remission with acupuncture, symptoms recur after a short symptom free

interval, and the painful fibromuscular dysfunction keeps migrating to different parts of the body. Usually psychosomatic symptoms are associated with pain; these female patients suffer from insomnia, depression, anxiety, lethargy, and digestive or gynecological symptoms. This prescription provides an inclusive baseline treatment for most patients. Treat tender stiff areas and ashi points with needle and moxa in an appropriate way for the situation. To treat pain at specific joints and muscles, use relevant prescriptions provided in this book.

Avoid needle insertion to Ren 17. Apply a moxa stick about 1 cun away from the point.

Du 14 Dazhui ****
GB 21 Jianjing **
Liv 13 Zhangmen ****
SI 7 Zhizheng *
SJ 6 Zhigou ****
Sp 4 Gongsun *
K 8 Jiaoxin *
UB 43 Gaohuangshu ****
Ren 3 Zhongji ****
Ren 4 Guanyuan ****
Ren 6 Qihai ****
Ren 12 Zhongwan ****
Ren 17 Shanzhong *

Gasrointestinal Disorders

Hypersalivation

Hypersalivation is caused by a hidden insult from damp energy, and the reversal of energy flow at upper jiao. P 3 Quze is the main point to treat the condition. Hypersalivation also causes loss of taste to food, glossitis, and gingivitis. Apply moxa and positive electrodes to the left side for men, to the right side for women. Same rule applies to other diseases in this section. All gastrointestinal diseases are caused intrinsically.

P 3 Quze *
St 14 Kufang **
Du 20 Baihui
Ren 19 Zigong **
K 18 Shiguan *
Lu 11 Shaoshang
GB 24 Riyue **
Sp 20 Zhourong

Salivation Deficiency

The prescription applies to salivation deficiency and dry mouth caused by the radiation therapy to the neck and face for cancer. The trouble is not with the lack of water, but with the blockage of access for the water to enter the upper jiao.

P 3 Quze *
Sp 4 Gongsun *
K 18 Shiguan *
SJ 6 Zhigou ****
Liv 13 Zhangmen ****
Ren 4 Guanyuan ****
Ren 5 Shimen ****
Ren 7 Yinjiao ****
Ren 12 Zhongwan ****
Ren 17 Shanzhong **

Glossitis, Gingivitis and Stiff Tongue

Jinjin is a bilateral extra point. It is on the vein at the base of the tongue at each side of the frenulum. Bleed from the points, use the points to treat stiff tongue. Use a very small moxa to SI 1.

P 3 Quze *
Liv 13 Zhangmen ****
UB 19 Danshu *
Jinjin, Ren, extra point
P 8 Laogong *
SI 1 Shaoze *
UB 27 Xiaochangshu *

Gastroesophageal Reflux Disease

Patients infected by Helicobacter pylori do not respond to acupuncture. Diagnose and treat H. pylori infection first. Taper off histamine receptor blockers and proton pump inhibitors. Strict dietary restrictions are not necessary. Gastric hyperacidity and regrurgitation are caused by the earth energy of Stomach becoming excessive supported by empty fire.

Weiguanxiashu are two extra points of UB Channel, located 1.5 cun lateral from T8-9 interspace. St 36 supplements, and also releases. St 45 is a release point. Use the ear hiatal points on both ears, it is located between the stomach and esophagus points, its Chinese name is Fenmen, which means Hiatal Gate. Use EA to Back Shu Points and leg points. Apply moxa and positive electrodes to the left side for men, and to the right side for women.

Liv 13 Zhangmen ****
Ren 6 Qihai ****
Ren 12 Zhongwan ****
Ren 16 Zhongting **
Sp 4 Gongsun *
Fenmen-ear point
St 36 Zusanli *
St 45 Lidui *
UB 17 Geshu ***
UB 21 Weishu **
UB 49 Yishe ****
Weiguanxiashu (extra point) ****

Nausea and Vomiting

Liv 3 Taichong *
P 6 Neiguan *
UB 21 Weishu *
UB 23 Shenshu *
St 36 Zusanli *
Ren 12 Zhongwan ****
UB 22 Sanjiaoshu *

Post Gastroenterostomy Nausea, Vomiting and Indigestion

In a typical gastroenterostomy operation intended for weight reduction, the stomach (earth) is connected to the jejunum (small intestine-fire) by surgical anastomosis. In more extensive weight reduction oprerations, the lower part of stomach is removed. The stomach connects to the jejunum without the duodenum in between. The intermediary organs of liver (wood-metal), gall bladder (wood) and pancreas that secrete digestive juices to the duodenum are now displaced away from the natural path of food transit. The stomach becomes distended from excess energy. The small intestine energy becomes weak, and its mucosa that is not resistant to gastric hydrochloric acid forms ulcers.

Some patients who have undergone gastroenterostomy operation for weight reduction lose weight at the cost of profound post surgical side effects; this may requires, at times, a reversal operation to undo the gastroenterostomy and re-establish the normal path of food transit.

Ren 4 Guanyuan ****
Ren 5 Shimen ****
Ren 12 Zhongwan ****
St 36 Zusanli *
St 39 Xiajuxu *
St 45 Lidui *
SI 7 Zhizheng *
UB 22 Sanjiaoshu *
Liv 3 Taichong *
Liv 13 Zhangmen ****
GB 24 Riyue **
Sp 4 Gongsun *
Sp 6 Saninjiao *
P 6 Neiguan *
SJ 6 Zhigou ****
UB 27 Xiaochangshu *

Indigestion and Weight Loss

UB 19 Danshu *
UB 21 Weishu *
UB 25 Dachangshu *
UB 47 Hunmen *
UB 49 Yishe ****
UB 50 Weicang ****
Ren 12 Zhongwan ****
Ren 16 Zhongting **
Liv 14 Qimen **
Lu 11 Shaoshang
P 8 Laogong *

For abdominal distention, use the next points.

St 25 Tianshu ****
St 36 Zusanli *
Ren 10 Xiawan ****

Dysphagia

UB 17 Geshu **
Ren 3 Zhongji ***
UB 21 Weishu **
Ren 5 Shimen ****
GB 8 Shuaigu *
St 40 Fenglong *
GB 28 Weidao *
Lu 11 Shaoshang

For further transit of food, use the next points.

St 36 Zusanli *
UB 25 Dachangshu *

Anorexia

K 2 is an essential point.

Sp 1 Yinbai *
K 2 Rangu *
St 25 Tianshu ****
K 6 Zhaohai ****
St 44 Neiting *
Liv 4 Zhongfeng *
St 45 Lidui *
Liv 13 Zhangmen ****
UB 20 Pishu *
UB 27 Xiaochangshu *
UB 21 Weishu ***

Stomachache

Weiguanxiashu is an extra point at UB Channel.

Lu 10 Yuji
Ren 9 Shuifen ****
St 36 Zusanli ****
UB 21 Weishu **
St 39 Xiajuxu *
UB 23 Shenshu *
UB 17 Geshu *
Weiguanxiashu ****

Midabdominal Pain

Midabdominal pain means functional distention of the small bowel.

Ren 5 Shimen ****
Liv 3 Taichong *
UB 5 Wuchu **
K 6 Zhaohai ***
UB 27 Xiaochangshu *

Cholecystitis and Biliary Colic

GB 21 Jianjing **
UB 18 Ganshu *
GB 24 Riyue **
UB 19 Danshu *
GB 34 Yanglingquan ****
UB 22 Sanjiaoshu *
GB 37 Guangming **
St 36 Zusanli *
GB 40 Qiuxu *
Sp 6 Saninjiao *
GB 44 Qiaoyin *
Liv 3 Taichong *
P 6 Neiguan *
Liv 14 Qimen **
Ren 12 Zhongwan ****

Jaundice and Ascites in Chronic Liver Disease

For diuresis, use K 3 and Liv 3, and apply very large moxa to Liv 3. For ascites, use UB 20 and Du 6. For deep body jaundice, use Liv 4 and Liv 10. For extreme weakness and emaciation, use Liv 13.

UB 20 Pishu *
Rangu K 2 *
Taixi K 3 *
Du 6 Jizhong
Liv 3 Taichong *
Liv 4 Zhongfeng *
Liv 10 Wuli **
Liv 13 Zhangmen ****

Constipation

Use EA to St 37, St 39, and Sp 6. For dry impacted stool, use Liv 13 Zhangmen, Sp 3 Tabai, K 6 Zhaohai. For unstoppable loose stool, use Ren 12 Zhongwan, Ren 3 Zhongji, St 25 Tianshu. Do not use Ren 5 for women in reproductive age.

St 25 Tianshu****
St 37 Shangjuxu *
St 39 Xiajuxu *
UB 25 Dachangshu *
K 18 Shiguan *
Liv 3 Taichong *
Sp 4 Gongsun *
Sp 6 Saninjiao *
Sp 15 Daheng **
Ren 5 Shimen ****
Ren 12 Zhongwan ****

Diarrhea

Use K 8 for red diarrhea.

K7 Fuliu **
K 3 Taixi *
K 8 Jiaoxin *
GB 27 Wushu **
UB 20 Pishu *
UB 27 Xiaochangshu *
UB 28 Pangguangshu *
Liv 3 Taichong *
Liv 8 Ququan *
Ren 4 Guanyuan ****
Ren 5 Shimen ****
Ren 6 Qihai ****
Sp 15 Daheng **
UB 29 Zhonglushu *

Irritable Bowel Syndrome

Spleen is the main culprit of IBS. Sp 4 and K 9 will reset the disrupted connections between Sp, LI and K Channels (earth-metal-water). Apply moxa and positive electrodes to the left side for men, and to the right side for women. Instruct patients to abstain from all dairy products, lactose, fructose, sorbitol, and gluten. (102)

LI 4 Hegu *
LI 11 Quchi *
UB 20 Pishu *
UB 22 Sanjiaoshu *
UB 25 Dachangshu *
UB 48 Yanggang **
Ren 12 Zhongwan ****
St 25 Tianshu ****
K 9 Zhubin **
P 6 Neiguan *
Sp 4 Gongsun *
Sp 6 Saninjiao *
Sp 15 Daheng **
Sp 21 Dabao *
Liv 13 Zhangmen ****
St 36 Zusanli *

Ren 12 Zhongwan: Front Mu Point of stomach and Confluence Point of all viscera.
Liv 13 Zhangmen: Front Mu Point of spleen.
Sp 4 Gongsun: Confluence Point connecting to Chong Channel.
K 9 Zhubin: Xi Point connecting to Yinwei Channel.
UB 48: The point treats back pain caused by abdominal distention.

Hemorrhoid

UB 25 Dachangshu *
UB 54 Zhibian **
K 7 Fuliu **
UB 35 Huiyang **
UB 57 Chengshan **

Rectal Prolapse

Avoid needle insertion to K 11, apply a moxa stick.

Du 20 Baihui ***
Du 6 Jizhong
K11 Henggu *

Urological Disorders

Essential Hematuria

Before treatment, hemato-oncological and urological clearances are required. Hematuria is caused by the conflict between the kidney-water and heart-fire, and upper jiao's failure to provide interface control. Liv 1 is the primary point; P 7 and Ren 4 are also essential points. Use EA to Sp 6, St 36, and UB points. Apply moxa and positive electrodes to the leftt side for men, to the right side for women. Same rule applies to other disorders in this section.

Liv 1 Dadun *
P 7 Daling *
UB 23 Shenshu ***
UB 24 Qihaishu **
UB 27 Xiaochangshu *
UB 28 Pangguangshu *
UB 39 Weiyang *
UB 40 Weizhong
K 3 Taixi *
K 8 Jiaoxin *
Sp 6 Saninjiao *
Ren 4 Guanyuan ****

Incontinence of Urine and Enuresis

H 7 treats habitual tendency towards incontinence. UB 40 removes toxic energy from bladder. Ren 24 treats incessant driking. GB 34 and Sp 9 treat not perceiving the urge to urinate. K 1 treats frequency of urination. Do not insert needle to Liv 1, apply a moxa stick. Mostly enuresis resolves by age 10.

H 7 Shenmen ***
UB 40 Weizhong
Ren 24 Chengjiang ****
Liv 1 Dadun *
GB 34 Yanglingquan ****
Sp 9 Yinlingquan
K 1 Yongquan *

Add the next two points for enuresis in female.

Ren 4 Guanyuan ****
Liv 3 Taichong *

Irritabbe Male Bladder and Prostatism

Use EA to P 6 and UB 23.

Ren 3 Zhongji ****
Ren 4 Guanyuan ****
Ren 6 Qihai ****
P 6 Neiguan *
UB 23 Shenshu **
UB 39 Weiyang *
UB 40 Weizhong
UB 33 Zhongliao *

Distended Hyperactive Bladder

Liv 13 Zhangmen ****
UB 22 Sanjiaoshu ****
UB 25 Dachangshu ***
UB 28 Pangguangshu ****
UB 40 Weizhong
St 28 Shuidao **
UB 23 Shenshu ****
UB 27 Xiaochangshu ****
UB 33 Zhongliao *

Dysuria

Avoid needle insertion to K 11, apply a moxa stick. Do not use Ren 4, Ren 5 and Sp 6 for pregnant women.

Ren 2 Qugu ****
Ren 4 Guanyuan ****
K 1 Yongquan *
Liv 1 Dadun *
Ren 3 Zhongji ****
Ren 5 Shimen ****
K 11 Henggu *
Liv 8 Ququan *

Liv 14 Qimen **
UB 39 Weiyang *
Sp 6 Saninjiao *
UB 33 Zhongliao *
UB 40 Weizhong

Delayed Urine Stream and Urethritis

Liv 1, Liv 8 and Ren 4 are the primary points.

Liv 1 Dadun *
Liv 8 Ququan *
Ren 2 Qugu ****
Ren 3 Zhongji ****
Ren 4 Guanyuan ****
UB 53 Baohuang ****
Ren 5 Shimen ****
St 28 Shuidao **
K 1 Yongquan *
UB 27 Xiaochangshu *
UB 33 Zhongliao *

To treat urethral discharge, use the next points.

Liv 3 Taichong *
H 6 Yinxi ***
Liv 14 Qimen **

Nocturnal Emission

Ren 15 treats excessive seminal emission in boys. No moxa to Ren15.

Ren 3 Zhongji ****
UB 23 Shenshu **
UB 43 Gaohuangshu ****
Liv 8 Ququan *
Ren 15 Jiuwei
Ren 2 Ququ ****
UB 30 Baihuanshu
K 3 Taixi *
Liv 3 Taichong *

Hydrocele

K 18 is in Chong Channel. The point supplies water to the upper jiao.

LI 4 Hegu *
Ren 2 Ququ ****

LI 11 Quchi *
K 3 Taixi *
K 7 Fuliu **
K 18 Shiguan *
Ren 3 Zhongji ****
UB 22 Sanjiaoshu *
UB 23 Shenshu **
UB 25 Dachangshu *

Gynecological Disorders

All female disorders listed in this section are caused intrinsically, there is no right vs. left differentiation. When treating intrinsic disorders for women, moxa and positive electrodes apply to the right side, and negative electrodes apply to the left side.

Lactation Failure at the Postpartum Stage

Avoid needle insertion to Ren 17, it may cause serious complications. Apply a moxa stick about 1 cun away from the point.

SI 1 Shaoze *
LI 4 Hegu*
Ren 17 Shanzhong *

Pain in the Breast

St 36 Zusanli *
Sp 18 Tianxi **
St 39 Xiajuxu *
K 23 Shenfeng **

Painful Engorgement of the Breast

For women in postpartum period, apply a moxa stick to Ren 17. Avoid needle insertion to St 12 and St 30, apply a moxa stick.

Ren 3 Zhongji ****
Ren 17 Shanzhong *
UB 51 Huangmen ****
SJ 16 Tianyou

St 12 Quepen *
St 30 Qichong ***
GB 41 Linqi *

Delayed Menstruation and Amenorrhea

LI 11 Quchi *
Sp 6 Saninjiao *
SJ 6 Zhigou ****
St 36 Zusanli *

Irregular Menstruation

Avoid needle insertion to St 30, apply a moxa stick.

St 25 Tianshu ****
St 30 Qichong ***
H 6 Yinxi ***
Liv 3 Taichong *
Liv 9 Yinbao *
K 5 Shuiquan **
GB 41 Linqi *
Ren 3 Zhongji ****
Ren 4 Guanyuan ****

Postpartum Recovery

Sp 6 Saninjiao *
Sp 7 Lougu
St 25 Tianshu ****
St 32 Futu
St 36 Zusanli *
LI 4 Hegu *
K 7 Fuliu **
Liv 8 Ququan *
Ren 2 Ququ ****
Ren 3 Zhongji ****

Menopause and Dysmenorrhea

Six basic points:

Ren 3 Zhongji ****
Ren 4 Guanyuan ****
Ren 6 Qihai ****
LI 4 Hegu *
Sp 6 Saninjiao *
UB 23 Shenshu ***

Dysmenorrhea points:

St 36 Zusanli *
K 7 Fuliu **
GB 41 Linqi *
P 5 Jianshi *

For anxiety, skin flush and palpitation, use the next three points.

Ren 14 Juque ****
Sp 4 Gongsun *
H 7 Shenmen ***

Infertility

This is a prescription combined from existing literatures. Some women may prefer a simple alternative approach before attempting the in vitro fertilization. Apply large moxa to four bilateral points located at 1.5 and 3 cun from Ren 4.

K 1 Yongquan *
K 2 Rangu *
K 18 Shiguan *
Liv 8 Ququan *
Liv 11 Yinlian *
Sp 5 Shangqiu *
UB 32 Ciliao ***
UB 33 Zhongliao *
Ren 3 Zhongji ****
Ren 4 Guanyuan ****

Pulmonary and Chest Disorders

Chronic Asthma

Avoid needle insertion to Ren 17 for women in postpartum period, use a moxa stick.

Ren 17 Shanzhong ***
Ren 22 Tiantu **
Lu 5 Chize *
Lu 7 Lieque ***
Lu 10 Yuji
Lu 11 Shaoshang
UB 12 Fengmen ***
GB 21 Jianjing **
Liv 2 Xingjian *
Liv 14 Qimen **
LI 18 Futu *
K 2 Rangu *
UB 13 Feishu ***
UB 18 Ganshu *

Bronchitis

Lu 5 Chize *
Lu 7 Lieque ***
Lu 10 Yuji
UB 13 Feishu ***
UB 18 Ganshu *
Liv 3 Taichong *
St 36 Zusanli *
H 7 Shenmen ***
K 2 Rangu *
K 3 Taixi *
P 5 Jianshi *

Diaphragmatic Paralysis

Phrenic nerve is the sole motor nerve supply to the diaphragm. It arises chiefly from the fourth cervical nerve, descends along the mediastinal pleura to reach the diaphragm. (18) Normally, the right diaphragm is 4 cm higher than the left due to displacement by the liver. Paralysed diaphragm is higher than normal due to passive ascent of the diaphragm as intrathoracic pressure is lowered by the intercostal and accessory muscles. The patient may complain of dyspnea in the supine posture when the diaphragm, weakened by paralysis, must work against the added load of the abdominal contents. Unilateral diaphragmatic paralysis is more common than bilateral paralysis.

Paralysis may be due to high cervical cord injury, cervical spondylosis, myopathies, motor neuron disease, polyneuropathies, damage to the phrenic nerve by mediastinal lesions, and phrenic nerve injury during an open heart surgery. The definitive treatment is diaphragmatic pacing; the success of phrenic nerve stimulation depends on the intact nerve. A new alternative pacing is electrode placement on the diaphragm laparoscopically, wires are then brought through the skin and connect to the stimulator. (103)

Apply EA to UB points, GB 34, and Liv 13. Negative electrodes apply to the affected side where paralysed diaphragm is located. Apply moxa to UB points on both sides. Moxa to Liv 13 applies always to the left side. Moxa to the extremity applies to the unaffected side.

UB 11 Dashu ***
UB 12 Fengmen **
UB 13 Feishu ****
UB 17 Geshu *
GB 34 Yanglingquan ****
GB 26 Daimai **
GB 41 Linqi *
Liv 13 Zhangmen ****

Pericarditis in Uremia

Pericardium uses the title of ruling fire, but its self is situated in upper jiao, which is ruled by mutual fire. Upper jiao uses water in the form of mist to purify its system. Failing kidney accumulates blood urea nitrogen (BUN) in the blood, which is a toxic waste. Uremic pericarditis is caused by the kidney's failure to provide sufficient amount of clean water. Point size of P 3 and P 6 becomes very large at

the right arm. Apply negative electrodes to the right side. Avoid needle insertion to Ren 17, apply a moxa stick to the point. Before treating pericarditis with EA, appropriate tests and medical care must be provided first.

P 3 Quze *
P 5 Jianshi **
P 6 Neiguan *
P 7 Daling *
UB 14 Jueyinshu ***
UB 22 Sanjiaoshu *
UB 23 Shenshu ***
St 28 Shuidao **
Sp 4 Gongsun *
GB 41 Linqi *
Ren 5 Shimen ****
Ren 12 Zhongwan ****
Ren 17 Shanzhong *
Du 14 Dazhui ****

Neurological Disorders

Facial Palsy

Neurological clearance is required to treat facial palsy. Differential diagnosis includes tumor of the parotid gland, acoustic neuroma, and mastoid, temporal and petrous bone lesions. In most cases, the etiology of facial palsy cannot be found. It is primarily a malfunction of the stomach channel, with energy on one side of the face suppressing the other side. Also the stomach energy is not suppressed adequately by the wood element of the gall bladder. By using the wood element and cross connecting two sides of the face with electrical currents, the energy at the face will balance out evenly.

Apply negative electrodes to the affected side of the face. Use low frequency 5-10 Hz, in saw tooth wave mode, in 70-80 mA for 30 minutes. Use thin 7mm needles with gauge 0.16 to the face. Tape all electrodes on the face to the skin to secure good electrical contact. FDA does not permit the use of electrical stimulation to the head or ear. Massage to the face is an essential part of treatment. Ask the patient to massage the face, forehead and the frontal scalp briskly as much as possible.

Use EA to the next 11 points. Tape the electrodes on St 7 securely, and ask the patient not to move the jaw while a needle is in the point. A moving needle in the point can damage the neural ganglion. Keep needles in St 7 for 5 minutes. GB 14 connects with LI-St-GB-Yangwei Channels.

EA Points:

SJ 17 Yifeng	GB 14 Yangbai *
LI 20 Yingxiang	GB 20 Fengchi ***
St 2 Sibai	GB 34 Yanlingquan ****
St 4 Dicang	GB 39 Xuanzhong **
St 6 Jiache	St 36 Zusanli *
St 7 Xiaguan	

Non-EA Points:
Use a very small moxa to St 44 and 45 at the affected side for discharge.

Du 14 Dazhui ****	LI 4 Hegu
Liv 3 Taichong *	LI 11 Quchi
St 44 Neiting *	St 45 Lidui *

To improve the contraction of forehead and the closure of the affected eye, use the next points. It will allow St Channel to reconnect to UB, SJ and GB points on the forehead. GB 15 connects with UB-GB-Yangwei points at the forehead and scalp. UB 62 and UB 63 are Confluence-Xi Points of Extraordinary Channels to link with UB, SJ and GB points on the forehead. For UB 62, UB 63 and GB 41 on the foot, use very small moxa to the unaffected side.

Liv 13 Zhangmen ****	GB 15 Linqi **
UB 62 Shenmai *	GB 26 Daimai **
UB 63 Jinmen*	GB 41 Linqi *
Du 20 Baihui	

Trigeminal Neuralgia

The trigeminal nerve branches into three divisions. It is better to treat all three branches together at the same time. Use 7mm needles with gauge 0.16 to the face. Apply negative electrodes to the affected side. Tape all electrodes to the skin for good electrical contact. Use low frequency of 5-10 Hz in saw tooth wave mode,

current 70-80 mA, for 30 minutes. Moxa applies to the unaffected side; do not use moxa to the points on the face or near the ear. For precautions on St 7, please refer to the section of facial palsy.

EA Points:

St 2 Sibai	St 3 Juliao
St 4 Dicang	St 6 Jiache
St 7 Xiaguan	St 36 Zusanli **
SJ 17 Yifeng	GB 14 Yangbai *
SJ 21 Ermen	GB 20 Fengchi ****
P 6 Neiguan *	UB 11 Dashu ****

Non-EA Points:
Use a very small moxa to St 45 at the affected side for discharge.

LI 4 Hegu	Liv 3 Taichong *
LI 11 Quchi	UB 10 Tianzhu
St 45 Lidui *	Du 14 Dazhui ****

Parkinson's Disease

The prevalence of Parkinson's Disease is 360 per 100,000, or 1.1 million for the entire population of the United States. There is a gradual increase in prevalence beginning after age 50, with a steep increase after age 60. The main pathological changes occur at the subtantia nigra of the mid brain; there are neuronal losses and degenerative changes with declines in dopaminergic innervation. Parkinson's Disease is diagnosed, in most cases, by neurological examination, but imaging studies can be used to confirm the diagnosis. (78, 79)

The reduction in dopaminergic innervation can be seen as a decline in yang energy at the brain stem. To treat Parkinson's Disease, besides the usual neuro-muscular points, use Extraordinary Channel's Confluence-Xi Points to connect to Dai, Yangqiao, and Yangwei Channels; these three channels ascend along the back spine, pass through the midbrain to reach the forehead. Drugs provide main relief from the motor symptoms of Parkinson's Disease. EA improves the

stiffness, unstable balance and gait; the effect can be enhanced when rehabilitation is provided at the same time.

Use EA, current 100 mA, 5-10 Hz in saw tooth wave mode, for 30-45 minutes. Apply negative electrodes to the more severely affected side in terms of overall motor dysfunction. For P 6, use 50 mA to avoid the sensation of electrical twinge. EA to P 6 raises blood pressure, for precautions on P 6, read the section in Pericardium Channel. St 45 is a release point, use a moxa on the more affected side. Treat patients twice a week, with 2 to 3 days intervals between the sessions. The total duration of treatment is about 3 weeks. Some points are marked by reference numbers, references are listed at the section of Hemiparesis of Stroke.

GB 30 Huantiao ****	St 31 Biguan *
GB 34 Yanglingquan ****	St 32 Futu
GB 39 Xuanzhong **	St 36 Zusanli ****
GB 41 Linqi * 14	St 45 Lidui *
SI 3 Houxi * 11	UB 23 Shenshu ***
Liv 3 Taichong *	UB 62 Shenmai * 13
SJ 5 Waiguan * 9	UB 63 Jinmen * 15
P 6 Neiguan * 10	Ren 4 Guanyuan *** 2
Sp 6 Saninjiao *	Ren 6 Qihai **** 3
Du 14 Dazhui **** 1	Ren 12 Zhongwan **** 4

Peripheral Polyneuropathy of Lower Extremity

The estimated prevalence of peripheral polyneuropathy in the United States is 20 million; approximately 5.1 million diabetic patients are affected by the disease. The causes are multiple, diabetes is the most common cause. In 10-35% of all types of polyneuropathy, the cause is not known. Acquired polyneuropathy occurs, in most cases, in the lower extremity, and it affects both legs. In inherited cases, both the upper and the lower extremities are affected. The main pathological process of neuropathy is axonal degeneration or segmental demyelination of the nerve fibers. (78, 79, 88)

Peripheral polyneuropathy is a centrally mediated disorder. A damaging process and a repair process work on the peripheral nerves at the same time, which one works faster or slower is controlled by the central brain. The Central Nervous System has the ability to regenerate itself from injuries by an intrinsic brain repair

mechanism. Chronic inflammatory and degenerative disorders of the central brain may result from a defective repair mechanism rather than uncontrollable pathogenetic mechanism. (84, 91)

Nerve Conduction Velocity Test (NCVT) and Electromyogram (EMG) are required prior to treating polyneuropathy with EA. Usually peripheral neuropathy is mixed motor-sensory neuropathy. In case of sensory polyneuropathy of the lower extremity, the superficial peroneal (musculo-cutaneous) nerve is most commonly affected.

Sometimes it becomes necessary to obtain a neurological consultation to differentiate the inherited polyneuropathy of Charcot Marie Tooth Disease from the acquired polyneuropathy that are caused by medical conditions, infectious viral agents and drugs. Polyneuropathy occurs frequnetly in patients treated with taxol, followed by cisplatin and vincristine. The polyneuropathy induced by taxol is always sensory neuropathy of superficial peroneal nerve per NCVT, there is no motor nerve involvement.

Before treating a polyneuropathy with EA, check proprioceptive vibration sensation at the legs with a tuning fork to determine which side is affected more severely. One EA prescription applies to both motor and sensory neuropathies. When treating the polyneuropathy with EA, a pair of two electrodes is applied to a set of bilateral points. Negative electrodes apply to the side, which shows more impairment by physical examination and NCVT. Positive electrodes apply to the less affected side out of two affected legs. For example, out of a pair of two electrodes, a negative electrode applies to St 36 at the more severely affected leg, and a positive electrode applies to St 36 at the less affected leg.

One side of body can have only one type of electrode, it cannot have mixed electrodes of two different types. This electrical orientation remains unchanged throughout the entire course of treatment. Use frequency of 5-10Hz in saw tooth wave mode, current 80-100 mA, for 30-45 minutes. Use 50 mA to P 6 to avoid the uncomfortable electrical twinge. EA to P 6 invariably raises blood pressure, and this may cause complications; for reference, please read the section of Pericardium Channel. Most patients with polyneuropathy have associated diabetes, cardiovascular diseases and hypertension, which require continuous monitoring. For Liv 13, moxa applies only to the left side. For Sp 3, UB 62, UB 63 and GB 41, moxa applies to the less affected side where positive electrodes apply.

Vitamin B12 is necessary for the development and initial myelination of the central nervous system as well as for the maintenance of its normal function.

Demyelination of the cervical and thoracic dorsal, and lateral columns of the spinal cord, occasional demyelination of cranial and peripheral nerves, and demyelination of white matter in the brain can occur with vitamin B12 deficiency. Laboratory reports of vitamin B12 level do not correlate well clinically; lower limit of normal range is set too low, and there are falsely high values of vitamin B12 in many patients with pernicious anemia. Under the circumstance, it will be a prudent pratice to give vitamin B12 injections initially to raise the level to high normal values. High-dose vitamin B12 tablets (1000 to 2000 microgram) taken daily are as effective as intramuscular injections given monthly. (104)

At the start of treatment, check the vibration sensation at the legs with a tuning fork to see how far down the sensation is perceived. Use a tuning fork with the frequency of 128 Hz. In severe cases, the vibration sensation is not detected below the knees. As the treatment continues, progressive gains in the tuning fork test need to be documented. Reference numbers are attached to some points, use the reference at the next section of Hemiparesis of Stroke.

EA Points:

P 6 Neiguan * 10	Sp 6 Saninjiao
St 31 Biguan	GB 30 Huantiao ****
St 36 Zusanli	GB 34 Yanglingquan ***
St 40 Fenglong	GB 39 Xuanzhong **
UB 62 Shenmai 13	UB 63 Jinmen 15

Non-EA Points:

LI 4 Hegu	GB 41 Linqi * 14
LI 11 Quchi	Liv 3 Taichong *
St 32 Futu	Sp 3 Taibai *

Moxibustion Points:

Du 14 Dazhui **** 1	Ren 4 Guanyuan **** 2
Liv 13 Zhangmen ****	Ren 6 Qihai **** 3
Ren 12 Zhongwan **** 4	GB 26 Daimai **

The treatment interval is 2 to 3 days, with 2 treatments per week. The total duration of treatment is 4 to 6weeks. If Extraordinary Channels are used effectively, the treatment can be concluded in a shorter time. During the first month of treatment, paresthesia and tingling hot numbing pain disappear completely. Drug treatments are not needed any more. By the second month, tactile and position sensations return gradually.

At an appropriate time between the treatments, check the progression of proprioceptive function with a tuning fork. At the final stage of EA, when the vibration sensation is felt about four to seven finger breadth (3-5 cun) above the lateral malleolus, it will soon leap through malleolus, and arrive at the foot. According to the old textbooks, when GB Channel energy reaches GB 37 Guangming and GB 39 Xuanzhong, it merges with Liver Channel, and arrives at Liv 3 Taichong.

At the final stage of EA, intensive treatment is not needed anymore. Apply electrodes only to the lower extremities. Although infrequent, the leg treated with negative electrodes improves remarkably, but the other leg lags behind. When this is seen, reverse the electrode application and treat the other leg with negative electrodes. Apply electrodes only to the legs. With three to four treatments, the other leg will catch up to be even.

When the vibration is felt at both feet, treatment can be concluded. Patients become capable of walking unaided in longer steps and stable gait, but not in a stride. Most older patients carry a cane for safety. Refer patients to rehabilitation for gait training. Complete remission lasts about a year, in some cases, even longer. Patients with diabetes and peripheral vascular disease need follow-up treatments to maintain the normal nerve function.

Mild cases of sensory neuropathy involving the superficial peroneal nerve with a recent onset respond well to EA. Usually less than five treatments are needed. This includes the sensory neuropathy induced by taxol.

GB Channel covers the area of peroneal nerve distribution. St Channel covers the area of femoral and saphenous nerve distribution. UB Channel covers the area of posterior tibial and sural nerve distribution. (18, 78) When the electric currents reach the ankles and feet, the currents merge and return centripetally by way of Liv 3 and Sp 6. In addition, the electric currents return through Dai, Yangqiao and Yangwei Channels by turning around the interconnecting Confluence-Xi Points at the feet, which are UB 62, UB 63, and GB 41. Electroacupuncture has the anti-inflammatory effect, and it helps the damaged nerves to regenerate. (23,

25) To simlplify the way the prescription points are used for polyneuropathy and stroke paresis, acupuncture points are listed in *five categories* at the next section of Paresis of Leg.

The prescription for peripheral polyneuropathy can also be used to treat stasis dermatitis of the legs, independently without any change.

Hemiparesis of Stroke

Zhen Jiu Da Cheng, published in 1601 in late Ming Dynasty, has a large section dedicated to the acupuncture treatment of stroke. There are detailed prescriptions for each different aspect of stroke symptoms. The author recommends this book to readers who are versed in Chinese. This book has been published in China, Japan and Korea repeatedly over four centuries. The best version of this book is the second revised edition published in 1657 during the reign of the first emperor of Qing Dynasty. (14) Additionally, there are a number of textcbooks published in the preceding Sung-Yuan Era in which early stroke prescriptions can be seen. Stroke prescriptions with diverging indications and effects were not included in this book. In all textbooks starting from the Yuan-Ming Period, motor impairments from stroke were categorized into failure of extension and flexion, paralysis, stiffness, and furthermore, inability to sit straight, and to stand and walk unaided.

In stroke, heart fire overpowers kidney water, damages metal, puts the intermediary sanjiao in a disarray, and stagnates water, thus in the end stales the wood. Most yang channels are severely damaged. Stroke has damaged one brain out of two identical brains. Thus the initial objective is to cross connect the infarcted hemisphere to the contralateral normal hemisphere. The ultimate treatment goal is to activate the sensorimotor nerve cells at the normal contralesional brain hemisphere, and connect them to the ipsilateral extremities. In normal brains, the motor nerve fibers of the corticospinal tract start from the Betz cells at the cerebral motor cortex; on an average, 20 to 30 percent of the motor nerve fibers run ipsilaterally to the same side extremities, and the rest of the motor nerve fibers cross over to the contralateral side. This crossover system, from the childhood's right vs. left motor orientation, remained as a dominant system in use. The non-crossover sys-

tem remained as a nondominant passive system until the stroke has occurred. After the stroke, in the *contralesional normal hemisphere*, the neural axons sprout from the intact projections of the sensorimotor cortex, and connect into the deafferent regions of the cervical spinal cord and the midbrain that previously received projections from the now infarcted sensorimotor cortex. (58, 59, 60, 61, 62, 63, 64)

In the textbook of *Zhen Jiu Da Cheng*, most points prescribed to treat stroke hemiparesis are bilateral neuromuscular points. Few examples out of many are St 36 Zusanli, GB 34 Yanglingquan, and LI 15 Jianyu, which are respectively the neuromuscular activation points of the tibialis anterior, extensor digitorum longus, peroneus longus, and the deltoid muscle. Traditionally needles were inserted to these bilateral points. At the nonparetic side, acupuncturists applied manual mechanical friction to the needles to generate low frequency electricity, and moxibustion was applied to the same nonparetic side to supply heat and infrared radiation. This was an attempt to pass the enery from the nonparetic side points to the paretic side points, either by way of traversing through the limbs and trunk, or by way of crossing over through the *central neural circuit* of the brain. Many nonbilateral points at the median line and the Front Mu Points were also used to boost overall energy, and to gain collateral benefits. In our current practice of stroke electroacupuncture, negative electrodes apply to the paretic side, and positive electrodes apply to the nonparetic side to the bilateral points of St 36, GB 34, LI 15, and so on. Electrical currents start from the positive electrodes at the nonparetic side, traverse through the extremities, abdomen, thorax, and the brain, to reach the negative electrodes at the contralateral paretic side.

When treating hemiparesis, both the upper and lower extremities should be treated simultaneously, even if only one extremity is affected out of two. EA to the arm should concentrate first on unwinding the spastic contractions; and the desired mobility returns later only after the contractions have been removed. Whether or not there are spastic contractions, the recovery of mobility for the arm always lags behind the leg. (24) With 2 sessions of EA treatment per week, with 2 to 3 days intervals between the sessions, the total duration of treatment for mild hemiparesis is 6 weeks, and for severe paresis with contraction, it takes 10 weeks to recover from paresis. The effect of EA on stroke paresis does not show in the first 2 weeks of treatment. But once the mobility starts to return, the recovery process accelerates. Tokyo University, Medical School, out-patient clinic treats stroke patients every other day.

Restorative therapies to the ischemic brain target the neural stem cells, cerebral endothelial cells, oligodendrocytes and the neurons. Remodeling of an injured brain occurs via angiogenesis, neurogenesis, and axonal sprouting. (83)

Before starting EA for stroke patients, be certain all stroke preventive measures are in place. Blood pressure, blood glucose, cholesterol, and heart disease need to be treated effectively. Hypertension is the most important risk factor. Cigarette smoking, heavy alcohol consumption, obesity and sedentary life style are considered independent risk factors. From 2009 to 2011, each year, 795,000 Americans experienced a stroke. Approximately 610,000 are first attacks, 185,000 are recurrent attacks. Mortality rate for 2009 is 16 percent, and the estimated prevalence of stroke in the U. S. is 6.8 million. Overall slightly more than 50 percent of stroke survivors have motor impairment. Stroke statistics are released annually from American Heart Association. It takes three years to collect and analyze all the stroke related data. (57, 70, 72, 92, 93, 105, 109)

Paresis of Leg

The majority of stroke hemiparesis patients have combined paresis of the arm and leg, although one extremity can be affected more severely than the other. Sometimes only the leg is affected by stroke. To treat paresis of the leg, electrodes apply to He, Luo, Yuan, Shu Points of the arms and legs. Negative electrodes apply to the paretic side. Positive electrodes apply to the normal side. Old standard textbooks instruct: when the disease is on the right side, apply moxa to the left side; conversely, when the disease is on the left side, apply moxa to the right side.

For leg paresis, electrodes apply to St 36, GB 34 and Sp 6; the first two points are the neuromuscular points of muscle, and the third is the merging point of all three leg yin channels. The electrical settings for stroke EA are frequency 5-10 Hz in saw tooth wave mode, and 80-100 mA current delivered for 30-45 minutes. Electrical current to the upper extremity in thin patients is 70-80 mA, and for P 6, use 50 mA. For bilateral points on the extremities, out of a pair of electrodes, negative electrode applies to LI 15 on the shoulder of the paretic side, and positive electrode applies to LI 15 on the shoulder of the normal side. The same rule applies to St 36, GB 34, and all other bilateral points. One side of the body can have only one type of electrodes, it cannot have two different types of electrodes. EA to P 6 raises blood pressure by a significant margin. Prescribe alpha adrenergic

blocker prior to delivering EA. EA can be done mostly in supine position. For the body positions required to insert needles to Du 14 Dazhui, GB 30 Huantiao and UB 40 Weizhong, refer to the section of Acupuncture Needle Insertion.

Forced muscle contraction occurs at times on the paretic side leg during electrical stimulation. When forced muscle contration occurs, first reduce the current output by 10-20 mA. If muscle contraction continues, remove the positive electrodes from the nonparetic leg's Luo Points, and from the contracting area of the paretic leg. Oftentimes contraction still persists, then remove all the needles from both legs. Contraction may persists even after all the needles are removed. If the leg is pressed down, contraction will cease in a minute or two. Forced contractions are harmful to the neuromuscular units at the paretic side, particularly when the needles remain inserted in the contracting muscles. The same rule applies for the forced muscle contraction of the arm. The electrical settings for stroke comply with the safety guidelines recommended by AAMI (American Association of Medical Instrumentation). Currents higher than 100 mA must not be used.

Categories of Stroke Acupuncture Points

Do not use all the listed points for stroke paresis. It is not necessary to use every point. Certain points are used for specific needs at different stages of treatment. The prescription points are summarized into five categories based on the time they are used, and the circumstances they are used for.

1. *Mandatory Points*: He, Luo, Yuan, Shu Points are used at every session of treatment.
2. *Neuromuscular Points*: St 36, GB 34, Lu 5, LI 11, LI 15, P 3 are also used at every session of treatment. All are He Points except LI 15. They are all neuromuscular activation points of specific muscles. Each He Point is followed by Luo, Yuan, Shu Points in its own channel.
3. *Initiation Points*: Du and Ren Channel Points at the midline, Front Mu Points and Confluence Points are used at the initial stage of treatment to boost overall energy. These points are Du 14, Du 20, Ren 4, Ren 6, Ren 12, Liv 13, GB 20, GB 21.
4. *Luo-Cofluence-Xi Points*: Seven points connecting to Extraordinary Channels that are used to correct certain problems pertaining to the channel. Lu 7, SI 3, UB 62, UB 63, P 6, SJ 5, GB 41.
5. *Helpful Accessory Points*: Points for specific problems. H 5, UB 39, UB 40, UB 57, GB 2, GB 43, and other helpful points.

EA Points:

LI 11 Quchi	SJ 5 Waiguan * 9
P 6 Neiguan * 10	GB 20 Fengchi **** 6
Sp 6 Saninjiao *	GB 21 Jianjing ** 7
St 31 Biguan *	GB 30 Huantiao ****
St 36 Zusanli ****	GB 34 Yanglingquan ****
St 40 Fenglong *	GB 39 Xuanzhong **
UB 62 Shenmai 13	UB 63 Jinmen 15

Non-EA Points:

Du 14 Dazhui **** 1	LI 4 Hegu
Du 20 Baihui	Ren 4 Guanyuan **** 2
SI 3 Houxi * 11	Ren 6 Qihai **** 3
Lu 7 Lieque *** 12	Ren 12 Zhongwan **** 4
UB 40 Weizhong	Liv 3 Taichong *
Sp 3 Taibai *	Liv 13 Zhangmen **** 5
GB 41 Linqi * 14	

Moxibustion to the lower extremity applies to the normal side. Avoid frequent moxa to the upper extremity. Use moxa to GB 20 Fengchi, GB 21 Jianjing, and Du 20 Baihui at the initial stage of treatment. A very large moxa can be used to Du 20 Baihui only once at the beginning. Extraordinary Channels are shortcuts to reach the goal of recovering the mobility. To connect to the Extraordinary Channels, apply a very small moxa to their Confluence-Xi Points at the normal side. Occasionally very small moxa can be used at the paretic side, to He, Luo, Yuan, Shu Points, and to K 1 Yongquan and St 45 Lidui (Jing-Well Points) to relieve the spasm and contraction by releasing corrupt energy.

Paresis of Arm

Generally, treatment for paresis of the arm takes much longer time than paresis of the leg. Paresis of the arm, which has lasted for more than a year, with or without physical therapy, developes spasticity first, and after the first year contraction sets

in, later the contraction becomes very tight, and turns into a semi-permanent problem. A contracted arm needs to reverse back to a flaccid arm first, afterwards mobility can be restored. Usually contraction at the arm is much worse than the leg. It becomes a major hindrance to restoring the mobility. Frequently EA in its full measure may remove the contraction, but the arm remains flaccid, and mobility does not return. The patients need to be informed of this unwanted prospect. The major negative factor in restoring mobility to the paretic arm is the delay to EA therapy. Conventional rehabilitation is the main cause of dealy. The hands perform more skilled motor functions. On the contrary, the leg's main functions are maintaining a body posture against the gravity, and walking on a steady course, which can be helped by a walker and an ankle brace. Supportive braces to the arm and hand do not restore the mobility nor prevent the contraction. (101)

To treat the paresis of the arm, electrodes apply to all bilateral points at the arms and legs even if the leg is not affected by stroke. Negative electrodes apply to the affected side. Use frequency of 5-10 Hz in saw tooth wave mode, in 80-100 mA current for 30-45 minutes. Use 70-80 mA current for the patients whose arm became thin from chronic muscle atrophy, and use 50 mA to P 6. If forced muscle contraction occurs at the paretic arm, reduce the current output by 10-20 mA. Forced muscle contraction at the arm is mild, and occurs much less frequently than the leg, and usually ceases quickly on its own when the electrical current is lowered. If contraction persists, remove needles from the contracting area, and press down on the contracting arm, contraction will cease in less than a minute.

Do not use all the listed points. Du Channel, Ren Channel Points at the midline and Front Mu Points are used at the initial stage of treatment. Use selected points from Confluence-Xi Points of Extraordinary Channel to correct problems pertaining to the channel. To simplify the way the prescription points are used for stroke paresis, *Mandatory Points* are listed at the previous section of Paresis of Leg.

EA Points:

GB 20 Fengchi **** 6
GB 21 Jianjing ** 7
GB 30 Huantiao ****
GB 34 Yanglingquan ****
GB 39 Xuanzhong **
P 3 Quze *
P 6 Neiguan * 10
LI 6 Pianli *
LI 10 Shousanli *
LI 11 Quchi
Sp 6 Saninjiao *
St 36 Zusanli ****
Lu 5 Chize *
UB 62 Shenmai 13
LI 14 Binao *
LI 15 Jianyu **** 8
SJ 5 Waiguan * 9

Non-EA Points:

SI 3 Houxi * 11
Lu 7 Lieque *** 12
Ren 4 Guanyuan **** 2
Ren 6 Qihai **** 3
Ren 12 Zhongwan **** 4
Liv 3 Taichong *
Du 20 Baihui
Du 14 Dazhui **** 1
LI 4 Hegu
SJ 3 Zhongzhu *
GB 41 Linqi * 14
Liv 13 Zhangmen **** 5

By principle, use moxa on the nonparetic side. Very small moxa can be used on selected occasions to the paretic side He, Luo, Yuan, Shu, and Jing-Well Points to release the corrupt energy, and counteract the spasm and contraction. In general, avoid frequent moxa to the upper extremity. Apply a very small moxa grass to Confluence-Xi Points of Extraordinary Channels at the nonparetic side.

<u>References on Confluence, Xi, and Front Mu Points</u>

1. Confluence Point of Du Channel, three hand yang channels, and three foot yang channels.
2. Front Mu Point of small intestine. Confluence Point of Sp-K-Liv-Ren Channel.
3. Sea of energy source, especially for men.
4. Confluence Point of SI-SJ-St-Ren Channel. Confluence Point of all viscera. Front Mu Point of stomach.
5. Front Mu Point of spleen.
6. Confluence Point of SJ-GB-Yangwei Channel.
7. Confluence Point of SJ-GB-Yangwei Channel. Confluence Point of St-GB Channel.
8. Confluence Point of St-LI-Yangqiao Channel.
9. Luo Point resonating with Yangwei Channel.

10. Luo Point resonating with Yinwei Channel.
11. Confluence Point connecting to Du Channel.
12. Confluence Point connecting to Ren Channel.
13. Confluence Point to start Yangqiao Channel.
14. Confluence Point connecting to Dai Channel.
15. Xi Point to start Yangwei Channel.

Tonification Points

To treat dampness, heaviness, and lethargy of both upper and lower extremities, apply very large moxibustion and EA to Liv 13 Zhangmen, UB 15 Xinshu, UB 23 Shenshu and UB 43 Gaohuangshu. Use the above tonification points every other week. Without the tonification, stroke treatment does not progress well. Use GB 21 Jianjing, Ren 4 Guanyuan, Ren 6 Qihai and Ren 12 Zhongwan for two weeks at every session of stroke treatment, these points boost overall strength of patient. Both St 36 Zusanli and GB 30 Huantiao remove the damp heat of stroke when very large moxa is applied. UB 39 Weiyang and UB 40 Weizhong can also remove the moisture of stroke, in this case UB 40 takes a very large moxa with repeats.

Helpful Accessory Points

1. Weak upper spine: SI 3 Houxi.
2. Contraction of the arm and upper body: Lu 7 Lieque.
3. Contraction of the elbow and hand: P 3 Quze, P 5 Jianshi, P 6 Neiguan, P 7 Daling, Lu 5 Chize.
4. Flex the paralyzed shoulder muscles and raise the upper arm: Du 12 Shenzhu, Du 14 Dazhui, GB 21 Jianjing, SI 11 Tianzong, SI 12 Bingfeng, LI 14 Binao, LI 15 Jianyu.
5. Induce the forearm supination and hand movement: LI 4 Hegu, LI 6 Pianli, LI 10 Shousanli, LI 11 Quchi, P 3 Quze, P 6 Neiguan, SJ 5 Waiguan, SJ 3 Zhongzhu.
6. Oculomotor weakness: GB 2 Tinghui.
7. Aphasia: H 5 Tongli.
8. Facial muscle weakness and swallowing difficulty: St 4 Dicang, St 6 Jiache, St 7 Xiaguan.

9. Visual blurring: GB 16 Muchuang, GB 41 Linqi, GB 43 Xiaxi.
10. Spastic contraction of the leg: Sp 6 Saninjiao.
11. Enhance the knee flexion: UB 40 Weizhong, UB 57 Chengshan.
12. Edema of the leg and foot: UB 23 Shenshu, Liv 3 Taichong, K 2 Rangu , UB 57 Chengshan.
13. Remove the damp heat of stroke: GB 30 Huantiao, St 36 Zusanli, UB 39 Weiyang , UB 40 Weizhong.

Electroacupuncture Circuitry

To make the acupuncture energies link together and move around the body, Twelve Ordinary Channels are devided into four groups, and lined up in an orderly manner. This allows a channel in a group to connect with the next channel in a different group to form a continuous revolving circuit.

1. Three hand yin channels start from the thorax, and arrive at the hands.
2. Three hand yang channels start from the hands, and arrive at the head.
3. Three foot yang channels start from the head, and arrive at the feet.
4. Three foot yin channels start from the feet, and arrive at the thorax.

From the thorax, the circuit revolves again. The stroke acupuncture circuit does not include fire channels of heart and small intestine. Kidney and Liver Channels are also excluded. The stroke acupuncture electrical neural circuit is constructed with the help of Luo Connection Points, Confluence Points, and Extraordinary Channels.

Lu (Lieque)—LI—P (Neiguan)—SJ (Waiguan)—St, UB, GB—Liv 3—Sp 6—Extraordinary Channels—Lu—LI—P—SJ.

When EA is delivered to treat stroke paresis, sometimes perpetual muscle contractions occur, and persist on the paretic side even after the electrodes and needles are removed; a revolving electric neural circuit has been activated and firmly established. EA applied to one side of the extremity traverses through the abdomen and thorax to reach the other side. EA applied to St 36, GB 34, Sp 6, SJ 5, P 6 will cross over the neural circuit of the brain to reach the other side.

Eight Extraordinary Channel Points

Eight Extraordinary Channels have their four original Confluence Points at the hands and near the wrists; additional six Confluence-Xi Points are located at the feet and the ankles. These points can be used crossed over between stroke, monoparesis, peripheral polyneuropathy and Parkinson's Disease. And its application can be improvised under different clinical circumstances to improve the outcome. Extraordinary Channels allow a practitioner to use less number of needles and achieve clinical remissions earlier.

Rehabilitation for Stroke Paresis

Rehabilitation therapy approaches stroke paresis with its main attention paid to the peripheral physical issues, which relates to the functions of muscles, tendons, and joints. It measures the functional capacity with respect to the muscle's range of motion, strength, and the speed and agility of movements. In stroke management, therapists work on the spastic or flaccid muscles without paying much attention to the Central Nervous System's contribution to the peripheral phenomena. In a typical stroke rehabilitation, therapists massage spastic muscles, and apply braces to contracted hands and flaccid ankles; but the problems persist without any appreciable improvement.

In our current practice, typical strok rehabilitation can be summarized as follows:

1. After a stroke, whether or not a patient has received rehabilitation therapy, first the muscles become flaccid with no active movement, then the disused muscles atrophy, and soon spastic contraction sets in. The contraction worsens over a period of time, and generally about a year after the stroke it turns into a major problem.
2. Rehabilitation services treat self recovering stroke patients at the immediate post-stroke stage by providing the external manipulations whereas the disease itself is caused by an intrinsic disorder. Physical therapy does not halt the processes of muscle atrophy and contraction. Stroke rehabilitation, in its current application, is basically a service providing passive measures to the paralysed immobile extremities.
3. In our conventional institutional practice, stroke patients receive the rehabilitation therapy first before other measures. Immediately after the stroke, the majority of patients spend their time on rehabilitation with little clinical gain, and much later only a limited number of patients come for acupuncture treatment.

In realistic terms, it is better to treat stroke paresis initially with EA to recover the mobility at the early stage, and start physical therapy later for strengthening exercise. We must pay attention to the central cause of stroke paresis, and bring back the active mobility as much as possible at the earliest stage. Without a doubt, intrinsically caused paralysis will not respond to passive external measures provided by physical therapy. EA offers effective counter measures to reverse the impaired motor functions induced by stroke. I have treated many patients who suffered a stroke paralysis and came for acupuncture treatment about a year later. It is my understanding that delayed application of EA results in a limited recovery of the motor function; the full recovery is hindered by the severe muscular atrophy and contraction built in firmly over a time. The more time the patient has spent on rehabilitation and other supportive measures, it is less likely the patient will achieve a satisfactory recovery in time. Most stroke patients who come for EA treatment sitting on a wheelchair will eventually recover well enough to walk independently without a walker. Restoring the motor function to the lower extremity is much easier than the upper extremity in which the arm and hand have severely atrophied from contraction over a year or longer.

In selecting patients for rehabilitation after stroke, prognosis is a key factor. A comparative study on four European centers shows significant variability in the case-mix of stroke patients admitted to rehabilitation units. Nonpatient-related factors, such as funding models, played a significant role. (98) While rehabilitation science is a relatively young discipline, stroke motor rehabilitation as a formal area of inquiry is even younger. Stroke remains the leading cause of disability in the United States, and more individuals become interested in the stroke motor rehabilitation. A common, specific language is needed to better define rehabilitation interventions in terms of intensity, duration, frequency, and delivery method. (99)

Most patients who survive stroke will regain the ability to walk independently, but only less than 50% will recover the arm function. Dealyed recovery of motor function increases the risk of secondary complications of spasticity, contracture, muscle atrophy, and pain. In a single blind randomized control trial, Surface Neuromuscular Electrical Stimulation was given for 6 weeks to adult patients with a first stroke who had no arm function. The treated group improved wrist extension strength, and grip strength. (101)

Monoparesis

Monoparesis involving one extremity out of four can occur from CNS diseases, spinal stenosis, various injuries and viral infections to the peripheral nerves. Additionally nonspecific causes such as sepsis, coma, hypothermia, prolonged anesthesia and prolonged immobilization in bed can cause paresis of the arm and leg, and trigger the process leading to peripheral polyneuropathy.

Damaged dysfunctional nerves can regenerate with EA. (25) Before treating the monoparesis, run complete imaging studies, consult neurologist and neurosurgeons, and follow the case together. NCVT and EMG are required before and after the treatment to follow the status of disease; and check hand grip and ankle strength measured in dyne before and after the treatment for the same reason. The rules of electrical application are the same as peripheral polyneuropathy and hemiparesis. All points require bilateral application. Negative electrodes apply to the affected side. Use frequency of 5-10 Hz in saw tooth time interrupted mode, with current of 100 mA for the leg, 70-80 mA for the arm, delivered for 30-45 minutes. Use 50 microampere for P 6.

The specifics for moxa, Confluence Points, electrical circuit, and the indicated points for spastic contraction and muscle weakness are the same as shown in the hemiparesis section. Avoid frequent use of moxa to the upper extremity.

Monoparesis of Leg

St Channel covers the field of femoral and saphenous nerve, GB Channel covers the field of peroneal nerve, and UB Channel covers the field of posterior tibial and sural nerve. Foot drop may occur as the result of trauma, damages to the pelvic floor, injection of toxic substance to the gluteus muscle, complications from spinal

surgery, hip arthroplasty, total hip replacement operation, and oftentimes when lumbar radiculopathy treatment is delayed, or managed improperly. To assess the damage to the motor sensory nerves of the lower extremities, order NCVT and EMG at appropriate times as the disease progresses. (78)

EA Points:

St 31 Biguan *
St 32 Futu
St 36 Zusanli ****
St 40 Fenglong *
Sp 6 Saninjiao *
P 6 Neiguan * 10
GB 30 Huantiao ****
GB 31 Fengshi **
GB 34 Yanglingquan ****
GB 39 Xuanzhong **
UB 57 Chengshan **
Liv 13 Zhangmen **** 5

Non-EA Points:

LI 4 Hegu
LI 11 Quchi
GB 41 Linqi * 14
Du 14 Dazhui **** 1
Sp 3 Taibai *
K 3 Taixi *
Liv 3 Taichong *
UB 40 Weizhong
UB 62 Shenmai * 13
UB 63 Jinmen * 15
Ren 4 Guanyuan **** 2
Ren 6 Qihai **** 3
Ren 12 Zhongwan **** 4

Monoparesis of Arm

Lu and LI Channels cover the area of radial nerve distribution. H and SI Channels cover the area of ulnar nerve distribution. SJ Channel covers the area of radial and ulnar nerve distributions at the dorsum of hand. P Channel covers the area of median nerve distribution at the palmar area of hand, which includes the finger tips and the dorsal aspects of distal phalanges of the first four fingers except the fifth.

Monoparesis occurs from upper motor neurone disease and cervical radiculopathy. Brachial palsy occurs from trauma and after an orthopedic surgery. Assess the functional status of the disease by NCVT and EMG as the disease progresses. (78) Restoring motor function for brachial palsy is much more difficult than foot drop.

The movements of proximal muscles may return, but the hand mobility is hard to recover.

EA Points:

GB 21 Jianjing ** 7
LI 14 Binao *
Lu 5 Chize *
SJ 14 Jianliao *
St 36 Zusanli ****
Sp 6 Saninjiao *
LI 11 Quchi
LI 15 Jianyu **** 8
SJ 5 Waiguan * 9
P 6 Neiguan * 10
GB 30 Huantiao ****
GB 34 Yanglingquan ****

Non-EA Points:

Du 14 Dazhui **** 1
SI 3 Houxi * 11
Lu 7 Lieque *** 12
LI 4 Hegu
SJ 3 Zhongzhu *
Ren 4 Guanyuan **** 2
Ren 6 Qihai **** 3
Ren 12 Zhongwan **** 4
Liv 3 Taichong *
Liv 13 Zhangmen **** 5

Eye, Ear and Nose Disorders

Visual Deficiency

When conventional ophthalmologic treatment is exhausted, acupuncture can be tried to improve vision. Visual deficiency is seen as a deficiency of liver and gall bladder energy. This prescription applies to primary eye problems and visual blurring after a stroke and transient ischemic attack. Stroke at the posterior temporal cortex induces partial patchy visual defect of the central vision, and loss of contralateral temporal vision. Negative electrodes apply to the side with paresis and temporal visual loss. Moxa applies to the normal side. UB 18, GB 16, GB 41 and GB 43 are mandatory points for both general visual loss and post stroke visual impairment. (47)

UB 4 Quchai *
UB 5 Wuchu **
UB 10 Tianzhu
UB 18 Ganshu *
K 7 Fuliu **
SJ 16 Tianyou
Du 13 Taodao **
LI 4 Hegu *
St 36 Zusanli ****
SI 6 Yanglao *
GB 4 Hanyan *
GB 16 Muchuang **
GB 20 Fengchi ****

For post stroke visual impairment, use the next points.

UB 23 Shenshu *
UB 2 Zanzhu
LI 6 Pianli *
GB 41 Linqi *

UB 60 Kunlun *
Du 19 Houding **
GB 43 Xiaxi *

Epistaxis

Bleed from the next two points bilaterally. Use 0.3 gauge needles with smoothly tapered tip.

Lu 11 Shaoshang
Sp 1 Yinbai *

If epistaxis persists, use the next points. Apply moxa stick to Du 23.

Du 15 Yamen
Du 16 Fengfu
LI 4 Hegu *
Du 23 Shangxing ***

Allergic Rhinitis

Use 30mm/0.2 needles for the face. Apply EA to the face, 5-10 Hz, in saw tooth wave mode, 70-80 mA. Apply moxa and positive electrodes to the left side for men, and to the right side for women. Do not use moxa on the face. The effect of EA lasts much longer than desensitization injection. GB points treat nasal obstruction.

LI 4 Hegu *
LI 11 Quchi *
LI 19 Heliao
LI 20 Yingxiang
Sp 10 Xuehai *
UB 10 Tianzhu
UB 11 Dashu ***
UB 12 Fengmen **
GB 15 Linqi *
GB 18 Chengling *

Anosmia

This prescription treats acquired anosmia. First treat nasal allergy and infection. UB 10 and UB 11 are two primary points. Before using Du points, read the section of Du Channel for precautions. GB points treat nasal obstruction. The olfactory nerve is a cranial nerve. Anosmia is an intrinsic disorder of the Central

Nervous System. There is no right vs. left differentiation. Apply moxa and positive electrodes to the left side for men, to the right side for women. Use moxa to UB 11 on both sides.

LI 4 Hegu *
LI 11 Quchi *
UB 10 Tianzhu
UB 11 Dashu ***
UB 63 Jinmen *
Du 21 Qianding ***
Du 22 Xinhui ****
Du 23 Shangxing ***
GB 15 Linqi *
GB 18 Chengling *

Hearing Loss, Tinnitus and Vertigo

The ususal hearing loss that can be diagnosed by hearing test and helped by hearing aid does not need acupuncture. On the other hand, idiopathic hearing loss and the hearing loss mixed with background noise, tinnitus and vertigo can be helped by acupuncture. Frequently there are cases of severe hearing loss in which the hearing test is within the normal range. Hearing loss is caused by deficient kidney energy; tinnitus and vertigo are caused by unbalanced water supply to the sanjiao system. With the lack of water supply caused by weak kidney energy, plus an additional problem of uneven water distribution caused by disorders in the sanjiao system, the dry tissues in the ear do not transmit sound waves well, and the frictions between them trigger the noise. A review of literature shows overlaps between prescriptions for tinnitus and vertigo. In most cases, tinnitus and vertigo coexist. This is a combined prescription. There are differing prescriptions as to the tone of tinnitus sound, but this divisional approach does not seem to offer a better result. Overall, the response rate to EA is in the range of 60-70%.

SJ 17 Yifeng
SJ 21 Ermen
UB 22 Sanjiaoshu *
GB 12 Wangu ***
GB 20 Fengchi ****
UB 23 Shenshu ***

Hearing loss and tinnitus are subjective symptoms. It is not easy to determine which ear is affected more. One ear may have more hearing loss, but the other may have more noise of tinnitus. Many times patients can not tell. Placing the negative electrodes to the more affected side determined by subjective symptom is not

practical. Hearing test result should not be used as a factor in determining the electrode application. Hearing loss and tinnitus are disorders in the vestibulocochlear (auditory) nerve, which is a cranial nerve from the Central Nervous System.

Regardless of which side is more symptomatic, moxa and positive electrodes apply to the left side for men, and to the right side for women. Use 70-80 mA current, frequency of 5-10 Hz, in saw tooth wave mode, for 45 minutes. Apply moxa to Back Shu Points on both sides. Do not insert needle to SJ 7 and SJ 8, use hand held stick moxa.

SJ 3 Zhongzhu *
SJ 5 Waiguan *
SJ 6 Zhigou ****
SJ 7 Huizhong **
SJ 8 Sanyangluo **
K 3 Taixi *
K 7 Fuliu **
UB 63 Jinmen *
GB 41 Linqi *
SI 3 Houxi *

Skin Disorders

For skin disorders, mental disorders, and other systemic disorders, moxa applies to the left side of the body for men, to the right side for women. Negative electrodes apply to the right side of the body for men, to the left side for women. Systemic disorders do not manifest fixed in the right vs. left orientation.

Anhidrosis

SI 1 Shaoze *
Du 13 Taodao **
Du 15 Yamen
Du 23 Shangxing ***
Ren 13 Shangwan ****
UB 4 Quchai *
UB 15 Xinshu
UB 67 Zhiyin *
Liv 8 Ququan *

Do not insert needle to Du 23, use a moxa stick. No moxa to Du 15 and UB 15.

Hyperhidrosis

UB 9 Yuzhen *
UB 17 Geshu *
UB 62 Shenmai *
K 1 Yongquan *
K 7 Fuliu **
Liv 1 Dadun *

Do not insert needle to UB 9. Use a moxa stick.

Acute Skin Rash

In old textbooks, acute skin rash is called "wind rash" that means rash caused by inhaled airborne particles such as bacteria, virus, dust, and chemical vapor.

LI 4 Hegu *
LI 11 Quchi *
LI 15 Jianyu ****
St 32 Futu
Sp 6 Saninjiao *
UB 60 Kunlun *
K 1 Yongquan *
P 3 Quze *
GB 30 Huantiao ****

Chronic Eczema

LI 4 Hegu *
LI 11 Quchi *
Lu 5 Chize *
Lu 7 Lieque ***
St 36 Zusanli *
Sp 6 Saninjiao *
Sp 10 Xuehai *
Du 14 Dazhui ****

Skin Sore and Ulcer

Skin sores and ulcers are caused by deficiency of yang energy coupled with imbalance in Ren Channel. Supplementation to SI 7 helps wounds to heal. SJ 6 releases the blockage in Ren Channel.

LI 4 Hegu *
LI 11 Quchi *
SI 3 Houxi *
SI 7 Zhizheng *
SI 8 Xiaohai *
P 7 Daling *
SJ 6 Zhigou ****
GB 41 Linqi *
Liv 3 Taichong *

Pruritus with or without Skin Rash

Use EA to P, UB, Liv, and leg points. Some patients with severe pruritus have scratch marks and deep skin fissures at the the transverse crease of the wrist, and at the center of the palm. These are the stigmata showing the excesss of fire energy

retained in the Pericardium Channel, and the lesions are more prominent on the right side. For these patients, insert needles to P 3, P 6, P 7, and P 8 to release the excesss of fire energy.

LI 4 Hegu *
LI 11 Quchi *
Liv 13 Zhangmen ****
P 3 Quze *
P 5 Jianshi **
P 6 Neiguan *
P 7 Daling *
P 8 Laogong *
St 36 Zusanli *
Sp 6 Saninjiao *
Sp 10 Xuehai *
Ren 4 Guanyuan ****
Ren 5 Shimen ****
UB 17 Geshu *
UB 23 Shenshu *

When pruritus and skin rash have subsided, use the next points to release the excess of fire energy and supply water to exhausted dry Sanjiao and Pericardium. H 7 releases the excessive fire energy, and Sp 4 Gongsun supplies water to Sanjiao and Pericardium via K 15, K16 and K 18 in Chong Channel. Lu 7 links to H 5 by metal-fire exchange.

H 7 Shenmen ***
Lu 7 Lieque ***
Sp 4 Gongsun *
St 28 Shuidao **
H 5 Tongli *
SJ 6 Zhigou ****
GB 41 Linqi *

Herpes Zoster Intercostal Neuralgia

Apply suction cups to wet skin lesions. Insert needles to Back Shu Points at the levels corresponding with herpetic skin lesions. Herpetic neuralgia is a difficult problem to treat. Use EA to all points except Du and Ren points. Apply negative electrodes to the affected side. Use frequency 5-10Hz, saw tooth wave mode, 100 microampere, for 30 minutes.

Lu 7 Lieque ***
St 36 Zusanli *
Sp 6 Saninjiao *
SI 7 Zhizheng *
UB 43 Gaohuangshu ****
P 5 Jianshi *

Du 14 Dazhui ****
Ren 4 Guanyuan ****
Ren 6 Qihai ****
P 6 Neiguan *
GB 25 Jingmen *
Liv 13 Zhangmen ****

Alopecia Areata and Generalis

Some patients with alopecia and dismal hair growth have weak or nearly absent large intestine pulse. In this case, use UB 13 Feishu and UB 25 Dachangshu to boost metal energy, which is essential for the growth of skin and hair. Ren 20 treats alopecia generalis and diffuse baldness. No moxa or EA to UB 10. Use EA to UB and GB points.

UB 10 Tianzhu
UB 23 Shenshu *
UB 47 Hunmen *
Ren 4 Guanyuan ****
Ren 20 Huagai **
K 7 Fuliu **
SJ 4 Yangchi
GB 20 Fengchi ****
Du 20 Baihui ***

Mental Disorders

Lack of Spirit and Energy

Avoid needle insertion and moxa to Ren 15 for the patients who are physically and mentally exhausted. For patients in stable health, needle can be inserted to Ren 15 by 0.3 cun without moxa. For women in postpartum stage, apply medium moxa with a moxa stick to Ren 17. Use EA to UB points.

K 2 Rangu *
St 36 Zusanli *
UB 18 Ganshu *
UB 23 Shenshu ***
UB 28 Pangguangshu *
UB 43 Gaohuangshu ****
LI 9 Shanglian **
Ren 6 Qihai ****
Ren 15 Jiuwei
Ren 17 Shanzhong *
Ren 20 Huagai **
GB 21 Jianjing **

Anxiety, Agitation and Palpitation

H 4 Lingdao *
H 6 Yinxi ***
H 7 Shenmen ***
H 9 Shaochong *
St 39 Xiajuxu *
St 45 Lidui *
P 3 Quze *
P 5 Jianshi **
Lu 10 Yuji
Liv 5 Ligou *
Ren 14 Jugue ****
Sishencong, Du, extra point

Unhappiness and Worry

Sp 4 Gongsun *
Sp 5 Shangqiu *
Sp 7 Lougu
Sp 15 Daheng **
Ren 14 Juque ****
H 7 Shenmen ***
H 9 Shaochong *
Lu 10 Yuji
P 5 Jianshi **
Ren 18 Yutang **

Fear and Globus Hystericus

H 3 Shaohai *
H 7 Shenmen ***
Lu 9 Taiyuan *
St 43 Xiangu *
Sp 3 Taibai *
K 6 Zhaohai *
K 18 Shiguan *
Liv 1 Dadun *
Liv 5 Ligou *
Liv 13 Zhangmen ****
Liv 14 Qimen **
P 8 Laogong *
Ren 14 Juque ****

Insomnia

Avoid needle insertion to St 30 and Du 24, apply a moxa stick.

Liv 13 Zhangmen ****
Liv 14 Qimen **
St 30 Qichong ***
St 38 Tiaokou *
Ren 6 Qihai ****
Sp 1 Yinbai
Sp 6 Saninjiao *
Lu 9 Taiyuan *
Du 24 Shenting **

Other Disorders

Fever from Influenza Virus Infection

LI 3 Sanjian *
LI 7 Wenliu *
H 3 Shaohai *
SI 7 Zhizheng *
P 3 Quze *
GB 21 Jianjing **

Psychogenic Polydypsia

Many people drink frequently an excessive amount of thick fluid high in caloric count, soft drinks, and carbonated drinks. This may cause fluid overload and obesity. Apply moxa to Du 26 by a moxa stick.

Sp 1 Yinbai
Sp 5 Shangqiu *
UB 29 Zhonglushu *
UB 48 Yanggang *
UB 49 Yishe ****
K 2 Rangu *
P 8 Laogong *
SJ 1 Guanchong *
Du 26 Renzhong *
Ren 24 Chengjiang ***

Nicotine Addiction

Self-motivation is the key to treatment success.
Three primary ear points: lung, shenmen, mouth.
Accessory ear points: sympatheticus, obsession point.
Apply medium moxa by a stick moxa to Ren 17.

H 7 Shenmen ***
UB 43 Gaohuangshu ****
P 6 Neiguan *
Ren 6 Qihai ****
Ren 17 Shanzhong **

Edema and Water Retention

The next two points are most effective for diuresis.

Liv 3 Taichong ****
UB 23 Shenshu **

For facial edema, use the next points.

Lu 7 Lieque ***
St 25 Tianshu ****
St 40 Fenglong *
St 42 Chongyang *
St 43 Xiangu *
St 45 Lidui *

For leg edema, use the next points. Use this prescription for leg edema in stroke paresis.

UB 57 Chengshan **
K 2 Rangu* (for foot edema)
UB 27 Xiaochangshu *

To treat water retention in the abdomen, use the next points.

St 36 Zusanli *
Sp 6 Saninjiao *
Liv 8 Ququan *
Ren 5 Shimen ****

Hiccup

Use EA to Back Shu Points. Use large moxa for Liv 3.

UB 12 Fengmen **
UB 17 Geshu *
Liv 3 Taichong ***
GB 24 Riyue **
GB 34 Yanglingquan ****

Useful Points in Common Practice

Points for Unusual Symptoms

Abdominal pain from ovulation, St 29 Guilai, GB 27 Wushu.
Back pain from distended abdomen, UB 48 Yanggang.
Chill at the upper body in cold weather, GB 14 Yangbai.
Commences menstruation, Liv 3 Taichong, Ren 1 Huiyin.
Cryptorchidism, Ren 5 Shimen.
Diarrhea with cramp when the abdomen is exposed to cold air, Sp 14 Fujie, Ren 8 Shenque.
Globus hystericus, Ren 17 Shanzhong.
Hangover, GB 8 Shuaigu.
Headache from cold wind, GB 18 Chengling.
Inability to sit squatting, UB 29 Zhonglushu, UB 31 Shangliao.
Lockjaw, GB 7 Qubin.
Mastication pain, SJ 20 Jiaosun, SJ 21 Ermen.
Pigeon chest in small children, GB 36 Waiqiu.
Shiver in wet snowy weather, UB 44 Shentang.
Trismus (lockjaw), jaw pain, SJ 17 Yifeng, GB 3 Shangguan, GB 7, Qubin.

Analgesic Pain Discharge Points

1. St 36 Zusanli, GB 34 Yanglingquan, Sp 6 Saninjiao.
2. LI 4 Hegu, P 6 Neiguan.
3. LI 11 Quchi, and other required He Points.

4. All corresponding Luo-Yuan, Shu Points.
5. Confluence-Xi Points of Eight Extraordinary Channels.
6. For exhausted debilitations and damaging diseases, use Hua Tuo's five points: St 36 Zusanli, UB 23 Shenshu, UB 33 Zhongliao, GB 21 Jianjing, and Du 14 Dazhui.
7. Ren 3 Zhongji, Ren 4 Guanyuan, Ren 6 Qihai and Ren 12 Zhongwan build the body's core strength.
8. H 7 Shenmen and Ren 17 Shanzhong settle the uneasy mind.
9. Pertinent Front Mu Points and Back Shu Points.

Case Studies

Clinical Presentations and Prescriptions

Each case is presented in four parts: diagnosis, personal information, symptoms, and prescription.

1. Stasis Dermatitis of the Leg and Combined Peripheral Polyneuropathy

   E H, 83 year old female

   The patient walked into my office using a quadripod walker, her gait was markedly unstable. NCVT and EMG showed severe bilateral sensory and motor neuropathy of saphenous, peroneal, superficial peroneal and sural nerves. Her ankles and legs had massive edema, large hyperpigmented areas, infectious eczematoid dermatitis, and stasis ulcers. Polyneuropathy is frequently associated with severe stasis dermatitis of the leg due to the long term immobility. Stasis dermatitis is caused by impaired venous circulation in the legs, and the recurrent bacterial infections cause spreading patchy chronic skin lesions. Edema of the affected ankle area results in a further decrease in circulation, and subsequently more infections.

   As she was being treated by EA, she managed to walk with a cane initially, and later on her own. Also the ankle edema subsided, and the skin lesions disappeared. EA prescription for polyneuropathy can be used independently for stasis dermatitis without any change.

   Prescription: Refer to polyneuropathy section. LI 4 Hegu and LI 11 Quchi are mandatory points. LI 4 is a metal in a yang metal channel; skin and nerves are controlled by the metal channel. LI 4 is a sword and justice, it kills the main

drive that generates an autoimmune disease process. P 6 Neiguan is an anti-inflammatory point.

2. Retention of Urine

G L, 71 year old female

The patient had bacterial cystitis for which she has taken cipro, and the urine test became normal. But frequent urination with incomplete emptying of bladder persisted.

Prescription: P 6 Neiguan, Sp 4 Gongsun.
Ren 3 Zhongji, Ren 4 Guanyuan, Ren 6 Qihai, Ren 12 Zhongwan.
UB 23 Shenshu, UB 28 Pangguangshu, UB 33 Zhongliao, UB 39 Weiyang, UB 40 Weizhong.
Moxa to the right side.

3. Migraine

B L, 60 year old male

Migraine from age 10, appendectomy at age 44, left nephrectomy at age 55. High uric acid and gout, all foods tastes like salt, postprandial watery diarrhea. Point detector finds no free space between the points at Du, Ren, UB Back Shu, and P Channels. The patient is a water person by pulse diagnosis, and there is a water shortage in this water person. All channels are made of polarized water molecules. With deficiency of water, channels clog up, and the energy does not run smoothly. Individual points do not stand out separated from others due to the shortage of water. Sanjiao uses water to cleanse its combustive energy system.

Prescription: UB 23 Shenshu, UB 25 Dachangshu, UB 10 Tianzhu, UB 11 Dashu, Du 14 Dazhui, UB 63 Jinmen.
SJ 6 Zhigou, Ren 5 Shimen, Ren 15 Jiuwei.
Sp 4 Gongsun, GB 41 Lingqi, St 28 Shuidao.
Ren 3 Zhongji, Ren 5 Shimen, Ren 12 Zhongwan, Ren 17 Shanzhong.
Du 16 Fengfu, UB 4 Quchai, GB 15 Linqi, GB 16 Muchuang, GB19 Naokong. Moxa stick to the left side Liv 1 Dadun, Liv 3 Taichong.
The point sizes were checked often to assess the flow and status of energy within the channel.
Moxa to the left side of body and head.

4. Occipital Headache and Neck Pain

L R, 24 year old female, hair dressor-Pilates instructor

Severe occipital parietal headache for 3 weeks, MRA negative, CSF study negative. Added low back pain from CSF leakage. X-ray of the cervical spine negative. C2-C3, C3-C4—the dorsal rami of the cervical spinal nerve—ascending branches innervate the skin and muscles. Neuralgia of these nerves can cause painful muscle spasm at the neck, and induce headache.

Prescriptions:

A. St 36 Zusanli, GB 34 Yanglingquan, P 6 Neiguan.
UB 10 Tianzhu, UB 11 Dashu, GB 21 Jianjing.
Du 12 Shenzhu, Du 14 Dazhui, Liv 3 Taichong, Liv 13 Zhangmen.
UB 62 Shenmai, UB 63 Jinmen, UB 66 Tonggu.
GB 13 Benshen, GB 19 Naokong, GB 20 Fengchi, Du 16 Fengfu.
UB 40 Weizhong (low back pain).
Moxa to the right side of body and head.

B. Ergonomic counseling and rehabilitation.

5. Temporal Hemianopsia after Stroke

F R, 86 year old male

Recent stroke at the right posterior temporal cortex produced loss of left temporal vision, and partial patchy visual defect of the central vision.

Prescription: GB 16 Muchuang, GB 41 Linqi, GB 43 Xiaxi are the primary points to treat the problem. GB 20 Fengchi, LI 6 Pianli, UB 18 Ganshu are also helpful. Negative electrodes apply to the affected left side head and body. Positive electrodes apply to the right side. Moxa applies to the right side. The left side is where the symptom manifests, and body of the disease shows (shi); the right side is where the pathophysiological process is at work, and the underpinning of the disease resides (xu). (47)

6. Small bowel Ileus and Compression Fracture of L1 Vertebra

T A, 80 year old female

The patient is in pain with markedly distended abdomen, the bowel sound is high pitched. She is bedridden in supine position.

Prescription: UB 40 Weizhong, St 25 Tianshu, St 36 Zusanli, St 39 Xiajuxu, Sp 15 Daheng, Ren 4 Guanyuan, Ren 12 Zhongwan.
Moxa to the right side.

7. Retention of Urine after a Stroke

H S, 92 year old male

MRI shows ischemic pontine infarct with microvascular changes in the periventricular deep white matter. Retained post void residual urine volume is 500 ml. The nerve tracks of the autonomic nervous system passes through the brain stem.

Prescription: Ren 3 Zhongji, Ren 12 Zhongwan, St 36 Zusanli, UB 27 Xiaochangshu, UB 33 Zhongliao, UB 40 Weizhong.
Moxa to the left side.

8. L4-L5 Radiculopathy and L5-S1 Radiculopathy

D A, 56 year old male

The patient had five disc operations. Progressive right foot drop from 2006 ending up with a severe atrophy of the right gastrocnemius muscle. In 2014, L4-L5 disc space was raised up by inserting two air-filled plastic disc spacers by endoscopy, and facet joint osteophyte at L5-S1 was removed surgically.
Recent NCVT and EMG show previously denervated muscles are reinnervated.
Right extensor hallucis longus is reinnervated (deep peroneal nerve).
Right peroneus longus is reinnervated (superficial peroneal nerve).
Right medial and lateral gastrocnemius are reinnervated (posterior tibial nerve).

Prescriptions:

A. Peroneal nerve stimulation by EA for L4-L5 radiculopathy. See the section of lumbar disc disease.
B. Posterior tibial nerve stimulation by EA for L5-S1 radiculopathy.
LI 4 Hegu, LI 11 Quchi, P 6 Neiguan.
GB 30 Huantiao, UB 40 Weizhong, UB 57 Chengshan.
St 36 Zusanli, St 40 Fenglong, GB 34 Yanglingquan, Sp 6 Saninjiao, GB 39 Xuanzhong, Sp 3 Taibai, Liv 3 Taichong.
C. Rehabilitation: Right ankle and toes move, right calf gastrocnemius muscles have grown back with active contraction.

Pain Management Strategy

Management of chronic pain is different from managing short term pain. It requires a comprehensive longterm approach to solve the problems.

Features of Chronic Pain

1. Weakening of general body strength by pain itself, poor sleep, and by craving for sweet and fatty foods. The weaker the patient is, the pain becomes less tolerable.
2. Patient sleeps poorly at night, does not feel rested in the morning, and starts a new day exhausted.
3. Poor muscle tone and improper body posture from lack of exercise.
4. Mental depression by ongoing pain and fatigue. Many patients take narcotic pain medications and antidepressants. Patient becomes socially isolated and feels despondent.

First Approach

1. At first, do not attempt to fix the localized pain. The pain pattern changes, and moves around. Fixing the localized pain becomes an endless chase with poor results.
2. Use the five points that treat "five exhausted debilitations and seven damages": St 36, UB 23, UB 33, GB 21, Du 14. Add Sp 6 and GB 34. These two points relieve pain by central mechanism. To build up the strength, use Ren 4, Ren 6 and Ren 12. To lift up the spirit, use UB 43 with very large moxa. To enhance appetite and digestion, use UB 17 and UB 19 (four flowers of Cui

Zhi Ti), and add UB 21 and UB 22. Liv 13 is detoxification point, it removes toxic metabolites of chemotherapy agents and other drugs.

Second Step

1. Reduce narcotics and antidepressants gradually. For patients who have been on opioids for a long time, the natural neuropeptide pain relief system has become dysfunctional. These patients may not manage to wean off from narcotics completely.
2. Refer patients to physical therapy and group activity.
3. There are new surgical techniques that can help patients who suffer chronic spinal pain. Damaged lumbar discs can be replaced by artificial discs. The first is a prosthetic disc made of polyethylene in a round metal casing, and the second is a rectangular plastic cavity made of specific dimensions that can be propped up to its full size by filling and locking the air into the device. These new devices are implanted by endoscopic approach, they are also available to replace cervical discs. These new techniques have made traditional laminectomies and spinal fusion operations unnecessary. (51, 52, 53, 54, 107))

   Avoid multiple level laminectomy, the laminectomy removes tissues from the discs and the facet joints. In the end, the vertical station of the spine becomes more unstable. Carefully appraised NCVT and EMG can identify the dermatomes and peripheral nerves affected by spinal stenosis. Only the affected level should be operated in a minimally invasive way. MRI is not a functional test, it does not specify the level at which the exit nerve is compressed.

   Avoid traditional fusion operations, a solidly fused block of vertebrae damages the adjacent discs and vertebrae. In a long run, the fusion operation results in a net loss. Carpal tunnel release operations can be done by an endoscopic approach. Spinal surgeries and neurosurgeries are becoming progressively less invasive by employing endoscopic and microsurgical techniques.
4. Every patient has his or her own way of dealing with the pain and the sickness. We must respect their own personal ways of handling the pain and disability. Some lives with pain in a way others may not understand. As long as a patient can cope with pain personally and socially, the practitioner must remain as a well wishing caregiver rather than an enforcer.

Twelve Ordinary Channels 十二正經脈

The acupuncture points listed in Zhen Jiu Da Cheng and current texts of acupuncture use the same anatomical orientations used in Gray's Anatomy. Acupuncture points are located on the human body laid supine on the table. The upper extremities are laid down at the sides of the main trunk. The palms of the hands and the ventral elbows are at the front. The dorsum of the feet and the knees are again at the front. The elbows are above the hands, and the knees are above the feet. With respect to the energy flow, the arms can be raised above the shoulders. The yang energies descend from the finger tips, and the yin energies ascend from the toes. All acupuncture points are referred to anatomical landmarks: long bones, specific parts of bones, joints, fingers and toes, skin creases, parts on the face, hairline, body orifices. When in doubt, a point detector will find the exact point locations. The majority of classic acupuncture textbooks has no drawings for point locations. (14, 18)

The best illustrated book with channel point drawings is Essentials of Chinese Acupuncture. (17) Visual illustration is needed to locate SJ and GB points on the scalp, which run in multiple elliptical lines around the ear. Generally practitioners use books with point drawings early in their practice.

1. Hand Taiyin Lung Channel 手太陰肺經

The lung is an organ of mutual conduction. Although it is a yin metal organ, its functional entity is wood, by way of metal-wood mutual control. It is the original source of the acupuncture energy. The spirit resides in it. Its grace manifests on

the hair, and its capacity fills the skin. Its energy represents autumn. It is west, it is white, its star is Venus, and its number is nine.

Lu 1 Zhongfu 中府

1 cun directly below Lu 2. Front Mu Point of lung, Confluence Point of Sp-Lu Channel. Insert needle 0.3 cun. Asthma. Medium moxa. Deep needle insertion can damage the pleura at the apex of the lung, and cause pneumothorax.

Lu 2 Yunmen 雲門

In the depression below the clavicle, 6 cun lateral from Ren Channel line.The starting point of the channel energy cycle. The original ying enegy from middle jiao enters into this point to start the cycle. The energy cycle that has completed its full course ends at Liv 14 Qimen, and restarts from Lu 2 Yunmen. The second most likely point to cause pneumothorax after St 12 Quepen. For this reason, most textbooks prohibit needle insertion to this point. Asthma. Do not insert needle. Medium moxa.

Lu 3 Tianfu 天府

On the radial side of the upper arm, at the posterior border of biceps muscle, 6 cun above Lu 5. Insert needle 0.4 cun. Dyspnea. Blurred vision. No moxa.

Lu 4 Xiabai 俠白

1 cun directly below Lu 3. Insert needle 0.3 cun. Chest pain. Medium moxa.

Lu 5 Chize 尺澤

He. Water. On the transverse cubital crease, at the radial side border of the tendon of biceps muscle. P 3 Quze is at the other side of the biceps tendon. Needles inserted into these two points will reach an identical point, and work similarly when EA is used. Needle insertion to Lu 5 is easier and safer, P 3 borders the brachial artery. Insert needle 0.3 cun. Shoulder pain, inability to raise the arm above the shoulder. Stiff elbow and upper arm. Stroke paresis with stiff arm and contracted elbow and hand. Small moxa.

Lu 6 Kongzui 孔最

Xi. At the ventral forearm, 7 cun above Lu 9. Insert needle 0.3 cun. Extension and flexion difficulty of shoulder and upper arm. Medium moxa.

Lu 7 Lieque 列缺

Luo. Confluence Point connecting to Ren Channel. The point resonates with K 8 Jiaoxin to start Yinqiao Channel. 1.5 cun above the transverse skin crease of the wrist. In the depression superior to the styloid process of the radius, at the radial side of the radial artery. There is a special Luo-Jing connection between Lu 7 and LI 5 Yangxi in which lung energy moves to LI 5, and LI pulse becomes three times larger at the right forearm cun (寸) if a needle is inserted to Lu 7. (14, 86) Insert needle 0.2 cun. Insert needle at the radial side away from the radial artery. Stroke paresis, paresis of the arm with contraction of the upper extremity and the upper body. Fever retained in the hand, febrile disease. Bloody semen. Useful point for skin and nerve diseases. Large moxa.

Lu 8 Jingqu 經渠

Jing. Metal. 1 cun above Lu 9, at the radial side of the radial artery. Insert needle 0.2 cun. Fever retained in the hand. No moxa.

Lu 9 Taiyuan 太淵

Shu. Earth. At the end of transverse crease of the wrist, in the depression at the radial side of the radial artery, and medial to the tendon of the abductor pollicis brevis. Insert needle 0.2 cun. Cough, fullness in the chest. Fever retained in the hand. Insomnia. Small moxa.

Lu 10 Yuji 魚際

Ying. Fire. At the midpoint of the first metacarpal bone at its radial side, at the junction of red and white skin. Insert needle 0.2 cun. Headache, fever. Asthma, midback pain, indigestion and anxiety. When the five organ's energy imbalance is caused by lung channel, *Tung Yuan* recommended to use Lu 10 with K 3 Taixi. No moxa.

Lu 11 Shaoshang 少商

Jing. Wood. On the radial side of the first finger, 0.1 cun from the corner of nail. May bleed from this point by using 0.3 mm gauge needle. Epistaxis. Spasm of hand, pain and fever retained in the hand. Asthma. Hypersalivation, impaired food transit, abdominal distention. No moxa.

Tung Yuan (Yee Gao, 1180-1251) was one of the four best known acupuncturists in Southern Sung and Yuan Era. Tung Yuan is a pen name. He came from the current Hebei Province.

2. Hand Yangming Large Intestine Channel 手陽明大腸經

The large intestine is in charge of transport. It is a viscus of yang metal. In the large intestine, nourishing juice changes into the rubbish of clean waste. It is called the white viscus.

LI 1 Shangyang 商陽
Jing. Metal. On the radial side of the second finger, 0.1 cun from the corner of nail. Insert needle 0.1 cun. Fever, tinnitus, deafness. Small moxa.

LI 2 Erjian 二間
Ying. Water. On the radial side of the second finger, just distal from the metacarpophalangeal joint, at the junction of red and white skin. Insert needle 0.3 cun. Releases the excess large intestine energy. Pain in the scapula. Epistaxis, toothache. Small moxa.

LI 3 Sanjian 三間
Shu. Wood. At the radial side of the hand, in the depression proximal to the metacarpophalangeal joint of the second finger. Insert needle 0.3 cun. Toothache, dry lips and mouth. Fever. Small moxa.

LI 4 Hegu 合谷
Yuan. The point is a metal in a yang metal channel, it supplements and releases. Between the first and the second metacarpal bone, in the central depression formed by two muscles of the abductor pollicis of the first metacarpal bone and the first dorsal interosseous of the second metacarpal bone. Insert needle 0.3 cun. Major analgesic point. The point is also useful for a wide range of neuromuscular and immune disorders. Stroke paresis. Induces sweating to break fever and chill. Excessive thirst. Headache, spasm of back spine. Eczema, skin rash. Do not use this point in pregnant women, either by needling or moxa. Small moxa.

LI 5 Yangxi 陽谿
Jing. Fire. At the radial side of dorsal wrist, when the thumb is lifted upward, it is in the depression between the tendons of extensor pollicis longus and brevis. A branch of the radial artery is in this area. Insert needle 0.3 cun. Conjunctivitis. Headache. Inability to lift the upper arm and shoulder. Insanity, hallucination. Small moxa.

LI 6 Pianli 偏歷
Luo. 3 cun above LI 5, on a straight line from LI 5 to LI 11. Insert needle 0.3 cun. Febrile chill. Spasm of the shoulder and upper arm. The point helps weak supination of the forearm in stroke paresis. Release for toothache. Small moxa.

LI 7 Wenliu 溫溜
Xi. 5 to 6 cun straight above LI 5 depending on the body length. Insert needle 0.3 cun. Distended large intestine. Small moxa. (14)

LI 8 Xialian 下廉
1 cun straight above LI 7, 4 cun straight below LI 11. Insert needle 0.5 cun. Abdominal distention. Small moxa.

LI 9 Shanglian 上廉
3 cun straight below LI 11. Insert needle 0.5 cun. Dysuria. Medium moxa.

LI 10 Shousanli 手三里
2 cun below LI 11, on a straight line from LI 5 to LI 11. Insert needle 0.2 cun. Hemiparesis, spasm and weakess of the shoulder, upper arm and hand. The point helps weak supination of the forearm in stroke paresis. Small moxa.

LI 11 Quchi 曲池
He. Earth. At the lateral end of the cubital crease. Insert needle 0.5 cun. The point supplements. Stroke paresis. Spasm and weakness of the shoulder, upper arm and forearm. Immune neurodermatitis, eczema, pruritus, dry skin. Delayed menstruation, amenorrhea. Small moxa.

LI 12 Zhouliao 肘 髎
1 cun superolateral from LI 11, in the depression above the lateral epicondyle of humerus. Insert needle 0.3 cun. Stiffness and pain at the elbow. Small moxa.

LI 13 Shouwuli 手 五 里
3 cun above LI 11, on a straight line from LI 11 to LI 15. The point is close to the radial nerve. Needle insertion to this point is prohibited strongly. Pain at the upper arm and shoulder. Large moxa by a moxa stick.

LI 14 Binao 臂 臑
At the lower end of deltoid muscle, 7 cun above elbow, on a straight line from LI 11 to LI 15. Insert needle 0.3 cun. The point helps sroke patients to lift the upper arm above the shoulder. Small moxa.

LI 15 Jianyu 肩 髃
Confluence Point of St-Yangqiao-LI Channel. Anteroinferior to the acromion, in the depression anterior to the upper end of deltoid muscle. Neuromuscular point of the deltoid muscle. The deltoid is essential in abducting and lifting the upper arm above the shoulder coupled by the flexion of the intrinsic rotator cuff muscles of the shoulder. Insert needle 0.6 cun. Hemiparesis. Essential point in stroke treatment. Weakness, stiffness and pain at the shoulder and scapular area. Inability to raise the upper arm. Cervical radiculopathy, radiating pain and weakness of the upper extremity. Dermatitis. Very large moxa with repeats.

LI 16 Jugu 巨 骨
Confluence Point of Yangqiao-LI Channel. In the depression between the acromial extremity of clavicle and the scapular spine. Insert needle 0.4 cun. Thoracic midback pain. Periscapular pain. Medium moxa.

LI 17 Tianding 天 鼎
At the lateral side of the neck. 1 cun below the level of the tip of thyroid cartilage, at the posterior border of the sternocleidomastoid muscle. Insert needle 0.3 cun. Laryngitis, hoarse voice. Small moxa.

LI 18 Futu 扶 突
Levels with the tip of thyroid cartilage, the point is located between the sternal and clavicular heads of the sternocleidomastoid muscle. 1 cun above LI 17. The point is slightly posterior from the common carotid artery. Insert needle 0.3 cun. Cough, hoarse voice, pharyngitis, laryngitis. Small moxa.

LI 19 Heliao 鼻 和 髎
Straight below the lateral margin of the nostril, at the level of Du 26 Renzhong. Insert needle 0.3 cun. Rhinitis, nasal obstruction, anosmia. No moxa.

LI 20 Yingxiang 迎 香
In the nasolabial fold at the level of the midpart of ala nasi. Insert needle 0.3 cun. Rhinitis, nasal obstruction, anosmia. Facial palsy. No moxa. EA is preferable than moxa for LI points on the face and neck.

3. Foot Yangming Stomach Channel 足 陽 明 胃經

The stomach is the first and foremost out of all six viscera. The stomach is the source of the five tastes. It is called the yellow viscus, and it is the origin of six viscera. It nurtures five organs, it is the sea of water and grain. Its nature is central yang earth. Its star is Saturn. Its number is five.

St 1 Chengqi 承 泣
Confluence of Ren-Yangqiao-St Channel. At the midpoint from the eye to the infraorbital bone ridge on a straight line from the pupil to the corner of mouth. Do not insert needle. No moxa. Inserted needle can cause bleeding in the eye. Moxa heat can burn the conjunctiva. The point is listed to show the origin of St Channel.

St 2 Sibai 四 白
In the depression at the infraorbital ridge, 1 cun straight below St 1. Insert needle 0.3 cun, avoid deeper insertion. Facial palsy, blurred vision, nystagmus, headache. Large moxa. EA is preferred over moxa.

St 3 Juliao 巨髎

Confluence Point of Yangqiao-St Channel. Straight below St 2, at the level of the lower border of ala nasi. Insert needle 0.3 cun. Facial palsy, swelling of face and cheek, blurred distant vision. Large moxa. EA is preferred over moxa.

St 4 Dicang 地倉

Confluence of LI-Yangqiao-St Channel. Straight below St 3, at the lateral border of the corner of mouth. Insert needle 0.4 cun. Facial palsy, swallowing difficulty. Very large moxa. EA is preferred over moxa.

St 5 Daying 大迎

1.2 cun anterior from the mandibular angle, in the groove-like depression formed when the masseter muscle bulges from contraction. Insert needle 0.3 cun. Trismus, stiff tongue, facial edema. Small moxa.

St 6 Jiache 頰車

One finger breadth anterior and superior from the mandibular angle, origin of St energy. Insert needle 0.4 cun. TMJ (temporomandibular joint) pain, facial palsy. Small moxa.

St 7 Xiaguan 下関

Confluence Point of GB-St Channel. In the depression below the zygomatic arch, and anterior to the condylar process of mandible. Find the point with the mouth closed. Insert needle 0.3 cun. TMJ pain, facial palsy, trigeminal neuralgia. Motion at the jaw can move the needle tip and damage the neural ganglion inside the point. Ask the patient to keep the mouth closed and the jaw locked while a needle is in the point. Old textbooks recommend to keep a needle briefly in the point. Keep a needle in the point for 5 minutes. Tape the electrodes securely to the skin to prevent needle motion. Use EA. No moxa.

St 8 Touwei 頭維

Confluence Point of GB-St Channel. At the corner of forehead, 0.5 cun inside from the hairline, 4.5 cun from Du line. Insert needle 0.3 cun. Migraine. No moxa.

St 9 Renying 人迎

Confluence Point of GB-St Channel. The point levels with the tip of thyroid cartilage, on the anterior border of the sternocleidomastoid muscle. The point is on the common carotid artery. Tong Ren, a Northern Sung Era textbook, prohibits needle insertion to this point. Do not insert needle. No moxa.

St 10 Shuitu 水突

At the anterior border of the sternocleidomastoid muscle, midway from St 9 to St 11. The point is slightly anterior to the common carotid artery. Insert needle 0.3 cun. Sore throat, upper airway congestion. Small moxa.

St 11 Qishe 氣舍

At the superior border of the sternum, between the sternal and clavicular heads of the sternocleidomastoid muscle. Insert needle 0.3 cun. Upper airway congestion, sore throat. Small moxa.

St 12 Quepen 缺盆

At the midpart of supraclavicular fossa, 4 cun lateral from Ren Channel. The apex of the lung is underneath this point. An old textbook warns, "Be fearful of this point at the top of the chest. Deep needle insertion makes the breath regurgitate." This point has the highest potential to cause pneumothorax. Do not insert needle to this point. Sore throat, cough. Small moxa by a moxa stick.

St 13 Qihu 氣戶

At the lower border of the clavicle, 4 cun lateral from Ren Channel, on the mammillary line. Insert needle 0.3 cun. Chest congestion, loss of taste to food. Medium moxa.

St 14 Kufang 庫房

In the first intercostal space, 4 cun lateral from Ren Channel. Insert needle 0.3 cun. Breathing difficulty. Hypersalivation. Medium moxa.

St 15 Wuyi 屋翳

In the second intercostal space, directly below St 14. Insert needle 0.3 cun. Productive cough. Medium moxa.

St 16 Yingchuang 應 窓
In the third intercostal space, directly below St 15. Insert needle 0.4 cun. Painful engorgement of the breast in female. Medium moxa.

St 17 Ruzhong 乳 中
In the center of nipple. The point is in the fourth intercostal space in supine position, 4 cun lateral from Ren Channel, on the mammillary line. The breast belongs to St Channel. The nipple belongs to Liv Channel. Old textbooks recommend brief and shallow insertion of needle to drain retained fluid or pus, but this is outside the scope of current acupuncture practice. Do not insert needle or apply moxa. The point is listed to show the energy flow of St Channel.

St 18 Rugen 乳 根
In the fifth intercostal space, 4 cun lateral from Ren Channel, directly below St 17, across one rib from the nipple. Insert needle 0.3 cun. Breast pain in female. Small moxa.

St 19 Burong 不 容
6 cun above the umbilicus, 2 cun lateral from Ren 14 Juque. Insert needle 0.5 cun. Pain in the abdomen and flank. Medium moxa.

St 20 Chengman 承 滿
5 cun above the umbilicus, 2 cun lateral from Ren 13 Shangwan. Insert needle 0.3 cun. Impaired transit of food, flatulence of abdomen. Medium moxa

St 21 Liangmen 梁 門
4 cun above the umbilicus, 2 cun lateral from Ren12 Zhongwan. Insert needle 0.3 cun. Diarrhea. Medium moxa.

St 22 Guanmen 関 門
3 cun above the umbilicus, 2 cun lateral from Ren 11 Jianli. Insert needle 0.8 cun. Abdominal distention and pain, borborygmus, diarrhea. Medium moxa.

St 23 Taiyi 太 乙
2 cun above the umbilicus, 2 cun lateral from Ren 10 Xiawan. Insert needle 0.8 cun. Dry sore tongue. Medium moxa.

St 24 Huaroumen 滑 肉 門
1 cun above the umbilicus, 2 cun lateral from Ren 9 Shuifen. Insert needle 0.8 cun. Stiff tongue. Medium moxa.

St 25 Tianshu 天 樞
2 cun lateral from the center of the umbilicus. Front Mu Point of large intestine. Insert needle 0.5 cun. Red diarrhea, dysentery, indigestion, anorexia. Effective point for borborygmus, constipation, abdominal pain and distention. Irregular menstruation. Very large moxa.

St 26 Wailing 外 陵
1 cun below the umbilicus, 2 cun lateral from Ren 7 Yinjiao. Insert needle 0.3 cun. Pain at the periumbilical area. Medium moxa.

St 27 Daju 大 巨
2 cun below the umbilicus, 2 cun lateral from Ren 5 Shimen. Insert needle 0.5 cun. Small bowel distention. Excessive thirst. Medium moxa.

St 28 Shuidao 水 道
Shuidao means water-way. The point brings water into the dry sanjiao system. 3 cun below the umbilicus, 2 cun lateral from Ren 4 Guanyuan. Insert needle 0.3 cun. Fever retained in the sanjiao system. Dampness in the urinary bladder. Distention and pain in the pelvis, ovulation defect. Medium moxa.

St 29 Guilai 歸 來
1cun above the upper margin of the symphysis pubis, 2 cun lateral from Ren 3 Zhongji. Insert needle 0.5 cun. Dyspareunia, ovulation pain, dysmenorrhea, vaginitis. Pain in the penile shaft. Medium moxa.

St 30 Qichong 氣 冲
Chong Channel arises from this point. Just off the upper border of the symphysis pubis, 2 cun lateral from Ren 2 Qugu. Slightly medial from the femoral artery. Do not insert needle. Fever retained in the stomach and large intestine. Dampness in the kidney, pelvis, and lower jiao. Distention of the abdomen and pelvis. Impotence, priapism. Colitis, constipation. Insomnia. Large moxa by a moxa stick.

St 31 Biguan 脾 関

1 cun directly below the anterior superior iliac spine. Neuromuscular origin of the rectus femoris muscle. Insert needle 0.6 cun. Paresis and motor impairment of the lower extremity. Small moxa.

St 32 Futu 伏 兔

6 cun above the superolateral border of the patella, on the line connecting St 31 to St 35. Insert needle 0.5 cun. Motor weakness and swelling of the leg. No moxa.

St 33 Yinshi 陰 市

3 cun straight above the superolateral border of the patella on a straight line to St 31. Insert needle 0.3 cun. Motor weakness and swelling of the leg. Fever with sweating. No moxa.

St 34 Liangqiu 梁 丘

Xi. 2 cun straight above the superolaterl border of the patella on a straight line to St 31. Insert needle 0.3 cun. Painful stiff knee, cold feet. Small moxa.

St 35 Dubi 犢 鼻

Dubai has two points, medial and lateral. Dubai means the nose of a newborn cow. (110-2) In the depression inferolateral from the patella. The depression is between the end plates of the femur and the tibia. Insert needle 0.3 cun. Pain, stiffness and swelling in the knee. Do not use this point in a disintegrated knee. Small moxa. This point is known as Xiyan as an extra point.

St 36 Zusanli 足 三 里

He. Earth. Stomach Channel is an earth channel, and its He Point is earth; when the point is used, it supplements and releases the stomach energy to the optimal level. 3 cun below St 35, one finger breadth lateral from the anterior crest of the tibia, at the origin of tibialis anterior muscle. Insert needle 0.5 cun. Direct needle medially and upward toward the tibial crest. The point enhances the stomach energy and overall digestive function. It boosts overall body strength and stamina, and relieves pain. It removes the moist heat of stroke, releases fire energy from upper jiao. *Hua Tuo* of Eastern Han Dynasty has said, "The point treats five exhausted debilitations and seven damages." St 36 is the first out of a total of five points to

treat severe diseases; the rests are Du 14, GB 21, UB 23 and UB 33. (14) The point treats severe physical impairment and emaciation. The point works much more effectively when Liv 13 Zhangmen and Ren 12 Zhongwan are used together. Small moxa, but use very large moxa with repeats for stroke patients, and for old debilitated patients. The point connects to the opioid neuropeptide containing nucleus raphe magnus and arcuate nucleus in the hypothalamus. (19, 20)

St 37 Shangjuxu 上 巨 墟

Inferior He Point of large intestine. 6 cun below St 35, one finger breadth lateral from the anterior crest of the tibia. Take the point with the knee extended. Insert needle 0.3 cun. Deficiency in the solid yin organs. Postprandial diarrhea, abdominal distention, indigestion. Weak stiff thigh and leg. When St 36 does not work to its full capacity, bleed from this point. Small moxa.

St 38 Tiaokou 條 口

2 cun below St 37 or 8 cun below St 35, 0.3 cun lateral from the anterior crest of the tibia. Insert needle 0.5 cun. Weakness and pain in the leg and foot. Insomnia. Small moxa.

St 39 Xiajuxu 下 巨 墟

Inferior He Point of small intestine. 9 cun below St 35, one finger breadth lateral from the anterior crest of the tibia. Take the point with knee extended. Insert needle 0.3 cun. Deficiency of the small intestine. Anorexia, postpradial diarrhea, abdominal distention. Weak muscles of leg and ankle. Breast pain. Small moxa.

St 40 Fenglong 豊 隆

Luo. 8 cun below St 35, or 8 cun above from the anterior part of the lateral malleolus, one finger breadth lateral from St 38. Insert needle 0.3 cun. Paresis, weakness of the four extremities. Sensorimotor dysfunction of the leg and foot. Difficulty of urination and defecation. Small moxa.

St 41 Jiexi 解 溪

Jing. Fire. At the junction of the leg and dorsum of the foot, at the level of the tip of the lateral malleolus, in the depression adjacent to the lateral margin of the tendon of extensor hallucis longus as it runs farther to reach the first toe. Insert needle

0.5 cun. Supplements weak stomach energy. Facial edema after stroke, headache, vertigo. Red eye and face. Small moxa.

St 42 Chongyang 冲陽
Yuan. The point is an earth in a yang earth channel, it supplements and releases. At the highest point of dorsum of the foot, in the depression between the second and third metatarsal bone, and the cuneiform tarsal bone. Insert needle 0.3 cun. Needle insertion to this point is difficult and painful, use Sp 3 Taibai instead to release. Foot edema. Small moxa.

St 43 Xiangu 陷谷
Shu. Wood. In the depression between the second and third metatarsal bone, at the mid-distance of the metatarsal bone. Insert needle 0.3 cun. Facial edema, malaria. Small moxa.

St 44 Neiting 內庭
Ying. Water. At the proxiaml part of the web between the second and third toe. Insert needle 0.3 cun. Water in the point moistens the earth to make it fluid for release. Facial palsy. Anorexia, excessive thirst. Fever and chill. Abdominal distention with pain and vomiting. Small moxa.

St 45 Lidui 厲兌
Jing. Metal. On the lateral side of the second toe nail, 0.1 cun from the corner of nail. Insert needle 0.1 cun. The point discharges the excess of stomach energy. Facial palsy, facial edema. Toothache, gingival pain. Anorexia, abdominal distention, hyperacidity of the stomach. Bleed from this point to release stomach energy. Apply a very small moxa to St 44 and St 45 at the affected side to release the excess energy.

Hua Tuo (110-207) was, according to legend, a famous acupuncturist, herbalist, and abdominal surgeon who lived in the Eastern Han Era. He came from the current Anhui Province. (100)

Depth of needle insertion to Stomach Channel points on the chest wall is 0.3 cun. All Stomach Channel points from St 12 to St 18 have the potential to damage

internal organs when needles are inserted deeper than the recommended depth. St 12 Quepen has the highest potential to induce pneumothorax. Do not insert needle to St 12. Use Stomach Channel points on the chest wall with extreme caution. All seven points from St 12 to St 18 have negligible clinical efficacy; avoid using these points, and treat the symptoms by selecting alternative points.

4. Foot Taiyin Spleen Channel 足太陰脾經

The spleen is the second most yin organ next to the kidney. It is the operational base of nutritional functions. Its secretion spreads to all four directions, and its juice fills the stomach and all organs. The juice nurtures the muscles and strengthens all four extremities. Its grace manifests at the white mucosa of the lips, its capacity fills the skin. Its nature is wet central yin earth. Its color is yellow. Its taste is sweet. Its star is Saturn. Its number is five.

Sp 1 Yinbai 隱白
Jing. Wood. At the medial side of the first toe, 0.1 cun from the corner of nail. Insert needle 0.3 cun. Abdominal distention, profuse diarrhea. Fever in the chest. Prolonged menstruation. Epistaxis. Insomnia. Small moxa.

Sp 2 Dadu 大都
Ying. Fire. At the medial side of the first metatarsophalangeal joint, at the inferior and distal border of the joint, at the junction of red and white skin. Insert needle 0.3 cun. Supplements deficient spleen energy. Induces sweating to break fever. Lumbering heavy body, bone pain. Cold hands and feet. Small moxa.

Sp 3 Taibai 太白
Shu. Earth. In the depression proximal to the distal head of the first metatarsal bone, at the junction of red and white skin. Insert needle 0.3 cun. General gastrointestinal dysfunction. Lumbering heavy body, bone pain. Weak painful leg muscles. Small moxa.

Sp 4 Gongsun 公孫
Luo. Confluence Point of Chong Channel. The point resonates with P 6 Neiguan. Confluence Point of St-Sp Channel. In the depression distal from the proximal

head of the first metatarsal bone, at the junction of red and white skin. Insert needle 0.4 cun. Anorexia, lethargy. Excess causes intestinal pain, deficiency causes bowel distention. Depression and anxiety. The point resolves many gastrointestinal and gynecological disorders through Chong Channel. Small moxa.

Sp 5 Shangqiu 商丘
Jing. Metal. Anterior and inferior to the medial malleolus. Insert needle 0.3 cun. Infertility. Unhappiness, sigh, sorrow. Small moxa.

Sp 6 Saninjiao 三陰交
Merging point of Liv, K and Sp Channels. 3 cun directly above the tip of medial malleolus, on the posterior border of the tibia. Insert needle 0.3 cun diagonally away from the bone margin. This point has wide indications for urological, gynecological, and digestive disorders. Weak spleen and stomach energy. Paralysis of four extremities. Impotence, lack of sexual drive, gestational difficulty. Genital pain, genital atrophy, dysuria, dysmenorrhea. Do not use this point in pregnant women. Small moxa. The point connects to the endorphin containing neurons in the arcuate nucleus of the hypothalamus. (20) Combined use of Sp 6 and LI 4 Hegu induces abortion. Zhen Jiu Da Cheng quotes a Northern Sung Dynasty text, which is a discussion between the crown prince and an acupuncturist in reference to how the two points of Sp 6 and LI 4 can be used selectively for supplementation and release in order to induce abortion. (14, 110-2)

Sp 7 Lougu 漏谷
6 cun directly above the tip of the medial malleolus. Insert needle 0.3 cun. Borborygmus. Sorrow. No moxa.

Sp 8 Diji 地機
Xi. 3 cun below the medial condyle of the tibia, on the line connecting Sp 9 to medical malleolus. Insert needle 0.3 cun. Azospermia, dysuria. Small moxa.

Sp 9 Yinlingquan 陰陵泉
He. Water. In the depression at the lower border of the medial condyle of the tibia. Directly above Sp 8, 1 cun anterior from Liv 7 Xiguan, which is 1 cun inferior

from the medial end of popliteal skin crease. Insert needle 0.5 cun. Dysuria, urethral discharge, enuresis, impotence. Severe diarrhea. No moxa.

Sp 10 Xuehai 血海
With the knee flexed, the point is 2 cun above the medial superior border of the patella. Insert needle 0.5 cun. Filtrates impure blood. Effective for allergy, eczema and urticaria. Vaginal bleeding. Small moxa.

Sp 11 Jimen 箕門
6 cun above Sp 10, on the straight line to Sp 12. Textbooks have no instruction for needle insertion. Do not insert needle. Residual urine. Small moxa by a moxa stick.

Sp 12 Chongmen 冲門
3.5 cun lateral from Ren 2 Qugu, at the level of the upper border of symphysis pubis. The point is slightly lateral from the femoral artey, and close to the femoral vein and nerve. Insert needle 0.7 cun. Genital sores, insufficient lactation. Medium moxa.

Sp 13 Fushe 府舍
0.7 cun above Sp 12, 4 cun lateral from Ren Channel. Confluence Point of Yinwei-Liv-Sp Channel. Insert needle 0.7 cun. Pelvic inflammation. Medium moxa.

Sp 14 Fujie 腹結
3 cun straight above Sp 13. Insert needle 0.7 cun. Diarrhea when the abdomen is exposed to cold air. Medium moxa.

Sp 15 Daheng 大橫
1.3 cun above Sp 14, or 5 cun above Sp 12. 4 cun lateral from the center of the umbilicus. Confluence of Yinwei-Sp Channel. Insert needle 0.7 cun. Effective point to open up clogged bowel when used with St 25 Tianshu. Medium moxa.

Sp 16 Fuai 腹哀
3 cun straight above Sp 15. Cofluence of Yinwei-Sp Channel. Insert needle 0.3 cun. Dyspepsia. No moxa.

Sp 17 Shidou 食竇
6 cun lateral from Ren Channel, in the fifth intercostal space. Origin of Sp Channel energy. Insert needle 0.4 cun. Diaphragmatic pain. Medium moxa.

Sp 18 Tianxi 天谿
2 cun lateral from the nipple, 6 cun lateral from Ren Channel, in the fourth intercostal space. Origin of Sp Channel energy. Insert needle 0.4 cun. Swelling of the breast in female. Medium moxa.

Sp 19 Xiongxiang 胸鄉
6 cun lateral from Ren Channel, in the third intercostal space. Origin of Sp Channel energy. Insert needle 0.4 cun. Subaxillary chest pain. Medium moxa.

Sp 20 Zhourong 周榮
6 cun lateral from Ren Channel, in the second intercostal space. Origin of Sp Channel energy. Insert needle 0.4 cun. Subaxillary chest pain. No moxa.

Sp 21 Dabao 大包
Major Luo Point of spleen. 6 cun below the axilla, on the midaxillary line, midway between the axilla and the tip of the eleventh rib. The point connects to all Luo Points of six yin and yang channels. By using this point, splenic secretion fills and irrigates all five organs. Subaxillary chest pain. Excess causes general weakness and body ache, deficiency causes multiple joint pain. Point size is large. Insert needle 0.3 cun to the center of the point. Small moxa.

All Spleen Channel points on the chest wall from Sp 17 to Sp 21 have the potential to damage internal organs when needles are inserted deeper than the recommended depth. Use these points with extreme caution. All five points from Sp 17 to Sp 21 have negligible clinical efficacy, use alternative points to treat the symptoms.

5. Hand Shaoyin Heart Channel 手少陰心經

The heart is the ruling organ. It is the source of life and mind. It is the most yang out of all organs and viscera. It is a yin fire organ. Its grace manifests itself on the face, and its capacity fills the blood vessels. It is the summer energy, south, red, lamb and sorghum. Its star is Mars. Its number is seven.

H 1 Jiquan 極泉
At the center of the axilla, on the medial side of the axillary artery. Insert needle 0.3 cun. Pain at the shoulder and upper arm. Large moxa.

H 2 Qingling 青靈
3 cun above the medial end of the cubital crease, medial to the biceps muscle. The point is on the course of the brachial artey. Do not insert needle. Inability to lift the shoulder. Large moxa by a moxa stick.

H 3 Shaohai 少海
He. Water. At the medial end of the cubital crease. Insert needle 0.3 cun. Vertigo, agitation, forgetfulness. Toothache. Fever. Medial epicondylitis. Subaxillary upper arm pain. Small moxa.

H 4 Lingdao 靈道
Jing. Metal. 1.5 cun above the transverse crease of the wrist, on the radial side of the flexor carpi ulnaris tendon. Insert needle 0.3 cun. Spasm of forearm. Small moxa.

H 5 Tongli 通里
Luo.1 cun above the transverse crease of the wrist, straight below H 4. Insert needle 0.3 cun. Blurred vision, headache. Confusion and aphasia of stroke. Pain at the shoulder and arm. Excess causes fullness in the chest, deficieny causes aphasia. Small moxa. H 5 links to Lu 7 by metal-fire exchange.

H 6 Yinxi 陰郄
Xi. 0.5 cun above the transverse crease of the wrist, straight below H 5. Insert needle 0.3 cun. Fullness in the chest. Large moxa.

H 7 Shenmen 神門
Shu. Earth. The point releases the excess of fire energy, and it is the central point to regulate the heart energy. On the transverse crease of the wrist, in the joint

space between the ulna and the carpal bone, in the depression at the radial side of the tendon of flexor carpi ulnaris. Insert needle 0.3 cun. An alternative point is located posterior to the ulnar side border of the tendon of flexor carpi ulnaris; this point gives better access to the needle. Excessive body heat, heat retained in the palm. Busy unsettled mind, nervousness, fear, anxiety, palpitation. Forgetfulness, depression, lack of spirit. Large moxa.

H 8 Shaofu 少府

Ying. Fire. On the palm, between the fourth and fifth metacarpal bone, when a fist is made, the tip of the fifth finger touches the point. The point is on the same transverse line with P 8 Laogong. Insert needle 0.2 cun. Fullness in the chest. Fever retained in the hand. Spastic contraction of the hand and forearm. Dysuria. Large moxa.

H 9 Shaochong 少冲

Jing. Wood. At the radial side of the fifth finger, 0.1 cun from the corner of nail. Insert needle 0.1 cun. Palpitation, fear and anxiety, hot and cold spells. Painful contraction of the forearm. Supplements deficient heart energy. Very small moxa.

6. Hand Taiyang Small Intestine Channel 手太陽小腸經

The small intestine is called the red viscus. It is a yang fire organ. It receives nutrients. Nutrients come from the stomach in the form of juice. Digested, consumed clear juice enters into the urinary bladder (through the kidney), and the digested left over rubbish enters into the large intestine.

SI 1 Shaoze 少澤

Jing. Metal. On the ulnar side of the fifth finger, 0.1 cun from the corner of nail. Insert needle 0.1 cun. Postpartum lactation failure, febrile disease. Thick saliva, glossitis, gingivitis. Anhidrosis. Very small moxa.

SI 2 Qiangu 前谷

Ying. Water. One finger breadth distal from the fifth metacarpophalangeal joint, at the junction of red and white skin. Insert needle 0.1 cun. Shoulder pain. Postpartum lactation failure. Very small moxa.

SI 3 Houxi 後谿

Shu. Wood. Confluence Point connecting to Du Channel. The point resonates with UB 62 Shenmai to start Yangqiao Channel. On the dorsum of the hand, at the ulnar side. One finger breadth proximal to the fifth metacarpophalangeal joint, at the junction of red and white skin. The dorsal metacarpal artery is in the area. Insert needle 0.1 cun. Weak upper back from stroke. Upper spine kyphosis and weakness. Deafness. Spasm of arm, weak shoulder, stiff neck. Supplements deficient small intestine energy. Very small moxa.

SI 4 Wangu 腕骨

Yuan. The point is a fire in a yang fire channel, it supplements and releases. At the ulnar side of the palm, in the depression between the fifth metacarpal and the triquetral carpal bone. Insert needle 0.2 cun. Pain at the head, neck and shoulder. Stiff fingers. Releases stiff frozen shoulder pain when used with SI 7 and SI 8. Needle insertion to the point is difficult and painful. H 7 Shenmen is an alternative point. Small moxa.

SI 5 Yanggu 陽谷

Jing. Fire. On the ulnar side of the wrist, in the depression between the styloid process of the ulna and the triquetral carpal bone. 0.5 cun above SI 4. Insert needle 0.2 cun. Sprained wrist. Small moxa.

SI 6 Yanglao 陽老

Xi. On the dorsal wrist, at the radial side margin of the styloid process of the ulna, at the ulnar side border of the tendon of extensor digiti minimi. The point is 0.7 cun away from SJ 4 Yangchi to the ulnar side. Insert needle 0.3 cun. Frozen shoulder, arm pain. Blurred vision. Small moxa.

SI 7 Zhizheng 支正

Luo. 5 cun above the wrist, at the ventral side border of the ulna, on the line connecting SI 5 to SI 8. Insert needle 0.3 cun. Arm pain. Fatigue, anxiety. Skin sores and wounds. Herpes zoster skin rash. Excess causes spasm and atrophy of arm, deficieny causes wounds. Small moxa. Needle insertion to the point is technically difficult even if the patient is in the best position.

SI 8 Xiaohai 小海

He. Earth. Between the ulnar olecranon and the medial epicondyle of the humerus. Take the point with the elbow flexed halfway. Insert needle 0.2 cun. Main point to treat pain at the neck, shoulder, and arm. The point releases the excess of small intestine energy. Excess causes pain at the neck and shoulder, and painful distention of the small bowel. Small moxa.

SI 9 Jianzhen 肩貞

1 cun above the posterior end of axillary fold when the arm is adducted. Insert needle 0.8 cun. Inability to raise the arm. No moxa.

SI 10 Naoshu 臑俞

Confluence Point of Yangqiao-Yangwei-SI Channel. Directly above SI 9, in the depression inferior to the scapular spine. Locate the point with the upper arm raised partially. Insert needle 0.8 cun. Inability to lift the shoulder. Small moxa.

SI 11 Tianzong 天宗

On the vertical midline drawn from the scapular spine to the inferior angle of scapula, the point is at the upper and mid one-third junction, in the depression 2 cun below the scapular spine. Insert needle 0.5 cun. The point strengthens flexion of the infraspinatus muscle. Inability to raise the upper arm. Pain at the scapula and posterior shoulder. Small moxa.

SI 12 Bingfeng 秉風

Confluence Point of LI-SJ-GB-SI Channel. Directly above SI 11, in the center of the fossa above the scapular spine. Insert needle 0.5 cun. The point strengthens flexion of the supraspinatus muscle. Inability to raise the upper arm. Medium moxa.

SI 13 Quyuan 曲垣

4 cun lateral from the T2-T3 interspinous space. Insert needle 0.5 cun. Stiffness and pain around scapula. Small moxa.

SI 14 Jianwaishu 肩外俞

3 cun lateral from the T1-T2 interspinous space, or from Du 13 Taodao. Insert needle 0.6 cun. Rigid neck, neck base pain. Scapular pain. Small moxa.

SI 15 Jianzhongshu 肩中俞

2 cun lateral from the C7-T1 interspinous space, or from Du 14 Dazhui. Insert needle 0.3 cun. Rigid neck, neck base pain. Shoulder pain. Difficulty to breathe in. Large moxa.

SI 16 Tianchuang 天窓

At the lateral side of the the neck. On the posterior border of the sternocleidomastoid muscle. St 9 Renying, LI 18 Futu, and SI 16 are on a slightly upsloping line at the side of the neck. St 9 levels with the tip of the thyroid cartilage, LI 18 is posterosuperior from St 9, and SI 16 is posterosuperior from LI 18. Insert needle 0.3 cun. Painful stiff neck, difficulty to turn the head. Small moxa.

SI 17 Tianrong 天容

Posterior to the mandibular angle, and at the anterior border of the sternocleidomastoid muscle. The point is on the course of the external carotid artery. One Sung Era text has no instruction on needle insertion. Another Sung Era text instructs to insert needle 0.1 cun. In this case, the needle should be directed to the mandibular side away from the artery. Painful stiff neck. Small moxa, moxa may heat the external carotid artery. High risk point. Do not insert needle, do not apply moxa to this point. Use other points to treat neck pain.

SI 18 Quanliao 顴髎

Confluence Point of SJ-SI Channel. In the subzygomatic depression directly below the outer canthus of the eye. Insert needle 0.2 cun. Facial palsy. No moxa.

SI 19 Tinggong 聽宮

Confluence Point of SJ-GB-SI Channel. Between the temporomandibular joint and the tragus of the ear. The point widens when the mouth opens. The point is directly below SJ 21 Ermen. When EA is used, this point will work similarly as SJ 21; needle insertion to SJ 21 is easier than to SI 19. Insert needle 0.3 cun. Main point to treat deafness, tinnitus and vertigo. Small moxa. EA is preferred over moxa.

7. Foot Taiyang Urinary Bladder Channel 足太陽膀胱經

The Urinary Bladder Channel connects to all organs and viscera. Its role is like the central government's bureau that connects to all regional municipalities. The

urinary bladder is a yang water organ, and it is called the black viscus. It is a sewer system that contains and drains polluted waste fluid. It belongs to the lower jiao. UB Back Shu Points invariably supplement; they are not release points by their nature. "Shu" in UB 13 Feishu means "accorded to", it means Feishu is accorded to the lung; likewise UB 15 Xinshu is accorded to the heart.

UB 1 Jingming 睛 明

Confluence Point of St-SI-UB-Yangqiao-Yinqiao Channel. A release point per Tung Yuan. 0.1 cun above the inner canthus of the eye. Insert needle 0.15 cun to induce small bleeding. Headache. Blurred vision, conjunctivitis. No moxa.

UB 2 Zanzhu 攢 竹

At the medial end of the eyebrow. A release point per Tung Yuan. Insert needle 0.2 cun. Headache. Blurred vision, irritated red eye. Vertigo. No moxa.

UB 3 Meichong 眉 衝

Directly above UB 2, 0.5 cun inside the hairline, at the same level with Du 24 Shenting. Insert needle 0.3 cun. Nasal obstruction. Headache. No moxa.

UB 4 Quchai 曲 差

0.5 cun inside the hairline. 1.5 cun lateral from Du 24 Shenting. Insert needle 0.2 cun. Headache, blurred vision. Nasal obstruction. Parietal headache. Small moxa.

UB 5 Wuchu 五 處

1 cun inside the hairline, 0.5 cun directly posterior from UB 4. 1.5 cun lateral from Du 23 Shangxing. Insert needle 0.3 cun. Vertigo, blurred vision. Stiff back. Small moxa.

UB 6 Chengguang 承 光

1.5 cun directly posterior from UB 5. Insert needle 0.3 cun. Anosmia, rhinorrhea. Deviation of the mouth, headache, vertigo. No moxa.

UB 7 Tongtian 通 天

1.5 cun posterior from UB 6, 1.5 cun lateral from Du 20 Baihui. Insert needle 0.3 cun. Difficulty turning the head and neck. Deviation of the mouth. Rhinitis, rhinorrhea. Small moxa.

UB 8 Luoque 絡 郤

1.5 cun posterior from UB 7, 1.5 cun lateral from Du Channel. Do not insert needle. Tinnitus. Small moxa by a moxa stick.

UB 9 Yuzhen 玉 枕

1.5 cun posterior from UB 8. 1.3 cun lateral from Du 17 Naohu, or from the upper border of external occipital protuberance. Do not insert needle. Pain in the eyeball. Severe headache. Small moxa by a moxa stick.

UB 10 Tianzhu 天 柱

1.3 cun lateral from Du Channel, just inside the hairline, at the lateral border of occipital extension of trapezius muscle. Insert needle 0.2 cun. Anosmia. Unstable station of standing and gait. Vertigo. Headache, stiff neck and head. Upper back pain, shoulder pain. No moxa.

UB 11 Dashu 大 杼

1.5 cun lateral from the interspinous space of T1-T2, or from Du 13 Taodao. Confluence Point of Du-SI-UB-GB Channel. Influential Point for bone. Insert needle 0.5 cun. Rigid spine and back pain. Bone disease, arthritic pain. UB 10 and UB 11 are madatory points to treat severe headache of any type. *Tung Yuan* said, "When the damaging energy from five organs reaches the head, use this point with UB 10 without supplement or release." Large moxa.

UB 12 Fengmen 風 門

1.5 cun lateral from the interspinous space of T2-T3, or from Du Channel. Cofluence Point of Du-UB Channel. Insert needle 0.3 cun. Fengmen means wind-gate. Labored breathing. Upper airway congestion, asthma. Rhinorrhea, allergic rhinitis, obstruction of nasal air passage. Thoracic mid back pain. Medium moxa.

UB 13 Feishu 肺 俞

1.5 cun lateral from the interspinous space of T3-T4, or from Du 12 Shenzhu. Back Shu Point of Lung. Insert needle 0.3 cun. Asthma, fever and malaise. Thoracic mid back pain. Pruritus. Poisoning. Use this point with UB 18 Ganshu to treat severe headache. Very large moxa.

UB 14 Jueyinshu 厥陰俞

1.5 cun lateral from the interspinous space of T4-T5. Back Shu Point of Jueyin Pericardium. Insert needle 0.3 cun. Vomiting. Uremic pericarditis. Pain and fullness in the chest. Anxiety and fear. Very large moxa.

UB 15 Xinshu 心俞

1.5 cun lateral from the interspinous space of T5-T6, or from Du 11 Shendao. Back Shu Point of Heart. Insert needle 0.3 cun. Anxiety. Stroke hemiparesis. Anhidrosis. No moxa. Very large moxa for stroke to release the heart fire energy.

UB 16 Dushu 督俞

1.5 cun lateral from the interspinous space of T6-T7, or from Du 10 Lingtai. Textbooks have no instruction for needle insertion. Chest and abdominal pain. Small moxa by a moxa stick.

UB 17 Geshu 膈俞

1.5 cun lateral from the interspinous space of T7-T8, or from Du 9 Zhiyang. Back Shu Point of Diaphragm. Infuential Point for blood. Builds blood in severely debilitated patients, and restores blood flow to the organs. Insert needle 0.3 cun. Gastroesophageal reflux, dysphagia. Hiccup. Extreme debilitation and emaciation. Small moxa.

UB 18 Ganshu 肝俞

1.5 cun lateral from interspinous space of T9-T10, or from Du 8 Jinsuo. Back Shu Point of Liver. Insert needle 0.3 cun. Good point to improve visual impairment in general. Headache. Weakness of muscles. Jaundice. Small moxa.

UB 19 Danshu 膽俞

1.5 cun lateral from the interspinous space of T10-T11, or from Du 7 Zhongshu. Back Shu Point of Gall Bladder. Insert needle 0.5 cun. Use four combined points of UB 17 and UB 19 to treat extreme debilitation and emaciation; UB 43 can be added to enhance the effect. Small moxa. Four points of UB 17 and UB 19 are called *four flowers of Cui Zhi Ti*.

UB 20 Pishu 脾俞

1.5 cun lateral from the interspinous space of T11-T12, or from Du 6 Jizhong. Back Shu Point of Spleen. Insert needle 0.3 cun. Anorexia. Distention of abdomen and chest. Emaciation despite large consumption of food. Constipation, diarrhea. Small moxa.

UB 21 Weishu 胃俞

1.5 cun lateral from the interspinous space of T12-L1. Back Shu Point of Stomach. Insert needle 0.3 cun. Primary point to treat blockage of food transit. Emaciation despite large consumption of food. Failure to thrive and gain weight for children. Distention and flatulence of the abdomen. Gastric immobility and reflux. Small moxa. Larger moxa for older patients.

UB 22 Sanjiaoshu 三焦俞

1.5 cun lateral from the interspinous space of L1-L2, or from Du 5 Xuanshu. Back Shu Point of Sanjiao. Insert needle 0.5 cun. Primary point to facilitate the transit of food as to what part of viscera the food moves into, stays, and aggregates. Impaired food transit, failure to mix the grain and fluid. Abdominal distention and borborygmus. Small moxa.

UB 23 Shenshu 腎俞

1.5 cun lateral from the interspinous space of L2-L3, or from Du 4 Mingmen. Back Shu Point of Kidney. Insert needle 0.3 cun. The point treats extreme exhaustion and emaciation. It strengtens bone, regulates water and body fluid, regulates sexual and reproductive functions. The point treats “five exhausted debilitations and seven damages”. Deafness, tinnitus. Turbid urine, impotence, seminal emission. Thirst, fever and chills. Lack of energy. Edema of extremities. Low back pain, lumbar disc disease, osteoarthritic pain. Small moxa. Larger moxa for older and sicker patients.

UB 24 Qihaishu 氣海俞

1.5 cun lateral from the interspinous space L3-L4. Insert needle 0.3 cun. Low back pain. Hemorrhoid. Medium moxa.

UB 25 Dachangshu 大腸俞

1.5 cun lateral from the interspinous space L4-L5, or from Du 3 Yaoyangguan. Back Shu Point of Large Intestine. Insert needle 0.3 cun. Low back pain, stiff back. Indigestion, abdominal distention, flatulence, constipation. Small moxa.

UB 26 Guanyuanshu 関元俞

1.5 cun lateral from the median line, at the level of the lower border of spinous process of L5 vertebra. Insert needle 0.3 cun. Low back pain. Diarrhea. Dysuria. Small moxa.

UB 27 Xiaochangshu 小腸俞

1.5 cun lateral from the median line, at the level of lower margin of the first sacral vertebra, in the visible depression between the sacrum and the ileum. Back Shu Point of Small Intestine. Insert needle 0.3 cun. Main point to control the urinary bladder. Treats the shortage of water supply to sanjiao. Low back pain. Sprain of sacroiliac joint. Enteritis, colitis, cystitis, urethritis, vaginitis. Small moxa.

UB 28 Pangguangshu 膀胱俞

1.5 cun lateral from the median line, at the level of lower margin of the second sacral vertebra. Back Shu Point of Urinary Bladder. Origin of UB Channel energy. Insert needle 0.3 cun. Hematuria, urinary incontenence, urethritis, genital sores. Sacroiliac joint pain, painful stiff low back. Small moxa.

UB 29 Zhonglushu 中膂俞

1.5 cun lateral from the median line, at the level of lower margin of the third sacral vertebra. Insert needle 0.3 cun. Inability to sit upright. Colitis, Weak kidney energy, thirst. Small moxa.

UB 30 Baihuanshu 白環俞

1.5 cun lateral from the median line, at the level of lower margin of the fourth sacral vertebra. Insert needle 0.5 cun. Urination and defecation difficulties. Nocturnal seminal emission. No moxa.

UB 31 Shangliao 上髎

Confluence Point of UB-GB Channel. In the first sacral foramen, 0.7 cun lateral from the median line. Insert needle 0.3 cun. Dysuria, vaginal discharge. For a patient who is unable to sit squatting, use this point with GB 30, GB 34, St 37, and St 39. Large moxa.

UB 32 Ciliao 次髎

In the second sacral foramen, 0.7 cun lateral from the median line. Insert needle 0.3 cun. Dysuria, vaginal discharge. Large moxa.

UB 33 Zhongliao 中髎

Confluence Point of Liv-GB Channel. In the third sacral foramen, 0.6 cun lateral from the median line. Insert needle 0.2 cun. Urination and defecation difficulties, abdominal distention. Urethral, vaginal discharge. Pelvic inflammation. The point treats "five exhausted debilitations and seven damages" caused by the diseases at the pelvic floor. Small moxa.

UB 34 Xialiao 下髎

In the fourth sacral foramen, 0.6 cun lateral from the median line. Insert needle 0.2 cun. Rectal bleeding, urogenital sores. Small moxa.

UB 35 Huiyang 會陽

At either side of the tip of the coccyx. 0.5 cun from the median line. Insert needle 0.8 cun. Hemorrhoid. Medium moxa.

UB 36 Chengfu 承扶

At the lateral side of transverse gluteal skin fold, straight above UB 40. Take the point in prone position with the upper body bent forward. Insert needle 0.7 cun. Hemorrhoid. Swelling in the coccygeal area. No moxa.

UB 37 Yinmen 殷門

6 cun below UB 36, on a straight line from UB 36 to UB 40. Insert needle 0.7 cun. Difficulty of hip extension. No moxa.

UB 38 Fuxi 浮 郄

1 cun above UB 39, at the medial border of the biceps femoris tendon. Take the point with the knee extended. Insert needle 0.5 cun. Sprained tendons above the knee. Small moxa.

UB 39 Weiyang 委 陽

At the lateral end of transverse crease of popliteal fossa, at the medial border of biceps femoris tendon. Inferior He Point of Sanjiao. Midpoint of the entire UB Channel. Insert needle 0.7 cun. Hematuria, thick concentrated urine. Edema of the extremities, water retention. Removes moist heat of stroke. Distention and fullness in the thorax. Flank edema. Small moxa.

UB 40 Weizhong 委 中

He. Earth. At the midpoint of transverse crease of popliteal fossa. The point is near the popliteal artery. Insert needle 0.5 cun. The point discharges the toxic energy of low back pain and lumbar disc disease. Release point of dysfunctional toxic energy of the urinary bladder. Overall sensorimotor impairment of the lower extremity. Hemiparesis, removes the moist heat of stroke. Xi Point for blood. Bleed from this point for patients with massive stroke. High fever without perspiration. The point has an antiinflammatory effect like GB 30 Huantiao. No moxa.

UB 41 Fufen 附 分

Confluence Point of SI-UB Channel. 3 cun lateral from the interspinous space T2-T3. Take the point in upright sitting position. Insert needle 0.3 cun. Pain at the shoulder and thoracic mid back area. Inability to rotate the neck. Medium moxa.

UB 42 Pohu 魄 戶

3 cun lateral from the interspinous space T3-T4, or from Du 12 Shenzhu. Take the point in upright sitting position. Insert needle 0.5 cun. Keep needle in this point for 5-7 minutes. Old textbooks recommend to keep the needle in this point briefly. If the needle stays in too long, it can be drawn in deeper by the movements of respiratory muscles. Pain at upper back and shoulder. Inability to rotate the neck. Atrophy of the lung. Very large moxa with repeats.

UB 43 Gaohuangshu 膏 肓 俞

3 cun lateral from the interspinous space T4-T5. The point is close to the medial border of the scapula. Take the point in upright sitting position with the back curved out naturally, with the shoulders relaxed and the hands resting on the knees, or forearms resting on a table to support the back. Textbooks have no instruction for needle insertion. For the point name of gaohuang, "gao" means under the heart, and "huang" means the diaphragm. The diaphragm is a divide between the upper and lower jiao. It is an effective point to treat extreme debilitation and emaciation, loss of spirit, and loss of mind and memory. Nocturnal seminal emission. For extremely debilitated patients, use this point first with UB 17 Geshu and UB 19 Danshu. When the point is used together with St 36 Zusanli and Ren 6 Qihai, it works more effectively. Moxa to St 36 will release fire energy from the upper jiao. Use very large moxa with multiple repeats by a moxa stick. The point moves with respiration, therefore, for repeated intense moxibustion, it will be safe not to have a needle inserted to the point.

UB 44 Shentang 神 堂

3 cun lateral from the interspinous space T5-T6, or from Du 11 Shendao. Take the point in upright sitting position. Insert needle 0.3 cun. Shiver in a wet snowy weather. Medium moxa.

UB 45 Yixi 譩 譆

3 cun lateral from the interspinous space T6-T7, or from Du 10 Lingtai. Take the point in upright sitting position. Insert needle 0.6 cun. Despair and sigh. Very large moxa.

UB 46 Geguan 隔 関

3 cun lateral from the interspinous space T7-T8, or from Du 9 Zhiyang. The point is at the level of the inferior angle of the scapula. Take the point in upright sitting position with the shoulder relaxed. Insert needle 0.5 cun. Mid back pain. Dysphagia. Small moxa.

UB 47 Hunmen 魂 門

3 cun lateral from the interspinous space T9-T10, or from Du 8 Jinsuo. Take the point in upright sitting position. Insert needle 0.5 cun. Chest and mid back pain. Red yellow urine. Alopecia. Small moxa.

UB 48 Yanggang 陽 綱

3 cun lateral from the interspinous space T10-T11, or from Du 7 Zhongshu. Take the point in upright sitting position. Insert needle 0.5 cun. Diarrhea, borborygmus, abdominal distention. Back pain caused from distended abdomen. Small moxa.

UB 49 Yishe 意 舍

3 cun lateral from the interspinous space T11-T12, or from Du 6 Jizhong. Take the point in upright sitting position. Insert needle 0.5 cun. Impaired transit of food, abdominal distention. Very large moxa.

UB 50 Weicang 胃 倉

3 cun lateral from the interspinous space T12-L1. Take the point in upright sitting position. Insert needle 0.5 cun. Mid back pain. Abdominal distention, dysphagia. Very large moxa.

UB 51 Huangmen 肓 門

3 cun lateral from the interspinous space L1-L2, or from Du 5 Xuanshu. The point faces directly to Ren 15 Jiuwei. Take the point in upright sitting position. Insert needle 0.5 cun. Globus hystericus. Mastitis. Hard stool. Very large moxa.

UB 52 Zhisi 志 室

3 cun lateral from the interspinous space L2-L3, or from Du 4 Mingmen. Take the point in upright sitting position. Insert needle 0.5 cun. Pain and swelling in the genitalia. Nocturnal seminal emission, priapism, dysuria. Adrenal insufficiency. Small moxa.

UB 53 Baohuang 胞 肓

3 cun lateral from the median line at the level of UB 28 Pangguangshu, or at the level of lower margin of the second sacral vertebra. Take the point in prone position. Insert needle 0.5 cun. Sacral radiculopathy, low back pain. Urination and defecation difficulties. Very large moxa.

UB 54 Zhibian 秩 邊

3 cun lateral from the median line, at the level of UB 29 Zhonglushu, or at the level of lower margin of the third sacral vertebra. Insert needle 0.3 cun. Low back pain, lumbar disc disease, sciatica. Hemorrhoid. Small moxa.

UB 55 Heyang 合 陽

2 cun directly below UB 40. Discharge point of thoracic mid back pain. Calf muscle pain. Insert needle 0.6 cun. Medium moxa.

UB 56 Chengjin 承 筋

Midway from UB 55 to UB 57. The point is on the posterior tibial artery. Do not insert needle. Pain and stiffness at the calf and heel. Small moxa by a moxa stick.

UB 57 Chengshan 承 山

The point is at the bifurcation of two gastrocnemius muscles, 8 cun below UB 40. Insert needle 0.7 cun. Inability to stand firm, paresis and weakness of the leg. Leg edema. Constiaption, rectal sore. Medium moxa. Classic texts instruct to keep the needle briefly, and when the supplementation is done, remove the needle quickly. In our current practice, when the disc disease or spinal stenosis at L5-S1 results in denervation from posterior tibial nerve, it is followed by paralysis and atrophy of gastrocnemius muscle. To treat this problem, EA needs to be delivered at least for 30 minutes. For further deliberation on this subject, read the section of Case Studies, number 8.

UB 58 Feiyang 飛 揚

Luo. 7 cun directly above UB 60 or the tip of lateral malleolus. The point is on the posterior border of fibula. Confluence Point of GB-UB Channel. Insert needle 0.3 cun. Discharge point for low back pain and sciatica. Extention-flexion difficulty of leg and toes. Excess causes nasal obstruction, headache and back pain. Deficiency causes nasal bleeding. Small moxa.

UB 59 Fuyang 跗 陽

3 cun directly above UB 60. Insert needle 0.5 cun. Pain at the leg and calf. Small moxa.

UB 60 Kunlun 崑 崙

Jing. Fire. In the depression between the lateral malleolus and the Achilles tendon. Insert needle 0.3 cun. Needle insertion to this point to a pregnant woman can cause abortion. Primary point to control the energy from the the lumbosacral spine and leg. Headache, nasal obstruction and bleeding. Retained placenta. Blurry vision. Small moxa.

UB 61 Pushen 僕參

Directly below UB 60 at the junction of red and white skin. Insert needle 0.3 cun. Pain at the heel. Large moxa.

UB 62 Shenmai 申脈

Confluence Point of Yangqiao Channel. The point resonates with SI 3 Houxi. In the depression 0.5 cun below the tip of the lateral malleolus. Insert needle 0.3 cun. Facial palsy. Unstabe station of standing. Paresis and spasm of four extremities. Small moxa.

UB 63 Jinmen 金門

Xi Point of Yangwei Channel. The point resonates with SJ 5 Waiguan. 2 cun distal from UB 61, in the depression below the cuboid tarsal bone, at the junction of red and white skin. Insert needle 0.1 cun. Temporal parietal headache. Leg weakness and pain. Muscle spasm and weakness, peripheral polyneuropathy, Parkinson's Disease, facial palsy. Small moxa.

UB 64 Jinggu 京骨

Yuan. The point is a water in a yang water channel, it supplements and releases. 1 cun distal from UB 63, inferior to the proximal head of the fifth metatarsal bone, at the junction of red and white skin. Insert needle 0.3 cun. Exit point for nasal obstruction, head and neck pain, low back pain, sciatica, and leg pain. Large moxa.

UB 65 Shugu 束骨

Shu. Wood. A release point of excess UB energy. Proximal to the distal head of the fifth metatarsal bone, at the junction of red and white skin. Insert needle 0.3 cun. Severe headache, severe low back pain and lumbar radiculopathy. Conjunctivitis. Small moxa.

UB 66 Tonggu 通谷

Ying. Water. Distal and inferior to the fifth metatarsophalangeal joint. Insert needle 0.2 cun. Blurred vision, headache, nasal obstruction. Tung Yuan said "When stomach energy stagnates down below, disruptive energy from five organs stays in the head; for this, use UB 10, UB 11 first, if necessary take UB 65 and UB 66." Small moxa. (14)

UB 67 Zhiyin 至陰

Jing. Metal. On the lateral side of the fifth toe, 0.1 cun from the corner of nail. Insert needle 0.2 cun. Supplements UB Channel energy. Breech presentation of fetus. Pain and sore in the eye. Small moxa. In a clinical trial, breech presentation at 35th week of gestation was treated by moxa applied to UB 67. In treated group 75.4% became cephalic vs. 47.7% in control group. (108)

Weiguanxiashu 胃管下俞 extra point, two points located 1.5 cun bilateral from the interspinous space T8-T9. Insert needle 0.3 cun. Gastroesophageal reflux disease, dysphagia, stomachache. Very large moxa.

All UB points on the forehead and scalp are the origins of UB Channel energy. The author recommends the use of electrical point finder to locate all UB points at the lumbosacral, sacral and gluteal regions. The combined area of lumbosacral, sacroiliac, gluteus and hip is large with few visible anatomical landmarks available to locate the acupuncture points. There are significant anatomical variations between individuals as to their body structure, size and sex. For emaciated patients, the depth of needle insertion to UB points on the back should be less than the depth recommended for the average patients. The paraspinal muscles and the latissimus dorsi muscle layers would be thinner in emaciated patients. Needles inserted deeper than recommended to UB points on the back can damage internal organs.

Do not insert needles to UB Channel points on the scalp in pediatric and adolescent patients. Unobliterated skull sutures exist under the scalp.

Helpful Tips to Locate UB Channel Points

Upright sitting position is required to locate and insert needles to all UB points on the neck and back. UB points at the neck and back are listed by vertebral orientation. To find UB points, use the the following tips on the anatomical landmarks:

1. The most protruding spinous process at the neck comes from the C7 vertebra. C7-T1 imterspinous space is at the same level with the highest point of the posterior acromion.
2. Inferior angle of the scapula, when the shoulder is relaxed, lies usually at the level of T7-T8 interspinous space.

3. L4-L5 intespinous space has the most pronounced lordotic curve, L4-L5 interspinous space lies usually two to three finger breadths below the iliac crest, but there are significant individual variations.
4. UB 27 Xiaochangshu is located at the level of S1-S2 intervertebral space, in the visible depression at the sacroiliac joint.
5. Four points, from UB 31 to UB 34, are located in four sacral foramina. Each sacral foramen is located at the lower margin of sacral vertebra; the overlying skin on each of four sacral foramina caves in when pressed with a finger tip. The sacral hiatus is at the end of the fourth sacral vertebra.
6. To locate UB points correctly, practitioners are required to count the vertebrae from L5 and up, and for confirmation, count again from C7 and down. Miscounting the vertebrae consequently misleads the practitioner to an erroneous acupuncture point. The difference between UB 22 Sanjiaoshu and UB 23 Shenshu is anatomically only one level of vertebra, but its application in clinical practice is vastly different. The interspinous space is the space between two spinous processes of adjoining vertebrae at the median line. The space between two spinous processes is narrow, since locating and counting of vertebrae are done in two directions, listing UB points marked by interspinous space is practical.

Four flowers of Cui Zhi Ti: Cui Zhi Ti is the name of an acupuncturist. The clinical use of four points of UB 17 and UB 19 (four flowers) has been written in Zhen Jiu Da Cheng as a quotation from Zhen Jiu Zi Sheng Jing. (14, 110-2) The quoted text is not seen in current copies of Zhen Jiu Zi Sheng Jing, the book was written by Wang Zhi Zhong, and pulished in 1220, in Sothern Sung Dynasty.

8. Foot Shaoyin Kidney Channel 足少陰腎經

The kidney is an organ that is sealed and kept in a secret hideaway. It is most yin out of all yin organs, as opposed to the heart being the most yang out of all yang organs. Kidney Channel acquires its energy from the yin water 11 in the 7-11-3 water cycle, out of 12 earth elements. Kidney Channel supplies water to the heart. This creates the opposition of water-11 vs. fire-5 (kidney vs. heart). In turn, this produces the ruling fire, which gives its title to the pericardium located in the upper jiao. Kidney energy manifests itself on the hair, and it fills up the bone.

Kidney Channel runs closely to the median line on the abdomen to supply water to the pericardium and sanjiao. (14, 86) Kidney energy controls hearing, sexual functions, conception and child bearing. It is north, black, winter, and its taste is salty. Its star is Mercury.

K 1 Yongquan 湧泉

Jing. Wood. At the sole of the foot, in the depression proximal to the metatarsophalangeal joint. On the midline drawn from the heel to the space between the second and the third toe, the point is at the junction of mid and distal one-third of sole. Insert needle 0.5 cun. Infertility. Dysuria, incontinence of urine, delayed urine stream. Plantar fasciitis, pain at the medial side of thigh. Obsession and worry. The point releases the excess of water energy. The point discharges the toxic energies of stroke, radiculopathy and peripheral polyneuropathy retained in the leg and foot, but less effective than UB 40 Weizhong. Do not bleed from this point. Small moxa.

K 2 Rangu 然谷

Ying. Fire. At the medial side of the sole, at the highest point of the plantar arch below the tuberosity of navicular tarsal bone, about 1.5 cun anterior from the tip of the medial malleolus. Insert needle 0.3 cun. Infertility, pelvic pain and distention. Anorexia, the point will make a lethargic patient rise up from the bed to eat. Lack of salivation. Foot edema, plantar fasciitis. Avoid bleeding. Small moxa.

K 3 Taixi 太谿

Shu. Earth. In the depression between the medial malleolus and the Achilles tendon. The point is close to the posterior tibial artery. Insert needle 0.3 cun. Priapism, hydrocele, nocturnal emission. Hearing loss, tinnitus and vertigo. Leg pain, exit point of low back pain. Per Tung Yuan of Southern Sung Dynasty, the point removes damp heat that cannot be handled by Stomach Channel. Small moxa.

K 4 Dazhong 大鍾

Luo. In the depression at the superior border of the calcaneus, anterior to the Achilles tendon's insertion to the calcaneus. Insert needle 0.2 cun. Excess loosens back muscles, causes kyphotic curvature on the spine, and deficiency causes spastic low back pain. Small moxa.

K 5 Shuiquan 水泉

Xi Point of K Channel. 1 cun straight below K 3. The point is close to the posterior tibial artery. Insert needle 0.4 cun. Amenorrhea, urethritis. Blurred distant vision. Medium moxa.

K 6 Zhaohai 照海

Origin of Yinqiao Channel. In the depression 0.4 cun below the tip of the medial malleolus. Insert needle 0.3 cun. Depression, despair. Pelvic pain, uterine prolapse. Hemiparesis, lethargy of four extremities. Large moxa.

K 7 Fuliu 復溜

Jing. Metal. 2 cun straight above K 3. Insert needle 0.3 cun. Supplements kidney energy. Distended colon, hemorrhoid. Urethritis. Blurred vision. Low back pain. Edema of extremities. Medium moxa.

K 8 Jiaoxin 交信

Xi Point of Yinqiao Channel. The point resonates with Lu 7 Lieque. 0.5 cun anterior from K 7, at the posterior border of the tibia. Insert needle 0.4 cun. Colitis. Dysuria. Vaginal bleeding, amenorrhea. Small moxa.

K 9 Zhubin 築賓

Xi Point of Yinwei Channel. The point resonates with P 6 Neiguan. 5 cun straight above K 3 on the line connecting K 3 to K 10, at the lower margin of the gastrocnemius muscle. Insert needle 0.3 cun. Mental agitation, helpless despair, worry. Irritable Bowel Syndrome, diarrhea, borborygmus, rectal prolapse. Calf muscle pain. Medium moxa.

K 10 Yingu 陰谷

He. Water. Kidney Channel is a water channel, and its He Point is water. At the medial end of the transverse crease of popliteal fossa, at the narrow space anterior to the common tendon for semimembranosus and semitendinosus muscles, and posterior to the tendon of gracilis muscle. Take the point with the knee flexed slightly. Insert needle 0.4 cun. Painful stiff knee, muscle pain at the medial side of thigh. Deviated tongue, excessive flow of saliva. Disturbed mind. Dysuria, genital atrophy. Pelvic distention for female and male. Small moxa.

K 11 Henggu 橫骨

At the upper border of the symphysis pubis, 0.5 cun lateral from Ren 2 Qugu. Do not insert needle. Dysuria, pain in the genitalia. Small moxa by a moxa stick.

K 12 Dahe 大赫

1 cun above K 11, 0.5 cun lateral from Ren 3 Zhongji. Insert needle 0.3 cun. Atrophy and pain of male genitalia. Medium moxa.

K 13 Qixue 氣穴

1 cun above K 12, 0.5 cun lateral from Ren 4 Guanyuan, which is 3 cun below the umbilicus. Insert needle 0.3 cun. Irregular menstruation. Medium moxa.

K 14 Siman 四滿

1 cun above K 13, 0.5 cun lateral from Ren 5 Shimen. Insert needle 0.3 cun. Dysmenorrhea. Small moxa.

K 15 Zhongzhu 中注

1 cun below the umbilicus, 0.5 cun lateral from Ren 7 Yinjiao. Insert needle 0.1 cun. Dry hard stool. Zhongzhu means *pouring water to the middle*, the point supplies water to the dry lower jiao. The lack of water in the lower jiao makes the large intestine to reabsorb extra amount of water from the stool. Dry stool, concentrated urine, pelvic pain. Medium moxa.

K 16 Huangshu 肓俞

1 cun above K15, 5 cun above the upper border of symphysis pubis, 0.5 cun lateral from the center of the umbilicus. Insert needle 0.1 cun. Huangshu means *a division point between the middle and lower jiao*. The point supplies water to the dry middle and lower jiao. Dry stool, pelvic pain. Medium moxa.

K 17 Shangqu 商曲

2 cun above the umbilicus, 0.5 cun lateral from Ren 10 Xiawan. Insert needle 0.1 cun. Lower abdominal pain. Medium moxa.

K 18 Shiguan 石 関

3 cun above the umbilicus, 0.5 cun lateral from Ren 11 Jianli. Insert needle 0.1 cun. Infertility. Hypersalivation, constipation. Shiguan means *a stone block* that checks the water-flow. The point supplies water to the dry upper jiao. Small moxa.

K 19 Yindu 陰 都

4 cun above the umbilicus, 0.5 cun lateral from Ren 12 Zhongwan. Insert needle 0.2 cun. Abdominal distention. Small moxa.

K 20 Tonggu 通 谷

5 cun above the umbilicus, 0.5 cun lateral from Ren 13 Shangwan. Insert needle 0.5 cun. Mental disorientation, euphoria. Medium moxa.

K 21 Youmen 幽 門

6 cun above the umbilicus, 0.5 cun lateral from Ren 14 Juque. Insert needle 0.5 cun. Hypersalivation, fullness in the chest, pelvic distention. Medium moxa.

K 22 Bulang 步 廊

2 cun lateral from Ren 16 Zhongting, in the fifth intercostal space. Take the point with the face raised up. Insert needle 0.3 cun. Nasal obstruction, Weakness and pain in the chest muscles, respiratory difficulty. Medium moxa.

K 23 Shenfeng 神 封

2 cun lateral from Ren 17 Shanzhong, in the fourth intercostal space. Take the point with the face raised up. Insert needle 0.3 cun. Congestion in the chest, asthma. Mastitis. Medium moxa.

K 24 Lingxu 靈 墟

2 cun lateral from Ren 18 Yutang, in the third intercostal space. Take the point with the face raised up. Insert needle 0.3 cun. Weakness and pain in the chest muscles, respiratory difficulty. Medium moxa.

K 25 Shencang 神 藏

2 cun lateral from Ren 19 Zigong, in the second intercostal space. Take the point with the face raised up. Insert needle 0.3 cun. Asthma, congestion in the chest. Medium moxa.

K 26 Yuzhong 彧 中

2 cun lateral from Ren 20 Huagai, in the first intercostal space. Take the point with the face raised up. Insert needle 0.4 cun. Asthma, congestion in the chest. Medium moxa.

K 27 Shufu 俞 府

2 cun lateral from Ren Channel, in the depression at the lower border of clavicle. Take the point with the face raised up. Insert needle needle 0.3 cun. Asthma, wheezing. Medium moxa.

Eleven Kidney Channel points on the abdomen, from K 11 to K 21, are Confluence Points of Chong Channel. A needle inserted to Sp 4 Gongsun connects to all eleven points; all these eleven points supply water to the dry sanjiao, and relieve constipation caused by dry hard stool. This existing connections between Sp 4 and the eleven kidney points make it unnecessary to insert needles to the individual points to treat pelvic pain, urogenital diseases and constipation.

All three foot yin channels (K, Sp, Liv) have ascending points on the thorax. Six kidney points on the thorax, from K 22 to K 27, are not useful Front Mu Point or Confluence Point. The points are lined up simply to show the flow of energy.

When needles are inserted to these points on the thorax, the arms must be kept at the side of body. Lifting arms up will pull the chest wall upward, and move the needles that are already in the points. For the six kidney points on the thorax, the depth of needle insertion is 0.3 cun. Needles inserted deeper than the recommended depth can damage the internal organs. All six points are 1 cun away from the lateral border of the sternum; heart, lungs and large blood vessels are located inside the chest cavity. Most points treat respiratory symptoms. The risk of using these six points outweighs the benefit. Avoid needle insertion to these points, and find other ways to treat the diseases.

9. Hand Jueyin Pericardium Channel 手 厥 陰 心 包 經

The pericardium belongs to jueyin, and it is a fire organ. It rules by the title of ruling fire, but it is located in the sanjiao, which operates by the title of mutual fire. Therefore pericardium carries the dual identity consists of title and location, but its true self is sanjiao. Pericardium acquires its energy of ruling fire from the opposition

of water-11 vs. fire-5 (kidney vs. heart) out of 12 earth elements. Pericardium is a fu viscus made of membrane that is situated between two zang organs of heart and lung. Pericardium located in the upper jiao uses water in the form of mist to cool the heat of heart fire. Lung disperses water and heat in the form of mist. (14, 86)

P 1 Tianchi 天 池

Confluence Point of GB-Liv-SJ-P Channel. 1 cun lateral to the nipple in the fourth intercostal space, 3 cun below the anterior axillary fold. Insert needle 0.2 cun. Headache. Fullness in the chest. Small moxa.

P 2 Tianquan 天 泉

2 cun below the anterior axillary fold, between the two heads of biceps muscle at the anteromedial aspect of the upper arm. Take the point with the arm abducted. Insert needle 0.6 cun. Pain at the medial side of the shoulder and biceps muscle. Small moxa.

P 3 Quze 曲 澤

He. Water. On the transverse cubital crease, at the ulnar side border of biceps tendon. The point is near the brachial artery and vein. Lu 5 Chize is at the radial side of biceps tendon. Needles inserted to these two points will reach an identical point, and work similarly when EA is used. Needle insertion to Lu 5 is easier and safer. Insert needle 0.3 cun. At this point, Pericardium Channel meets water. Upper jiao in which pericardium is situated uses water in the form of mist to cleanse its system. Fever. Thirst with dry mouth. Shoulder and arm pain. Contraction of the arm and hand in hemiparesis. Hypersalivation. Glossitis and gingivitis. Anxiety, agitaiton. Discomfort in the chest, pericarditis. Skin rash. When the energy of pericardium is reversed, it spreads into the blood, and water accumulates under the heart (pericardial effusion). Small moxa.

P 4 Ximen 郄 門

Xi. 5 cun above the transverse skin crease of the wrist, on the straight line from P 3 to P 7. Insert needle 0.3 cun. Lack of spirit. Anxiety and fear. Medium moxa.

P 5 Jianshi 間 使

Jing. Metal. 3 cun above the transverse crease of the wrist, between the tendons of flexor carpi radialis and palmaris longus. Insert needle 0.3 cun. EA to P 5 raises blood pressure. To counteract this side effect, use an alpha adrenergic blocker antihypertensive agent. (27, 28) Main point to treat cold damp insult retained in the chest. Pain in general. Hemiparesis, contraction of arm and hand. Pain and spasm in the axilla and upper arm. Fever retained in the palm. Medium moxa.

P 6 Neiguan 內 関

Luo. The point resonates and connects with SJ 5 Waiguan. Confluence Point resonating with Sp 4 Gongsun to start Chong Channel, and with K 9 Zhubin to start Yinwei Channel. Straight below P 5, 2 cun above the transverse crease of the wrist, between the tendons of flexor carpi radialis and palmaris longus. Insert needle 0.5 cun. EA to P 6 raises blood pressure by a significant margin by affecting the brain stem. To minimize this side effect, use 50 mA current, and prescribe an alpha adrenergic blocker antihypertensive agent prior to EA. (27, 28) The point has an antiinflammatory effect on joints, nerves, muscles, mucosa, and serosa. It removes moist heat from the inflamed tissues. Pain in general. Nausea and vomiting caused by chemotherapy. Hemiparesis, contraction of arm and hand, monoplegia. Pressure in the chest. Spasm of upper arm.

When P 6 is used, through its interconnection with SJ 5 Waiguan, it takes away water from sanjiao; consequently, due to the limited availability of moistening water, sanjiao system becomes dry. Sanjiao uses water to cleanse its system; faced with the shortage of needed water supply, sanjiao reabsorbs more water from the stool in the large intestine. When P 6 is overused, the stool becomes excessively dry and hard, and causes severe constipation; it also makes the person with febrile disease fail to perspire. To restore the water supply to sanjiao system, use SJ 6 Zhigou, St 28 Shuidao, Chong and Dai Channels. Excess causes chest pain. Deficiency causes headache. Small moxa.

P 5 and P 6 connect to the opioid receptors in the medulla and periaqueductal grey matter, and to the arcuate nucleus of hypothalamus. (27, 28)

P 7 Daling 大 陵

Shu. Earth. At the midpoint on the transverse crease of the wrist, between the tendons of flexor carpi radialis and palmaris longus. Insert needle 0.5 cun. Pressure in the chest. Pain in the shoulder and upper arm. Releases pain and heat retained in the palm. Releases the excess of pericardium energy such as discomfort in the chest, worries, and anxieties. Febrile disease. Essential hematuria. Small moxa.

P 8 Laogong 勞宮

Ying. Fire. At the center of the palm. When a fist is made, the point is between the third and fourth finger tips on the palm, on the ulnar side border of the tendon of palmaris longus. Insert needle 0.3 cun. Fever. Stroke paresis of the hand. Fever retained in the hand, carpal tunnel syndrome. Glossitis, gingivitis. Small moxa.

P 9 Zhongchong 中冲

Jing. Wood. The point supplements P Channel energy. In the center of the tip of the third finger. Insert needle 0.1 cun. Febrile disease. Fever and pain in the forearm and hand, carpal tunnel syndrome. Induces sweating to break fever. Stiff tongue. No moxa. May use a very small moxa on rare occasions to supplement.

10. Hand Shaoyang Sanjiao Channel 手少陽三焦經

Sanjiao means three jiao. The Sanjiao Channel regulates temperature and energy. Sanjiao uses the title of mutual fire. Mutual fire acquires its energy from mingmen. Its energy source is the opposition of wood-1 vs. metal-7 (gall bladder vs. large intestine) out of 12 earth elements, which is a diagonal opposition compared to the vertical opposition of water 11 vs. fire 5 (kidney vs. heart). Sanjiao, per *Hua Bo Ren*, has only a name, but no formed body. Old textbooks list mingmen (adrenal gland) as the source of sanjiao energy, which is an inclusion to the right kidney, located under the heart and near the diaphragm. (110-3)

Sanjiao uses water to regulate the energy. Upper jiao in the thorax uses water in the form of mist to cool down the heart fire; middle jiao in the midabdomen uses water in the form of bubble; lower jiao in the lower abdomen and pelvis deals with water in the drain. Urinary bladder in the pelvis drains polluted waste water. Contrarily, large intestine in the lower abdomen reabsorbes water. (86, 100) Water keeps the sanjiao system clean, and helps all channels to flourish. Sanjiao also controls the transit and consumption of food. Ren 17 Shanzhong rules the upper jiao, Ren 12 Zhongwan rules the middle jiao, and Ren 3 Zhongji rules the lower jiao.

SJ 1 Guanchong 關冲

Jing. Metal. On the ulnar side of the fourth finger, 0.1 cun from the corner of nail. Insert needle 0.1 cun. Dry mouth and rigid tongue. Laryngeal obstruction,

dysphagia. Headache. Stiff upper arm. Discomfort in the chest. Blurred vision, conjunctivitis. Very small moxa.

SJ 2 Yemen 液門

Ying. Water. At the proximal part of the web between the fourth and fifth fingers. Insert needle 0.2 cun. Headache. Conjunctivitis. Sudden deafness. Small moxa.

SJ 3 Zhongzhu 中渚

Shu. Wood. At the dorsum of hand. In the depression between the fourth and fifth metacarpal bones, 1 cun above the metacarpophalangeal joint. The dorsal metacarpal artery is in the area. Insert needle 0.2 cun. The point supplements weak sanjiao energy. Paresis of the hand, upper arm weakness. Deafness, tinnitus and vertigo. Induces sweating for fever. Small moxa.

SJ 4 Yangchi 陽池

Yuan. The point is a fire in a yang fire channel, it supplements and releases. At the midpart of the dorsum of the wrist, in the central depression formed by the ulna, the radius and the carpal bone. At the radial side border of the tendon of extensor indicis. Insert needle 0.2 cun. Thirst, dry mouth. Fever of malaria. Pain and weakness of the hand, wrist, upper arm and shoulder. No moxa.

SJ 5 Waiguan 外關

Luo. The point resonates and connects with P 6 Neiguan. Confluence Point resonating with GB 41 Linqi to start Dai Channel, and with UB 63 Jinmen to start Yangwei Channel. 2 cun straight above the wrist line, between the radius and the ulna. Insert needle 0.3 cun. Main point to treat hearing loss, tinnitus and vertigo. Peripheral polyneuropathy, paresis of stroke, monoplegia. Pain and weakness of the shoulder, arm, and hand. Excess causes arm spasm, deficiency causes arm flaccidity. Small moxa.

SJ 6 Zhigou 支溝

Jing. Fire. 3 cun straight above SJ 4. Insert needle 0.2 cun. Opens up the blocked Ren Channel in women. Failure to perspire in febrile disease. Hemiparesis. Aphasia. Pruritic skin rash and sore. Zhigou means *a branch of water canal*, it supplies water to Ren Channel to open up the blockage in the channel. Very large moxa.

SJ 7 Huizhong 會宗

Xi. 1 finger breadth lateral from SJ 6, at the radial side border of the ulna. *Zhen Jiu Da Cheng* recommends not to insert needle to this point. The point is on the interosseous artery. Pain in the muscle and skin. Deafness. Small moxa by a moxa stick.

SJ 8 Sanyangluo 三陽絡

Merging point of LI, SI, and SJ Channel. 4 cun straight above SJ 4, between the radius and the ulna. Do not insert needle. The point is on the posterior interosseous artery. Lethargy of the four extremities. Sudden deafness. Large moxa by a moxa stick.

SJ 9 Sidu 四瀆

5 cun below the olecranon of the ulna, between the radius and the ulna. Insert needle 0.6 cun. Deafness. Small moxa.

SJ 10 Tianjing 天井

He. Earth. Releases the excess of sanjiao energy. In the depression 1 cun above the olecranon. Take the point with the elbow flexed halfway. Insert needle 0.3 cun. Pain in the chest. Head and neck pain. Weak hand grip. Stroke. Thick saliva. Small moxa.

SJ 11 Qinglengyuan 清冷淵

1 cun above SJ 10, on the straight line from the olecranon to SJ 14. Insert needle 0.2 cun. Spastic pain at the shoulder. Small moxa.

SJ 12 Xiaoluo 消濼

On the straight line from the olecranon to SJ 14, at the lower margin of the bulge of the lateral head of triceps muscle, midway between SJ 11 and SJ 13. Insert needle 0.6 cun. Stroke paresis. Spasm of neck and head. Small moxa.

SJ 13 Naohui 臑會

Confluence Point of Yangwei-SJ Channel. 3 cun below SJ 14, on the straight line from the olecranon to SJ 14, at the poster border of the deltoid muscle. Insert needle 0.7 cun. Inability to lift the shoulder. Large moxa.

SJ 14 Jianliao 肩髎

In the depression lateral from the acromioclavicular joint, posterior from the deltoid muscle insertion, 1 cun posterior from LI 15 Jianyu. Insert needle 0.7 cun. Heavy shoulder. Paresis of arm, inability to lift the arm. Small moxa. The point is less effective than LI 15.

SJ 15 Tianliao 天髎

Confluence Point of GB-Yangwei-SJ Channel. On the line connecting GB 21 Jianjing to SI 13 Quyuan, the point is 1.5 cun above the scapular spine. At the triangular junction where the trapezius muscle's occipital branch merges with its shoulder branch. Insert needle 0.5 cun. *Zhen Jiu Da Cheng* warns against the deep needle insertion to this point. A misdirected needle may enter the thoracic cavity, reach the large blood vessels (subclavian artery and vein), and result in sudden death. Spastic pain at the junction of the shoulder and neck. Small moxa.

SJ 16 Tianyou 天牖

The point is at the lower posterior border of mastoid process. From the inferior tip of the mastoid process, it is 0.4 cun posterior, and 0.3 cun superior. The point is in the depression at the posterior border of the sternocleidomastoid muscle insertion. The point is slightly inferior and lateral from GB 20 Fengchi, and slightly superior from GB 12 Wangu. Insert needle 0.5 cun. Blurred vision, deafness. The point is less effective than GB 20. Do not supplement. No moxa, moxa may induce facial swelling and closure of eyelids by damaging the facial nerve.

SJ 17 Yifeng 翳風

Confluence of GB-SJ Channel. Posterior from the ear lobule, in the depression between the mandible and the mastoid process. This point and GB 2 Tinghui are separated by a ear lobule. Needles inserted to these two points will reach to an identical point. Technically, needle insertion to SJ 17 is easier than GB 2. This point could be considered same as GB 2 especially when EA is used. Insert needle 0.3 cun. Facial palsy, trismus. Deafness, tinnitus and vertigo. Small moxa. EA is preferred over moxa.

SJ 18 Qimai 瘈脈

In the depression at the central part of the posterior border of the mastoid process. The point is near the posterior auricular artety. Needle insertion may induce minor bleeding. Insert needle 0.1 cun with caution. Tinnitus. Small moxa.

SJ 19 Luxi 顱息

Origin of GB Channel energy. Behind the ear helix, at the posterior border of the mastoid process, at the mid and upper third junction on a semicircular line drawn from SJ 17 to SJ 20. The point is very close to the posterior auricular artery. Do not insert needle. Headache, tinnitus. Small moxa by a moxa stick.

SJ 20 Jiaosun 角孫

Confluence of SI-GB-SJ Channel. Directly above the apex of the ear, at the margin of the hairline. The point is very close to the posterior auricular artery. Do not insert needle. Toothache. Pain associated with mastication. Small moxa by a moxa stick.

SJ 21 Ermen 耳門

In the depression above the ear tragus, the point widens when the mouth opens. The point is directly above SI 19 Tinggong. Insert needle 0.3 cun. Deafness, tinnitus and vertigo. Pain associated with mastication, TMJ pain. Small moxa. Needle insertion to this point is easier than to SI 19 Tinggong, and when EA is used, it will work similarly as SI 19. SI 19 is the main Confluence Point of SJ-GB-SI Channel.

SJ 22 Heliao 耳和髎

Confluence of SI-GB-SJ Channel. Superior and anterior from SJ 21 at the posterior border of the hairline at the temple. The point is close to the temporal artery. Insert needle 0.2 cun. Headache, tinnitus. Small moxa.

SJ 23 Sizhukong 絲竹空

Origin of GB-SJ Channel energy. In the depression at the lateral end of the eyebrow. Insert needle 0.3 cun. Temporal frontal headache. No moxa.

11. Foot Shaoyang Gall Bladder Channel 足少陽膽經

The gall bladder's function is central and rightful, its fair decision rules all eleven organs and viscera. It is called the blue viscus, its juice cleanses all organs and viscera. Weak gall bladder energy blurs the vision, and weakens the pulse. Gall bladder is a viscus of yang wood.

GB 1 Tongziliao 瞳子髎

Confluence of SI-SJ-GB Channel. Outside the outer canthus of the eye, in the depression at the lateral border of the orbit. Insert needle 0.3 cun. Conjunctivitis. Small moxa.

GB 2 Tinghui 聽會

Inferior to the tragus of the ear, anterior to the ear lobule, directly below SI 19 Tinggong, the point widens when mouth opens. This point and SJ 17 Yifeng are separated by a ear lobule. Needles inserted to these two points will reach to an identical point. Technically, needle insertion to SJ 17 is easier than to GB 2. Insert needle 0.3 cun. Deafness, tinnitus and vertigo. TMJ pain. Facial palsy from stroke. Toothache. Small moxa. EA is preferred over moxa.

GB 3 Shangguan 上關

Confluence of St-SJ-GB Channel. In front of the ear, at the upper border of zygomatic arch, in the depression directly above St 7 Xiaguan. Needle insertion can damage the nerve fibers crossing at the confluence. Do not insert needle. Trismus, jaw pain. Large moxa by a moxa stick.

GB 4 Hanyan 頷厭

Confluence of St-SJ-GB Channel. At the frontal temporal region, at the mid point of upper half of distance on a line connecting GB 7 Qubin to St 8 Touwei, inside the hairline. Insert needle 0.2 cun. Deeper insertion will induce deafness. Migraine. Small moxa.

GB 5 Xuanlu 縣顱

Confluence of St-SJ-GB Channel. At the frontal temporal region, at the midpoint on the straight line from GB 7 to St 8, inside the hairline. Origin of GB Channel

energy. Insert needle 0.3 cun. Red sore on the face. Headache, toothache. Small moxa.

GB 6 Xuanli 縣 釐

Confluence of St-SJ-GB Channel. At the frontal temporal region, at the midpoint on the straight line from GB 7 to GB 5, at the margin of the hairline. Insert needle 0.3 cun. Fever in mid jiao. Anorexia, hard compact stool. Small moxa.

GB 7 Qubin 曲 鬢

Confluence of UB-GB Channel. At the temporal region, 1 finger breadth anterior from the apex of the ear or from SJ 20 Jiaosun, at the margin of the hairline. Insert needle 0.3 cun. Trismus (lockjaw), inability to open the mouth and speak. Large moxa.

GB 8 Shuaigu 率 谷

Confluence of UB-GB Channel. Directly above the apex of the ear, 1.5 cun inside the hairline. Insert needle 0.3 cun. Hangover. Small moxa.

GB 9 Tianchong 天 冲

Confluence of UB-GB Channel. 0.5 cun posterior from GB 8, 2 cun inside the hairline. Insert needle 0.3 cun. Headache. Gingival sore. Large moxa.

GB 10 Fubai 浮 白

Confluence of UB-GB Channel. Posterior and slightly superior from the apex of the ear, near the upper border of the mastoid process, 1 cun inside the hairline. At the midpoint on a circular line drawn from GB 9 to GB 11. Insert needle 0.3 cun. Pain and distention in the chest. Leg weakness. Inability to raise the shoulder. Tinnitus. Large moxa.

GB 11 Qiaoyin 竅 陰

Confluence of UB-SJ-GB Channel. At the small notch at the upper posterior border of the mastoid process, on the circular line drawn from GB 9 to GB 12, at the level of mid auricle, 0.5 cun inside the hairline. Insert needle 0.3 cun. Controls muscle movement of four extremities. Bone fatigue. Stiff tongue. Large moxa.

GB 12 Wangu 完 骨

Confluence of UB-GB Channel. At the depression slightly posterior and superior from the inferior tip of the mastoid process. The point is inferior from GB 20 Fengchi and slightly inferior from SJ 16 Tianyou. Insert needle 0.3 cun. Mandatory point for hearing loss, tinnitus, vertigo. Headache, stiff painful neck. Sore on the head and face. The point is less effective than GB 20 Fengchi for stroke, facial palsy, headache, and visual impairment. Large moxa. Larger moxa for older weaker patients.

GB 13 Benshen 本 神

Confluence Point of Yangwei-GB Channel. On the forehead, 3 cun lateral from Du 24 Shenting, 0.4 cun posterior from the hairline. Insert needle 0.3 cun. Painful stiff neck. Inability to turn chest muscles. Large moxa.

GB 14 Yangbai 陽 白

Confluence of LI-St-Yangwei-GB Channel. Straight above the pupil, 1 cun above from the midpoint of the eyebrow, 1.5 cun lateral from Du Channel. Insert needle 0.2 cun. Facial palsy affecting the forehead. Trigeminal neuralgia, twitching upper eyelid. Orbital-frontal headache. Chill at the upper body. Small moxa.

GB 15 Linqi 臨 泣

Confluence of UB-Yangwei-GB Channel. At the forehead, straight above the outer canthus of the eye. 0.5 cun posterior from the hairline, 2 cun lateral from Du 24 Shenting. Insert needle 0.3 cun. Blurred vision. Facial palsy affecting the forehead. Mental confusion after a large stroke. Conjunctivitis, nasal obstruction. Medium moxa.

GB 16 Muchuang 目 窓

Confluence of Yangwei-GB Channel. 1 cun directly posterior from GB 15, on the circular line drawn from GB 15 to GB 20, 2 cun lateral from Du Channel. Insert needle 0.3 cun. Major point to improve impaired vision. Medium moxa.

GB 17 Zhengying 正 營

Confluence of Yangwei-GB Channel. 1.5 cun directly posterior from GB 16, on the circular line drawn from GB 15 to GB 20, 2 cun lateral from Du 20 Baihui. Insert needle 0.3 cun. Temporal parietal headache. Toothache. Medium moxa.

GB 18 Chengling 承 靈

Confluence of Yangwei-GB Channel. 1.5 cun directly posterior from GB 17, on the circular line drawn from GB 15 to GB 20, 2 cun lateral from Du Channel. Do not insert needle. Headache from damaging cold wind. Epistaxis, nasal airway obstruction. Small moxa by a moxa stick.

GB 19 Naokong 腦 空

Confluence of Yangwei-GB Channel. Straight above GB 20, at the same level with Du 17 Naohu or the upper border of the external occipital protuberance, 2 cun lateral from Du 17. Insert needle 0.4 cun. Fatigue, fever. Stiff neck. Blurred vision. Small moxa. *Hua Tuo* of Eastern Han Dynasty used this point for the founding emperor of Wei Dynasty to treat his severe headache with blurred vision and loss of concentration.

GB 20 Fengchi 風 池

Confluence of SJ-Yangwei-GB Channel. At the base of occipital skull, in the depression located at the lower half of posterior border of mastoid process, between the muscle insertions of sternocleidomastoid and trapezius. The point is 2 cun lateral from Du Channel. Insert needle 0.7 cun. Direct needle upward and laterally toward the groove of mastoid process. For severe stroke, supplement first, and release later. Headache with stiff neck. Blurred vision. Nasal obstruction, epistaxis. Hearing loss, tinnitus, and vertigo. Facial palsy, trigeminal neuralgia. Alopecia. Large moxa. Use very large moxa for stroke.

GB 21 Jianjing 肩 井

1 cun lateral from the midpoint between Du 14 Dazhui and the lateral end of acromion which is the highest point at the posterolateral part of shoulder. Confluence of St-SJ-GB-Yangwei Channel; these multifold connections allow the point to enter five organs. The point also recruits stomach energy from St 36 Zusanli and its distal points. Insert needle 0.5 cun. Stroke paresis. The point helps stroke patients raise the dropped shoulder. Pain at the base of the neck and upper thoracic area. Pain and weakness at the shoulder and upper extremity. Effective point for stress, exhaustion and debilitation. Difficult delivery for women. The point treats "five exhausted debilitations and seven damages". Medium moxa, supplement without release. Needle insertion to GB 21 and Ren 5 Shimen with

moxibustion will induce abortion. Do not insert needle to this point for pregnant women.

GB 22 Yuanye 淵 腋

On the midaxillary line, 3 cun below the axilla. Use the point with arms raised. Insert needle 0.3 cun. Fullness in the chest, shoulder pain. No moxa.

GB 23 Zhejin 輒 筋

Origin of GB energy. 1 cun anterior from GB 22, at the posterior margin of pectoralis major muscle's skin fold, at the level of the nipple. Insert needle 0.6 cun transversely away from the rib cage. Fullness in the chest. Small moxa.

GB 24 Riyue 日 月

Front Mu Point of gall bladder. Confluence of Sp-GB-Yangwei Channel. Straight below the nipple, cross over three ribs from the nipple, which is in the fourth intercostal space. The point is on the midclavicular line, in the seventh intercostal space. Liv 14 Qimen is straight above in the sixth intercostal space. Insert needle 0.4 cun. Unsettled fever in the pelvis, hypersalivation. Weak four extremities. Medium moxa.

GB 25 Jingmen 京 門

Front Mu Point of kidney. At the lower border of the tip of the twelfth rib. Insert needle 0.3 cun. Pain at shoulder, back and lumbar area. Insufficient urine output. Small moxa.

GB 26 Daimai 帶 脈

Confluence of Dai-GB Channel. The point obtains its energy from Liv 13 Zhangmen, connects to Dai Channel. 1.8 cun directly below the tip of the eleventh rib, at the level of the umbilicus. The point is on the extended midaxillary line. Insert needle 0.6 cun. Water retention in the pelvis, pelvic pain. Irregular menstruation. Tenesmus. Weak muscle contraction, muscle pain from cold damp air. Medium moxa.

GB 27 Wushu 五 樞

Confluence of Dai-GB Channel. In front of the anterior superior iliac spine, 3 cun below the level of umbilicus. The point is 5.5 cun lateral from St 28 Shuidao, or

7.5 cun lateral from Ren 4 Guanyuan. Insert needle 1 cun. Pelvic pain from distended urinary bladder. Post ovulation abdominal pain. Tenesmus. Medium moxa.

GB 28 Weidao 維 道

Confluence of Dai-GB Channel. 0.8 cun medial and inferior from GB 27. Insert needle 0.8 cun. Imbalance of sanjiao. Water retention. Anorexia. Small moxa.

GB 29 Juliao 居 髎

Confluence of Yangqiao-GB Channel. At the midpoint between the anterior superior iliac spine and the greater trochanter of the femur. Insert needle 0.8 cun. Moxa to this point will help the pelvic muscle to contract. Small moxa.

GB 30 Huantiao 環 跳

Confluence of UB-GB Channel. On the straight line drawn from the greater trochanter of the femur to the sacral hiatus, the point is at the junction of mid and lateral one-third. Piriformis muscle point. Highly effective antiinflammatory and analgesic point; GB 30 works with GB 34 Yanglingquan through shared spinal and central mechanism. The point size is large. Insert needle 1cun to the center of point. It removes moist heat of stroke, and removes pain and weakness from the leg. Essential point to treat stroke paresis, and motor sensory weakness of the leg. Lumbar radiculopathy, peripheral polyneuropathy, monoparesis. Low back pain, sacroiliac pain, gluteal pain. Skin rash. Very large moxa. If GB 30 becomes tender and large, apply negative electrode to the affected side, and apply positive electrode and moxa to contralateral normal side. (21, 22, 95)

GB 31 Fengshi 風 市

On the midline at the lateral side of the thigh, 7 cun above the end plate of the femur, at the posterior border of the femur. Insert needle 0.5 cun. Hemiparesis, monoparesis. Motor weakness and cold spasm of the leg. Medium moxa.

GB 32 Zhongdu 中 瀆

5 cun above the end plate of the femur, between the vastus lateralis and the biceps femoris muscles, at the posterior border of the femur. Insert needle 0.5 cun. Muscle pain and weakness above and below. Medium moxa.

GB 33 Xiyangguan 膝 陽 関

3 cun above GB 34, in the depression between the biceps femoris tendon and the femur. Take the point with knee flexed. Insert needle 0.5 cun. Muscle atrophy of the leg. Pain and stiffness of the knee. No moxa.

GB 34 Yanglingquan 陽 陵 泉

He. Earth. In the depression anterior and inferior to the head of the fibula. Influential Point to help weak tendons and ligaments. Highly effective antiinflammatory and analgesic point. Insert needle 0.6 cun. Painful joints and stiff tendons. Hemiparesis, peripheral polyneuropathy. Very large moxa with repeats. Repeat moxa for older patients. Keep the needle long in the point to supplement and release. GB 30 and GB 34 relieve pain mediated by the spinal neuropeptide, and they connect to the pain receptor cells at the lumbar dorsal root ganglion. GB 34 connects to the primary sensorymotor cortex. GB 30 and GB 34 work together. (21, 22, 46, 95)

GB 35 Yangjiao 陽 交

Xi Point of Yangwei Channel. 7 cun above the tip of lateral malleolus, at the posterior border of the fibula. Insert needle 0.6 cun. Distention of the chest. Stiff knee and calf. Small moxa.

GB 36 Waiqiu 外 邱

Xi. 7 cun above the tip of lateral malleolus, at the anterior border of the fibula. Insert needle 0.3 cun. Distention of the chest. Pigeon chest in small children. Small moxa.

GB 37 Guangming 光 明

Luo. At this point, GB Channel starts to merge with Liv Channel. 5 cun straight above the tip of lateral malleolus, at the anterior border of the fibula. Insert needle 0.6 cun. Atrophy and weakness of leg muscles. Cold flaccid body. Supplements weak yang energy together with GB 39 and GB 41. Useful point for stroke paresis and muscle paralysis. Heat in the leg caused by excess energy, knee pain, and general body ache. Deficiency causes leg muscle weakness. Medium moxa. In clinical practice, GB 39 is used as the primary Luo Point.

GB 38 Yangfu 陽輔

Jing. Fire. 4 cun above the tip of lateral malleolus, at the anterior border of the fibula. Insert needle 0.5 cun. Releases excess GB Channel energy. Knee and calf edema and paralysis. Small moxa.

GB 39 Xuanzhong 懸鍾 (Juegu 絶骨)

Also known as Juegu. Major Luo Point of St-UB-GB Channel. End point for St Channel. Influential Point for the marrow, marrow means nerve. 3 cun above the tip of lateral malleolus, at the posterior border of the fibula. Main point to make a person take firm steps. It is an absolute point to treat stroke paresis, peripheral polyneuropathy and spinal disc disease. Insert needle 0.6 cun diagonally away from the bone margin. Anorexia, gastric distention, fever in the stomach. Medium moxa. In treating peripheral polyneuropathy with EA, when the vibration sensation becomes positive at this point, the proprioceptive function will leap to the foot to merge with Liv 3 Taichong in a few days.

GB 40 Qiuxu 坵墟

Yuan. The point is a wood in a yang wood channel, it supplements and releases. Anterior and inferior to the lateral malleolus. Insert needle 0.5 cun. Pain and weakness of the ankle and foot. Hemiparesis. Plantar fasciitis. Flank pain, sore in the axilla. Small moxa.

GB 41 Linqi 臨泣

Shu. Wood. Confluence Point of Dai Channel. The point resonates with SJ 5 Waiguan. In the depression at the medial margin of the fifth metatarsal bone, 1 cun distal from the tarsometatarsal joint, at the lateral side of the tendon of extensor digitorum brevis. Insert needle 0.2 cun. Irregular menstrualtion, water retention in the pelvis, distension and pain in the pelvis. Painful engorgement of the breast. Stroke paresis of the hand and the foot. Facial palsy. Major point to improve impaired vision. Weak muscle contraction. Muscle pain from cold damp air. Calf muscle cramp in sleep. Small moxa.

GB 42 Diwuhui 地五會

Between the fourth and fifth metatarsal bone, at the medial side of the tendon of extensor digitorum brevis. Insert needle 0.1 cun. Axillary pain, breast engorgement. No moxa.

GB 43 Xiaxi 俠谿

Ying. Water. At the proximal margin of the web between the fourth and fifth toe. Insert needle 0.3 cun. Releases the excess GB Channel energy. Water can break and wash away excessively grown branches of wood. Major point to improve impaired vision, conjunctivitis, impaired hearing. Pain at the chest and flank. Pain all over the body. Small moxa. (47)

GB 44 Qiaoyin 竅陰

Jing. Metal. At the lateral side of the fourth toe, 0.1 cun from the corner of nail. Insert needle 0.1 cun. Flank pain. Sudden deafness. Eye pain, conjunctival pain. Stiff tongue, dry mouth. Small moxa.

Needle insertion to UB 63 Jinmen connects to Yangwei Channel that has eight GB Channel points on the scalp from the forehead to the occipital area; thus needle insertion to the scalp can be avoided. Needle insertion to GB 22, GB23 and GB 24 carries the risk of pneumothorax. Use these points with extreme caution. Do not insert needles to GB Channel points on the scalp in pediatric adolescent patients. Unobliterated skull sutures exist under the scalp. For details, refer to the section of Acupuncture for Children. (18)

12. Foot Jueyin Liver Channel 足厥陰肝經

The liver is a commanding organ. Planned consideration comes from this organ. Divine power resides in it. Liver is a yin wood organ. But its functional entity is metal by way of metal-wood mutual control. Its grace manifests on the nails, its capacity fills the muscles. It removes fatigue in sleep, its energy sees through the eyes. Its energy source is spring, which brings new fresh wind to produce wood. It is east, it is blue, its star is Jupiter, and its number is eight.

Liv 1 Dadun 大敦

Jing. Wood. At the lateral side of the first toe, 0.3 cun from the corner of nail. Insert needle 0.3 cun. It treats the conditions in which damaging yin force has ascended into the pelvis. Deep central headache. Essential hematuria, dysuria, urethritis, frequent urination. Pelvic pain, pelvic inflammation. When the disease is at the left, apply moxa to the right side point; and vice versa. For a systemic

disease in which there is no left vs. right differentiation, apply moxa to the left side point for men, and the right side for women. Small moxa.

Liv 2 Xingjian 行 間

Ying. Fire. Releases excess energy. At the proximal part of the web between the first and the second toe. Insert needle 0.3 cun. Vomiting, diarrhea, abdominal distention. Pelvic pain. Pale clammy extremities. Small moxa.

Liv 3 Taichong 太 冲

Shu. Earth. In the depression between the first and the second metatarsal bones, 1.5 cun distal from the tarsometatarsal joint. Insert needle 0.3 cun. The point treats deadly disease in men. When damp insult has entered into the core of body, use this point. A major point to boost body strength. Works well for muscle pain and weakness in general. Initiates menstruation in young female. Vaginal bleeding, pelvic pain. Urethritis, dysuria. Hematemesis, rectal bleeding. Helps unstable footsteps. Works well when St 36, GB 39 and Sp 6 are used together. Small moxa.

Liv 4 Zhongfeng 中 封

Jing. Metal. 1.5 cun anterior from the tip of medial malleolus, in the depression at the medial margin of the tendon of extensor hallucis longus as it runs farther to reach the first toe. Insert needle 0.4 cun. Fever and chill. Pelvic inflammation. Cold feet. Small moxa.

Liv 5 Ligou 蠡 溝

Luo Point of Liv-GB Channel. 5 cun above the tip of medial malleolus, near the posterior border of the tibia. Insert needle 0.2 cun. Pelvic inflammation, dysmenorrhea and dysuria.

Liv 6 Zhongdu 中 都

Xi. 7 cun above the tip of medial malleolus, near the posterior border of the tibia. Liv Channel merges with K Channel at this point. Insert needle 0.3 cun. Blockage of menstruation. Postpartum complications, pelvic inflammation, vaginitis. Medium moxa.

Liv 7 Xiguan 膝 関

Under the medial condyle of the tibia, 2 cun below the St 35 Dubi. St 35 has two points, medial and lateral. (110-2) 1 cun inferior from the medial end of popliteal skin crease, and 1 cun posterior from Sp 9 Yinlingquan. Insert needle 0.4 cun. Paresis of the leg, knee joint pain. Medium moxa.

Liv 8 Ququan 曲 泉

He. Water. Slightly above the medial end of popliteal skin crease, at the posterior border of the medial condyle of the tibia. In the narrow groove anterior to the common tendon for the semimembranosus and the semitendinosus muscles, and posterior to the tendon of the gracilis muscle. Take the point with knee flexed slightly. Liv 8 is 0.7 cun above the medial end of popliteal skin crease, or from K 10 Yingu. (17) Insert needle 0.6 cun. The point is water, supplements weak liver energy. Excess causes eye pain and blurred vision. Abdominal pain, distention and indigestion. Dysuria, nocturnal emission. Pelvic inflammation, vaginitis. Infertility, impotence. Muscle weakness and spasm. Knee joint pain. Small moxa.

Liv 9 Yinbao 陰 包

4 cun above the medial epicondyle of the femur, between the sartorius and vastus medialis muscles. (17) Insert needle 0.6 cun. Pelvic pain produced by lumbosacral radiculopathy. Irregular menstruation. Small moxa. (14)

Liv 10 Wuli 五 里

3 cun below the upper border of the symphysis pubis, 3 cun inferior from St 30 Qichong, which is 2 cun lateral from Ren 2 Qugu. The point is posterior to the adductor longus muscle, which is the most anterior out of all three adductor muscles. The femoral artery is located anteriorly from this muscle. Insert needle 0.6 cun. Abdominal distention. Medium moxa.

Liv 11 Yinlian 陰 廉

1 cun straight above Liv 10, posterior to the adductor longus muscle. The medial circumflex femoral artery is near this point. Insert needle 0.8 cun. Infertility. Small moxa.

Liv 12 Jimai 急脈

At the inguinal groove, at the level of the upper border of the symphysis pubis, 2.5 cun lateral from Ren Channel. 0.5 cun lateral from St 30 Qichong. Close to the femoral artery, femoral vein and femoral nerve. Sung Ming Era textbooks do not list this point. There is no instruction for needle insertion. There is no listed clinical indication for the point.

Liv 13 Zhangmen 章門

Front Mu Point of spleen. Confluence of GB-Liv Channel. Confluence Point of all yin organs. At the lower boder of the tip of the eleventh rib. The point is on the extended midaxillary line. The point connects to GB 26 Daimai. The point removes toxic substances from the blood and body cells helped by the spleen. Point size is large. Insert needle 0.6 cun to the center of the point. Powerful point to treat extreme emaciation, weakness, exhaustion, lack of spirit following a chronic debilitating illness and chemotherapy. Anorexia, indigestion. Glossitis, gingivitis. Abdominal distention, diarrhea. Irritable bowel syndrome. Lethargy of all four extremities. Stiff back with weak muscles. Calf muscle cramp in sleep. *Tung Yuan* said, "When the energy resides in the stomach and intestines, and does not descend, use Liv 13 with St 36 Zusanli and Ren 12 Zhongwan." *Hua Bo Ren* said, "When the lower jiao is cold, use moxa to Liv 13 and Ren 6 Qihai." Use very large moxa with repeats only to the left side. When treating sanguineous vaginal discharge, apply moxa to both sides.

Liv 14 Qimen 期門

The end point of the acupuncture energy cycle; from this point, the energy returns to Lu 2 Yunmen to restart a new cycle. Front Mu Point of liver. Confluence of Sp-Yinwei-Liv Channel. Straight below the nipple, cross over two ribs from the nipple, which is in the fourth intercostal space. The point is on the midclavicular line, in the sixth intercostal space. GB 24 Riyue is straight below in the seventh intercostal space. Insert needle 0.3 cun. Fullness in the chest. Vomiting, diarrhea, impaired food transit. Fever in the blood chambers. Cold insults deep in the channels. Postpartum complications. The section of Liver Channel in *Tong Ren* and *Zhen Jiu Da Cheng* describes a critical situation in which a man has suffered a severe bleeding, a women has a post partum pelvic infection, and offending agents have entered into the blood stream. It calls for a desperate measure, and recommends to use Liv 14, but it is outside the scope of current acupuncture practice. (14, 110-1, 4) Medium moxa. Needle insertion to this point has the potential to induce damage to internal organs. Use this point with extreme caution.

Eight Extraordinary Channels 八奇經脈

Zhen Jiu Da Cheng published in 1601 was the first comprehensive textbook to present well organized eight Extraordinary Channels in full details. Other textbooks published in late 1600s added accessory details to the Extraordinary Channels. The earliest textbook that listed all eight Extraordinary Channels with all of their Confluence, Xi Points and most composite points for each channel was written by *Hua Bo Ren* (Hua Shou, 1314-1386) in 1341, in Yuan Dynasty (1206-1368). The book's title was *Unfolding of Fourteen Channels*, the book was published much later in 1368 in the first reigning year of Ming Dynasty (1368-1644). Its earliest remaining text comes from the stone inscription made in 1625, which is in Japan. Hua Bo Ren also edited Nan Jing written by Pian Que in Warring States Era (475-221 B.C.). Hua was a professor at the Imperial Acupuncture School at age 27. (110-3) Zhen Jiu Jia Yi Jing published in 282 mentions all eight Extraordinary Channels with brief definitions, but it does not list the Confluence, Xi Points from which the channels start, or the points to compose each channel. (12)

The full scope through which the Extraordinary Channels are seen is much larger than the Ordinary Channels. As the result of this expansion, there is a certain amount of ambiguity associated with the structure of Extraordinary Channels. In order to understand the bewildering Extraordinary Channels, we, as practitioners, need to possess a mind set that can comfortably deal with a complexity in which the connecting system's channels and points are formed with convoluted multiple conjunctions and intertwining unions. In studying the Extraordinary Channels, in spite of grave efforts and self reflection, we still see the puzzling complexity remains in large parts. But when we realize in clinical practice that the Extraordinary Channels work rather remarkably well, we may feel like a cave

explorer who finally sees the hidden structure of the underground water flow kept in dark, perhaps with a glimmer of daylight shining through a crack at the dome.

Eight Extraordinary Channels are complementary addition that binds and weaves into the well aligned preexisting system of Twelve Ordinary Channels. If not woven and intertwined together by the Extraordinary Channels, the Ordinary Channels have no unity in themselves as a group. Furthermore, they may fall apart into broken separate pieces, just like straight sticks that are not tied up together to form a unified bundle.

Four Confluence Points, located at the hands and at the distal forearms, connect to Du and Ren Channels, and to six additional Extraordinary Channels. Thus, a total of eight Extraordinary Channels are formed. The four original Confluence Points to form Eight Extraordinary Channels are SI 3 Houxi, Lu 7 Lieque, P 6 Neiguan, and SJ 5 Waiguan. SI 3 Houxi connects to Du Channel, Lu 7 Lieque connects to Ren Channel. Again, these four original points resonate with six Confluence, Xi Points located at each foot and leg to form six additional Extraordinary Channels. Each of these six Extraordinary Channels are constructed by Ordinary Channel's acupuncture points. An Extraordinary Channel merges with Odinary Channel points at the conjuction points in the same way a main freeway merges with other freeways for a few miles. A needle inserted to one of the eight Luo, Confluence, Xi Points to activate an Extraordinary Channel connects to many conjunction points on Ordinary Channels. For this reason, when the customary acupuncture practice is complemented by Extraordinary Channles, the total number of inserted needles can be reduced notably; in addition, clinical remissions arrive earlier. (14, 86)

1. Du Channel 督 脈

Du means "to steer and oversee". Du Channel is the sea of yang energy. Du Channel starts from Huiyin, and runs through the back spine. Ren starts from Huiyin, and runs through the frontal abdomen. The way Du and Ren are coupled is like heaven and earth. They have water-fire and north-south; they can separate or unite. When separated, yin and yang do not interfere; when united, they mix without a gap; one is two, two is one. (110-4)

Du energy arises from Huiyin, merges with K and UB Channels, moves up along the spine, enters the brain at the level of the external occipital protuberance, and arrives at the nasal column. Du and Ren Channels join each other at the lips,

and at the perineum; there the flow of two energies joins to form a circle. Du energy ascends on the back, and Ren energy ascends on the abdomen. Together they form bidirectional countercurrent channels.

SI 3 Houxi is the Confluence Point connecting to Du Channel. Also SI 3 resonates with UB 62 Shenmai, which is the Confluence Point to start Yangqiao Channel. Use SI 3 for stroke patients with stiff weak extremities and weak upper back. Use SI 3 first to induce remission. If necessary, use other points later. (14, 110-3)

Du 1 Changqiang 長 強

Du energy comes from Huiyin (Ren 1), which is located between the scrotum and the anus, or between the posterior labial commissure and the anus. Du 1 is located at the midpoint between the anus and the tip of coccyx. Du 1 is Luo of Du-Ren Channel, and Confluence of K-GB Channel. Insert needle 0.3 cun. Rectal bleeding from hemorrhoid, rectal prolapse, constipation. Low back pain. Pressure in the head. Impotence. Very large moxa.

Du 2 Yaoshu 腰 俞

In the sacral hiatus. Origin of Du Channel energy. Insert needle 0.8 cun. Low back pain with stiffness. Very large moxa.

Du 3 Yaoyangguan 腰 陽 關

In the interspinous space of L4-L5. Insert needle 0.5 cun. Spasm in the lumbosacral area. Small moxa.

Du 4 Mingmen 命 門

In the interspinous space of L2-L3. Origin of Du Channel energy. Insert needle 0.5 cun. Lumbar scoliosis. Severe headache. High fever. Impotence. Small moxa.

Du 5 Xuanshu 懸 樞

In the interspinous space of L1-L2. Insert needle 0.3 cun. Stiff lumbar spine. Retention of food in the abdomen. Passage of loose undigested food. Small moxa.

Du 6 Jizhong 脊 中

In the interspinous space of T11-T12. Origin of Du Channel energy. Insert needle 0.5 cun. Rectal prolapse in children. Abdominal distention, rectal bleeding from

hemorrhoid. No moxa. The point name means "middle of the back spine" out of twenty-two vertebrae.

Du 7 Zhongshu 中 樞
In the interspinous space of T10-T11. Insert needle 0.5 cun. Low back pain. Small moxa.

Du 8 Jinsuo 筋 縮
In the interspinous space of T9-T10. Origin of Du Channel energy. Insert needle 0.5 cun. Back muscle spasm. Small moxa.

Du 9 Zhiyang 至 陽
In the interspinous space of T7-T8. Insert needle 0.5 cun. Indigestion, emaciation. Large moxa.

Du 10 Lingtai 靈 臺
In the interspinous space of T6-T7. Do not insert needle. There is no known prescription.

Du 11 Shendao 神 道
In the interspinous space of T5-T6. Do not insert needle. Disorientation, forgetfulness. Very large moxa by a moxa stick.

Du 12 Shenzhu 身 柱
In the interspinous space of T3-T4. Insert needle 0.5 cun. Pain in the cervical and thoracic spine, and the surrounding area. Settles down busy mind. Very large moxa.

Du 13 Taodao 陶 道
Confluence Point of UB-Du Channel. In the interspinous space of T1-T2. Insert needle 0.5 cun. Stiff upper back. Fever. Anhidrosis. Medium moxa.

Du 14 Dazhui 大 椎
Confluence of three hand yang channels, three foot yang channels, and Du Channel. In the interspinous space of C7-T1. The point levels with the highest point

of the posterior acromion. Insert needle 0.5 cun. Hemiparesis, monoparesis, peripheral polyneuropathy. General motor dysfunction at the neuromuscular units of all four extremities. Stiffness of the neck and upper back. Fullness in the chest and flank. Nausea and vomiting. Fever at the core of the body. The point treats "five exhausted debilitations and seven damages". Very large moxa. Repeat moxa for old, weak patients.

Du 15 Yamen 啞 門
Confluence of Yangwei-Du Channel. At the occipital skull base. In the depression 0.5 cun below Du 16, 0.5 cun inside the hairline. Insert needle 0.2 cun. Deeper needle insertion is prohibited. Insert needle horizontally along the skin. Incessant epistaxis. Aphasia, speaking with heavy tongue. Anhidrosis. No moxa, moxibustion may cause aphasia.

Du 16 Fengfu 風 府
Confluence of Yangwei-UB-Du Channel. Directly below the external occipital protuberance, in the depression between two trapezius muscle insertions. Insert needle 0.3 cun. Deeper needle insertion is prohibited. Insert needle horizontally along the skin. Epistaxis. Slurred speech in stroke. Severe headache, inability to rotate the head. No moxa, moxibustion may cause aphasia. *Hua Tuo* used this point to treat the severe headache for the founding emperor of Wei Dynasty.

Du 17 Naohu 腦 戶
Confluence of UB-Du Channel. 1.5 cun above Du 16, at the upper border of occipital protuberance. Do not insert needle. No moxa. Needling and moxiibustion may cause aphasia and sudden death.

Du 18 Qiangjian 強 間
1.5 cun above Du 17. Origin of Du Channel energy. Stiff neck, headache, nystagmus. Insert needle 0.2 cun horizontally along the skin. Large moxa.

Du 19 Houding 後 頂
1.5 cun posterior from Du 20. Migraine, blurred vision. Insert needle 0.2 cun horizontally along the skin. Medium moxa.

Du 20 Baihui 百 會

Confluence of three hand yang channels, three foot yang channels and Du Channel. It has been said, "Baihui directs to Polaris at north." In the depression at the center of parietal skull, the transverse line from this point connects to the ear apices. Insert needle 0.2 cun horizontally along the skin. Disparity of motor function between the right and left sides of the body. Main point to start stroke treatment. Monoparesis. Panic, agitation, severe headache, shaking chill. Rectal prolapse, coccygeal pain. Large moxa, very large moxa for stroke, avoid frequent moxa. May induce small bleeding to treat severe headache.

Du 21 Qianding 前 頂

1.5 cun anterior to Du 20. Insert needle 0.1 cun horizontally along the skin. Facial sore, rhinorrhea, frontal headache. Large moxa may be used once without repeat.

Du 22 Xinhui 顖 會

3 cun anterior to Du 20, 2 cun posterior from the hairline. Do not insert needle or apply moxa to this point for children and adolescents. It may cause serious complications and sudden death. For adults, insert needle 0.2 cun. Anosmia, nasal blockage, sores on the scalp and face. Very large moxa.

Du 23 Shangxing 上 星

1 cun posterior from the hairline. Induce bleeding by using the needle tip. Do not insert needle. Incessant epistaxis, nasal obstruction, anosmia. Anhidrosis. Migraine with eye pain and nausea. Large moxa by a moxa stick. Do not repeat moxa.

Du 24 Shenting 神 庭

Confluence Point of UB-Du Channel. 0.5 cun posterior from the hairline. Do not insert needle. Needle insertion may cause loss of vision. Blurred vision, rhinorrhea. Very large moxa can be applied by holding a moxa stick near to the point.

Du 25 Suliao 素 髎

At the tip of the nose. Origin of Du Channel energy. Insert needle 0.1 cun. Sores in the nasal cavity, excessive lacrimation. No moxa.

Du 26 Renzhong 人 中 (Shuigou 水 溝)

Also known as Shuigou. Confluence Point of LI-St-Du Channel. Slightly above the midpoint of the philtrum. Insert needle 0.3 cun. Supplement first, and release later. Excessive thirst. Loss of consciousness, confusion from stroke. Highly effective for facial edema. Small moxa. Moxa can be applied, without needle, by holding a moxa stick near to the point.

Du 27 Duiduan 兌 端

At the median tubercle of the upper lip. Insert needle 0.2 cun. Gum pain, stiff lip. Small moxa.

Du 28 Yinjiao 齦 交

Confluence of St-Ren-Du Channel. Inside the mouth, at the junction of the upper lip and the upper frontal gingiva. Insert needle 0.3 cun. Gum swelling and pain. Nasal obstruction. Small moxa.

Sishencong 四 神 聰 extra point

Four extra points at the vertex. 1 cun respectively anterior, posterior, and bilateral from Du 20. Stroke, confusion, blurred vision, panic, agitation. Insert needle 0.2 cun.

Four Du points from Du 9 to Du 12 are the origins of Du Channel energy. Six Du points from Du 18 to Du 23 are also the origins of Du Channel energy. Take Du points at the back spine in the sitting position, with the back slightly bent forward.

Safety Tips for Du Points at the Scalp and Skull Base

The first cervical vertebra (atlas) does not have a vertebral body; the second cervical vertebra (axis) has a small partial vertebral body, which is not a full round vertebra. The spaces from the occipital skull to the atlas, and from the atlas to the axis do not have discs. Thus the articular spaces between the occipital skull and C1, and between C1 and C2 have wider range of motion than the lower vertebrae, thus providing larger free space for needles to penetrate. Needle insertion that exceeds the recommended depth to Du 15 and Du 16 will be directed inadvertently to the spinal cord, and can cause detrimental complications especially in children. From the level of C2 and downwards, on the posterolateral vertebral bodies, there

are rims of bone, the uncinate processes, which project upwards and downwards. They interact with the corresponding projections above and below them to form pseudoarthrosis (false joint) known as uncovertebral joint of Luschka. This pseudoarthrosis, which is not present at birth, protects the vertebral canal. (69)

Du Channel on the scalp runs on the course of sagittal suture line, and there are two other transverse suture lines along the paramedian lines of the skull. The sutures remain unclosed, either partially or totally, until ages of 30 and 40. There are significant individual variations as to the age when the obliteration of suture commences. For more information on the obliteration of skull sutures, please read the previous section of Acupuncture for Children. (18)

For pediatric and adolescent patients, for all Du Channel points from Du 15 Yamen to Du 24 Shenting, needle insertion in any manner is prohibited. Children have wider range of motion at the space between the skull base and C1, and between C1 and C2 until uncinate processes develop and form pseudoarthrosis. Do not insert needle to UB and GB Channel points on the scalp in children, these paramedian meridians run over unclosed sutures. For adult patients, for Du Channel points from Du 15 Yamen to Du 24 Shenting, needle insertion deeper than the recommended depth is prohibited. Insert needle horizontally along the skin.

2. Ren Channel 任 脈

Ren means childbearing. Ren is in charge of monthly menstruation and reproduction. Ren Channel is the sea of yin energy. Ren acquires its energy from the ovaries, then it reaches to the lower pelvis and perineum, and ascends along the median line of the abdomen to reach Guanyuan at the lower abdomen, and finally it arrives at the throat. Ren energy meets Du energy at the perineum and lips.

Lu 7 Lieque is the Confluence Point connecting to Ren Channel. Lu 7 resonates with K 8 Jiaoxin at the leg, which is the Xi Point to start Yinqiao Channel. Use Lu 7 to treat stroke paresis with contracted upper extremity, for postpartum recovery and other gynecologic disorders. Use Lu 7 Lieque first to induce remission. If necessary, use other points later. (14)

Ren 1 Huiyin 會 陰

In males, the point is between the scrotum and the anus; in females, between the posterior labial commissure and the anus. This is the starting point for Ren, Du

and Chong Channels. From Huiyin, Ren energy runs along the median line of the abdomen, Du energy runs along the spine, and Chong energy runs along the Kidney Channel. Cold sweats, cold headache. Retention of stool and urine. Irregular menstrual cycle, to commence menstruation, clammy testicles. Do not insert needle. Small moxa by a moxa stick.

Ren 2 Qugu 曲 骨

Confluence of Liv-Ren Channel. Slightly above the upper border of the symphysis pubis, on the median line of abdomen. Insert needle 0.6 cun. Lack of energy in five organs. Cold empty pelvis. Pelvic pain, dysuria. Very large moxa.

Ren 3 Zhongji 中 極

Front Mu Point of urinary bladder. Confluence of Sp-K-Liv-Ren Channel. The point rules the lower jiao. 1 cun above the upper border of the symphysis pubis, on the median line of the abdomen. Insert needle 0.8 cun. Cold energy accumulated in the pelvis. Fever retained in the abdomen. Dysmenorrhea, infertility, retained placenta. Dysuria, sores at the genitalia. Very large moxa.

Ren 4 Guanyuan 関 元

3 cun straight below the umbilicus, 2 cun above Ren 2. Front Mu Point of small intestine. Confluence of Sp-K-Liv-Ren Channel. Insert needle 0.8 cun. Do not insert needle to this point in pregnant women, it induces abortion. The point treats the damages accumulated from cold insults. Gastroesophageal Reflux Disease, anorexia, indigestion, diarrhea. Infertility, menopause. Stroke hemiparesis. Emaciation, exhaustion, debilitation from chronic disease. Very large mox with repeats.

Ren 5 Shimen 石 門

Front Mu Point of sanjiao. 2 cun straight below the umbilicus. Origin of Ren Channl energy. Insert needle 0.8 cun. Do not insert needle, or apply moxa to women in reproductive age. It will cause a lifetime infertility. Cryptorchidism, dysuria. Diarrhea, indigestion, malnutrition. Edema, water retention, skin sore. Very large moxa.

Ren 6 Qihai 氣 海

1.5 cun straight below the umbilicus. Origin of Ren Channel energy. The source of vital energy especially for men. Insert needle 0.8 cun. General weakness and

emaciation. Lethargy, fatigue, lack of energy. Receding energies of yin and yang. Cold lower abdomen and pelvis. Cold weak extremities. Very large mox with repeats.

Ren 7 Yinjiao 陰交
Front Mu Point of sanjiao. Confluence of K-Chong-Ren Channel. 1 cun straight below the umbilicus. Origin of Ren Channel energy. Insert needle 0.8 cun. Peri-umbilical abdominal pain, menorrhagia. Very large moxa.

Ren 8 Shenque 神闕
In the center of the umbilicus. Do not insert needle, needle insertion will cause troublesome infection in the abdominal cavity. The point is listed to show the flow of energy. Diarrhea and cramp when the abdomen is exposed to cold damp air. Very large moxa by a moxa stick.

Ren 9 Shuifen 水分
On the median line of the abdomen, 1 cun above the umbilicus. Origin of Ren Channel energy. This point relates to the lower end of the small intestine from which the digested, consumed clear fluid enters into the urinary bladder (through the kidney), and the digested left over rubbish enters into the large intestine. Insert needle 0.8 cun. Main point to treat water retention in the abdomen. Distention of stomach, small and large intestines. Use very large moxa to remove retained water.

Ren 10 Xiawan 下脘
Confluence of Sp-Ren Channel. 2 cun straight above the umbilicus. This point relates to the lower end of stomach and the upper end of small intestine. Insert needle 0.8 cun. The point controls transit of food below the umbilicus. Distention of the stomach, abdominal pain. Anorexia, indigestion, emaciation. Very large moxa.

Ren 11 Jianli 建里
3 cun straight above the umbilicus. Insert needle 0.5 cun. Abdominal distention and nausea. Medium moxa.

Ren 12 Zhongwan 中脘
Front Mu Point of stomach. Confluence of SI-SJ-St-Ren Channel. Confluence of all viscera. The point rules the middle jiao. 4 cun straight above the umbilicus, on the median line of the abdomen. Insert needle 0.8 cun. Anorexia, midabdominal distention, postprandial abdominal discomfort. Initiation point to treat post-chemotherapy nausea, vomiting, anorexia, and emaciation. Lethargy after major surgery or prolonged illness. Tung Yuan said, "When the energy residing in the stomach and intestines does not descend, use Ren 12, St 36 Zusanli and Liv 13 Zhangmen together to move it down." Very large moxa. Repeat moxa for older patients.

Ren 13 Shangwan 上脘
Confluence of St-SI-Ren Channel. 5 cun straight above the umbilicus. Insert needle 0.8 cun. Intolerance to food, postprandial vomiting and diarrhea. Anxiety, palpitation, globus hystericus. Very large moxa.

Ren 14 Juque 巨闕
Front Mu Point of heart. 1 cun below the tip of the xyphoid process. 6 cun straight above the umbilicus, Insert needle 0.6 cun. Palpitation. Fullness and congestion in the chest. Euphoria, panic, and depression. Very large moxa.

Ren 15 Jiuwei 鳩尾
Luo Point of Ren Channel. 7 cun straight above the umbilicus, just below the tip of the xyphoid process. The heart energy exposes itself through Ren 15. Insert needle 0.3 cun. Most textbooks do not recommend moxibustion. Per *Unfolding of Fourteen Channels* written by Hua Bo Ren, the heart sits on the top of the diaphragm. The diaphragm attaches to Jiuwei (xyphoid process) anteriorly, to the eleventh thoracic vertebra posteriorly, and to the ribs at the side to seal off the thoracic cavity. The diaphragm blocks the warm abdominal energy ascending to the heart and lung. Moxibustion to the point can warm the heart and the lung, which in turn can produce detrimental complications. (14, 110-3)

Ren 15 is a difficult point to use for patients who are exhausted from concealed physical and mental ailments. Inserting a needle with moxa to this point can disrupt the energy in the channel, and result in a reversal or a collision of energy

flow helping it dispersed in a very damaging way. Mental depression, fullness in the chest, globus hystericus, migraine, and seminal emission. Moxa can cause sudden unexpected collapse or even death. No moxa. Use Ren 17 instead to treat the problems.

Ren 16 Zhongting 中 庭
On the median line of the sternum, at the depression at the level of the fifth intercostal space. Origin of Ren Channel energy. Insert needle 0.3 cun. Dysphagia. Medium moxa.

Ren 17 Shanzhong 膻 中
Front Mu Point of pericardium. Confluence of Sp-K-SI-SJ-Ren. The point rules the upper jiao. Forceful energies merge at this point; for disorders relating to the energy flow, use this point. On the median line of the sternum, at the depression at the level of the fourth intercostal space, between the nipples. Do not insert needle. Inserting a needle to this point, especially for women at the postpartum stage, may cause an energy collision, sudden collapse, or even an unexpected death. Lactation failure in postpartum period. Globus hystericus, distressed breathing, dysphagia. Lack of spirit and energy, anxiety. Medium moxa by holding a large moxa stick about 1 cun away from the point.

Ren 18 Yutang 玉 堂
On the median line of the sternum, at the depression at the level of the third intercostal space. Insert needle 0.3 cun. Cough, shortness of breath. Medium moxa.

Ren 19 Zigong 紫 宮
On the median line of the sternum, at the depression at the level of the second intercostal space. Take the point with the face raised up. Insert needle 0.3 cun. Fullness in the chest, asthma. Medium moxa.

Ren 20 Huagai 華 蓋
On the median line of the sternum, at the depression at the level of the first intercostal space. Take the point with the face raised up. Insert needle 0.3 cun. Alopecia areata. Fullness in the chest, asthma. Medium moxa.

Ren 21 Xuanji 璇 璣
At the depression, 1.6 cun straight below Ren 22. Origin of Ren Channel energy. Take the point with the face raised up. Insert needle 0.3 cun. Asthma, laryngitis, airway obstruction. Medium moxa.

Ren 22 Tiantu 天 突
Confluence of Yinwei-Ren Channel. At the middle of the upper border of jugular notch of the manubrium sterni. Insert needle 0.5cun. Needle stays in for 15 seconds (3 respirations). Asthma, airway obstruction, laryngitis, hoarseness of voice. Small moxa.

Ren 23 Lianquan 廉 泉
Confluence of Yinwei-Ren Channel. The point is located just above the central notch of thyroid cartilage. Take the point with the face raised up. Insert needle 0.3 cun. Needle stays in for 35 seconds (7 respirations). Aphonia, hoarseness of voice, swallowing difficulty, tongue sore. Small moxa.

Ren 24 Chengjiang 承 漿
Confluence of LI-St-Du-Ren Channel. At the upper border of the mandible at its frontal median line, in the depression below the lower lip. Take the point with the mouth open. Insert needle 0.2 cun. Excessive thirst, psychogenic polydypsia, enuresis. Large moxa.

Jinjin 金 津 extra point
Bilateral point. On the vein at each side of the frenulum, at the base of the tongue. Bleed from the points. Glossitis, gingivitis, stiff tongue.

Six Ren points from Ren 16 to Ren 21 are origins of Ren Channel energy.

Safety Tips for Ren Points on the Abdomen

Patients with chronic illness are extremely debilitated and emaciated. They have lost their subcutaneous fat reserve, the abdominal wall is thin. As the result of weight loss, needles inserted to all Ren points at the abdominal wall will not

proceed to the depth of 0.8 cun. The depth of needle insertion is shallow, inserted needles may not stand erect. Many Ren points on the abdomen, especially Ren 3, Ren 4, Ren 5, Ren 6, and Ren 12, require very large moxa with repeats. Inserted needles need to stand erect for moxibustion. Use Micropore surgical tapes to help the needles stand erect to which moxa balls can be attached.

Patients with ventral hernia at the abdominal wall have defect at the peritoneal sheath, which will normally resists needle penetration. In this case, depth of needle insertion should be less than the recommended depth of 0.8 cun. Do not allow the inserted needles advance deep into the abdominal cavity to puncture the internal organs exposed underneath the skin and subcutaneous layer with no intervening peritoneal sheath.

3. Chong Channel 冲 脈

Chong means collision. Chong Channel acquires its energy from ovaries as Ren Channel does. The energy then moves to Ren 1 Huiyin, and stored in the perineum and pelvis. The energy then ascends alongside the lower vertebral column, and moves to St 30 Qichong. Qichong means energy collision. Chong Channel starts from K 11 located at the upper border of the symphysis pubis, and moves through the Kidney Channel. It disperses its energy within the thorax, and ends at the throat. When Chong Channel is in disorder, its energy flow reverses and spreads into the blood. Chong Channel supplies water to the pericardium and sanjiao, the Chong Channel points to do this work are K 15, K 16, and K 18.

Chong Channel points:

1. Ren 1 Huiyin (Origin)
2. K11 Henggu
3. K 12 Dahe
4. K 13 Qixue
5. K 14 Siman
6. K 15 Zhongzhu
7. K 16 Huangshu
8. K 17 Shangqu
9. K 18 Shiguan
10. K 19 Yindu
11. K 20 Tonggu
12. K 21 Youmen

Except Ren 1, all the above points are Confluence Points of Chong Channel. Sp 4 Gongsun is the Confluence Point connecting to Chong Channel. Sp 4 resonates

with P 6 Neiguan, which is also the Confluence Point that resonates with K 9 Zhubin to start Yinwei Channel. Use Sp 4 Gongsun first to induce remission. If necessary, use other points later. Chong energy nurtures and warms the muscles, skin and hair. With the help of Ren Channel, it controls women's reproductive function.

Indication: Globus hystericus, depression. Regurgitaion of gastric contents. Blockage of food transit, abdominal distention, indigestion, diarrhea, and constipation. Irritable Bowel Syndrome. Retained placenta, pelvic and genital inflammatory diseases. Failure to perspire in febrile disease, heat retained in sanjiao, pericarditis. Pruritus, skin rash and sore.

4. Dai Channel 帶 脈

Dai means a belt. Dai Channel rotates around the waist like a belt. Dai Channel acquires its energy from Liv 13 Zhangmen at the flank, which is a Confluence Point connecting to GB 26 Daimai. Dai Channel regulates the body temperature by controlling sanjiao. When Dai Channel is in disorder, it causes energy misalignment in the abdomen and pelvis, and results in abdominal distention and water retention in the pelvis.

Dai Channel points:

1. GB 26 Daimai
2. GB 27 Wushu
3. GB 28 Weidao (Confluence)

GB 41 Linqi is the main Confluence Point connecting to Dai Channel. GB 41 resonates with SJ 5 Waiguan, which is also the Confluence Point that resonates with UB 63 Jinmen to start Yangwei Channel. Use GB 41 Linqi first to induce remission. If necessary, use other points later.

Indication: Stroke paresis of the arm and leg. Facial palsy. Headache, conjunctivitis. Water retention in the pelvis, distention and pain in the pelvis. Dry hard stool. Dysmenorrhea. Weak muscle contraction. Muscle pain and spasm from cold damp air. Leg muscle cramp in sleep.

5. Yangqiao Channel 陽 跷 脈

Qiao means raising the heels and being steadfast. Yangqiao wants to be taller, stronger and faster than Yinqiao, and vice versa. In males, when all yang numbers and yin numbers add up, yang numbers add up several feet taller than yin numbers. Yanqiao predominates, and holds sway over the other. Yangqiao Channel is a separate run of SI and UB Channel. Yangqiao energy arises from the bottom of the heel, originates from UB 61 Pushen, starts from UB 62 Shenmai, ascends alongside the lateral malleolus and lateral side of the leg and flank. Then it comes to the shoulder, reaches GB 20 Fengchi, and reaches UB 1 Jingming to meet with Yinqiao Channel. In normal situations, Yangqiao works together with Yinqiao in unison. When Yangqiao Channel is in disarray, yang runs fast and yin runs slow, and it causes disorders in enrgy alignment.

Yangqiao Channel points:

1. UB 61 Pushen (Origin)
2. UB 62 Shenmai (Confluence)
3. UB 59 Fuyang
4. GB 29 Juliao
5. SI 10 Naoshu
6. LI 15 Jianyu
7. LI 16 Jugu
8. St 4 Dicang
9. St 3 Juliao
10. St 1 Chengqi
11. UB 1 Jingming
12. GB 20 Fengchi

UB 62 Shenmai is the Confluence Point to start Yangqiao Channel. UB 62 resonates with SI 3 Houxi, which is also the Confluence Point connecting to Du Channel. Use UB 62 Shenmai first to induce remission. If necessary, use other points later.

Indication: Major channel to treat stroke hemiparesis, peripheral polyneuropathy. Paresis and spasm of the four extremities, weak upper spine. Stiffness and pain in the shoulder and lumbar spine. Occipital headache. Painful edema of the leg. Redness and sore in the eye.

6. Yinqiao Channel 陰 跷 脈

Qiao means raising the heels and being steadfast. Yinqiao wants to be taller, stronger and faster than Yangqiao, and vice versa. In females, when all yin numbers and yang numbers add up, yin numbers add up several feet taller than yang numbers. Yinqiao predominates, and holds sway over the other. Yinqiao Channel is an extra run on Shaoyin Kidney Channel. Yinqiao energy arises from the heel, posterior to K 2 Rangu, ascends along the medial malleolus, medial side of the leg, passes the groin, enters the genitalia, and runs along the medial part of the frontal abdomen and thorax. It passes through St 12 Quepen and St 9 Renying at the upper chest and neck, and enters the nasal column, and reaches UB 1 Jingming to meet with Yangqiao Channel. In normal situations, Yinqiao works with Yangqiao in unison. When Yinqiao is in disarray, yin runs fast and yang runs slow, and it results in depression, despair, and other diseases.

Yinqiao Channel points:

1. K 6 Zhaohai (Origin)
2. K 8 Jiaoxin (Xi)

K 8 Jiaoxin is the Xi Point to start Yinqiao Channel. K 8 resonates with Lu 7 Lieque, which is also the Confluence Point connecting to Ren Channel. Use K 8 Jiaoxin first to induce remission. If necessary, use other points later. For obstetrical and gynecological problems, use Sp 6 together.

Indication: Essential hematuria, urethritis, bladder distension. Pelvic pain, dysmenorrhea. Anorexia, mid abdominal pain, tenesmus, small bowel distention. Hyperhidrosis. Cold sweating. Depression.

7. Yangwei Channel 陽 維 脈

Wei means a bundle. Yangwei Channel ties up all yang channels to form a bundle, Yangwei Channel arises from the confluence of all yang channels. If Yangwei fails to bundle yang channels, yang energy floods over out of control, and febrile disease occurs. Yangwei Channel starts from UB 63 Jinmen, a Xi Point where all yang channels converge. It meets SI and Yangqiao Channels at SI 10 Naoshu, meets SJ Channel at SJ 15 Tianliao, meets GB Channel at GB 21 Jianjing, and it meets GB Channel again at GB 14 Yangbai. Yangwei runs anteriorly to Yangqiao; it ascends along the lateral malleolus, the lateral side of the leg and hip, and

the posterolateral part of the flank and shoulder. Then it runs along the lateral part of the face, runs through the forehead, and joins Du Channel at the occipital base.

Yangwei Channel points:

1. UB 63 Jinmen (Xi)
2. GB 35 Yangjiao
3. SI 10 Naoshu
4. SJ 15 Tianliao
5. GB 21 Jianjing
6. St 8 Touwei
7. GB 13 Benshen
8. GB 14 Yangbai
9. GB 15 Linqi
10. GB 16 Muchuang
11. GB 17 Zhengying
12. GB 18 Chengling
13. GB 19 Naokong
14. GB 20 Fengchi
15. Du 16 Fengfu
16. Du 15 Yamen

UB 63 Jinmen is the Xi Point to start Yangwei Channel. UB 63 resonates with SJ 5 Wiaguan, which is also the Confluence Point that resonates with GB 41 Linqi to start Dai Channel. Use UB 63 Jinmen first to induce remission. If necessary, use other points later.

Indication: Temporal parietal headache. Movement disorders of the four extremities. Peipheral polyneuropathy, Parkinson's Disease, facial palsy. Febrile chill and perspiration. Muscle spasm and weakness.

8. Yinwei Channel 陰維脈

Wei means a bundle. Yinwei Channel ties up all yin channels to form a bundle. Yinwei Channel arises from the confluence of all yin channels. If Yinwei fails to bundle yin channels, yin energy floods over out of control, and it causes despair and pain in the chest. Yinwei Channel starts from K 9 Zhubin, a Xi Point where all yin channels converge. Yinwei runs posteriorly to Yinqiao; it ascends along the medial side of the thigh, runs on the Spleen Channel at the lateral part of the abdomen. Then it runs over the chest, and joins Ren Channel at the neck.

Yinwei Channel points:

1. K 9 Zhubin (Xi)
2. Sp 13 Fushe
3. Sp 15 Daheng
4. Sp 16 Fuai
5. Liv 14 Qimen
6. Ren 22 Tiantu
7. Ren 23 Lianquan

K 9 Zhubin is the Xi Point to start Yinwei Channel. K 9 resonates with P 6 Neiguan, which is also the Confluence Point that resonates with Sp 4 Gongsun to start Chong Channel. Use K 9 Zhubin first to induce remission. If necessary, use other points later.

Indication: Mental agitation, helpless despair, worry. Dysphagia, borborygmus, abdominal distention, diarrhea, rectal prolapse. Irritabble Bowel Syndrome.

Pairing of Eight Confluences and Xi Points

SI 3 Houxi pairs with UB 62 Shenmai to start Yangqiao Channel, which runs through the leg, flank, shoulder, neck, head, and the nasal column, and reaches UB 1 Jingming at the eye. *Lu 7 Lieque* pairs with K 8 Jiaoxin to start Yinqiao Channel, which runs through the leg, groin, pelvis, abdomen, thorax, neck, and the nasal column, and reaches UB 1 Jingming at the inner canthus of the eye to meet with Yangqiao Channel. UB 63 Jinmen pairs with *SJ 5 Waiguan* to start Yangwei Channel, which reaches the forehead to join Du Channel. K 9 Zhubin pairs with *P 6 Neiguan* to start Yinwei Channel, which reaches the neck to join Ren Channel.

In summary, the original source points to form Eight Extraordinary Channels are four Confluence Points located at the hands and the distal forearms: three Luo Points of *Lu 7 Lieque*, *P 6 Neiguan*, *SJ 5 Waiguan, and a Shu Point of SI 3 Houxi*. SI 3 Houxi connects directly to Du Channel; Lu 7 Lieque connects directly to Ren Channel. Again, these four original points resonate with six other points at each foot and leg to connect to six other Extraordinary Channels. Out of these six points at the foot and leg, three are Confluence Points, and the other three are Xi Points. These six special points use Ordinary Channel points to form six Extraordinary Channels. For more details on this channel formation, please read the next section of The Rules of Five Initial Holes and Yuan, Luo, Xi, and Extra Point.

SI 3 Houxi and *Lu 7 Lieque* connect directly to Du and Ren Channels with no intermediary points between them. On the contrary, six other Extraordinary Channels use a *Confluence Point* or *Xi Point* at the foot and leg as an intermediary point to connect to an Extraordinary Channel, which is made of many Ordinary Channel points. A needle inserted to any of these six intermediary Confluence Points and Xi Points will connect to many points on an Extraordinary Channel.

Use these eight special connection points first to induce remission. If necessary, use other points later.

SI 3 Houxi—Du Channel; UB 62 Shenmai—Yangqiao Channel
Lu 7 Lieque—Ren Channel; K 8 Jiaoxin—Yinqiao Channel
P6 Neiguan: Sp 4 Gongsun—Chong Channel; K 9 Zhubin—Yinwei Channel
SJ 5 Waiguan: GB 41 Linqi—Dai Channel; UB 63 Jinmen—Yangwei Channel

Fifteen Luo Connection Points

Lu 7 Lieque	SI 7 Zhizheng	GB 37 Guangming
LI 6 Pianli	UB 58 Feiyang	Liv 5 Ligou
St 40 Fenglong	K 4 Dazhong	Du 1 Changqiang
Sp 4 Gongsun	P 6 Neiguan	Ren 15 Jiuwei
H 5 Tongli	SJ 5 Waiguan	Sp 21 Dabao

Rules of Five Initial Holes and Yuan, Luo, Xi, Extra Point

The original source points to form eight Extraordinary Channels are four Confluence Points located at the hands and the distal forearms. These are *SI 3 Houxi*, *Lu 7 Lieque*, *P 6 Neiguan*, and *SJ 5 Waiguan*. All points are Luo Connection Points except SI 3 Houxi being a Shu Point. *SI 3 Houxi* connects to Du Channel. *Lu 7 Lieque* connects to Ren Channel. Again, these four original points resonate with six points at each foot and leg to start six Extraordinary Channels. Of these six starter points at each foot and leg, three points are *Confluence Points*, and three others are *Xi Points*.

In all twelve Ordinary Channels, the five initial holes are Jing, Ying, Shu, Jing, He; and there are three additional holes of Yuan, Luo, Xi. In each of the twelve Ordinary Channels, the starting Jing Points are either metal or wood, and He Points are either earth or water respectively. Six yang channels expose their original channel energies at *Yuan Points*. All acupuncture channels use water as the medium to move their energies. Yang channels have earth as a checker at the final He Points; and yin channels have water as a checker at the final He Points. Stomach and Kidney Channels are the only two channels that have their own elements at their He Points. Supplementation enhances the deficient energy, and release discharges the excess energy.

1. Hand Taiyin Lung Channel

11	10	9	8	7	6	5
Shaoshang	Yuji	Taiyuan	Jingqu	Lieque	Kongzui	Chize
Jing	Ying	Shu	Jing	Luo	Xi	He
Wood	Fire	Earth	Metal			Water
		Supplement	Self	Extra		Release

Lu 7 Lieque connects to Ren Channel, and resonates with K 8 Jiaoxin to start Yinqiao Channel.

2. Hand Yangming Large Intestine Channel

1	2	3	4	5	6	7	11
Shangyang	Erjian	Sanjian	Hegu	Yangxi	Pianli	Wenliu	Quchi
Jing	Ying	Shu	Yuan	Jing	Luo	Xi	He
Metal	Water	Wood		Fire			Earth
Self	Release						Supplement

3. Foot Yangming Stomach Channel

45	44	43	42	41	40	36	34
Lidui	Neiting	Xiangu	Chongyang	Jiexi	Fenglong	Zusanli	Liangqiu
Jing	Ying	Shu	Yuan	Jing	Luo	He	Xi
Metal	Water	Wood		Fire		Earth	
Release				Supplement		Self	

4. Foot Taiyin Spleen Channel

1	2	3	4	5	8	9
Yinbai	Dadu	Tabai	Gongsun	Shangqiu	Diji	Yinlingquan
Jing	Ying	Shu	Luo	Jing	Xi	He
Wood	Fire	Earth		Metal		Water
	Supplement	Self	Extra	Release		

Sp 4 Gongsun is the Confluence Point to start Chong Channel.

5. Hand Shaoyin Heart Channel

9	8	7	6	5	4	3
Shaochong	Shaofu	Shenmen	Yinxi	Tongli	Lingdao	Shaohai
Jing	Ying	Shu	Xi	Luo	Jing	He
Wood	Fire	Earth			Metal	Water
Supplement	Self	Release				

6. Hand Taiyang Small Intestine Channel

1	2	3	4	5	6	7	8
Shaoze	Qiangu	Houxi	Wangu	Yanggu	Yanglao	Zhizheng	Xiaohai
Jing	Ying	Shu	Yuan	Jing	Xi	Luo	He
Metal	Water	Wood		Fire			Earth
		Supplement		Self			Release
		Extra					

SI 3 Houxi connects to Du Channel, and resonates with UB 62 Shenmai to start Yangqiao Channel.

7. Foot Taiyang Urinary Bladder Channel

67	66	65	64	63	60	58	40
Zhiyin	Tonggu	Shugu	Jinggu	Jinmen	Kunlun	Feiyang	Weizhong
Jing	Ying	Shu	Yuan	Xi	Jing	Luo	He
Metal	Water	Wood		Extra	Fire		Earth
Supplement	Self	Release					

UB 62 Shenmai is the Confluence Point to start Yangqiao Channel.
UB 63 Jinmen is the Xi Point to start Yangwei Channel.

8. Foot Shaoyin Kidney Channel

1	2	3	4	5	7	8	10
Yongquan	Rangu	Taixi	Dazhong	Shuiquan	Fuliu	Jiaoxin	Yingu
Jing	Ying	Shu	Luo	Xi	Jing		He
Wood	Fire	Earth			Metal		Water
Release					Supplement	Extra	Self

K 8 Jiaoxin is the Xi Point to start Yinqiao Channel.
K 9 Zhubin is the Xi Point to start Yinwei Channel.

9. Hand Jueyin Pericardium Channel

9	8	7	6	5	4	3
Zhongchong	Laogong	Daling	Neiguan	Jianshi	Ximen	Quze
Jing	Ying	Shu	Luo	Jing	Xi	He
Wood	Fire	Earth		Metal		Water
Supplement	Self	Release	Extra			

P 6 Neiguan resonates with Sp 4 Gongsun to start Chong Channel, and resonates with K 9 Zhubin to start Yinwei Channel.

10. Hand Shaoyang Sanjiao Channel

1	2	3	4	5	6	7	10
Guanchong	Yemen	Zhongzhu	Yangchi	Waiguan	Zhigou	Huizong	Tianjing
Jing	Ying	Shu	Yuan	Luo	Jing	Xi	He
Metal	Water	Wood			Fire		Earth
		Supplement		Extra	Self		Release

SJ 5 Waiguan resonates with GB 41 Linqi to start Dai Channel, and resonates with UB 63 Jinmen to start Yangwei Channel.

11. Foot Shaoyang Gall Bladder Channel

44	43	41	40	38	37	36	34
Qiaoyin	Xiaxi	Linqi	Qiuxu	Yangfu	Guangming	Waiqiu	Yanglingquan
Jing	Ying	Shu	Yuan	Jing	Luo	Xi	He
Metal	Water	Wood		Fire			Earth
	Supplement	Self		Release			
		Extra					

GB 41 Linqi is the Confluence Point to start Dai Channel.

12. Foot Jueyin Liver Channel

1	2	3	4	5	6	8
Dadun	Xingjian	Taichong	Zhongfeng	Ligou	Zhongdu	Ququan
Jing	Ying	Shu	Jing	Luo	Xi	He
Wood	Fire	Earth	Metal			Water
Self	Release					Supplement

Acupuncture Point Names in Chinese Letters

Abdomen Zhongzhu K 15 腹中注

Baihuanshu UB 30 白環俞
Baihui Du 20 百會
Baohuang UB 53 胞肓
Benshen GB 13 本神
Biguan St 31 脾関
Binao LI 14 臂臑
Bingfeng SI 12 秉風
Bulang K 22 步廊
Burong St 19 不容

Changqiang Du 1 長強
Chengfu UB 36 承扶
Chengguang UB 6 承光
Chengjiang Ren 24 承漿
Chengjin UB 56 承筋
Chengling GB 18 承靈
Chengman St 20 承滿
Chengqi St 1 承泣
Chengshan UB 57 承山
Chest Zigong Ren 19 胸紫宮
Chize Lu 5 尺澤
Chongmen Sp 12 冲門
Chongyang St 42 冲陽
Ciliao UB 32 次髎

Dabao Sp 21 大包
Dachangshu UB 25 大腸俞
Dadu Sp 2 大都
Dadun Liv 1 大敦
Dahe K 12 大赫
Daheng Sp 15 大横
Daimai GB 26 帶脈
Daju St 27 大巨
Daling P 7 大陵
Danshu UB 19 膽俞
Dashu UB 11 大杼
Daying St 5 大迎
Dazhong K 4 大鍾
Dazhui Du 14 大椎
Dicang St 4 地倉
Diji Sp 8 地機
Diwuhui GB 42 地五會
Dubi St 35 犢鼻
Duiduan Du 27 兌端
Dushu UB 16 督俞

Erjian LI 2 二間
Ermen SJ 21 耳門

Feishu UB 13 肺 俞
Feiyang UB 58 飛 揚
Fengchi GB 20 風 池
Fengfu Du 16 風 府
Fenglong St 40 豊 隆
Fengmen UB 12 風 門
Fengshi GB 31 風 市
Fuai Sp 16 腹 哀
Fubai GB 10 附 白
Fufen UB 41 附 分
Fujie Sp 14 腹 結
Fuliu K 7 復 溜
Fushe Sp 13 府 舍
Futu St 32 伏 兔
Futu LI 18 扶 突
Fuxi UB 38 浮 郄
Fuyang UB 59 跗 陽

Ganshu UB 18 肝 俞
Gaohuangshu UB 43 膏 肓 俞
Geguan UB 46 膈 関
Geshu UB 17 膈 俞
Gongsun Sp 4 公 孫
Guanchong SJ 1 関 冲
Guangming GB 37 光 明
Guanmen St 22 関 門
Guanyuan Ren 4 関 元
Guanyuanshu UB 26 関 元 俞
Guilai St 29 歸 來

Hanyan GB 4 頷 厭
Hegu LI 4 合 谷
Heliao-Ear SJ 22 耳 和 髎
Heliao-Nose LI 19 鼻 和 髎
Henggu K 11 横 骨
Heyang UB 55 合 陽
Houding Du 19 後 頂
Houxi SI 3 後 溪
Huagai Ren 20 華 蓋
Huangmen UB 51 肓 門
Huangshu K 16 肓 俞
Huantiao GB 30 環 跳
Huaroumen St 24 滑 肉 門
Huiyang UB 35 會 陽
Huiyin Ren 1 會 陰
Huizong SJ 7 會 宗
Hunmen UB 47 魂 門

Jiache St 6 頬 車
Jianjing GB 21 肩 井
Jianli Ren 11 建 里
Jianliao SJ 14 肩 髎
Jianshi P5 間 使
Jianwaishu SI 14 肩 外 俞
Jianyu LI 15 肩 髃
Jianzhen SI 9 肩 貞
Jianzhongshu SI 15 肩 中 俞
Jiaosun SJ 20 角 孫
Jiaoxin K 8 交 信
Jiexi St 41 解 溪
Jimai Liv 12 急 脈
Jimen Sp 11 箕 門
Jinggu UB 64 京 骨
Jingmen GB 25 京 門
Jingming UB 1 睛 明
Jingqu Lu 8 經 渠
Jinjin, Extra Point 金 津
Jinmen UB 63 金 門
Jinsuo Du 8 筋 縮
Jiquan H 1 極 泉

Jiuwei Ren 15 鳩 尾
Jizhong Du 6 脊 中
Juegu GB 39 絕 骨
Jueyinshu UB 14 厥 陰 俞
Jugu LI 16 巨 骨
Juliao St 3 巨 髎
Juliao GB 29 居 髎
Juque Ren 14 巨 闕

Kongzui Lu 6 孔 最
Kufang St 14 庫 房
Kunlun UB 60 崑 崙

Laogong P 8 勞 宮
Liangmen St 21 梁 門
Liangqiu St 34 梁 丘
Lianquan Ren 23 廉 泉
Lidui St 45 厲 兌
Lieque Lu 7 列 缺
Ligou Liv 5 蠡 溝
Lingdao H 4 靈 道
Lingtai Du 10 靈 台
Lingxu K 24 靈 墟
Linqi-Head GB 15 臨 泣
Linqi-Foot GB 41 臨 泣
Lougu Sp 7 漏 谷
Luoque UB 8 絡 卻
Luxi SJ 19 顱 息

Meichong UB 3 眉 冲
Mingmen Du 4 命 門
Muchuang GB 16 目 窓

Naohu Du 17 腦 戶
Naohui SJ 13 腦 會
Naokong GB 19 腦 空
Naoshu SI 10 臑 俞
Neiguan P 6 內 関
Neiting St 44 內 庭

Pangguangshu UB 28 膀 胱 俞
Pianli LI 6 偏 歷
Pishu UB 20 脾 俞
Pohu UB 42 魄 戶
Pushen UB 61 僕 參

Qianding Du 21 前 頂
Qiangjian Du 18 強 間
Qiangu SI 2 前 谷
Qiaoyin-Head GB 11 竅 陰
Qiaoyin-Foot GB 44 竅 陰
Qichong St 30 氣 冲
Qihai Ren 6 氣 海
Qihaishu UB 24 氣 海 俞
Qihu St 13 氣 戶
Qimai SJ 18 瘈 脈
Qimen Liv 14 期 門
Qinglengyuan SJ 11 淸 冷 淵
Qingling H 2 靑 靈
Qishe St 11 氣 舍
Qiuxu GB 40 丘 墟
Qixue K 13 氣 穴
Quanliao SI 18 顴 髎
Qubin GB 7 曲 鬢
Quchai UB 4 曲 差
Quchi LI 11 曲 池
Quepen St 12 缺 盆
Qugu Ren 2 曲 骨
Ququan Liv 8 曲 泉
Quyuan SI 13 曲 垣

Quze P 3 曲 澤

Rangu K 2 然 谷
Renying St 9 人 迎
Renzhong Du 26 人 中
Riyue GB 24 日月
Rugen St 18 乳 根
Ruzhong St 17 乳 中

Sanjian LI 3 三 間
Sanjiao, Ear Point 三 焦
Sanjiaoshu UB 22 三 焦 俞
Sanyangluo SJ 8 三 陽 絡
Saninjiao Sp 6 三 陰 交
Shangguan GB 3 上 関
Shangjuxu St 37 上 巨 墟
Shanglian LI 9 上 廉
Shangliao UB 31 上髎
Shangqiu Sp 5 商 丘
Shangqu K 17 商 曲
Shangwan Ren 13 上 脘
Shangxing Du 23 上 星
Shangyang LI 1 商 陽
Shanzhong Ren 17 膻中
Shaochong H 9 少 冲
Shaofu H 8 少 府
Shaohai H 3 少 海
Shaoshang Lu 11 少 商
Shaoze SI 1 少 澤
Shencang K 25 神 藏
Shendao Du 11 神 道
Shenfeng K 23 神 封
Shenmai UB 62 神 脈
Shenmen H 7 神 門
Shenmen, Ear Point 神 門
Shenque Ren 8 神 闕
Shenshu UB 23 腎 俞
Shentang UB 44 神 堂
Shenting Du 24 神 庭
Shenzhu Du 12 身柱
Shidou Sp 17 食 竇
Shiguan K 18 石 関
Shimen Ren 5 石 門
Shousanli LI 10 手 三 里
Shouwuli LI 13 手 五 里
Shuaigu GB 8 率谷
Shufu K 27 俞 府
Shugu UB 65 束 骨
Shuidao St 28 水 道
Shuifen Ren 9 水 分
Shiquan K 5 水 泉
Shuitu St 10 水 突
Sibai St 2 四 白
Sidu SJ 9 四 瀆
Siman K 14 四 滿
Sishencong, Extra 四 神 聰
Sizhukong SJ 23 絲 竹 空
Suliao Du 25 素髎

Taibai Sp 3 太 白
Taichong Liv 3 太冲
Taixi K 3 太 溪
Taiyi St 23 太 乙
Taiyuan Lu 9 太淵
Taodao Du 13 陶道
Tianchi P 1 天 池
Tianchong GB 9 天冲
Tianchuang SI 16 天 窓
Tianding LI 17 天 鼎
Tianfu Lu 3 天 府

Tianjing SJ 10 天 井
Tianliao SJ 15 天 髎
Tianquan P 2 天 泉
Tianrong SI 17 天 容
Tianshu St 25 天 樞
Tiantu Ren 22 天 突
Tianxi Sp 18 天 溪
Tianyou SJ 16 天 牖
Tianzhu UB 10 天 柱
Tianzong SI 11 天 宗
Tiaokou St 38 條 口
Tingcong, Ear Point 聽 聰
Tinggong SI 19 聽 宮
Tinghui GB 2 聽 會
Tonggu K 20 通 谷
Tonggu UB 66 通 谷
Tongli H 5 通 里
Tongtian UB 7 通 天
Tongziliao GB 1 瞳 子 髎
Touwei St 8 頭 維

Waiguan SJ 5 外 関
Wailing St 26 外 陵
Waiqiu GB 36 外 丘
Wangu SI 4 腕 骨
Wangu GB 12 完 骨
Weicang UB 50 胃 倉
Weidao GB 28 維 道
Weishu UB 21 胃 俞
Weiyang UB 39 委 陽
Weizhong UB 40 委 中
Wenliu LI 7 溫 溜
Wuchu UB 5 五 處
Wuli Liv 10 五 里
Wushu GB 27 五 樞
Wuyi St 15 屋 翳

Xiabai Lu 4 俠 白
Xiaguan St 7 下 関
Xiajuxu St 39 下 巨 墟
Xialian LI 8 下 廉
Xialiao UB 34 下 髎
Xiangu St 43 陷 谷
Xiaochangshu UB 27 小 腸 俞
Xiaohai SI 8 小 海
Xiaoluo SJ 12 消 濼
Xiawan Ren 10 下 脘
Xiaxi GB 43 俠 溪
Xiguan Liv 7 膝 関
Ximen P 4 郄 門
Xingjian Liv 2 行間
Xinhui Du 22 顖會
Xinshu UB 15 心 俞
Xiongxiang Sp 19 胸 鄉
Xiyan, Extra 膝眼
Xiyangguan GB 33 膝陽 関
Xuanji Ren 21 璇璣
Xuanli GB 6 懸釐
Xuanlu GB 5 懸顱
Xuanshu Du 5 懸樞
Xuanzhong GB 39 懸鐘
Xuehai Sp 10 血 海

Yamen Du 15 啞門
Yangbai GB 14 陽 白
Yangchi SJ 4 陽 池
Yangfu GB 38 陽 輔
Yanggang UB 48 陽 綱
Yanggu SI 5 陽 谷
Yangjiao GB 35 陽 交

Yanglao SI 6 陽 老
Yanglingquan GB 34 陽 陵 泉
Yangxi LI 5 陽 溪
Yaoshu Du 2 腰 俞
Yaoyangguan Du 3 腰陽 関
Yemen SJ 2 液門
Yifeng SJ 17 翳 風
Yinbai Sp 1 隱 白
Yinbao Liv 9 陰 包
Yindu K 19 陰 都
Yingchuang St 16 膺窓
Yingu K 10 陰 谷
Yingxiang LI 20 迎 香
Yinjiao Du 28 齦交
Yinjiao Ren 7 陰 交
Yinlian Liv 11 陰 廉
Yinlingquan Sp 9 陰 陵 泉
Yinmen UB 37 殷 門
Yinshi St 33 陰 市
Yinxi H 6 陰 郄
Yishe UB 49 意 舍
Yixi UB 45 譩 譆
Yongquan K 1 湧 泉
Youmen K 21 幽 門
Yuanye GB 22 淵 腋
Yuji Lu 10 魚 際
Yunmen Lu 2 雲 門
Yutang Ren 18 玉 堂
Yuzhen UB 9 玉 枕
Yuzhong K 26 彧中
Zanzhu UB 2 攢 竹
Zhangmen Liv 13 章門
Zhaohai K 6 照 海
Zhejin GB 23 輒筋
Zhengying GB 17 正 營
Zhibian UB 54 秩 邊
Zhigou SJ 6 支 溝
Zhishi UB 52 志 室
Zhiyang Du 9 至 陽
Zhiyin UB 67 至 陰
Zhizheng SI 7 支 正
Zhongchong P 9 中 冲
Zhongdu GB 32 中 瀆
Zhongdu Liv 6 中 都
Zhongfeng Liv 4 中 封
Zhongfu Lu 1 中 府
Zhongji Ren 3 中 極
Zhongliao UB 33 中 髎
Zhonglushu UB 29 中 膂 俞
Zhongshu Du 7 中 樞
Zhongting Ren 16 中 庭
Zhongwan Ren 12 中 脘
Zhongzhu K 15 中 注
Zhongzhu SJ 3 中 渚
Zhouliao LI 12 肘 髎
Zhourong Sp 20 周 榮
Zhubin K 9 築 賓
Zigong Ren 19 紫宮
Zusanli St 36 足 三 里

Five Element Theory 五 行 原 理

Understanding Five Element Theory takes considerably longer time than learning and practicing technical acupuncture. Acupuncture was born from ancient numerology written around 4000 B.C. Numerologists saw the humans and the world around us through the prism of Five Element Theory, which is an observational science. Yin, yang, energy flow, pulse diagnosis, and four body types are the results gathered from long observations with trials on humans. Acupuncturists used the energy generated and stored in people's own body. Famous acupuncturists of past dynasties did not collect data from laboratory tests or sampled body parts. In other words, when a disease has improved by acupuncture, there was no hard physical evidence. Acupuncture works for functional disorders, it does not treat blocked coronary arteries. After a lifelong practice, acupuncture scholars formed a universal opinion how to use the energy to diagnose and treat diseases. Forming a collective opinion that is fair to himself, to others and to the mass is not an easy task. It takes unbiased considerations and years of rigorous practice working with others.

Nowadays acupuncture teachings are delivered to students at schools and doctors at seminars as pre-packaged ready to use prescriptions. As the practitioners use the processed prescriptions in their practices, they will, sooner or later, encounter unforeseen extraordinary situations in which the prescriptions do not work as expected. But there is no deeper resources they can turn to for help. There are unaltered old textbooks and original source materials they can use to improve the practice skills. But when it comes to studying the classic textbooks, there are two main obstacles; one is the time limit, and the other is the language barrier.

Studying classic texts takes time and patience. Reading old Chinese texts is simply a very hard and time consuming work, the texts are not technical science

books, there are rhymed metrical verses inserted into the texts to help the readers memorize the key components of channel points. There are I-Ching diagrams between parapraphs, and texts carry many accessory writings not directly related to acupuncture. It will take additional time to locate the source books of I-Ching and numerology.

As to the language barrier, exploring acupuncture in depth by reading texts written in English is similar to trying to send a space ship to a distant planet utilizing a rocket science written in a language other than English. Most of the old acupuncture texts and source materials have not been translated into English. Breaking the language barrier will take many years. Even for Asians, reading original texts written in Chinese is very hard and demanding work.

But how the archaic principles apply to the present day acupuncture is influenced by prevailing current circumstances. Well known Chinese institutes have published useful English texts for point locations and clinical practice. Also in this electronic age, Japan has developed a computer assisted Ryodoraku diagnostic analysis program. When the point finder probe is positioned on certain key points, computer generates organ vs. viscus, and deficiency vs. excess diagnosis, and it provides points to be treated. There are other similar programs available in different modes. Again it is not known whether or not these programs can put MRI image reports, other clinical data and specific physical findings into the computer, and generate case specific treatment plans.

It is said in a famous Tang Dynasty sutra "In order to see the truth, one must void his mind of the five senses of objects, perception, mind, concepts, and knowledge itself." (40) Marcus Aurelius (121-180 A. D.) said "if you are pained by any external thing, it is not this that disturbs thee, but thy own judgment about it. And this is in thy power to wipe out this judgment now." (111)

It is said in the Confucian text Ta Hsio "A person who seeks the truth is required to be truthful in his own solitude." It is said in Zhong Yung: "The absolute sincerity does not rest, when one is sincere for a long time, first he sees signs. After a long while with the signs, he becomes immmense. Again after a long while with the immensity, he becomes vast and deep. Later in the end, he attains the height and brightness." (9)

Confucius said again in Zhong Yung and Lun Yu: "There are three ways to acquire wisdom, the first is being born with wisdom, the second is acquiring wisdom by study, and the third is by living through the hardship of life; but once

wisdom is acquired, they are all equals." He said: "I am not in the first group, but in the second, and the biggest trouble is with the person who lives a hard life without studying." (73, 74) The first ones are avatars. The chances of acquiring wisdom by the second and third way are fairly even. Education, in a way, is a process of transformation in which we acquire some conventional knowledge, but on the other hand, we move away farther and farther from the nature we are born from. The person who obtains the ultimate truth gets it in his own way different from thousands of others before him. The truth comes to him by seeking, but not given by education.

As a person embarks on the journey of studying acupuncture, the goal is first to become an open-minded fair person, and see all things in its neutrality. In persuing this, the first requiment is to situate himself in his own time and space in which he can study and reflect on himself undisturbed. Per Confucius, solitude is the first step to start a long journey to the attainment. When one has found the truth in the end, he is in a state inclusive of all others. At the beginning, the seeker is alone in his own solitude, but when he has attained the height and brightness, he covers all others around him, like the bright shining sun high above the earth. That is what Confucius meant by saying the height and brightness.

Hindu religion says that each soul born as human is potentially divine. Our aim is to realize this potential by transforming the nature we are born with, both within and without. Hindu tradition similarly requires solitude as the first step leading to the final attainment. Being alone in solitude is not an isolation. Isolation is a pathological state of mind. We can go through this process of being within ourselves in solitude in our daily life. As we live through the hardship of life, we can define and redefine ourselves to become pure, just like iron ore hardens to its purity when treated repeatedly by intense fire. In addition, we can study or worship, and finally become free. This discussion on solitude will continue in the section of meditation. (49)

Diagrams by Po Hi and Wu

Acupuncture originates from numerology. In Asian numerology, all elements in the space, heaven, and earth were seen through the prism of Five Element. This five is the basis of acupuncture theory, and the foundation on which the whole acupuncture system itself is constructed. I will now present the diagrams

of Mutual Production and Mutual Inhibition. It is said the first production image appeared before Po Hi on a dragon horse's back around 4000 B.C. The second inhibition image appeared before Emperor Wu, founder of Hsia Dynasty (circa 1900-1450 B.C.), on a divine turtle's back. The animals, in this case, were mediums. In ancient tribal society, Po Hi was the first emperor, the second was Shin Nung who is known as the first herbalist in history, and the third was Hwang Ti who is famous for his book Neijing, which is a narrative document of discussions between himself and his wise men on the subject of cosmic energy and its influence on humans.

Diagram of Mutual Production

相生圖

original drawing

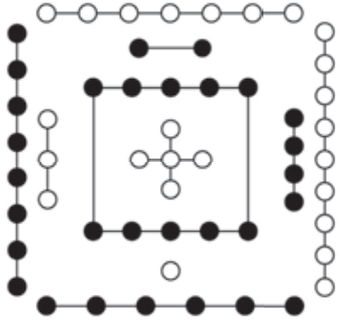


Diagram of Mutual Production

numerical translation

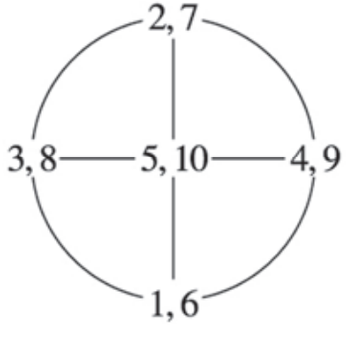


Diagram of Mutual Inhibition

相剋圖

original drawing

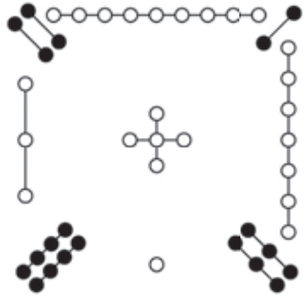
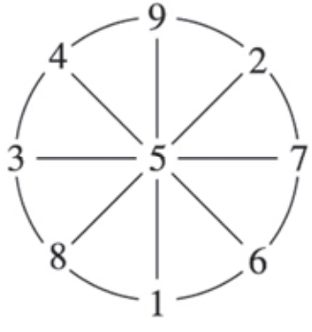


Diagram of Mutual Inhibition

numerical translation



1: water, yang
2: fire, yin
3: wood, yang
4: metal, yin
5: earth, yang
6: water, Yin
7: fire, yang
8: wood, yin
9: metal, yang
10: earth, yin

In Mutual Production, numbers are placed around the circle in sequence. In Mutual Inhibition, two numbers across the center add to a total of 10; additionally, 10 is taken away from the central earth position because 10 is 0, an end, and the restart point. In the production cycle, preceding elements nurture the next elements. In the inhibition cycle, preceding elements are suppressed by the next elements. In the production cycle, water 1, with a seed inside, produces wood with the rays of sun (fire) shining down across the central axis (earth). But in the inhibition cycle, the minute a seed hatches to become a sprout, metal controls its growth. The difference between the two diagrams is the change of positions between metal and fire. This is called *metal-fire cross exchange*.

In the production diagram, the total of yin numbers is 30; the total of yang numbers is 25. Yin exceeds yang by 5. Thus the production diagram has the overall characteristics of loving, caring mother nature. In the inhibition diagram, the total of yin numbers is 20; the total of yang numbers is 25. Yang exceeds yin by 5. Thus the inhibition diagram represents men's world where inhibition, domination and fight take place. The total of yin numbers in the two diagrams is 50; the total of yang numbers in the two digrams is 50. (7)

Production inhibition diagrams are the very first logical basis from which numerology, cosmology, I-Ching, and the acupuncture system are formulated over the next four thousand years. Confucius (551-479 B.C.) perfected and wrote the I-Ching out of three preexisting I-Ching systems. The first formal acupuncture textbook was published in 282 A.D., in Western Chin Dynasty, 4000 years after Po Hi. Po Hi's role in history will be reviewed in a later section. Comprehensive texts of acupuncture and numerology were pulished first in early 1000s, in Northern Sung Dynasty. In the minds of Chinese scholars, the concept of double blind prospective study did not exist. In developing acupuncture systems on numerology base, the scholars produced systems and prescriptions by trial and error. If the scholars had fair and unbiased mind in seeing the clinical outcomes produced by acupuncture prescriptions, an effective acupuncture system can be produced over many generations, stretching over a very long time. When the clinical trials went on for thousands of years in which prescriptions were produced and refined over its course, and the treatments have been working effectively over a long time, then it can be said, in fairness, that the prescriptions are time proven effective remedies.

Yin and Yang 陰陽

Yang	Yin
male, physical	female, sensual
warm, dry	cold, wet
hard, aggressive	soft, receptive
sun, bright	moon, dark
day, summer	night, winter

The above descriptions about yin and yang are artificially categorized divisions of one entity. Usually, this is how the subject of yin and yang is taught at schools to show the students the simple contrasts between two elements. Differentiating yin from yang, and setting them up in two groups is a divisional approach; this approach does not provide us with a good overall insight on the subjet. Men and women are the same; the sex organs originate from a fetal duct, but as it grows, it expresses itself differently from the genetic and hormonal influences. Yin and yang are one. Liaozse said, "Tao bears one, one bears two, two bear three, and three bear all things." He also said, "In the union of yin and yang, yang lifts yin, and yin hugs yang. Energy collides and harmonizes." (76) Confucius said, "My tao is one that threads through all things." (74) Yin and yang coexist in an inseparable duality, two energies are intertwined into one, one cannot exist without the other. Yin and yang have very little to do with the male-female issue. Schools teach yin versus yang setting up one against the other, like red against blue, or white against black.

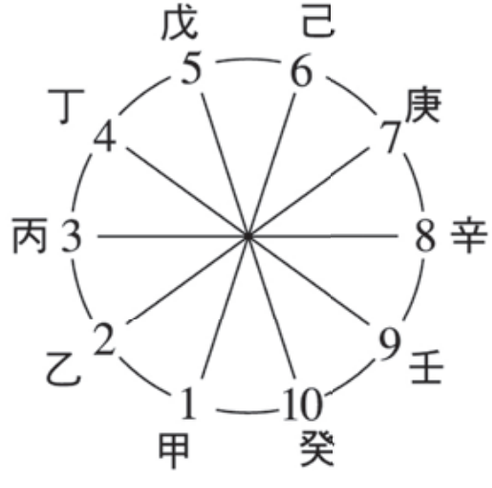
What we see before our own eyes may not be the true self. The visible front could be a disguise fooling us away from the truth hiding at the invisible back. To have a penetrating view in which one sees an entity as a whole, we must go through a training first to learn the rightful way of observation. We have to abandon the old perceptions, ideals, and one's own principled belief. We have to see all things in the nature as they are, but not in our own context. Weakness may appear brisk and strong, but its true self can be weak in energy. Strength may wear the appearance of calmness and tranquility. True strength exists only in harmony, only in this way can it persevere and last.

When directly translated, taiyin is big yin, and shaoyin is young yin. Old textbooks call taiyin liaoyin, which means old yin. Here the criterion used to

differentiate two entitities was the maturity, but not the size. Liaozse has said, "Large vessel takes a long time to reach its full size." Large vessel is not made, it is formed by emptying out from the center of the perimeter. It takes time to become empty, to have capacity, and to mature. Liaozse also has said: "Great tune has no sound, great figure has no form, great square has no corner." "Great wisdom appears foolish, and great virtue appears deficient." Here Liaozse brings up the issue of greatness, but he puts it away beyond the realm of measured definitions. In the end, Liaozse says, " Highest virtue is no virtue." The examples are sun, moon, earth, rain, wind, and new babies. The highest of all virtues comes to us free with no claims attached. (76)

Confucius said in his textbook Zhong Yung, "Nothing is more phenomenal than inconspicuous miniscule affairs." (73) It is a wonder that all beings in the shared space play their small and large parts with mutual respect.

Ten Heaven Elements 十天干



1: wood, yang
2: wood, yin
3: fire, yang
4: fire, yin
5: earth, yang
6: earth, yin
7: metal, yang
8: metal, yin
9: water, yang
10: water, yin

Ten heaven elements are graces given to our spirit and body. When they are met with twelve earth elements, the corresponding energies form acupuncture channels. The circle of ten heaven elements is a production cycle. It turns around clockwise. 1 produces 2, 2 produces 3, 3 produces 4, and it continues to 10. The cycle restarts from 1. In the above diagram, two elements facing across the center form a union.

Five unions and five signs:

1 and 6 unite to form earth, 1 dominates 6.
2 and 7 unite to form metal, 7 dominates 2.
3 and 8 unite to form water, 3 dominates 8.
4 and 9 unite to form wood, 9 dominates 4.
5 and 10 unite to form fire, 5 dominates 10.

Besides the above relationships, there are five inhibitions in the above diagram. Wood 1 is inhibiteded by metal 7. This is called the *seventh kill* because wood 1 is killed by an element that comes at the seventh position. Wood 1 energy's strength is at its peak when it unites with earth 6. If wood 1 is not forced toward the center of orbit by metal 7, it will spin away from the cycle. In addition, there are four more sets of paired inhibition in which yang is inhibited by yang. Fire 3 is inhibited by water 9, earth 5 is inhibited by wood 1, metal 7 is inhibited by fire 3, and water 9 is inhibited by earth 5. This interaction in five pairs of seventh kill makes the circle also an inhibition cycle. Similarly on the other hand, at the yin side, wood 2 is inhibited by metal 8, again by the seventh kill. In four more paired inhibitions, fire 4 is inhibited by water 10, earth 6 is inhibited by wood 2, metal 8 is inhibited by fire 4, and water 10 is inhibited by earth 6. Again, these five more pairs of inhibition by seventh kill makes the circle an inhibition cycle. (7)

Organs and Viscera per Ten Heaven Elements:

1. yang wood, gallbladder
2. yin wood, liver
3. yang fire, small intestine
4. yin fire, heart
5. yang earth, stomach
6. yin earth, spleen
7. yang metal, large intestine
8. yin metal, lung
9. yang water, urinary bladder
10. yin water, kidney

Ten heaven elements show the ogans and viscera, but they have not formed the organized acupuncture channels yet. Ten heaven elements have to unite with twelve earth elements to form twelve acupuncture channels. Solid blood filled zang-organs are yin, and empty fu-viscera are yang. Stomach acquires and digests food, and discharges it to intestines, it is the initial source of acquiring the energy. Small intestine absorbs nutrients, lung and heart send the blood loaded with nutrients and oxygen to the periphery to be comsumed by the cells. Old textbooks call large intestine a conduit to discharge the leftover clean waste. Urinary bladder, which is a drain for sewer system, discharges polluted sewage. The blood that returns from peripheral cells is loaded with waste produced from energy consumption. Kidney removes harmful nitrogen waste produced from protein consumption, and discharges polluted sewage into the urinary bladder. (14)

Twelve Earth Elements 十二地支



1. wood, yang
2. wood, yin
3. earth, yang
4. fire, yang
5. fire, yin
6. earth, yin
7. metal, yang
8. metal, yin
9. earth, yang
10. water, yang
11. water, yin
12. earth, yin

The twelve earth element cycle gives twelve ordinary channels. It is a production cycle interposed with four earth elements, it turns clockwise. The subject of twelve earth elements is much more complex than ten heaven elements. It is more than a simple aggregation of yin, yang, and five elements. I-Ching and Fengshu are incorporated into the twelve elements; without these two additional systems, we, as observers, will have no awareness of where we are situated, and what direction we are headed to in the space because we are in the spatial arena as subjective observers. In the later part of this book, there is an introductory section of I-Ching. Fengshu is a very complex and vast subject, and obviously it is outside the scope of an ordinary acupuncture text. The complex and bewildering relationships within the twelve earth elements provide an insight how the channels are formed by their yin yang orientations, what are the sources of channel energies, and how the channels interact. Numerology has been taught traditionally at small private gatherings. Participants are required to memorize sixty signs made of two characters, which are produced from combining ten heaven elements with twelve earth elements. In hands-on teaching sessions, the tutor takes students through practice drills of problem solving, and sends them home with homework for the next class.

In the above diagram, 4 and 10 are yin numbers, but their works are yang. The reversals have occurred as these two elements come after the yang earths. The diagram is a combined production and inhibition cycle. Water produces wood, wood produces fire, and so on. Four elements of earth are interposed between four other groups of elements. Out of all four earth elements, a pair of two earth elements face and oppose each other across the center. There are two pairs of opposition, one is yang to yang earth opposition (3 vs. 9), and the other is yin to yin earth opposition (6 vs. 12). Therefore it is an equally matched opposition in which one does not dominate the other.

Cross-matched energies at vertical (north-south) axis produce three yin channels, and cross-matched energies at transverse (east-west) axis produce three yang channels. Acupuncture channel begins from Shaoyin (5-11), concludes at Taiyang (3-9), and transits over at Jueyin (4-10).

Yin yang evolution:

Shaoyin…..Taiyin….Shaoyang….Yangming…...Taiyang…....Jueyin

young yin-old yin-young yang-bright yang-old yang-imperfect yin

Six collisions and six channels:

Collision	Yin-Yang	Symbol	Channel
4-10	Jueyin	wind wood	liver/pericardium
11-5	Shaoyin	ruling fire	kidney/heart
12-6	Taiyin	wet earth	spleen/lung
1-7	Shaoyang	mutual fire	gallbladder/sanjiao
2-8	Yangming	dry metal	stomach/large intestine
3-9	Taiyang	cold water	urinary bladder/small intestine

Pericardium is a thin empty sac, but it is classified as a yin organ placed between heart fire and lung metal as an interface buffer. Sanjiao, which is also called triple burner, is an energy regulator. Upper jiao has heart, lung, and pericardium; middle jiao has stomach and small intestine; lower jiao has kidney, urinary bladder, and large intestine. Lung and large intestine are combined as metal furnaces by which heart and small intestine fires are contained. Any imaginable energy unit operating by steam power generated from water-fire collision needs to have three controls. The first control is on the water input and output. The second control is on the fire, on the fuel supply pipe line built into the air tight metal furnace where the fire burns. The third control is on the hot steam by having a pressure release valve. The twelve channel system as a whole has these three internal controls.

Composite unions for four elements:

1, 5 and 9 unite to form fire.

4, 8 and 12 unite to form metal.

7, 11 and 3 unite to form water.

10, 2 and 6 unite to form wood.

Earth 3: Yang earth. This earth is bedrock earth. It produces minerals, stores and releases pure water. This earth is wet earth.

Earth 6: Yin earth. This earth is dry compact red earth, in this sense, it is the true earth. This earth is a transformation from wood 2, and trees stand on this earth. Wood 2 is born from water 10.

Earth 9: Yang earth. This earth is produced from fire. This dry earth comes from the volcanic magma spewed from underground, or from the ashes of forest fire. Earth 9 collides with earth 3. Fire 5 in earth 9 opposes water 11 in earth 3. Wood 1 in earth 9 opposes metal 7 in earth 3.

Earht 12: Yin earth. This earth is the muddy sand that is seen at marshes situated near the sandy shore of sea; it connects to the sea by tidal waves, or by narrow streams. The muddy water will warm up when directly shone by the sun. This is the water from which the very first life forms have evolved with the help of sun-fire 5. Earth 12 collides with earth 6. Fire 4 in earth 12 opposes water 10 in earth 6. Fire 4 comes from from the sun's heat or undersea magma; fire 4 can be opposed and absorbed only by the massive sea water 10. Metal 8 in earth 12 opposes wood 2 in earth 6.

Earth 3 and earth 9 collide; also there are oppositions of metal vs. wood, and water vs. fire in their composite makeup. Earth 6 and earth 12 collide; also there are oppositions of water vs. fire, and wood vs. metal in their composite makeup. In summary, the earth elements are interface buffers, four earth elements cross over at the right angle in two paired collisions.

As shown above, twelve elements are divided into four groups of fire, metal, water and wood; and each group has an earth element in its composite makeup. As all twelve elements assemble to form a circle, the earth places itself as a unifying force between four other groups of fire, metal, water and wood; this brings stability to the entire twelve element system. Twelve earth elements have complex relationships of unions, collisions (oppositions), breaks and malunions. Earth elements tend to exert more influence than heaven elements.

Matching ten heaven elements with twelve earth elements produces sixty paired letters. It is a match-up between yang to yang, and yin to yin elements. This is called *sixty signs*. This is the basic sign that applies to the year, month, day, and time. Asian numerology calendar uses times marked by both solar and lunar systems. A person's sign and body constitution can be found by numerology, by pulse diagnosis, and also by direct observation. Ten heaven elements and twelve earth elements were seen by Hwang Ti (黃帝). He was a seer. (7)

Animal Symbols and Months in Twelve Earth Elements:

1. wood, yang-tiger-January
2. wood, yin-rabbit-February
3. earth, yang-dragon-March
4. fire, yang-snake-April
5. fire, yin-horse-May
6. earth, yin-sheep-June
7. metal, yang-monkey-July
8. metal, yin-chicken-August
9. earth, yang-dog-September
10. water, yang-pig-October
11. water, yin-mouse-November
12. earth, yin-cow-December

Four Body Constitutions 四象醫學

Yee Je Ma, the author of *Four Body Constitutions*, was a well respected herbalist and diagnostician who lived in the late Yee Dynasty of Korea. From early on in his life, he has mastered Confucian doctrines, Shang Han Lun written in Han Dynasty, and texts written by Tung Yuan in Yuan Dynasty. (6) In his lifetime practice of herbology, he has noticed that patients respond differently to the same herbal therapy as to their body types. He has formulated four constitutions differentiated by four elements, and eight constitutional types differentiated by viscus vs. organ predispositions. The primary four constitutions are differentiated by two oppositions of metal vs. wood, and earth vs. water.

The secondary eight types are differentiated by matching up yang viscus against yin organ. Pure yang is composed of primary viscera; impure yang is composed of secondary organs. Pure yin is composed of primary organs; impure yin is composed of secondary viscera. Yang viscera are light, dry and warm. Yin organs are heavy, wet and cold.

Four Body Constitutions:

Element	Constitution	Star	Constitutional Type
Metal	Taiyang	Venus	1: LI-large/GB-small
			2: Lung-large/Liver-small
Wood	Taiyin	Jupiter	1: Liver-large/Lung-small
			2: GB-large/LI-small
Earth	Shaoyang	Saturn	1: Stomach-large/UB-small
			2: Spleen-large/Kidney-small
Water	Shaoyin	Mercury	1: Kidney-large/Spleen-small
			2: UB-large/Stomach-small

In order to become a taiyang person, one has to be a metal person in his numerological makeup. In a type 1 taiyang person, the large intestine is predominant, and the gall bladder is suppressed. In a type 2 taiyang person, the lung is predominant, and the liver is suppressed. The type of body constitution of an offspring is determined by genetic selection. It is said Yee Je Ma was a type 1 taiyang person.

Prevalence of Four Body Constitutions:

Taiyang: 5 out of 10,000 persons.
Taiyin: 3,000 out of 10,000 persons.
Shaoyang: 2,000 out of 10,000 persons.
Shaoyin: 5,000 out of 10,000 persons.

The prevalence of body constitution shown above is based on the observation upon the people at the northernmost region of Korea where Yee Je Ma lived. For the people living at the southern region of Korea, the proportion of shaoyin person would be larger. In comparison, China has a larger proportion of taiyin person; Japan has a larger proportion of shaoyang person; Western nations have a larger proportion of taiyang person. A person is put into one of eight categories by numerology rules, by pulse diagnosis, and by direct observation or by the person's response to the herbal therapy. Yee Je Ma used all four methods.

Given the variations of body type, the same disease manifests in different ways as to the body type of the affected person; therefore the treatment requires the herbal prescriptions to be modified. In Yee's textbook, there are extensive descriptions about how certain body types handle water differently in their own way, some excrete water by sweating, and others by urinating. He also describes a person's state of mind: his likes and dislikes, and his modus operandi in which how one sets a goal, and accomplishes the work. As far as acupuncture is concerned, there are no differing prescriptions as to the body types. One universal acupuncture channel energy system applies to every person. I have seen a multitude of publications on Four Constitution Acupuncture; but thus far, I have not come across any well formulated prescriptions validated by proven evidence. Standard acupuncture treatment can be modified to some extent as to the body types without violating the fundamental rules of acupuncture.

Yee Je Ma was born in Korea in 1836, out of wedlock. His father was a high ranking local govermment official, and his mother was the daughter of a tavern owner at a nearby village. One day Je Ma's grandfather had a dream during his midday nap in which a man brought him a handsome pony saying "If you take this pony, and raise it well, it will turn into a dragon horse." A few hours later, he heard a loud scuffle outside the main gate of his house. A young woman holding a newborn baby wrapped in a blanket insisted the child belonged to the house. About a year ago, Je Ma's father slept at the tavern for a night after engaging in a party that extended late into the night. Being reminded of the dream, Je Ma's grandfather accepted the baby into the house. As a young man, Yee Je Ma passed the central government's military service examination, but he practiced medicine at his hometown for the rest of his life. His classification of body types corresponds precisely with the body types determined by the preexisting classic pulse diagnosis. (8)

Pulse Diagnosis 診脈學

The purpose of this discussion on the pulse diagnosis is to determine the body type of a person out of eight constitutional types; the discussion will not extend into diagnosing diseases by pulse. Pulses are defined into many different types. Here we will use only two categories, one is floating bouncing pulse (浮 脈), and the other is submerging flat pulse (沈脈). Floating bouncing pulse is a large robust pulse, which bounces on the examining finger when it is gently pressed down. Some floating pulses remain bouncing even if it is pressed further, and this pulse is the floating pulse. Submerging flat pulse is a small thready pulse; to feel this pulse, the examining finger has to press onto the artery further. If a floating bouncing pulse can be suppressed into a flat pulse, the pulse is a submerging pulse. The floating pulse represents yang viscera; the submerging pulse represents yin organs.

To check the pulses at the left ventral forearm, place the three right hand fingers held closely together on the radial artery at the distal radius. Starting from proximal forearm, three pulses are kidney-UB, liver-GB, and heart-SI. Three fingers of index, middle finger and ring finger are placed at three locations. The middle finger tip abuts against the styloid process (guan, 關), and rests on the liver pulse. The index finger is located proximal to the styloid process at chi (尺), and rests on the kidney pulse. The ring finger is located distal from the styloid process at cun (寸), and rests on the heart pulse. To feel the pulses, press the belly

of fingertips gently on the radial artery. The contact between the fingers and the forearm forms a 60 degree angle between the palmar sides of fingers of the examiner and the forearm of the patient. Floating bouncing pulse felt at the index finger (chi) is UB pulse; if this UB pulse can be pressed further into a submerging flat pulse, the pulse is kidney pulse. The same differentiation applies to all other pulses.

Out of all six unsuppressed pulses, the largest and strongest pulse is the signal pulse. The pulse that is strong and outstanding, even if it is pressed gently, is again the signal pulse. This pulse can be felt even when the preceding proximal pulse is pressed down. If a person has a floating bouncing UB signal pulse at the left arm, at the proximal radila artery (chi), and if the pulse remains bouncing when it is pressed further, the person has has the type 2 shaoyin body constitution. If this bouncing UB pulse can be suppressed into a flat pulse, the person has the type 1 shaoyin body constitution.

By using the same method, pulses can be checked on the right radial artey. Starting from proximal forearm, three pulses are mingmen-sanjiao, spleen-stomach, and lung-LI. On the right side, the order of the three right hand fingers is reversed. The middle finger tip abuts against the styloid process (guan), and rests on the spleen pulse. The index finger is at the distal radial artery (cun), and rests on the lung pulse. The ring finger is at the proximal radial artery (chi), and rests on the mingmen pulse. If a person has a floating bouncing LI signal pulse at the distal right arm (cun), anf if the pulse remains bouncing when it is pressed further, the person has the rare type 1 taiyang body constitution. If this bouncing LI pulse changes to a flat pulse when it is pressed further, the person has the type 2 taiyang body constitution.

The pulse changes when the person is exhausted, dehydrated, upset, or after drinking alcoholic beverages. The ideal time to check the pulse is at midday, and when the person is in a normal state of health.

Location of pulses:

left arm				right arm		
proximal—radial artery—distal				proximal—radial artery—distal		
Kidney—Liver—Heart			.....flat pulse.....	Mingmen—Spleen—Lung		
UB	GB	SI	.....bouncing pulse.....	Sanjiao	Stomach	LI

Flat pulse/body constitution: kidney/shaoyin-1; liver/taiyin-1; spleen/ shaoyang-2; lung/taiyang-2
Bouncing pulse/body constitution:UB/shaoyin-2; GB/taiyin-2; stomach /shaoyang-1; LI/taiyang-1

Shaoyin-1 is more yin than shaoyin-2; taiyin-1 is more yin than taiyin-2; shaoyang-1 is more yang than shaoyang-2; and taiyang-1 is more yang than taiyang-2.

In summary, when a bouncing pulse is felt at the left arm proximal radial artery (chi), the person's body constitution is UB-type 2 shaoyin. When a flat pulse is felt at the same location, the person's body constitution is kidney-type 1 shaoyin. When a bouncing pulse is felt at the right arm, at the distal radial artey (cun), the person's body constitution is LI-type 1 taiyang. When a flat pulse is felt at the same location, the person's body constitution is lung-type 2 taiyang.

In closing, starting from the left proximal arm and reaching to the right distal arm, the energy representation of the pulse is: water— wood—fire—fire—earth—metal. The organ viscus representation of the pulse is: kidney/UB—liver/GB—heart/SI—mingmen/sanjiao—spleen/ stomach—lung/LI.

left arm:	right arm:
cun—fire—heart—SI	cun—metal—lung—LI
guan—wood—liver—GB	guan—earth—spleen—stomach
chi—water—kidney—UB	chi—fire—mingmen—sanjiao

To determine four different body constitutions, four elements were used: water, wood, earth and metal. Fire organs of heart-small intestine and mingmen-sanjiao are excluded in the determination process. Sanjiao acquires its power from mingmen (命 門, adrenal gland), and its energy source is mutual fire. To determine eight pulses and eight constitutions, eight organs and viscera were used in four pairs: kidney-UB, liver-GB, spleen-stomach, and lung-LI. If we look at the way the four elements are matched with the organs and viscera, with fire energies excluded, the elements at the left arm are inhibited by the elements across at the

right arm. Water (kidney, UB) is inhibited by earth (spleen, stomach), and wood (liver, GB) is inhibited by metal (lung, LI). (80, 86)

In regards to what part of an energy enters into an organ or a viscus, Hua Tuo said in his book: "Concerning the pulses on the left arm, if there are choices, when the floating yang part of fire is acquired, it enters the small intestine; when the submerging yin part of fire is acquired, it enters the heart." Out of two parts of fire energy, heat enters the small intestine, light enters the heart. (100)

Philosophy of Five Element 五行哲學

Water 水

Five elements are classified into ten categories: water 9 and 10, wood 1 and 2, fire 3 and 4, earth 5 and 6, metal 7 and 8. As mentioned in previous sections, odd numbers represent yang forces, and even numbers represent yin forces. This classification comes from ten heaven elements.

Water 9

Water is the beginning of all living beings, and water is in all beings, therefore we start our talk from water. Water 9, the yang water, is represented by a point at north in Po Hi Diagram; it means the number one, the beginning, and the original seed or gene. It is a yang seed within the yin environment. This is the first seed that conceives to bring a life into existance, then it becomes two, and finally three and all beings. In Chinese character, the combined letter made of water 9 and woman means conception. Water has the unique quallity of being pure and submissive. It conforms to the shape of a hollow vessel in which it is contained; and it follows the path of conduit in which it is situated. Water obeys the gravitational force, and it moves always as a down going stream. When water enters a tree, it tends upward toward the sun, or heads up to the space above. Water comes in two other forms. When met by heat, it turns into vapor; and when exposed to low temperatures, it turns into ice or snow. The earth controls water's path, but when the force of water is strong, it breaks the earth, and makes its own way. When met by metal, water purifies. When met by more water, its strength grows, and defies the control of earth. Water controls fire. Water produces tree (wood), which is the only organic element out of all five

elements. Water produces not only trees but fruits, vegetables, beasts, worms, men, mountains, and the sky. Therefore water is in all beings. Water is not food to wood. Water is mother to wood; water gives its own body to wood; water gives its self and title to wood. Massive water can uproot and wash away trees.

Water 9 organs: urinary bladder, back spine, UB Channel.

Water 10

The archaic Chinese character of water 10 resembles a snowflake or ice. Thus it means water 10 is cold frozen yin water. It also means a womb. This water too—like water 9—has a small seed that will hatch when the ice thaws in the spring. This water—in part—exists in sandy mud; when it receives sun rays, the seed in the mud will hatch to create a new life. Metal produces water 9, and water 9 produces water 10. Water is reabsorbed by earth, earth produces metal, metal produces water, and the cycle continues.

Water 10 organs: kidney, ureter, uterus, ear, hormone, sperm, ovum, K Channel.

Wood 木

Wood (tree) is produced from water; this is the only organic element out of all five elements. Wood represents all living creatures produced by water. Therefore water is in all living beings of trees, men, insects, birds, mountains, and the sky. Wood is water's offspring and expression by the work of transformation. Wood is the only organic living element with all other inorganic elements in the backdrop. Wood is a space occupying matter that stands on earth, and has its foundation in earth. Thus wood represents spring, sunrise, study of letters, arts, science, civilization; and construction of buildings, roads, bridges and cities. When wood is met by more wood, a forest is formed; this signifies growth of population, formation of group, furthermore political action, and social movements formed by a group of people.

Wood 1

Wood is offspring and discharge from water. When water produces and discharges the next element, it weakens the water itself. Eating food and discharging it from

body orifices are expression and pleasure, and these weakens the self. For this reason, overeating and excessive enjoyment are acts of self-abuse in which one weakens and exhausts oneself.

Wood 1 is produced from water 10. Wood 1 is tall straight tree like the pines and redwood trees.

Wood 1 organs: head (brain), gall bladder, eye, GB Channel.

Wood 2

Wood 2 is produced from water 9. Wood 2 is oak tree, its main trunk does not grow tall and straight up like pine trees. Its branches stretch to the side, and curves around. Tall pine trees stand up in the air, soak up the sun ray before it reaches down to oak trees. Bulky oak trees occupy more space sideways, and cover more ground. Oak trees take up the left over sun rays, but they have better access to the ground water under the shade.

Wood 2 organs: neck, liver, Liv Channel.

Fire 火

When five elements are seen from the historical perspective, fire and water carry profound significance, and play a much bigger role than others. In I-Ching, out of sixty-four combination signs, the two starting signs are heaven and earth; and the two concluding signs are the two signs of fire and water in reversed combinations. The next section has four basic I-Ching Codes and summary interpretations to help the readers to understand how I-Ching relates to the the macrocosmic events. For the past 4000 years, fire and water have formed the central axis of I-Ching Code. In current I-Ching Code, fire is situated at south, which represents the sun, and opposing water is situated at north. Water and fire face each other in north-south central axis; in this direct opposition, powerful interactions occur, and the effects influence others. Fire is formed from wood, and changes into earth.

I-Ching has four sets of code system. I-Ching is translated to *Book of Change*—in this—I is change, Ching is book or canon, but precisely I is code system that means codes of changing time. The first code known to us is the Ancient Code; this code has heaven at south and earth at north. It reflects the creation of earth

and universe, bright warm elements are at the top, and dark cold elements are at the base. It is not known how long the Ancient Code was at work. After the first code, there came a peroid in which human society was led by matriarchs approximately from 6700 to 4500 B.C. After this matriarchal period, patriarchal society existed from 4500 to 2333 B.C. in which Po Hi Code prevailed. Each period lasted 2160 years. Po Hi is the man known to us as the first legendary emperor in the prehistoric ancient Asian Kingdom. He lived around 4000 B.C., at that time, matriarchal society changed gradually into patriarchal society.

In 2333 B.C., Po Hi Code was replaced by a new code called Present Code. The code has water at north and fire at south. This has brought a new era in which the water at north at the ruling position prevails over others. This new code has been the prevailing system for 2160 years, from 2333 to 140 B.C. (77) In 2333 B.C., Yo (Tang Yo) became the sixth emperor, and after him, Sun became the seventh emperor. Both men were well-kown for their mastery in controlling the flood water and channeling it to irrigate farmlands. They passed their arts of flood control to the next leaders in succession to bring about an agricultural revolution, which empowered the next dynasties to establish a powerful central bureaucracy to rule the country and others around for two millennia.

Wu, the eighth emperor and founder of Hsia Dynasty (circa 1900-1450 B.C.), Tang, the founder of Shang Dynasty (1450-1046 B.C.), and other rulers in this period spent enormous amount of resources and efforts in controlling the flood of the Hwang Ho River. The mandate imposed on these rulers to control the damaging flood was absolute, and their capability to do the work was severely tested during their reign. The outmoded past hunter-gatherer tribal society had been in a transitional evolution to accommodate to the new agricultural nation state growing around the large river. In this new era, controlling the flood and providing water to irrigate farmland became the first and foremost social mandate. In the same period, India and Egypt built ancient civilizations along the large rivers of Ganges and Nile. (2, 87)

The era in which fire at south prevails, out of central fire-water axis, started first in Western Han Dynasty of China from about 140 B.C. to last another 2160 years. In Western Han Dynasty (206 B.C.-5 A.D.), Chinese became the first to make iron tools and weapons by processing iron ore with fire, thus China gained military superiority in the region; and with its commerce reaching all peripheral areas through the Hwang Ho River, China became consequently a regional superpower.

Later, the Chinese invented gun powder. But large scale development to use fire as a more significant tool took place much later in Britain. In the so-called Industrial Revolution in 1760, trains driven by locomotive fire engines were invented; later fire driven ships and cars were made. With more fire tools like cannons, bombs, and airplanes in their hands for disposal, Western nations dominated over others, and ruled the world.

It is expected that the code system will change again. Heaven and earth will return to the central north-south axis. Peace and harmony will prevail instead of conflict and war. It has been said the earth will spin again around the vertical north-south axis. If the earth tracks around the sun spinning on a new axis, this may bring drastic changes of weather. As the earth readjusts to the new spinning axis, thus forcing its outer crust to resettle, there may be frequent earthquakes. It has been said the humans are expected to survive this change; without them, the whole universe is an empty shell.

Fire 3

Fire 3 is the red hot fire. Fire 3 is the heat wave from the sun, and it heats the earth.

Fire 3 organs: small intestine, shoulder, SI Channel.

Fire 4

Fire 4 is the bright light. Fire 4 is the light particle, and infrared radiation from the sun. Fire 4 is most yang out of all yang elements.

Fire 4 organs: heart, eye, tongue, nerve, eyesight, H Channel, P Channel, SJ Channel.

Earth 土

Earth is neutral. Earth is produced from fire. At the beginning, water produces wood a formed element, and wood exhausts itself into fire. Fire returns to central foundation the earth. Earth produces metal, and metal produces water. Again the cycle repeats. Earth provides control ground, it contains water, trees stand on it, fire returns to it, and it stores metal which produces water. I-Ching has

two combinations of heaven-earth union. Heaven represents the father, earth the mother. In this combination, whichever is at the top or bottom, it is a sign of harmony and stability in contrast to rough and tumble produced by fire versus water opposition.

The *Po Hi Code* had heaven and earth at its central north-south axis. At the first half of code period, earth the mother positioned at south predominated. In retrospect, the first matriarchal period lasted roughly from 6700 to 4500 B.C. In the second patriarchal period, heaven the father positioned at north predominated, it lasted from 4500 to 2333 B.C. This heaven and earth code system had worked in the prehistoric time in two different ways, and it prevailed over a period of peace and harmony.

During this time, the Sumerian Kingdom was west at Mesopotamia, and an ancient Asian Kingdom was at Northeast Asia. Then the ancient Silk Road connected the two distant regions by passing through the vast grasslands at north of Tian Shian Mountain Range, farther north from Tarim Basin where the late Silk Road was situated. Sumerian society was bilingual. Local Sumerians spoke in their own local language, and the ruling clan spoke in a foreign language; linguistic origin of this foreign language is traced back to the Mongolian region. One can appreciate this fact in the names of Sumerian kings, such as Naram Sin, Ibbi Sin, Ur-Nammu, and Ur-Nigirsu. Ur-Nammu built the great Ziggurat at the ancient city of Ur. (65, 66)

Earth, for being the central element, unites with other elements. Its union with metal signifies stoppage of growth, fruition and harvest. Its union with water signifies accumulation of wealth and trust. Its union with wood signifies construction of cities and social system, and control and responsibility between people. Its union with earth itself signifies expansion of wealth, establishment of commonwealth, and competition and mutual support between groups of people.

Earth 5

This yang earth divides into two. Earth 3 is a wet earth, it contains metal and water. Earth 9 is a dry earth, it contains wood and fire. Earth 3 and earth 9 collide, and produce oppositions of metal vs. wood, and water vs. fire.

Earth 5 organs: stomach, thigh, rectum, St Channel.

Earth 6

This yin earth divides into two. Earth 6 is a dry earth, it contains water and tree. Earth 12 is a wet earth, it contains fire and metal. Earth 6 and earth 12 collide, and produce oppositions of water vs. fire, and metal vs. wood. All four earth elements produce a total of two collisions and four oppositions. Overall earth elements work as an interface buffer placed between four other elements of water, wood, fire and metal.

Earth 6 organs: spleen, mouth, gum, Sp Channel.

Metal 金

Metal is west, autumn, sword, control, justice, execution, and eagle. Metal is produced from earth. Metal controls wood, the growth of tree will come to a halt in autumn, tree leaves wilt, and grasses die from frost. This control is called *seventh kill,* it comes at the seventh position, by counting oneself as the first. Wood 1 is killed by Metal 7, and wood 2 is killed by metal 8. In the same way, metal 7 is killed by fire 3, and metal 8 is killed by fire 4. Without this control delivered by the seventh kill, wood energy can overgrow, spin away, and be lost from the orbit. Aside from this one-way kill, there is *mutual control* between metal and wood. This term of mutual control is used only between metal and wood, this control mechanism stabilizes the whole system of five elements. This metal vs. wood control is not one-way control, in fact, they control each other. Metal controls wood by outright kill, but wood controls metal by producing fire, which, in turn, has control on metal; wood can also weaken metal by using more water, and demanding some more. Water is discharge from metal. Discharge always weakens the self. Metal controls by outright kill, but wood controls by subtle measures.

Wood (tree) is the only organic element out of all five elements; uncontrolled growth of wood will break the balance of whole system. Overgrowth of human population—paired with unstoppable abuse by excessive food-discharge pleasure complex—is the main cause of global pollution. Discharge pleasure activities waste natural resources, and pollute the earth's ecological system. In the end, this abuse destroys the perfectly designed self-sustainable nature itself. Excessive eating and excessive pursuit of pleasure are self-destructive behaviors,

not only destructive to oneself, but to all others. The union between metal and metal signifies dispute and war. The union between metal and water purifies both.

Metal 7

This yang metal is unprocessed iron ore from the mine, or the raw iron itself; this metal is produced from yin earth, and is the main origin of water. This metal sign signifies end of summer and beginning of autumn. In the cool weather of autumn, fruits ripen. When written in Chinese Character, this metal shows a straight passage of cosmic ray or energy through the center, it also has the appearance of a wheel. This metal represents divine force, thunder, electric wire, phone wire, iron ore, iron, steel, railroad track, train station, tank, road, bridge, airplane and airport. This metal 7 is also known as the sign of the United States of America.

Metal 7 organs: large intestine, LI Channel.

Metal 8

This yin metal is a refined ornamental metal. The Chinese character of this metal resembles a vessel or jar in which wine is stored, and offered at rites. This sign represents ripe grains and fruits that were harvested in autumn, and fermented later to wine and other types of alcohol. It also represents fermented soy sauce, bean paste and bacteria. The Chinese character of this metal also has the appearance of a receding full moon, and therefore it can be seen as the woman's reproductive cycle and menstruation. This sign also indicates gold, silver, jewelry, precision metal and knife. It is also bank, mirror, brewery, obstetrics-gynecology, anesthetic agent, drug, acupuncture, microbiology laboratory, medical instrument, chicken and poultry.

Metal 8 organs: lung, nose, skin, blood, Lu Channel. (7)

I-Ching and Codes of Change 周 易

Most Sung and Ming Era acupuncture textbooks contain sixty yang to yang, and yin to yin matchup signs made of two letters. Also I-Ching signs are inserted in between the channel applications to help the readers to understand the logical basis of prescriptions. The author has pondered some time to determine the proper format to introduce I-Ching Codes in the book. It appears, under the circumstance, the rational way to do this is first to provide some historical narratives on the subject of I-Ching, then proceed to four sets of basic I-Ching Code with concise summary interpretations attached. I-Ching is an immensely vast system. Typical I-Ching texts list 64 signs that are used for fengshu and fortune telling. The four I-Ching diagrams listed in this book are the basic codes that apply to its corresponding periods. The four code diagrams do not come from the original text written by Confucius or the revised text written by Wang Pei. Each of the four codes has been written by a Confucianist, Taoist and numerologist in its own time to which the code is applied, or before the time to which the code will do its work in due time. Each Code is a reflection of its corresponding time, as well as, a foretelling sign for the future. The Future Code was written in the mid 1880s. I-Ching Code goes through constant evolutionary changes with the passage of time. If it does not, it becomes a fossilized implausible code. And outdated Code of Change cannot be called a Code of Change. Each code is an arena where the macrocosmic changes are played out in its own time.

Translating Chinese writings into English is a creation in itself. For many words in Chinese literature, when their meanings have expanded applications and hidden abstracts, and especially, when the words have attached historical connotations, there are no matching words in English. One can of course apply a lengthy explanation, but when the explanation is stretched out far, the words loose its essence.

The more one defines for clarity, the words become diminutively smaller and less meaningful. The same difficulty arises when English writings are translated into Chinese. The I-Ching translated by Richard Wilhelm in 1949 has a foreword written by Carl Jung, which is largely an overview with introductory remarks. Afterwards, the main body of the book appears to be another extended overview to those who read I-Ching in original Chinese text. The book does not cut into the meat and bone of I-Ching, not to mention eating and digesting the intrinsic merits. Translating one language into another language with its clarity and subtle nuance preserved is nearly an insurmountable task. The responsibility of imperfect translation does not lie at the author's limited capability but rather at the inherent difficulty ingrained into the work of translation itself. As it stands now, Wilhelm's I-Ching text remains as the best translation so far. Nowadays, I-Ching is translated into English with more fanciful flavor. Western culture is absorbed in Asia in the same manner. It takes a hugh leap to turn a regional affair into an universal affair. There is an old saying: "Small birds do not know the way big birds cross the ocean." The author wants the readers to embark on their own journey. Each person defines his or her own universe. I-Ching teaches us the way to relate ourselves to the universe.

I-Ching means Book of Change. I is Change, and Ching is Book. The original meaning of I is a species of lizard that changes its color twelve times a day. Thus it means the change that comes with passing time. Confucius wrote the original book in his lifetime around 500 B.C. Before Confucius, there were two additional I-Chings. One used by the Chinese Tribe was constructed with the earth at the center, the other used by the Eastern Yi Tribe used the mountain to connect the system, both became extinct.

During Shang Dynasty (1450-1046 B.C.), I-Ching was practiced using animal bone panels and special plant twigs as a way to foretell the upcoming events. As I-Ching has been used in succeeding dynasties, its title has changed. In Chou Dynasty (1027-256 B.C.), I-Ching was called Chou I meaning Code of Chou Dynasty. Wang Pei (226-249 A.D.) of Wei Dynasty (220-280 A.D.) has reinterpreted and rewritten Chou I from the perspective of Taoism. Almost all current I-Ching originate from Wang's text with the title of Chou I. Wang was a child prodigy who later served as a high level official in Wei Dynasty's central bureaucracy.

There are 8 basic codes of I-Ching. Each code is made of three broken and unbroken bars that can be interpreted from different aspects: directions in the space, age, sex, kinship, and elements in the nature. Crossover combinations of these 8

codes produce 64 signs. The method used to construct 1 sign out of 64 is to have the person interested in his fortune select a code out of 8 codes, and repeat this one more time to select a matching code. To do this, the person picks a bamboo stick out of many from a round cylindrical holder. Each bamboo stick is marked with a symbol (爻) made of a broken or unbroken bar near the unseen bottom end. The first set of 3 symbols of unbroken and broken bar becomes the first code (卦) at the base. The second set of 3 symbols becomes the matching code at the top. To conclude, 2 matching codes produce 1 sign out of 64. For example, when the first code at the base is made of 3 unbroken bars (heaven), and the second matching code at the top is made again of 3 unbroken bars, the sign is "heaven", which is the first sign out of 64 in the I-Ching text. When the first code at the base is water, and the second matching code at the top is fire, the sign is "un-resolved", which is the last sign in the I-Ching text. This method of predicting the future has not been used for some time. Picking one bamboo stick out of many to choose a broken or unbroken symbol is not any different from flipping a coin to determine heads or tails; it is mathematically a speculative game.

When the four Codes of Change are seen in an expanded view, it gives us the sense and awareness as to where we are situated in the universe, and how we are related to others. The elements are not only water, fire, and earth, but also east, west, mother, father, old man, and young girl. The Code of Change is an excellent tool to see all things around us in a macroscopic view. The four codes presented next are not included in standard texts of Chou I. Each code has been written by a Confucian scholar, a Taoist thinker, or a numerology guru as they lived at the time of corresponding code; or in most instances, it was written before or at the beginning of the time to which the new code will apply.

Confucius has said originally in his text that heaven's code number is 72, and heaven's code number is made by multiplications of 9. Post Confucian Era scholars have pondered on this subject seeing from the perspectives of Confucianism, Taoism, and numerology; and 72 is seen as the transit number by which the period of an existing code changes to the next period of a new code. Here the practical question will be, as we are situated in the time of Present Code, "When will the next Future Code arrive to do its work?" A day in heaven is 72 years on earth. A month or 30 days in heaven is 2160 years on earth. The diagram of twelve earth elements in the previous section consists of 12 divisions. If the whole circle is a year, then a division is a month or 30 days. Confucius has also said that earth's code number

is 144. A day is made of 12 divisions, and each division is made of 12 sections. In the old days, a day was divided into 12 hours; 1 hour then was 2 hours long, and it was devided into 12 sections. (75, 77)

Joseph Campbell (1904-1987) has said in his book *Occidental Mythology* that, at each spring equinox, there is a 5 degree difference of angle from the previous year in the way the sun and the earth are lined up in the galaxy. In 72 years, there will be a difference of 360 degrees or a day. In 2160 years, there will be a difference of a month or 30 days. (35)

Ancient Code 上古易

乾
巽　　兌
坎　　離
艮　　震
坤

In ancient time, the heaven ruled with absolute power. Then, the light was not separated yet from dark wet mist. Large animals roamed around. The human species was still evolving from earlier ancestors; humans did not stand straight, the human brain had not fully developed yet. Men were hunters. It was a man's world. This code has light warm yang signs at the right upper side, and damp heavy yin signs are at the left lower side. In this code, heaven faces earth in the north-south axix, thunder faces wind, mountain faces lake, fire faces water. Each sign faces an opposite sex, and matched by age. The water-fire link is positioned at the east-west axis; these two elements were essential for ancient humans to survive in rough world. With this sign in place, expansion of population and stability leading to better new world were expected.

Po Hi Code 包犧易

坤
巽 離
艮 兌
坎 震
乾

Before the era of Po Hi, first the earth positioned at south ruled. It was a matriarchal society. In Po Hi code, the heaven at north ruled. It was then a patriarchal society. In this code, heaven faces earth, fire faces water, mountain faces lake, thunder faces wind. Each sign faces an age matched opposite sex. Note that the mountain-lake link is at the east-west axis. There was a relationship between east and west through an ancient road located at the steppe north from Tarim Basin. With this sign in place, peace and growth were expected. Beginning from the Po Hi Era, the sign at north ruled the world. The earth became an established entity. The earth's north-south axis connects straight to the Polaris above the North Pole, and to the galaxy beyond. The entire solar system is hung to the Polaris, and rotates around it. Po Hi composed the two ancient codes.

Present Code 文王易

離
巽 坤
震 兌
艮 乾
坎

From 2333 B.C., the water-fire sign moved into the central north-south axis. At first, water at north ruled; in the second half, fire played its leading role; each period lasted 2160 years. Except for the water-fire opposition at the central axis, all other signs face its opposite sex not being matched by age. Thus equality and harmony were not expected. Water-fire opposition produces power, but not stability. Thunder is situated at a commanding central position at east, and China with its large agricultural enterprise centered around the great river Hwang Ho dominates others in the region. Lake is situated at the center of west, hence the United States, backed by the fire sign, builds a nation with far superior technological industrial might, and dominates all others. China faces the United States accross the east-west axis. There is a relationship.

Future Code 正易



This code is not a part of the previously known codes. The code was written in mid 1880s. In this code, heaven and earth return to the central north-south axis. Its rule will be peaceful as it was in Po Hi era. The mountain-lake relationship is age matched, and faces each other at the east-west axis again. All others are not age matched. The signs at the east-west axis have greater latitude to exert their influences around the globe. There will be a relationship between Far East and North America.

With this code, women will play increasingly dominant roles for years to come. Many young people will take leadership positions. Note that wind remains in the same position in the new code as it has throughout all other preceding codes. Japan, in a way, has a unique tradition; in its long history, the country has sustained its status of prospering stability without going through a ground shaking change or revolution.

The confrontation between water and fire has finally come to an end. Under this code, secrets to cure cancer and ways to help people live a long peaceful life will be discovered. And there will be peace for all living beings.

Index of Codes

Code	Sign	Title	Element	Direction	Region	Fengshu
☰	乾	Father	Heaven	Northwest	Europe	West
☱	兌	Young girl	Lake	West	U.S.	West
☲	離	Mid-age woman	Fire	South	Arabia	East
☳	震	Old man	Thunder	East	China	East
☴	巽	Old woman	Wind	Southeast	Japan	East
☵	坎	Mid-age man	Water	North	Russia	East
☶	艮	Young boy	Mountain	Northeast	Korea	West
☷	坤	Mother	Earth	Southwest	S. America	West

The directions in this table apply to Present Code. The unbroken bar is the male symbol. The broken bar is the female symbol. The base of the I-Ching Code circle is at north.

Meditation 禪法

People who had satisfying experience with alternative therapy also have keen interest in other types of discipline originating from the East. The popular subjects are meditation, yoga and Eastern religion. There are growing number of places where people can do yoga exercise and practice meditation. Time after time, these new ideas from distant places are met with public clamor and enthusiasm; but after a while, through popular and commercial interactions, they blend with customary local cultures.

According to *The Book of Genesis* in *The Bible*, God created man in his own image. The Hindu religion also defines the human body as the greatest body in the universe, and therefore human has, in him, the power to transcend to a higher being; its soul has the potential to become divine.

Upanisads stress time and again that we should see all existences in Self, and the Self in all existences. Meditation is not an argument with oneself or the others. It is just presenting oneself steadily in front of the truth. The whole energy of mind is centered on one object, to the exclusion of all others. We let the meditated idea expand in our mind. In Hindu mind, the yogi says there is a highest possible principle, which supersedes all things in every detail, in the world. The principle draws a big line to encircle all things in the universe, and tries to know one thing through which everything will be known. (15, 50, 39)

Initiation

People interested in praticing yoga must avoid two extremes first. One is luxury, the other is abuse and torture to one's own body in any manner. Select the food that nourishes soul and body. We are made from what we eat. Food is not simply

the source of calories. A well balanced diet of starch, meat, fat, fresh vegetables and vitamins may not be enough for those in the spiritual pursuit. Sweet rich food weakens the body, disturbs the mind, and we loose steadfastness. It takes the sun to ripen plants, fruits and the flesh. When we eat food, we eat the sun. Many ancient cultures see food as a divine entity that nurtures our soul and body, and pay ritual tribute to many things in nature that are used as food source. A person must keep the body in good health, and live a clean life. A sick person either physically or mentally cannot practice yoga.

Do not injure, or produce pain to any living being, either by deed, word or thought; and throw out from your own mind obsessions, all arguments and delusions. Ahimsa is the principle of non-injury either by act or word. It was Gandhi's guiding principle in his quest for India's freedom from British occupation. It nullified Britain's political will and defined the spiritual base for India's independence movement. A person who is physically or mentally unsound cannot meditate. Meditation is not an exercise to improve health or external appearance. There is a branch out of many yoga traditions that emphasizes physical exercise in extreme posture.

The yogi must always practice. He should try to live alone. The social companionship with different kinds of people and friends distracts the mind. Excessive talk and hard work also distract the mind. After a long day of hard work and social contact, the mind cannot be brought back to calmness at will by the evening. Be steadfast and have faith, avoid all doubts. Stop wandering from one thing to another. Pursue only one goal, take up one thing, and see it to the very end. It is said in the Confucian Textbook that a truthful man must be sincere in his own solitude, if he is not, it will show to others even if he tries to conceal. (73)

A person who embarks on the study of Chinese Calligraphy must meet the first requirement before many others, that is he leaves and returns through only one gate, and stays in only one yard, just like a cow with its ankle tied down to a barn post after a day of hard work. (56) The calligrapher is alone with his family separated from outside disturbances, and has time to dispense in his own solitude. In this way, he situates himself in his own space with uncompromising freedom, and the mind has the resilience to stretch and expand. By copying the masterpieces of preceding dynasties, the calligrapher communicates in silence with the

deceased masters. This is not a pathological social isolation but a self-perseverance in solitude.

Fear was the primeval motive for an animal or a primitive man to join a herd or group for bonding, more seriously for survival, and above all, for self-assurance. In fear of being left alone, people seek buddies, join clubs, and engage in social functions. Meditation is a process in which we practice and learn how to become comfortable without fear in being alone in solitude. It is a process in which we teach ourselves how to face our own death and destiny without fear. In the end, we will see that no one else can come into the space between ourselves and the absolute; we will also see that we do not need a companion to reach the attainment, it will be better off without.

J. Krishnamurti draws a clear line between those who meditate as a favorite hobby and others who contemplate seriously as they meditate, and between aloneness and isolation. One has to be completely alone but not isolated. Isolation is a state of mind in which relationship ceases; one builds a wall around himself, so as not to be hurt. The isolation obviously prevents every form of relationship. Being alone implies a mind that does not depend on another psychologically, and is not attached to any person. Being alone implies a mind that is without any sense of fear, and therefore without any sense of conflict. Being alone does not mean we cannot love; we seek to be alone, and meditate out of love; and again we seek to see our true Self out of love. This clearly lays the foundation for meditation. Without this foundation, it becomes an escape. One can play with senseless artificial meditation, and that is what so many ordinary people do; out of busy stressful lives, somehow they find a time and place to meditate. (49)

A tutor is a guide, a spiritual guide. A tutor is a person who has been there before us, who has been to the highest summit of a mountain range, he knows the path to the summit, and takes us to the foothill to start our own journey. Tutor himself had a tutor. He is the one who belongs to the successive lineage of enlightened persons. We learn from our tutor by being together, without words, in the same space. Absolute cannot be defined well by words, the more it is defined for clarity, the smaller it becomes. We learn techniques to write calligraphy and to play the piano from our tutors, but something much bigger than the technique itself is delivered to us in silence. Our tutor shows to us the way how to perform the duty, how to live in bliss, and how to obtain the Infinite Self. One desires to have a tutor, and desires to become a tutor.

Practice of Meditation

There are certain things we must do before engaging in a meditation. It is a preparation to make ourselves available to be alone undisturbed in order to meditate in our own time and place. Hindu texts instruct to store enough food for oneself and the family. In our present day life, this will be to balance out the checkbook, send payments, and buy groceries. A person cannot move into a void if his mind trails back to unavoidable immediate concerns. Settle the arguments with the spouse and children. A person cannot get into the meditation with argument and discontent. Meditation is neither a substitute to settle the argument nor an excuse to supplement our own deficiency. Meditation is a platform on which we can define ourself from within, in the exclusion of all others. A yogi does not define others, does not hate anyone, does not depend on anyone or anything.

A place to meditate is a clean quiet room, the room must not be used as a place to sleep, or to do business or meeting. The deck or back porch of the house can be used for meditation, it will turn into a quiet place surrounded by the nature's stillness in the early morning hours and late evenings. Outdoor air can be cold, but as you meditate and move into a trance by yourself, cold is not felt anymore. The best time to meditate is early morning at sunrise, and toward the evening near sunset. These are the two periods when there is calmness in the atmosphere and in our body. You must take a bath first and remain in fast. Food can be eaten afterwards.

To start the meditation, the sitting posture must be held straight, with head, neck and back in a straight line. Spread out legs, bend knees, cross ankles over each other, and wrists rest on the knees. There should be no weight coming through the arms, and bearing down on the knees. The breath is divided into three phases, breathe in, breathe out, and a pause. These three parts can be spread over 15 seconds, each part consists of about 5 seconds. Breathing out takes little longer than breathing in, it is a slower passive deflation process. Do not fight your own breath for the control of it, breathe in and breathe out in a way it it is comfortable with your own rhythm. Breathe in through the nose, and breathe out through the mouth.

At breathing out, you can make the sound of *Om*. In making this sound, use the throat and the palate as a sounding board. Om or Aum is the base of all sounds. The first letter A is the root sound pronounced without using any part of the tongue or mouth. U rolls from the root part of mouth, at the deepest end of sounding board. M is the last sound produced by closing the lips. As the meditation

deepens, you move into a trance, and become not conscious of your own breath. Close the eyes, look down toward the tip of your nose. Hold the idea you are meditating above the forehead like a guiding light. The duration of meditation is one to two hours. Vibrating energy forms at the pelvic area, kundalini is aroused in the spine, then it ascends and enters the brain. This meditative state is known as samadhi. Patanjali (author of yoga system) says the word that manifests God is Om. Om is a sacred sound that is pronounced at the beginning of Veda, hymns, and sacrificial ceremonies.

The meditative state is the highest spiritual state. It is a contemplative state in which a person experiences peacefulness, and the world around him becomes beautiful. This special state produced by meditation is well demonstrated by a brain wave scanning-electroencephalogram. Prior to the meditation, independent brain waves are separately generated from different parts of the brain; but in the meditative state, the brain waves simulate and synchronize with each other, and turn into a group of orchestrated brain waves. This research was done at University of Washington, and publicly demonstrated on a UWTV (University of Washington TV) program in February 2008.

Meditation is not a fantasy out of this world or an ecstasy out of your mind. It is a conscious state of mind. The self is the constant witness consciousness. You can meditate on the subject of air, air is the ether that is filled with prana. All living beings in the universe breathe, and share the same energy. The principle of ahimsa is not to harm any living being either by deed, word or thought. The question arises: "If I pollute the air, and deprive others of clean resources, am I harming others indirectly, in violation of ahimsa?" We can meditate on this thought of how our acts will affect others whom we do not know. We can also meditate on insects, and contemplate whether insects have any relationship with us. One day, Chuangzse took a nap, and dreamed; in his dream, Chuangzse was a butterfly, when he awoke, he was himself the Chuangzse again. Chuangzse wondered, if indeed, he is a man living in the dream of a butterfly. (48) Saint Francis of Assisi (1181-1226 A.D.) believed that nature itself was the mirror of God. He called all creatures his "brothers" and "sisters", and even preached to the birds.

Bliss does not come from counting your blessings, it does not come from finite things, it comes from infinite state of mind. As you continue to meditate from time to time, your appearance changes, hard wrinkles on the face disappear, cracks in your voice go away, you look at ease and glow in your own presence.

Attainment in Vedic Tradition

Attainment is a state in which a person acquires the highest wisdom, and sees, in the end, the absolute truth in himself. Attainment takes study of religious texts, self-purification, and steadfast practice of meditation. Confucian doctrine is not practiced at temples as a religion; in many Asian dynasties, Confucianism has been taught widely at schools as an official tenet. Unlike Hinduism and Buddhism, Confucianism has not provided us with a methodical instruction how to practice meditation as a way to reach the attainment.

Upanisad is the collective writing out of the Sacred Vedas of Hindu religion in India. The Vedas have been orally transmitted from father to son or worthy pupil over several thousand years. The word "upanisad" is derived from upa (near), ni (down) and sad (to sit), to sit down near. A group of pupils sit near the teacher to listen to his instructions in a quiet country side school. Upanisad is post Vedic doctrine that goes back to 1000-800 B.C. when numerous Vedas of large volume were written into collective books. Without doubt, the etymological origin of Upanisad is upa-ni-sad. The other philosophical meanings of Upanisad are true knowledge and secret doctrine that are taught at forest schools. The total number of existing Upanisad is 170. Rise of Buddhism came in mid 500 B.C. Upanisad was first translated into Persian in 1657, and into French and Latin in 1802. Vedanta meant originally the Upanisads, the word Vedanta derives from vedasya antah, antah means the end. Literally it means end of the Veda. It signifies conclusion of the Vedas, as well as the end of knowledge. Upanisads are not the thought of a single philosopher; they are the teachings of thinkers who were interested in different aspects of spiritual life. Veda signifies wisdom and genuine inquiry to find transcendent means to fulfill spiritual well-being. The way to spiritual attainment is through worship and moral life. The aim is to become like gods.

There are four major Vedas: the Rig Veda, the Yagur Veda, the Sama Veda, and the Atharvana Veda. Rig Veda raises the question of the nature of human self, the atman that is the controller of the body, and the unborn part, which survives death. The Rig Veda also writes extensively about earth and nature, it comprises 1017 hymns divided into ten books. Rig Veda means literally "Verses of Knowledge". It is the world's earliest surviving Indo-European literature. Khandogya Upanisad starts with Om and meditation. Khandogya Upanisad comes from Sama Veda, Sa means earth, Ama is fire. (15, 50)

Fairer skinned Aryans invaded into Northern India first around 1500 B.C., dark-skinned local people (dasas) had fought in vain to defend themselves against Aryans. The Sanskrit word dasa later became to mean slave. The invaders established themselves as the new warrior class, and became later known as Kshatriya. Later in the eighth century B.C., orthodox intellectual revolt took place, it emerged in the Gangetic Plain of East India and brought about Upanisads. These speculative messages were transmitted by gurus who were predominantly Kshatriya at "forest seminars". (16, 55) Vedanta Upanisads, Max Mueller reasoned, must have been composed at about the time Buddha lived, or somewhere during the sixth century B.C. (50) Buddha was born in Kapilavastu around 563 B.C. and died at the age of eighty (ca. 483 B.C.) in Kusinagara. (55)

Friedrich Max Mueller (1823-1900) was born in Germany as the son of Romantic poet Wilhelm Mueller, but he worked most of his life in Britain as a philologist, and taught at Oxford University as professor of Comparative Philology and Comparative Theology. He pioneered the study of Sanskrit, Indian language and culture.

Atman

The words of atman and karma appear in many Buddhist and Hindu texts; and people who practice the religion, at times, misquote these words. Confucian texts also have equivalent words. Atman and karma are two beautiful words that tell us who we really are, and how we should treat others who share this world and time with us.

Atman is the absolute self in man, an immortal entity that survives death and rebirth, which is not to be confused with the self being expressed externally

as the body, life, and the intellect. Atman is what remains when everything that is not the self is eliminated. The absolute true self is not a composite of the physical objects, nor an abstract metaphysical category, and is independent of the state of mind, and not to be confused with either the bodily or the dreaming consciousness. The Self is the constant witness consciousness. The Self is the light of lights. Atman is not an entity that can be defined by a subjective state of mind such as dream state or ecstasy, it goes beyond. The Self is not an objective reality, nor something purely subjective. Objective-subjective relationship has a meaning only in the world of objects, in the sphere of discursive knowledge.

In the *Khandogya Upanisad*, it is said: "That person who is seen in the eye, he is atman that is Brahman." Atman is the seed that survives death, reincarnation and rebirth, the renewable seed unaffected by none other than Brahman itself, the supreme being and creator, that which can be seen through the eye of atman. Atman is the self within the heart, smaller than a grain of rice. It is also the self greater than the earth and all the worlds. The Khandogya Upanisad states that the soul of the emancipated at death goes out by the hundred and first vein through the crown of the head, fire, wind and sun to Brahman. In the *Brhad-aranyaka Upanisad*, it is said that the result of learning and conduct cling to the departing soul. The soul is said to be a very minute entity residing in the cavity of heart and resembling in every respect, except size, the visible man. (15)

In Far Eastern Asian Nations, atman was called as a speckle of red heart. A person facing his own death, before an absolute ruler, says you can kill my physical body but not the soul. But again the karma is at work here on both sides. The aggressor though is in violation of the non injury principle of ahimsa.

Karma and Rebirth

The principle, which governs this world of becoming, is called karma. The law of karma prevails in the world of events where our deeds lead us to higher or lower station in the world of time. From the birth to the rebirth, karma applies the reward discard rules to reincarnation, and determines the station of next life. Good deeds will elevate the station of next life, evil deeds will do otherwise to the extent that next life may not be born in human form. Good deeds by parents and grandparents will reward with a higher station of life to their offspring. In truth,

a man becomes good by good works, and evil by evil works. Karma is the law of causality. The law of karma is not external to the individual. The judgment comes not without, but within. The individual soul is eternal. It endures throughout the cosmic process. It commences at birth as the inheritor of the previous person, and survives physical death in an altered form. The soul that has left the body before its physical death finds a new body for a rebirth.

The *Upanisads* give us the detailed descriptions of the manner in which a man dies, and is born again. This transition is illustrated by certain examples. As a grasshopper, when it has come to the end of a blade of a grass, finds another place of support, and draws itself towards it, similarly this self, after reaching the end of this body, finds another place of support, and then draws itself towards it.

A child born to a parent is not entirely the creation of the parent, although biologically it is. The soul entes a new body to commence the next life. If the child carries good karma, he chooses an appropriate parent to commence a new life at a higher station. The child is an honorable guest to the arena in which a relationship will be played out for the time of life. For the self that has realized perfection, the body ceases to be a burden. He lives in the flesh, but not inhibited by the flesh. (15)

Order of the Spiritual Elements

Around 1780, two French physicians became the first Westerners in history to explore the classic Chinese acupuncture texts brought in by a monk. Until then, the classic texts were used for more than two thousand years to train acupuncturists in secular Asian nations. When traditional acupuncture texts are translated into Western languages, and taught in a nonsecular environments, it looses its intrinsic attributes. Most students who learn acupuncture in Western nations absorb technical part of acupuncture, and turn away from the heterogeneous secularism ingrained into the old textbooks, which may appear to them unscientific. Most institutes in the United States, public or private, accept acupuncture as another piece of knowledge to fit into their science, but not as a new tool to remodel their ideology. Many people in academic establishment see acupuncture with skepticism, others use it to compliment their science. When an original culture and science from far away is introduced to a new place, the game of engagement is always played at two fronts just like the game of "give and take". It is taken selectively

by their choosing, but not as a whole. The history tells us merging two cultures in full account takes a very long time. When two different cultures meet, there are always political, economical, and social clashes as well as somewhat harmonious mixing of arts and sciences on the sidelines.

Many acupuncturists use acupuncture technically measuring its logics and effects as to the conventional Western standards. The source science of acupuncture is numerology. When we go back to the original pot where the numerology was born from, there we see other source sciences of Confucian logics, Taoist cosmology, and Hindu-Buddhist science. For readers who are interested in pursuing further into the Five Element Theory and the philosophical base of acupuncture, a narrative from Khandogya Upanishad is provided in this section. It is a discussion between a venerable man Sanatkumara and an educated sage Narada. All parts in this section come from *The Sacred Books of the East—The Upanisads* translated by Friedrich Max Mueller. (50) Thinkers in India, in seeking the truth, saw water, fire and ether (space) in a perspective uniquely different from the Confucian or Taoist way. It adds a new dimension to the subject of Five Element Theory. Khandogya Upanisad belongs to Sama Veda.

Sanatkumara was an uneducated person, he is mentioned in Indian tradition as the eternal child. It is said he is eternally a child of five years of age who did not undergo samskara—the usual changes from the events of life. A child has the pure unobstructed view that is not tainted in which he sees things in uncompromising clarity. If a person's view is not obstructed in his own mind, he can see as far as, and as deep as he wants to see. Narada is the person who has read all the Vedas, mastered all sciences, and gives the knowledge of the Supreme Self to people. Narada asks Venerable Sanatkumara to teach him. Discussion starts off from simple topics of name, speech, mind and will, but evolves into the highest spiritual concerns. (15, 50)

The following is a lengthy text from Khandogya-Upanishad, Seventh Prapathaka, it is a part from The Upanisads, Part I translated by Friedrich Max Mueller. (50)

Narada approached Sanatkumara and said, "Teach me, Sir!" Sanatkumara said to him: "Please to tell me what you know; afterward I shall tell you what is beyond."

Narada said: "I know the Rig-veda, Sir, the Yagur-veda, the Sama-veda, as the fourth the Atharvana, as the fifth the Itihasa-purana; the Veda of the Vedas (grammar); the Pytria (the rules for the sacrifices for the ancestors); the Rasi (the

science of numbers); the Nidhi (the science of time); the Bhuta-vidya (the science of demons); the Nakshatra-vidya (astronomy). All this I know, Sir.

"But, Sir, with all this I know the Mantras only, the sacred books, I do not know the Self. I have heard from men like you, that he who knows the Self overcomes grief. I am in grief. Do, Sir, help me over this grief of mine."

Sanatkumara said to him: "Whatever you have read, is only a name.

"A name is the Rig-veda, Yagur-veda, Sama-veda, and as the fourth the Atharvana, as the fifth Itihasa-purana, the Veda of Vedas, the Pytria, the Rasi, the Nidhi, the Bhuta-vidya, the Nakshatra-vidya. All these are a name only. Meditate on the name.

"Sir, is there something better than a name?"

"Speech is better than a name. Speech makes us understand the Rig-veda, Yagur-veda, Sama-veda, and as the fourth the Atharvana; heaven, earth, air, ether, water, fire, gods, men, cattle, birds, herbs, trees, all beasts down to worms; what is right and what is wrong; what is true and what is false; what is good and what is bad; what is pleasing and what is not pleasing. For if there were no speech, neither right nor wrong would be known, neither the true nor the false, neither the good nor the bad, neither the pleasant nor the unpleasant. Speech makes us understand all this. Meditate on speech.

"Sir, is there something better than speech?"

"Mind is better than speech. For as the closed fist holds two amalaka or two kola or two aksha fruits, thus does mind hold speech and name. For if a man is minded in his mind to read the sacred hymns, he reads them; if he is minded in his mind to perform any actions, he performs them; if he is minded to wish for sons and cattle, he wishes for them; if he is minded to wish for this world and the other, he wishes for them. For mind is indeed the self, mind is the world, mind is Brahman. Meditate on the mind.

"Sir, is there something better than mind?"

"Will is better than mind. For when a man wills, then he thinks in his mind, then he sends forth speech, and he sends it forth in a name. In a name the sacred hymns are contained, in the sacred hymns all sacrifices.

"All these therefore (beginning with mind and ending in sacrifice) center in will, consist of will, abide in will. Heaven and earth willed, air and ether willed, water and fire willed. Through the will of heaven and earth &c. rain wills; through the will of rain food wills; through the will of food the vital airs will; through the will of vital airs the sacred hymns will; through the will of the sacred hymns the sacrifices will; through the will of the sacrifices the world (as their reward) wills; through the will of the world everything wills. This is will. Meditate on will.

"Sir, is there something better than will?"

"Consideration is better than will. For when a man considers, then he wills, then he thinks in his mind, then he sends forth speech, and he sends it forth in a name. In a name the sacred hymns are contained, in the sacred hymns all sacrifices.

"All these (beginning with mind and ending in sacrifice) center in consideration, consist of consideration, abide in consideration. Therefore if a man is inconsiderate, even if he possesses much learning, people say of him, he is nothing, whatever he may know; for, if he were learned, he would not be so inconsiderate. But if a man is considerate, even though he knows but little, to him indeed do people listen gladly. Consideration is the center, consideration is the self, consideration is the support of all these. Meditate on consideration.

"Sir, is there something better than consideration?"

"Reflection is better than consideration. The earth reflects, as it were, and thus does the sky, the heaven, the water, the mountains, gods and men. Therefore those who among men obtain greatness here on earth, seem to have obtained a part of the object of reflection (because they show a certain repose of manner). Thus while small and vulgar people are always quarrelling, abusive, and slandering, great men seem to have obtained a part of the reward of reflection. Meditate on reflection.

"Sir, is there something better than reflection?"

"Understanding is better than reflection. Through understanding we understand the Rig-veda, the Yagur-veda, the Sama-veda, and as the fourth the Atharvana, as the fifth Itihasa-purana, the Veda of Vedas, the Pitrya, the Rasi, the Nidhi, the Bhuta-vidya, the Kshatra-vydia, heaven, earth, air, ether, water, fire, gods, men, cattle, birds, herbs, trees, all beasts down to worms, midges, and ants; what is right and what is wrong; what is true and what is false; what is good and what

is bad; what is pleasing and what is not pleasing, all this we understand through understanding. Meditate on understanding.

"Sir, is there something better than understanding?"

"Power is better than understanding. One powerful man shakes a hundred men of understanding. If a man is powerful, he becomes a rising man. If he rises, he becomes a man who visits wise people. If he visits, he becomes a follower of wise people. If he follows them, he becomes a seeing, a hearing, a perceiving, a knowing, a doing, an understanding man. By power, the earth stands firm, and the sky, and the heaven, and the mountains, gods and men, cattle, birds, herbs, trees, all beasts down to worms, midges, and ants; by power the world stands firm. Meditate on power.

"Sir, is there something better than power?"

"Food is better than power. Therefore if a man abstains from food for ten days, though he lives, he would be unable to see, hear, perceive, think, act, and understand. But when he obtains food, he is able to see, hear, perceive, think, act, and understand. Meditate on food.

"Sir, is there something better than food?"

"Water is better than food. Therefore if there is not sufficient rain, the vital spirits fail from fear that there will be less food. But if there is sufficient rain, the vital spirits rejoice, because there will be much food. This water, on assuming different forms, becomes this earth, this sky, this heaven, the mountains, gods and men, cattle, birds, herbs and trees, all beasts down to worms, midges, and ants. Water indeed assumes all these forms. Meditate on water.

"He who meditates on water as Brahman, obtains all wishes, he becomes satisfied; he is, as it were, lord and master as far as water reaches—he who meditates on water as Brahman."

"Sir, is there something better than water?"

"Fire is better than water. For fire united with air, warms the ether. Then people say, It is hot, it burns, it will rain. Thus does fire, after showing this sign (itself) first, create water. And thus again thunderclaps come with lightnings, flashing upwards and across the sky. Then people say, There is lightning and thunder, it will rain. Then also does fire, after showing this sign first, create water. Meditate on fire.

"He who meditaes on fire as Brahman, obtains, resplendent himself, resplendent worlds, full of light and free of darkness; he is, as it were, lord and master as far as fire reaches—he who meditates on fire as Brahman."

"Sir, is there something better than fire?"

"Ether (or space) is better than fire. For in the ether exist both sun and moon, the lightning, stars, and fire. Through the ether we call, through the ether we hear, through the ether we answer. In the ether or space we rejoice (when we are together), and rejoice not (when we are separated). In the ether everything is born, and towards the ether everything tends when it is born. Meditate on ether.

"He who meditates on ether as Brahman, obtains the worlds of ether and of light, which are free from pressure and pain, wide and spacious; he is as it were, lord and master as far as ether reaches—he who meditates on ether as Brahman."

"Sir, is there something better than ether?"

"Memory is better than ether. Therefore where many are assembled together, if they have no memory, they would hear no one, they would not perceive, they would not understand. Through memory, we know our sons, through memory our cattle. Meditate on memory.

"Sir, is there something better than memory?"

"Hope is better than memory. Fired by hope does memory read the sacred hymns, perform sacrifices, desire sons and cattle, desire this world and the other. Meditate on hope.

"He who meditates on hope as Brahman, all his desires are fulfilled by hope, his prayers are not in vain; he is, as it were, lord and master as far as hope reaches—he who meditates on hope as Brahman."

"Sir, is there something better than hope?"

"Spirit (prana) is better than hope. As the spokes of a wheel hold to the nave, so does all this (beginning with names and ending in hope) hold to spirit. That spirit moves by the spirit, it gives spirit to the spirit. Father means spirit, mother is spirit, brother is spirit, sister is spirit, tutor is spirit, Brahmana is spirit.

"Spirit then is all this. He who sees this, perceives this, and understands this, becomes an ativadin. If people say to such a man, thou art an ativadin, he may say, I am an ativadin; he need not deny it."

"But in reality he is an ativadin who declares the Highest Being to be the True." (A)

"Sir, may I become an ativadin by the True?"

"But we must desire to know the True."

"Sir, I desire to know the True."

"When one understands the True, then one declares the True. One who does not understand it, does not declare the True. Only he who understands it, declares the True. This understanding, we must desire to understand." (B)

"Sir, I desire to understand it."

"When one perceives, then one understands. One who does not perceive, does not understand. Only he who perceives, understands. This perception, we must desire to understand."

"Sir, I desire to understand it."

"When one believes, then one perceives. One who does not believe, does not perceive. Only he who believes, perceives. This belief, we must desire to understand."

"Sir, I desire to understand it."

"When one attends on a tutor (spiritual guide), then one believes. One who does not attend on a tutor, does not believe. Only he who attends, believes. This attention on a tutor, we must desire to understand."

"Sir, I desire to understand it."

"When one performs all sacred duties, then one attends really on a tutor. One who does not perform his duties, does not really attend on a tutor. Only he who performs his duties, attends on his tutor. This performance of duties, we must desire to understand."

"Sir, I desire to understand it."

"When one obtains bliss (in oneself), then one performs duties. One who does not obtain bliss, does not perform duties. Only he who obtains bliss, performs duties. This bliss, we must desire to understand."

"Sir, I desire to understand it."

"The Infinite (bhuman) is bliss. There is no bliss in anything finite. Infinity only is bliss. This Infinity, we must desire to understand." (C)

"Sir, I desire to understand it."

"Where one sees nothing else, hears nothing else, understands nothing else, that is the Infinite. Where one sees something else, hears something else, understands something else, that is the finite. The Infinite is immortal, the finite is mortal."

"Sir, in what does the Infinite rest?"

"In its own greatness—or not even in greatness."

"In the world they call cows and horses, elephants and gold, slaves, wives, fields and houses greatness. I do not mean this," thus he spoke; "for in that case one being (the possessor) rests in something else, (but the Infinite cannot rest in something different from itself.)

"The Infinite indeed is below, above, behind, before, right and left—it is indeed all this.

"Now follows the explanation of the Infinite as the I: I am below, I am above, I am behind, before, right and left—I am all this.

"Next follows the explanation of the Infinite as the Self: Self is below, above, behind, before, right and left—Self is all this.

"He who sees, perceives, and understands this, loves the Self, delights in the Self, revels in the Self, rejoices in the Self—he becomes a Svarag, (an autocrat or Self-ruler); he is lord and master in all the worlds.

"But those who think differently from this, live in perishable worlds, and have other beings for their rulers.

"To him who sees, perceives, and understands this, the spirit (prana) springs from the Self, hope springs from the Self, memory springs from the Self; so do ether, fire, water, appearance and disappearance, food, power, understanding, reflection, consideration, will, mind, speech, names, sacred hymns, and sacrifices—aye, all this springs from the Self.

"There is this verse, 'He who sees this, does not see death, nor illness, nor pain; he who sees this, sees everything, and obtains everything everywhere.

"'He is one (before creation), he becomes three (fire, water, earth), he becomes five, he becomes seven, he becomes nine; then again he is called the eleventh, and hundred and ten and one thousand and twenty.' (D)

"When the intellectual ailment has been purified, the whole nature becomes purified. When the whole nature has been purified, the memory becomes firm. And when the memory (of the Highest Self) remains firm, then all the ties (which binds us to a belief in anything but the Self) are loosened.

"The venerable Sanatkumara showed to Narada, after his faults had been rubbed out, the other side of darkness. They call Sanatkumara Skanda, yea, Skanda they call him."

A. An ativadin is the one who declares something that goes beyond all the declarations made before, beginning with the declaration that names are Brahman, and ending with the declaration that hope is Brahman;—one who knows that prana, spirit, the conscious self, is Brahman. This declaration represents the highest point reached by ordinary people, but Narada wishes to go beyond.
B. As Narada asks no further, whether there is anything better, higher, truer than prana, he is supposed to be satisfied with his belief that prana is the Highest Being. Sanatkumara, however, wishes to lead him on to a still higher view.
C. Bhuman is sometimes translated by grandeur, the superlative, the acme. It is the highest point that can be reached, the infinite and the true.
D. The commentary says that the various numbers are intended to show the endless variety of form on the Self after creation.

Glossary of Vedic Words

Aditya, sun.
Agni, fire.
Aham, ego.
Ahimsa, principle of non-injury, no injury or harm to all living beings either by deed, word or thought. Gandhi's guiding principle in his quest for India's freedom from British occupation. It nullifies Britain's political will and defines the spiritual base for India's independence movement by nonviolent means.
Akasa, the space. five material elements: ether, air, fire, water and earth.
Ama, fire.
Anima, minuteness, as small as an atom.
Ap, water.
Asana, posture.
Atman, imperishable self which survives death, reincarnation and rebirth, stored in the chamber of the heart.
Avalokitesvara, The Bodhisattva who, in Chinese translation, is referred to the Buddha himself.
Ativadin, one who really knows and declares the highest truth.
Bhagavad Gita, the most studied post-Vedic Hindu text. The Gita tells a story of great crises, an epic of Mahabharata that occurred about 800 B.C., a crises that is solved through the interaction between Arjuna a Pandava warrior hesitating before the battle, and Krishna his charioteer and teacher. The book was written between second and third century A.D. from an orally transmitted earlier version.
Bharat, India.

Bhuman, grandeur, the superlative, the acme, the highest point that can be reached, the infinite and the true.

Bodhisattva, the person seeking absolute truth, Buddha before his attainment.

Brahman, The Supreme Being, absolute self, cosmic self, creator, The Breath.

Brahmana, Sayings of Brahmans.

Brahmin, member of the priestly caste, the highest caste in Hindu society.

Buddhi, understanding, intellect.

Gita, same as Bhagavad Gita.

Hridaya, heart, spirit.

Indra, physical self. The king of gods.

Kandramas, moon.

Karma, the principle which governs this world of becoming. Good deeds allow one to be reincarnated into a higher being. Evil deeds will do otherwise.

Kundalini, the spiritual power dormant in all living beings. It rises through the spinal column and reaches the brain, then the yogi experiences Samadhi.

Madras, seaport on southeast coast of India.

Mantra, sacred words by which a spiritual teacher initiates his disciple.

Maya, magical power.

Narada, a saint in Hindu mythology.

Prajnaparamita, the study of obtaining perfect wisdom.

Prana, the vital breath, primal energy which controls breathing.

Patanjali, the author of the yoga system.

Purusha, Self.

Raja, king.

Raja yoga, a system of yoga ascribed to Patanjali.

Rita, truth. An-rita is falsehood.

Sa, earth.

Sama, Om, meditation, earth and fire, name of a Veda. Sa is earth, ama is fire. Khandogya Upanisad is written from Sama Veda.

Samadhi, ecstasy, trance, communion with God.

Samsara, endless procession of events in life

Samskara, mental impression or tendency created by events.

Sankara, same as Sankaracharya.

Sankaracharya, one of the greatest saints and philosophers of India (788-820). The foremost exponent of nondualistic Vedanta.

Sanskrit, literary language of ancient India, belongs to the Indo European Language Group, closely related to ancient Greek language.

Sariputra, the first disciple out of Buddha's ten disciples.

Sat, Self, same as Satya, existent. Asat is nonexistent.

Skandha, perceptions of rupa, vedana, samjnana, samskara and vijnana (form, perception, mind, concept, and knowledge).

Smriti, traditional literature.

Sutra, writing of religious doctrine, Sacred Books.

Sruti, revealed literature.

Swami, title of the monks belonging to the Vedanta school.

Tantra, a system of religious philosophy in which the divine power is seen as ultimate reality.

Udgitha, implies Om.

Upanisads, collective writings of Sacred Vedas. There are 11 major Upanisads out of 108 Vedas.

Vayu, air.

Vedanta, conclusion of Veda. End of knowledge. Post Vedic era philosophy with a more open conception from classical tradition as seen in Upanisads, Bhagavad Gita and Brhama Sutras.

Vedas, the revered scriptures of the Hindus, consisting of Rig Veda, Yagur Veda, Sama Veda and Atharvana Veda.

Yoga, union of the individual and the Supreme Soul. The discipline by which such system is effected.

Yogi, one who practices yoga.

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Index

acupuncture channels
channel diagram, 13; channel's energy, 7; clockwise bidirectional energy flow, 8; countercurrent energy flow, 8; energy cycle's start and end point, 62; energy flow acceleration points, 64; energy source of, 56, 62; Five Initial Holes, 8; Five Initial Holes and Luo, Yuan, Xi, 9; length of, 64, 65; mutual inhibitions at stations, 8; mutually productive flow, 8; speed of, 62, 63; *see also* water
acupuncture channels-He, Luo, Yuan, Shu
bidirectional connections, 9, 10, 13; biliary colic, 68; cervical radiculopathy, 81, 82; distended urinary bladder, 67; low back pain, pathogenesis, 69; lumbar radiculopathy, 79, 80; release Yuan, Shu Points, 54; as stroke treatment points, 122; UB-K Channels energy exchange,10; UB-K Channel, yang vs. yin, moxa vs. needle, 52
acupuncture channels-He Points
earth and water elements at, 8, 10, 11, 239; functions of, 9-11, 66, 122; Inferior He Points (St 37, St 39, UB 39), 11, 13; role of UB 39 and P 3, 66
acupuncture needle
composition, 29; copper in, 29; corrugated handle, 29, 36; diameter, 30; ear needle, 30; length, 29, 30; silicone coated, 29; stainless steel, 29, 36; tensile strength, 29
acupuncture needle insertion
artery and vein, 32; bleeding from, 33; compromised sterility, 33; contraindications, 41, 42; de qi, 31; depth of insertion, 31, guide tube, 31, 36; insertion to Du 14, GB 30, UB points, 32, 33; manipulation of needle, 31, 36 manual insertion, 31; periosteal pain, 32; side effects, damages, 33, 41-43; sterile precaution, 35; time length for needle stay, 33;

vasovagal reaction, 33; zero sum game, 32
acupuncture points
measured distance for (fen, cun, chi, zhang), 36, 65; for moxibustion, affected vs. unaffected side, men vs. women, 54; point finder, 35; size of, 36, 37, 45
acupuncture study, 15, 251-253, 298
acupuncture textbooks
Dong Eui Bo Gam, Huh Juhn, 17; Nan Jing, Zhen Jiu Yu Long Jing, Pian Que, 64, 65; Numerology Textbook, Shao Jang Je, 16; Shang Han Lun, Zhang Zhong Jing, 16, 61; Tong Ren, Wang Wei De, 16; Unfolding of Fourteen Channels, Hua Shou (Hua Bo Ren), 217; Zhen Jiu Da Cheng (Chim Gu Dae Sung), Yang Ji Zhou, 17; Zhen Jiu Jia Yi Jing, Huang Pu Mi, 16; Zhen Jiu Zi Sheng Jing, Wang Zhi Zhong, 16; Zhong Zhang Jing, Hua Tuo, 70
agricultural states, 4, 274
ahimsa, non-injury principle, 290, 293, 297
alopecia in children, 49
Alternative Medicine Office, NIH, 2
analgesia by endogenous opiate, 21
ancient Silk Road, 4, 276, 284
annulus fibrosus, lumbar disc disease, 69, 77
appendix, termal sensor, 66
artemisia absinthium, moxa grass, 57
ashi points, 45
ativadin, the declarer, 303
attainment per Confucius, 252, 253
Aurelius, Marcus, judgment, 252
autonomic nerves, descending pathway, 55, 152

Back Shu Points: energy release and supplementation, 11, 14, 51, 52; organ and viscus points, 67, 72; low back pain, pathogenesis, 69
Baker's cyst, 88
biliary colic, 68
blood oxygen level dependent (BOLD) fMRI, stroke brain: cerebral reorganization after brain injury, 2006, Ward, 24; in recovering subcortical stroke patients, 2004, Tombari, 24; motor recovery from stroke, 2003, Ward, 24
blood vessels at acupuncture points, 32
body constitution: body type's mode of handling of water, fluid, 265; dream, 266; LI-Lu, Liv-GB/St-Sp, K-UB match up, 264; metal-wood, earth-water match up, 264; prevalence, 265
bone inscriptions, 5
Bonghan duct as meridian network, 10
brain, ischemic damage, cell repair, 21
breath in meditation, 292
breech presentation of fetus, UB 67, 189
bronze vessels with inscribed letters, 5

calf muscle (gastrocnemius) paralysis, 152
Campbell, Joseph, heaven's code number, 282
Carmichael T: brain ischemic lesions, new electrical neuronal activity, 2002, 25; stroke brain, DBA (biotinylated dextran amine) labeled new cells, new horizontal vector, 2001, 23
cervical disc disease
ascending dorsal rami, 80, 151; chest wall pain, 81; elbow trigger point, 82; GB 30, GB 34 (anti-inflammatory points), 82; nerve distribution, 83; three ear points, 82; toxic energy discharge by Du—UB—SI, SI—LI—P Channel, 81, 82; by He—Luo—Yuan, Shu—Ying, 82
chariot riders in India, 4
Chong Channel, water supply, 67
Chou I (I-Ching) by Wang Pei, 280
Chuangzse and butterfly, 293
circadian cycle, 16, 62, 63
clinical trials, acupuncture prescriptions, 256
CNS response to EA
analgesic effect, EA to St 36, blocked by atropine, ondansterone, 20; antinociceptive effect, hypothalamic nucleus submedius, blocked by 5-hydroxytryptamine 1 A antagonist, 20; cholinergic, serotonergic analgesic effect, pain inhibitory mechanism, hypothalamic nucleus raphe magnus, EA to St 36, electrode impedance to NRM, 19; endorphin containing neurons, hypothalamic arcuate nucleus, EA to St 36, Sp 6, 19; GB 34, fMRI after EA, activation of sensorymotor cortex and hypothalamus, 21, 69; ischemic brain damage, glutamate receptor, 21; LI 4, EEG response to EA, 19; neurologic signature of pain, brain fMRI, 20; opioid neurons in medulla and periaqueductal grey matter, EA to P 5, P 6, 20; opioid neuropeptide c-Fos in hypothalamic arcuate nucleus, EA to P 5, P 6, 20; visual effect, EA to GB 43, 22; *see also* hypothalamic nucleus, EA effects
coil handle needle, 29
collective opinion, acupuncture prescriptions, 251
complications of acupuncture, 33, 41-43
compromised sterility in acupuncture, 33
Confucius, Confucianism, 15, 252, 253, 256, 275, 290
copper in acupuncture needle, 29
corrugated needle handle, 29, 36
cosmic energy band, Hwang Ti, 3
cosmopolitics of I-Ching, 4

Dai Channel, water supply, 67, 231
dairy products, lactose, gluten, Irritable Bowel Syndrome, 96
damp heat in arthritis, 88
DBA (biotinylated dextran amine) in stroke, 23

death without disease, self healing, Hua Tuo, 70
declarer, ativadin, 303
deep supplementation, old patients, 53, 70
deficiency and excess
deficiency (xu) and excess (shi) state, 51-53, 56; deficient, excess energy, 52, 56; effects of deficient and excess energy, 52, 68; emptiness, equilibrium, 12, 56; flow of energy, 56; homeostatic state, 56; loose, tense channel, 51; Luo Points, 51; Luo, Yuan, Shu, 52; point size, 56; putrid water, 52; shi (excess) and xu (deficiency), 56, 151; ying (source energy) and wei (shield), 56; *see also* supplementation and release
deltoid muscle paralysis in stroke, LI 14, LI 15, 160
de qi, obtaining the energy, 31
Diagram of Mutual Inhibition, 6, 255
Diagram of Mutual Production, 5, 254
diaphragm, mediastinum, points on chest wall, 41, 42
diaphragmatic pacing, 108
discharge food complex, 272, 273; ecological impact, 277
disc operation, selective microdiskectomy, 154
distance, point to point, meridian to meridian, 36
diuresis points, 146
dopaminergic neurons, Parkinson's Disease, 113
double blind prospective study, 256
duality in yin and yang, 218, 257

EA, optimal dosage, blockage by naloxone, 21
ear needle, 30
ear points
cervical disc disease (shoulder, upper arm, elbow), 82; GERD (hiatal gate, fenmen), 92; plantar fasciitis (heel, ankle), 87; shoulder joint pain (shoulder, shoulder joint, clavicle), 85; smoking cessation (lung, shenmen, mouth), 145
earth to earth oppositions, 261
earth to earth relationships, 262, 263
earth holes, acupuncture points, 53
eastern and western medicine, 61
Eight Influential Points, 12, 14
Eisenberg, David, Trends in Alternative Medicine, 1
elbow pain (cervical disc disease), trigger point injection, 82
electric current in EA, 35-37
electric shock by EA, 39
electrical stimulator, first use, 1
electroacupuncture
electric current, microampere (mA), 35-37; electric shock, 39; electrical stimulator, 35; electromagnetic energy, 36; frequency, hertz (Hz), 35, 37; heart pacemaker, 39; muscle contraction, 36; NCVT, 38; needle manipulation, 31, 36; negative electrical field, 38; point finder, 35; point size, 36, 37, 45, 56, 108; saw tooth wave mode, 37; stainless steel needle, 36
electrode placement
ascending spinothalamic tract, 38; hormonal insufficiency, pericarditis, 39; men vs. women (intrinsic disease), autonomic and vagus nerve, CNS disease, Confluence-Xi Points of Extraordinary Channel, 38; right vs. left (affected vs. unaffected), cranial nerve, NCVT, 37; *see also* supplementation and release, and moxa placement
energy collision and collapse, 43
energy discharge pathway for toxic pain carpal tunnel syndrome, 86; cervical disc disease, 81, 82; lumbar disc disease, 79; medial epicondylitis, 86; periscapular pain, 84, 85; plantar fasciitis, 87; shoulder joint pain, 85; thoracic midback pain, 83
energy imbalance, Lu 10, K 3, 157
equilibrium in energy balance, 12, 56
estrogen level in rats, extra point Zigong, 20
extra points: Jinjin, 91; Sishencong, 223; Weiguanxiashu, 92, 189; Xiyan (St 35), 87, 166
Extraordinary Channels
conjunction points to Ordinary Channels, 218; four original Confluence Points and six Confluence-Xi Points, 218, 237, 238, 239; precautions for Du Channels, 223, 224; precautions for Ren Channels, 229, 230; Ren 1 Huiyin, common origin for Du, Ren, Chong Channel, 218, 224, 225; texts for, Zhen Jiu Da Cheng, Zhen Jiu Jia Yi Jing, Unfolding of Fourteen Channels, 217

facial palsy: acoustic neuroma, mastoid, temporal, petrous bone lesions, parotid gland tumor, 111; forehead paralysis, GB 14, GB 15, 111, 112; UB 62, UB 63 (Extraordinary Channel), 112
febrile disease, H 7 Shenmen, K 1 Yongquan, 54, 67
fen, cun, chi, zhang, 36, 65
fire, as source of pulse, 269
fire-water axis, 273, 274, *see also* I-Ching
first life form, 263
five exhausted debilitations and seven damages, St 36, 166
five senses, 252
food discharge complex, 272, 273, 277
food transit, UB 22, 66
four flowers of Cui Zhi Ti, 180, 190
French acupuncture, 1, 298
frequency, hertz (Hz), 35, 37

fresh water, acupuncture points as, 53
Front Mu Points, 11, 14, 72
fu, yang viscus, 7, 259
functional disorder of viscus, prescriptions, 67, 68

Ganges river, Indian civilization, 4
Gangetic plain, invasion by warriors, 4
gastrocnemius muscle paralysis, 152
GB 30, electrode placement, 37
GB 30 and GB 34: linkage, 65, 69, 77; spinal neuropeptide, lumbar dorsal root ganglion, 19, 20
GB 34, fMRI after EA, activation of sensory motor cortex and hypothalamus, 21, 69
GB 43, connects to visual cortex by EA, 22; releases excess GB energy, 211
glial cell's birth order, 25
glutamate receptor in stroke, 21
great tune, highest virtue, Liaozse, 258
guide tube, needle insertion, 31, 36

Ha Wu (Hsia Yu), eighth emperor, 4, 5, 254, 274
He Point, earth and water elements at, 8, 9, 10, 11, 13, 239
headache: blocking points, UB 10, UB 11, Du 14, 68, 73; cervical dorsal rami, 80, 151; Extraordinary Channel (UB 62, UB 63), 68, 73, 232, 234; migraine, 74, 150; point at fifth toe, UB 66, 188
hearing test, tinnitus and vertigo, 137, 138
heaven's code number, Confucius, 281
heaven-earth union, 276, *see also* I-Ching
helicobacter pylori, GERD, 92
histamine receptor blocker, GERD, 92
homeostatic steady state, equilibrium, 12, 56
Hsia Dynasty, 4
Hua Shou (Hua Bo Ren), author of Fourteen Extraordinary Channels, 217
Hua Tuo: headache points, GB 19, Du 16, 206, 221; for St 36, 166, 168; textbook (Zhong Zhang Jing), 70
hunter-gatherer tribes, 274
Hwang Ho river, agricultural enterprise, flood control, 4, 274, 285
Hwang Ti, third emperor, 3, 4, 254, 263
hypersalivation, 66, 91
hypothalamic nucleus, EA effects
arcuate nucleus, endorphin containing neurons, EA to St 36, Sp 6, 19; nucleus raphe magnus, analgesia by EA to St 36, electrode impedance to NRM, 19; increase in opioid neuropeptide c-Fos in arcuate nucleus, EA to P 5, P 6, 20; nucleus submedius, antinociceptive effect blocked by 5- hydroxytryptamine 1 A antagonist, 20; *see also* CNS response to EA

I-Ching (Book of Change): 256, 273, 274, 279, 280; Chou I, Wang Pei, 280; Richard Wilhelm, Carl Jung, 280
I-Ching (Codes of Change)
agricultural revolution, 274; authors of codes, 279, 281; cosmopolitics, 4; east-west (mountain-lake) axis, 284, 286; heaven-earth axis, 273, 276, 283, 284, 286; heaven's code number, 281; Industrial Revolution, 275; macrocosmic events, 273; prior codes, 280; selection of code, 280, 281; water-fire axis, 4, 273, 274, 285
infection from acupuncture, 33
Inferior He Points (St 37, St 39, UB 39), 11, 13
Infinite (bhuman), 304
Influential Points, 12, 14
infrared light (infrared radiation): moxibustion, 57; polarized water molecule, 7; speed and transparency of channel, 7
injection points for triamcinolone
elbow trigger point (cervical disc disease), 82; glenoid joint cavity, 85; lateral epicondylitis, 86; sacroiliac joint (lumbar disc disease), 80; subtrochantric bursitis, 79
intrisically mediated disease, moxibustion, right vs. left side, 54, 55
isolation and solitude, 290, 291

Jinjin, extra point, Ren Channel, 91, 229
Jing-Well Points, for release, 54

K 3 Taixi, for damp heat, 191
Kazakhstan, ancient tribes, 4
kendo, 61
Khandogya Upanisad, 296
knowledge base, secular Chinese mind, 15
Krishnamurti, J, solitude and isolation, 291
Kshatriya, 296
kundalini, meditation, 293

lateral epicodylitis, pain discharge pathway, Du—SI—LI—P, 86
law of causality, karma, 297
letters on bone panels, bronze vessels, ceramics, 5
LI 4, response to EA, 19
ly (ideal) and qi (energy), 57
Liaozse, definitions of taiyin and liaoyin, highest virtue, 257, 258
licensing of acupuncture, 1
linear logics, 15
loose and tense channels, 51
Lu 10 and K 3, for organ energy imbalance, 157
lumbar disc disease
affected vs. unaffected side (right vs. left), 54; cauda equina syndrome, 78; discharge points of pain, 65, 69, 79, 80; GB 30, GB 34, spinal neuropeptide, dorsal root ganglion, 69; NCVT, denervation vs. reinnervation, stable vs. progressive denervation, mixed neuropathies, 78, 79; pain at tibialis anterior muscle, 79; pathogenesis, 69; proven source of pain, 69, 77; sacral piriformis pain, 80; sacroiliac joint pain, 80;

scoliosis, 78; subtrochantric bursitis, 79; surgery, new approach, 154; toxic energy discharge, UB 40, Luo—Yuan, Shu, 79, 80

macrocosmic events, 273, 279
macroscopic view, 281
marrow, bone marrow vs. nerve, 14
matriarchal society, 274, 284
medial epicondylitis, pain discharge pathway, Du—LI—H 3, SI 8—SI 7 (H 5)—H 7, 86
mediastinum, pneumothorax, 42
mediums in channels, 9
menopause, six basic points, 104
meridian, 36, 62
metal: 255; metal 7, sign of U.S., 278; metal 8, sign of medicine and acupuncture, 278; metal-fire cross exchange, 6, 65, 256
metal-wood mutual control, 8; food discharge pleasure complex, 277
microampere in EA, 35, 36
migraine: menopausal, Chong Channel, 74; mixed type, 150
milk, irritable bowel syndrome, 96
mingmen: adrenal gland, 66, 198; pulse diagnosis, 268
miniscule affairs, Confucius, 258
motor skill learning, motor cortex, 23
mountain-lake (east-west) axis, 284, 286
moxibustion (moxa), general rules
deficient vs. excess energy, loose vs. tense channel, small vs. large moxa, fast vs. slow burning moxa, upper vs. lower body, yin vs. yang channel, 51-55, 57; contraindicated points, 59; damages from, 58, 59; grass size, 57; infrared radiation, 57

moxa placement
Ashi point, 54; Back Shu Points, Front Mu Points, 55; controversies and variations, 58; men vs. women (intrinsic disease), CNS, autonomic and vagus nerve, Extraordinary Channel, 54, 55; moxa vs. needle, 53; old patients, 53, 58, 70; release Jing-Well Points, 54; release Yuan-Shu Points, 54; right vs. left side (affected vs. unaffected side), 54; sequence of, 58; signal moxa, 53, 54; UB-K Channel, He-Luo-Yuan, Shu, 52; upper vs. lower extremity, 54; yang-yin channel, He-Luo-Yuan, Shu, 52; *see also* electrode application, and supplementation and release
Mueller, Friedrich Max, 296
mutual control (metal-wood), 8, 277

naloxone counter effect, EA analgesia by 4 Hz, 21
Narada, educated sage, 299
NCVT: cervical disc disease, 81; lumbar disc disease, 78, 79; monoparesis, 132; peripheral polyneuropathy, 115
Neijing, 17, 18, 254
nerve distribution: arm, 83, 132; leg, 117, 131
nonlinear logics, 15
number of needles used, needling pain vs. efficacy, 32, 68, 218
numerology, 16, 251, 253, 261, 299

observation point, spiral energy flow, 8
om, aum, 292
organic living element, 272, 277

P 3, He, water supplier to upper jiao, 39, 66
P 5, P 6, EA effects: increase in opioid neuropeptide (c-Fos) in hypothalamic arcuate nucleus, 20; opioid receptor in medulla and periaqueductal grey mater, 20
P 6: connection to SJ 5, 66, 197; point size in chronic inflammation and peripheral polyneuropathy, 20; water supply to sanjiao, 67
pain discharge pathway
cervical disc disease pain, Du—UB—SI, SI—LI—P, 81, 82; lateral epicondylitis, Du—SI—LI—P, 86; lumbar disc disease pain, UB 40—Luo—Yuan, Shu, 79; medial epicondylitis, Du—LI —H 3, SI 8— SI 7 (H 5)—H 7, 86; periscapular pain, shoulder joint pain, SI—LI—P 3—P 7, 84, 85; thoracic midback pain, UB 55, 83
pain sensation from leg, ascending spinothalamic tract, cross over, 38
patriarchal society, 274, 284
pericarditis, P 3, P 6, right arm, 39, 66, 108
periosteal pain with needle insertion, 32
peripheral polyneuropathy
electrode application, 115; etiology, 114, 115; extraordinary channels, 117; gait training, 117; intrinsic brain repair mechanism, 114; NCVT, 115; nerve distribution, 117; prevalence, 114; stasis dermatitis, 118, 149; taxol induced, 115, 117; tuning fork test, 115-117; vibration sensation at GB 39, 117; vitamin B 12, 115, 116

peritoneal sheath, Ren Channel at abdomen, 230
phrenic nerve, diaphragmatic paralysis, 108
Pian Que, 18; writings by, 18, 64, 65
piriformis point (GB 30), 79
pneumothorax by acupuncture, 41, 42
Po Hi, first emperor, 4, 5, 254, 274
point finder, 35
point size, 36, 37, 45, 56, 108
poisoning, UB 13, 179
Polaris, 284
position of patient for EA, 32
pregnancy, contraindication to EA, 43
prosthetic disc, 154
pulse
determination of body constitution, 267, 268; exclusion of fire elements (heart, sanjiao), 268; fire as

source of, 269; floating bouncing pulse, 266; guan, chi, cun, location, 266, 268; location of pulses, 267; needle to Lu 7, stronger LI pulse at cun, 157; pairing of left-right arm, water-earth, wood-metal, 268; submerging flat pulse, 266

Qi Bo, 17

reincarnation, 297, 298
release Jing-Well Points, 54; release Yuan-Shu Points, 54
remission: definition of, 70; by EA, 39
Ren 3, estrogen, CRH, GRH, 20, 21
Rig-veda, 296
Ryodoraku diagnostic program, 252

sacroiliac joint pain, lumbar disc disease, 80
Saint Francis, nature, 293
salivation problem, P 3, 66
samadhi, meditative state, 293
Sanatkumara, venerable, 299
sanjiao
appendix, 66; concept of, 7, 8, 262; controllers of three jiao (Ren 3, Ren 12, Ren 17), 225-228; dry stool, 66; temperature control (UB 39), 66; three jiao, 66, 198; water shortage and supply, 66, 67; water supply to Ren Channel, SJ 6, 199
scarring moxibustion, 36
sciatica, 78
seed, first seed, 256, 271, 272, 297
Self, self, 289, 293, 296, 297, 305
self healing, Hua Tuo, 70
seventh kill by metal, 259, 277
shi (excess) and xu (deficiency), 56, 151
Shian, Shang Dynasty capital, 5
Shinung, second emperor, 3
shoulder joint, injection to glenoid cavity, 85
Shu, Yuan Points, 9, 10, 13
signal moxa, 53, 54
silicone coated needle, 29

silver cone, EA for children, 49
Sishencong, extra point, 223
sixty signs, 5, 261, 263
skull suture lines, 42, 50, 224
small bowel ileus, 151
snow flake, yin water, 272
solitude, 252, 253, 290, 291
Sp 6, fetal abortion, 170
St 36, five exhausted debilitations and seven damages, Hua Tuo, 166
spine surgery, diskectomy, laminectomy, facetectomy, fusion operation, 154
spinothalamic tract, ascending pain fiber, cross over, 38
spirit (prana), 303, 305
spiritual elements: power, food, water, fire, ether, memory, hope, True, 302, 303; understanding, perception, belief, tutor, sacred duties, bliss, Infinite, 304
squatting difficulty, UB 31, 183
stagnant putrid water in channels, 52

stainless steel needle, 29, 36
stasis dermatitis, 149; prescription, 114, 118
sterile precaution for acupuncture, 35
stroke
brain repair, new independent neural circuit, 24; central neural circuit, 120; Chinese prescription, Zhen Jiu Da Cheng, 119, 120; conformity, current brain research, stroke prescription in Zhen Jiu Da Cheng, 25, 26, 120; contralesional normal hemisphere, 120; EA circuitry, 127; EA induced forced muscle contraction, 122, 124; electrical neuronal activity, 25; electrode application, 120-125; manual friction to needles, 120; moxa use, 123, 125; neuromuscular points, St 36, GB 34, LI 15, 120, 122; new horizontal vector, 23; pathophysiology, 119; prevention, 121; remodeling of injured brain, 121; spastic arm muscle contraction, 123, 124, 128, 129; statistics, 23, 121; temporal hemianopsia, 151; Tokyo University stroke clinic, 120
stroke acupuncture points, five categories of, 122
substantia nigra, 113
subtrochantric bursitis, sciatica like pain, 78
Sumerian Kingdom, 276
Sun, seventh emperor, 274
supplementation and release
deep supplementation, 53; deficient and excess energy, loose and tense channel, 51, 52; fast burning moxa-release, slow burning moxa-supplement, 53; signal moxa, release point, 53, 54; supplementation, older patient, 58, 70; *see also* moxa placement, and electrode placement
Svarag (autocrat, Self-ruler), 305
swallowing difficulty, 66
sympathetic, parasympathetic ear points, 47

taiyin (liaoyin), definition per Liaozse, 257, 258
Tang, founder of Shang Dynasty, 274
tao by Confucius, 257

Tarim Basin, ancient tribes, 4, 276, 284
taxol, peripheral polyneuropathy, 115, 117
temperature regulator (UB 39), 66
temporal hemianopsia by stroke, 151
temporal parietal headache, Yangwei Channel, 73
Ten Heaven Elements: 258; five unions, 259; seventh kill, 259; ten organs and viscuses, 259
tensile strength of needle, 29
Tian Shian Mountain Range, Ancient Silk Road, 4, 276
Tombari D, Loubinoux I, Pariente J, Gerdelat A, fMRI study in recovering subcortical stroke patients, 2004, 24

transparency of meridian, 7
trial and error prescriptions, 256
trigger point, 45
Tung Yuan, comment on Lu 10, 157, 158
tutor, 291, 304
Twelve Earth Elements
composite unions, four elements, 262; earth elements relationships (3 vs. 9, 6 vs. 12), 262, 263; six collisions, six channels, organs, 262; sixty signs, 261; three jiao, 262; twelve symbols and months, 264; yin yang divisions and oppositions, 260, 261; yin yang evolution, 261

UB Channel's two energies at foot, 65
unbiased collective opinion, diagnosis and treatment, 251
urinary bladder, sphincter muscle constriction, 67
urine retention: after cystitis, 150; after stroke (pontine infarct), 152
uncinate process, uncovertebral joint of Luschka, 50, 224
Upanisads, 295, 296

value of clinical remission, 32
vasovagal reaction from acupuncture, 33
Veda, 295, 296
Vedanta, end of knowledge, 295
ventral hernia, Ren Points, 230
vibration sensation, peripheral polyneuropathy, GB 39, 117
visual cortex, EA to GB 43, 22
vitamin B12, demyelination of spinal cord, cranial and peripheral nerves, 115, 116
void of five senses, 252

Wang Eui Young, Shang letters, 5
Wang Pei, I-Ching scholar, 280
Ward N, Brown M, Thompson A, Frackowiak R, motor recovery after stroke, fMRI study, 2003, 24
Ward N, Frackowiak R, cerebral reorganization after brain injury, fMRI study, 2006, 24
water
essence of, 6, 7, 11; medium of energy flow, 9, 11; fresh water in earth holes, 53; in all living beings, 7, 271, 272, 302; in channels, 6, 7, 52; in GB 43, 211; in P 3, 66, 108; in P 6, SJ 5, 66; in St 44, 65, 168; in three jiao as mist bubble, drain, 66,198; water supply to pericardium and sanjiao, 66, 67

water-fire axis, 273, 274; *see also* I-Ching
water molecule: oscillation of, 10; polarization of, 7; transparency to infrared light, 7
Weiguanxiashu, extra point, 92, 189
western and eastern medicine, 61
wisdom, 72, 252, 258
witness consciousness, 293, 297
wood: organic element, 272; ecological impact, 277
wormwood grass, Artemisia absinthium, moxa grass, 57
Wu, eight emperor, founder of Hsia Dynasty, 4, 254, 274

Xinjiang, ancient tribes, 4
Xiyan (St 35), extra point, 87, 166
xu (deficiency) and shi (excess), 56, 151

Yee Je Ma, author of Four Body Constitution, 266
Yi tribe, Eastern and Western, 4, 5
yin and yang: union of, 218; duality of, per Liaozse, 257
ying wei (source energy and shield), 56, 62; damaging elements, 62
Yo (Tang Yo), sixth emperor, 4, 274
yogi, 289, 290, 292
Yuan Points, 9, 13, 65, 239
Yuan, Shu Points, for release, 54

zang, yin organ, 7, 259
zero sum game, clinical remission, 32
Zhong Yung, Confucian text, miniscule affairs, 258
Ziggurat at Ur, 276
Zigong, extra point, 20