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LESSON 29
OF
31 LESSONS

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Gray's Anatomy
The Merck Manual
Taber's Cyclopedic Medical Dictionary

The people of the entire English-speaking world owe a debt of gratitude
to the acupuncturists and medical researchers
who have made possible this correspondence course. Thanks go to:

Dr. Nguyen Van Nghi,
Charles H. McWilliams,
Dale E. Brown,
Gregory Delaney

Full acknowledgements are found in Lesson 31

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MODERN & TRADITIONAL ACUPUNCTURE

LESSON 29

'NEEDLE-LESS' ELECTRONIC TECHNIQUES AND DIAGNOSIS



Electro-Acupoint Therapy

ACKNOWLEDGEMENT: PART I OF THIS LESSON BY CHARLES H. McWILLIAMS

In this Lesson on O.I.C.S. "Needle-less" Electronic Techniques and Electronic Diagnosis, we will of necessity be discussing electronic instrumentation.* Two instruments are covered, of which the second one is specifically designed for this purpose, and the first one, is equipment basically made for the electronic stimulation of inserted needles, that can be adapted to direct "Needle-less" electronic stimulation of the acupuncture points (with little diagnostic capability). When such equipment is used in therapy without needles, the technique is usually termed "Electro-Acupoint Therapy" and diagnostically, "Meridian Balance Testing". The Yin-Yang symbol on the front cover, being "harmonized" by the jagged arrow representing electronics, is this Institute's symbol for the practice of "Electro-Acupoint Therapy" (without needles).

In studying this Lesson, the student will obtain a good idea about the background, techniques and instrumentation of "Needle-less" electronic acupuncture, and will be able to make an informed comparison between it and the more traditional needle methods. Although you may not have such instrumentation, or do not intend to utilize it, study of this Lesson from the standpoint of the treatment concepts presented is mandatory. There is no doubt in our minds that electronic acupuncture and diagnosis will be the "acupuncture" method of the future, and it is already being employed extensively in Europe and Russia (laser beams to stimulate the acupuncture points). It eliminates the complications and legal aspects of the use of needles, yet if the traditional 'acupuncture' concepts are retained, therapeutical results similar to conventional "puncture" methods may be achieved --- without actually practicing acu"puncture".

PART I: The Model WQ-10A 'Multiple Electronic Acupunctoscope'

The Multiple Electronic Acupunctoscope (MEA) Model WQ-10A is a device exported by Peking, China, that can be used both as a very sensitive acupoint detector and as an electronic acupoint stimulator. Although this machine is designed for stimulation of inserted needles and analgesia, it is very adaptable and most effective for 'needle-less' stimulation techniques. In this respect it gives the

* Of the one hundred or so instruments on the market as evaluated and/or tested by this Institute, only the two directly covered in this Lesson (as well as the Bio-Instrumentation AS-3 or 4) have been found fully suitable and safe for O.I.C.S. "Needle-less" electronic techniques, and in our opinion additionally represent the best value in their price ranges (a factor that was also considered). The O-Matic instrument is the only North American manufactured instrument with reliable diagnostic (meridian balance testing) capability. Neurometer type instrumentation is no longer recommended by this Institute because of factors mentioned in the second part of this Lesson. Rest assured we have done our 'home-work' when it comes to instrumentation of this nature, being familiar with pretty well every single manufacturer of such devices in the world, and had we found other suitable instrumentation we would be only too happy to point them out or recommend them. WDS

beginning practitioner an inexpensive opportunity to start using the advantages associated with 'needle-less' electronic stimulation of the acupuncture points (acupoints).

The WQ-10A unit is supplied with the following accessories:

1. Three sets of output leads with plugs and clips for needles;
2. One set of output leads with banana plugs (1 red, 1 black);
3. One metal "hand pole" with hole to accept red banana plug;
4. Two probe handles for the interchangeable electrodes and tip;
5. Two cup-shaped electrodes;
6. One cylindrical electrode;
7. One conical-head tip;
8. One monitoring loudspeaker (external);
9. One 9-volt transistor radio battery;
10. An extra plug (large) for external power supply connection;
11. A vinyl carrying case for the unit and the above accessories.

Please locate the following controls and outputs on the sketch of this instrument on the next page, even if you do not have one.

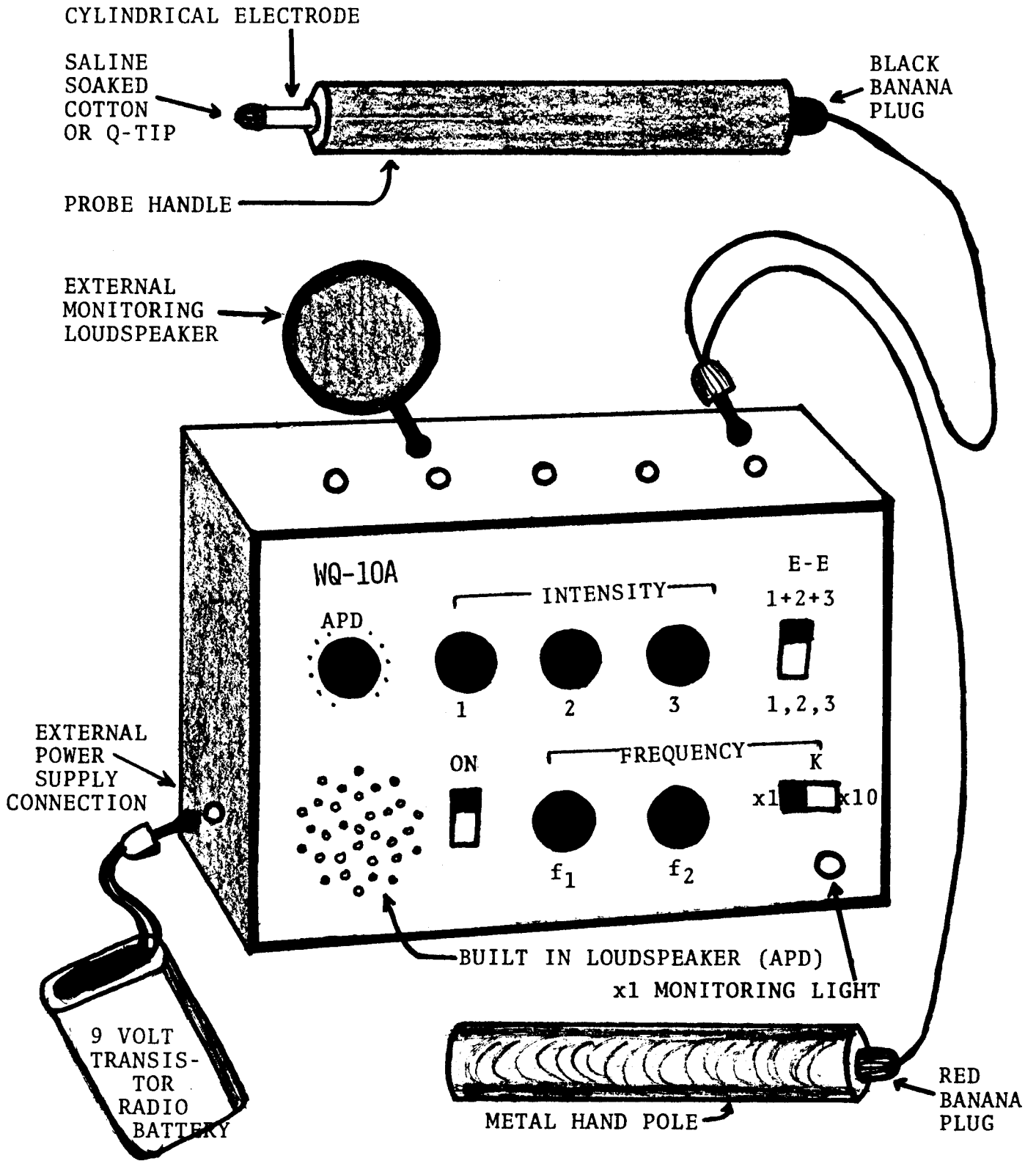
--- Five output sockets on the top of the instrument. The three in the middle are usually used for the needle output lead plugs, the one on your left-hand side is for the acupoint detector plug (APD), and the one on your right-hand side is an output for a combination of the power output of the middle three needle channels, and is called the Electric Excitation (E-E) output socket.

--- A larger output socket on the left-hand side of the unit for a connection to an external power supply or battery (see #10 above).

--- Four black control knobs on the uppermost face of the unit. The first one (your left-hand side) controls the APD output socket (Acu-Point Detector), and the next three individually control the INTENSITY of the three middle output sockets which are usually used for the needle output lead plugs.

--- Two black control knobs on the lower face of the unit labeled f_1 and f_2 respectively. These two knobs control the FREQUENCY of the three possible waveforms of this instrument which are: (1) A CONTINUOUS pulse of from 0 to 1000 cycles per second (Hertz) by use of knob f_1 alone; (2) A DISCONTINUOUS pulse (intermittent bursts of pulses with no pulsing in between the burst groupings) by use of the f_2 knob alone; and (3) with a combination of these two control knobs (as long as the f_2 knob is turned up higher than the f_1 knob) a composite of (1) and (2) alternating, that fills in pulses between the burst groupings of f_2 and produces a DENSE-DISPERSE waveform useful for analgesic purposes and preventing current adaptation.

--- Three slide switches on the face of the instrument. Of the two on the bottom part of the face of the unit, the one on your left-hand side is the ON-OFF switch. The one on your right-hand side marked x1 and x10 is a multiplier switch that allows you to select from two frequency ranges, namely from 0 to 100 cycles per second (with the switch in the x1 position) or from 0 to 1000 cycles per second (in the x10 position) according to whether you want to work with the



NOTE: UNIT AND ACCESSORIES NOT DRAWN TO SCALE.

lower or higher frequencies. The actual frequency within whichever of these two ranges you are in, is adjusted (increased) upwards from 0 as you turn either of the two Frequency control knobs (f_1 and f_2) clockwise. The switch in the upper corner of your right-hand side in its lower position (1, 2, 3) means that the middle three output sockets (channels) on the top of the unit work independently as controlled by their respective intensity control knobs. However, when in the upper position (1 + 2 + 3) that switch transfers all of the power from those three output sockets (channels) and lets it be channelled into the E-E (Electric Excitation) output socket on the top of the unit (the one on your far right-hand side).

--- In the lower right-hand corner of the unit is a light bulb that flashes with the frequency and "nature" of the pulsation output (as set by f_1 and f_2) when you are in the x1 (0 to 100) range, so that one does not necessarily need to use the external monitoring loudspeaker. It may or may not light up in the x10 (0 to 1000) range, but in any event the flashing of the light would be too fast and thus useless for monitoring purposes. To monitor the frequency and the nature of the pulsation output of the unit in this higher range, one can use the external monitoring loudspeaker supplied instead.

--- The unit is powered by one standard nine volt transistor radio battery. Experience has shown that one should either tape the battery down inside the machine (to prevent breakage of internal components) or better yet, use an external power supply. Simply obtain one of the connectors that snap on top of the standard nine volt battery from an electronics supply store (ie. Radio Shack) and connect it to the larger "extra plug" that comes with the unit. The only trick to this is that the 'polarity' of the battery's current must be respected, in that the outer envelope (larger diameter part) of that plug must be of "positive" type current, and thus of the same current as comes from the 'male terminal' of battery. Unless you know something about electronics, best have someone who does, do this for you. We also strongly suggest you do not use any type of house current to 9 volt D.C. reducers or transformers for the external power source, nor operate the instrument when the battery is connected to any type of battery charger or re-charging system.

Since we are only concerned with the "Needle-less" aspects of the WQ-10A in this Lesson, we will not go into the instructions for its use in stimulating inserted needles (obviously since it was designed for this purpose it does that job very well too, and because it has three needle output channels can handle three pairs or up to six needles simultaneously). If you have one of these instruments, this would be a good time to reread the instruction booklet supplied with the unit, and also review the Instructions, Comments and Hint sheets furnished with your white ACUPROBE I point locator, as much of it is applicable to that function on the WQ-10A. Should you obtain one of these WQ-10A instruments, please be sure to do all the above before attempting to operate it. Between that information and what is presented herein, you should have more than sufficient instruction to put it all into practice. So, here we go

Since quite a number of our students have one of these WQ-10A units already, we will handle the balance of this part of the Lesson on the basis of it being at hand. For the majority of you who don't have one, try to imagine it and its accessories sitting in front of you on your table, with battery properly installed, and ready to go. Work through the following material with us, as they would, using the sketch of the instrument's control panel on Page Four to help you visualize it. Even if you do not intend to practice "Needle-less" acupuncture, bear with us. This Lesson and information should be of considerable interest and benefit, in that it gives basic treatment concepts that will be valuable in needle therapy as well. In any event, you should be familiar with the type of equipment your colleagues may be using.

Because accuracy in point location is one of the key factors for effective acupuncture, and as we will be utilizing the point detection accessories to adapt this instrument to "Needle-less" treatment, let's take some time to discuss this aspect of the WQ-10A unit, on which it is termed the ACUPUNCTURE POINT DETECTOR (APD). Acupuncture points almost always show lowered electrical resistance and thus can be located electronically. For this part of the unit's function, you will need the following items: The set of output leads with red and black banana plugs; the metal hand pole; one of the two long probe handles; and the interchangeable conical-head tip. Insert the RED banana plug into the hole at one end of the metal hand pole (the red banana plug is of "positive" current polarity, and to work best for point detection, the hand-held pole (mass or ground pole) must always be of such "positive" nature). The conical-head tip screws into one end of the long probe handle, and the BLACK banana plug (negative polarity current) plugs into the other end of that probe handle. The smaller plug at the end where the two wires of the banana plug output leads join, is plugged into the APD socket on the top side of the instrument (first socket on your left-hand side).

Slide the On/Off switch to the top 'ON' position, and turn the APD intensity control knob to about the number seven level. Wait for the built-in loudspeaker (holes on the face plate of the unit) to run up....when you hear the successive clicks, the machine is now ready to detect points. (This background clicking sound is normal at higher APD levels.) You can also check the function of the detector by briefly touching the conical-head tip to the metal hand pole, which should cause the loudspeaker to give off a sharp high-pitched sound signal. Hold the metal pole in one hand and detect with the other using the conical-head tip on the probe handle. Run the tip of that detection probe along the surface of the skin with an even pressure, perpendicular (vertical) over the approximate acupuncture point area, with a back and forth 'sweeping-search' motion. First detect a few good points like LI-4 or Lu-11. When the clicks shrill to their highest pitch for that area you have localized the point. When you are locating points on someone else, they of course have to hold the metal hand pole instead. (When using the point detector on someone else (patient) always warn them that they may feel a slight "tickle" when the instrument locates one of the acupuncture points.

One can increase or decrease the sensitivity of the APD by turning the APD control knob further clockwise or counter-clockwise respectively. In case the skin resistance is very low (high conductivity) and the point detector gives off shrill sound signals on the skin surface no matter where the probe touches, you are either using too much pressure on the probe, or the skin is damp from sweat. Dry the skin with a towel, maneuver the probe with lighter pressure and lower the intensity of the APD output, so that the point to be located can be distinctly discriminated from the surrounding surface of the skin. If on the other hand the skin is very dry (low conductivity) the sensitivity of the APD can be increased by turning the control knob to a numerically higher level. Often a slight electrical stimulus ("tickle") can be felt when the probe is right on the acupuncture point.

The pressure and duration factors in searching a given point area with the probe should always be kept constant, for the effect of a negative electrical current on the body tissues can itself lower the electrical resistance of the area due to the increased pressure or in being held for a longer time period in one particular spot. Thus, if the probe stays somewhere longer in time than elsewhere, or with greater pressure than in the rest of that area, it could cause the appearance of a 'false' reacting point.

If the unit is not working, first check the battery. If that does not prove faulty, check the wiring, especially noting any breakage or loose connections inside the plugs themselves. Experience has shown that the wire supplied from Peking is easily broken. If you cannot fix this yourself, an electronics repairman can get you new wire and re-solder the connections. If you are using the unit extensively in clinical practice, it might be a good idea to have the lead wires of this point location set-up replaced with better quality wire. Another occasional cause of the unit not working is the contact springs inside the probe handles getting stuck, and not making full contact with the inside end of the screwed in interchangeable electrodes or tip, in which event the spring must be freed to allow complete contact (however these springs must never be removed completely from inside the probe handles).

NEVER USE THE DETECTION PROBE ON SKIN WOUNDS, SCARS, WARTS OR DISFIGUREMENTS OF ANY KIND. This also holds true for electronic stimulation as well. Some acupuncture points may not appear in the exact area that they're supposed to be at, according to the charts, but rather a few millimeters further away. The main rule with electronic stimulation of the acupuncture points in this regard, is to use the point that is most responsive to detection (the point indicated by the highest pitch of the point detector in the approximate area) if there is any variation.

Now that you are familiar with the APD function of this unit, let's discuss how we can adapt this instrument to electronic stimulation of the acupuncture points (without needles). First of all, the exact same set-up that you have put together above for point de-

tection offers an ideal lead/probe/tip combination for needle-less stimulation of EAR acupuncture points, as long as we can get some more power through it (more than just that available from the APD). Although the conical-head tip (because of its small size) is better suited for stimulating ear acupoints than body acupoints, it will work for either of them. However, we strongly recommend you use a different electrode tip than that conical-head one for stimulating the body points, and here's why: Because of its metallic properties more amperage (intensity) has to be used to deliver the proper stimulus, and because of its small surface contact area this results in an exaggeration of the "stinging" sensation at the acupuncture point.

Since body tissue contains a high percentage of salt water, the ideal type of conductor (electrode) would be something closer to the body's natural constituents. Extensive testing has proven that if one uses a small cup-type electrode (of no more than one-eighth to three-sixteenths of an inch inside diameter) packed with cotton soaked in saline (saturated salt water) solution, not only is less current intensity required, but because of its similarity to body tissue, the stinging sensation is almost eliminated except at the most sensitive points, and reduced to a "tickle". (Any larger diameter of the cup spreads the current out over too large an area and reduces its effectiveness). **THUS, THE CYLINDRICAL ELECTRODE OF THE WQ-10A IS IDEALLY SUITED FOR STIMULATION OF BODY ACUPUNCTURE POINTS WITH ELECTRIC CURRENT.** Do however keep in mind that the conical-head tip is best for auricular (ear acupuncture) work as discussed in the next Lesson. The method of its use is the same as discussed below for the cylindrical electrode except less intensity is usually required for stimulation of the ear acupuncture points.

ELECTRO-ACUPOINT THERAPY WITH THE WQ-10A

Take the same lead/probe/hand pole set-up you used for detection of the acupuncture points above, and substitute the cylindrical electrode for the screw-in conical-head tip already in the probe's handle. (Do not use one of the two larger cup-shaped electrodes.) Make a saline solution by saturating some water with table salt, stirring until it won't hold any more salt and some accumulates at the bottom of the container. Get some surgical cotton (available at a drug store) and take a little piece of it, saturate it with the saline solution and pack it tightly into the cylindrical electrode so that a nice rounded edge of cotton sticks out about an eighth to three sixteenths of an inch above the open rim of the cylindrical electrode, and so that the metal part of the cylindrical electrode can not touch the skin when the electrode is pressed against the acupuncture point to be treated. Borrowing an idea from the instrument described in the second part of this Lesson, you could break the cotton covered end off a regular 'Q-Tip', and use that in the cylindrical electrode (broken off part inserted first) instead of forming your own piece of cotton to fit it. **DO NOT USE ALCOHOL** instead of the saline solution to wet down the cotton, as it has a tendency to dry out (evaporate) too quickly.

BEFORE CONTINUING MAKE SURE THE UNIT IS TURNED OFF, AND ALL CONTROL KNOBS ARE IN THE ZERO POSITION, so there's no accidental surprises!

Now that you have the lead/hand pole/probe/cylindrical electrode set up for use in Electro-Acupoint stimulation, put the smaller plug at the end where the leads join together, into the 'E-E' output socket on top of the unit. Be sure that the red and black banana plugs are inserted into the correct items, namely the hand pole and the long probe handle respectively. Slide the 'E-E' switch to the upper (1+2+3) position. This means you have set the instrument to route the power of all three needle output channels into the 'E-E' output socket, giving you (if necessary) three times the current potential when all three intensity control knobs are turned up to their maximum. Insert the external monitoring loudspeaker into the number one needle output socket on top of the unit, directly above the #1 intensity control knob. If the battery is connected and everything is working so far, the unit is now ready for "needle-less" stimulation of the acupuncture points.

Make sure that the hand pole and the cylindrical electrode are not touching each other. Slide the switch marked 'K' in the frequency block to the x1 position. Turn the left frequency control knob (the one marked f_1) clockwise to the number 40 level (40 cycles per second). The f_2 frequency control knob should still be at, and remain at, zero. Switch the machine ON, and turn the control knob of the number one intensity channel up to the increment setting around the level of what would be number three. You should hear the external monitoring loudspeaker clicking at approximately forty cycles per second or forty Hertz. Now hold the hand held pole in one hand and the long probe handle with the prepared cylindrical electrode in the other hand. With such a low intensity setting it should not shock you, so touch St-35 or Li-3 with the saline soaked cotton tipped electrode. Some of you will feel the pulsating current, others will not. If not, turn up the intensity level on that number one intensity channel, slowly one numerical level at a time, until you do. Many of you will feel the typical radiation effect along the pathway of the applicable meridian at least by the time the intensity control knob gets to the number eight level. ONCE MORE WE REITERATE, DO NOT ALLOW THE HAND HELD POLE AND THE ELECTRODE END OF THE PROBE HANDLE TO TOUCH WHEN THE UNIT IS TURNED ON, TO AVOID SHORTING OUT AND THUS DAMAGING THE INSTRUMENT, AS THIS CAN VOID THE WARRANTY. (Touching these two together can only be done momentarily for testing purposes when they are plugged into the APD channel.)

The reason we tell you to use the 'E-E' output channel rather than one of the three needle output channels is because in some cases you may need more intensity than can be offered by one such needle channel alone (this applies only to needle-less stimulation). Therefore by using the E-E output channel, in the event the patient does not feel the current "tickle" after you have SLOWLY increased intensity channel knob #1 to its maximum, you can additionally start slowly increasing intensity channel #2 to get some of its added power as well. You should NEVER need to add intensity channel number

three, as such strong stimulation current could cause great soreness and alarm to the patient the following day. Should you ever have to go to that number three channel in addition to #1 and #2, several possible factors might be the problem: (1) Weak battery; (2) You are not on or near an acupuncture point; (3) Your cotton has dried out; (4) The patient is very insensitive and probably not a good candidate for needle-less electronic stimulation; or (5) Improper connections in wiring/plugs (test unit on yourself when in doubt). Note that in this Lesson we are purposely not covering several other potential applications of the WQ-10A unit such as muscle stimulation, meridian pathway treatment, diagnostic aspects (limited meridian sensitivity testing), and its use with advanced Electro-Acupoint treatment methods, as these are either covered in its instruction booklet, at seminars, or are beyond the scope of this program.

The electrical current produced by this instrument in the above discussed procedure, replaces the use of needles for stimulating the acupuncture points. This automatically gives you an added advantage in obtaining more patients in that many simply avoid the treatment they need because of a fear of needles. People are generally going to be more receptive to treatment when you explain to them how modern technology has refined the ancient needle science right down to the problem of point detection. An added practitioner benefit is that by recording the frequency and numerical intensity levels utilized, one has a more precise and constant control from treatment to treatment as opposed to the inconsistencies and variations of the manual needle techniques. For the more skeptical readers to which all this may sound "too good to be true", all we can say is to assure you that experience has proven that highly effective treatments can be worked out with this device (and good needle-less equipment in general), and that it does offer a viable alternative to the use of needles.

The more adept students will now probably be asking themselves which frequencies to use and how long to "stimulate" each acupoint. LISTED ON THE FOLLOWING PAGE ARE THE CYCLE PER SECOND (Hertz) FACTORS THAT REPEATEDLY GIVE THE BEST THERAPEUTICAL RESULTS FOR A GIVEN PART OF THE BODY. They are general guidelines that can be modified if necessary as you obtain more experience, but should you decide on using the "needle-less" electronic techniques, we suggest you familiarize yourself with them and stick to them closely for the first year or so. These are set on the f₁ frequency control of the WQ-10A.

Regarding how long to "stimulate" each acupuncture point, here are the tonification and sedation times for this particular instrument ONLY (WQ-10A), and only when used to stimulate without needles in the manner presented in this Lesson. TONIFICATION (light stimulation) is at least ten seconds but no more than twenty seconds per point. SEDATION (strong stimulation) requires at least twenty seconds but no more than thirty seconds. Twenty seconds would represent a fairly neutral treatment of a point for those rare instances where one is not exactly sure whether to tonify or sedate.

| | | |
|-------------------------|-----------------|--------------------------------|
| TIME FACTORS FOR | TONIFICATION--- | 10 to 20 seconds per acupoint. |
| THE WQ-10A <u>ONLY:</u> | SEDATION----- | 20 to 30 seconds per acupoint. |

| ALL POINTS IN THE FOLLOWING BODY LOCATIONS: | SUGGESTED FREQUENCIES IN CYCLES PER SECOND: |
|--|---|
| Vertex of head | 160 |
| Head including eye/nose region | 80 |
| Tongue | 80 |
| Neck | 5 |
| Chest | 5 |
| Upper back | 5 |
| Shoulders, front | 5 |
| Shoulders, back and scapula | 10 |
| Epigastrium | 5 |
| Liver (physical area) | 5 |
| Lower abdomen | 10 |
| Spleen (physical area) | 10 |
| Arms, elbows, hands | 40 |
| Lower back and buttocks | 20 |
| Sacral-coccygeal area | 20 |
| Knees (front and back) | 40 |
| Legs (except knees) | 20 |
| Feet | 40 |
| Alarm or Mu-Front Points | 5 |
| Source or Yuan Points | 40 |
| Internal Organs seem to benefit from Autonomic/peripheral nervous system | 5 to 10 |
| Spasmolysis of blood and lymph, tonification of smooth muscles, edematous and venostagnated areas. | 3 to 5 |
| Ear (in general) | .5 to 3 |
| Around the ear (on skull) | 2.5 (or 1)* |
| Muscle stimulation (in general) | 80 |
| | 1.6 approx. |

*Specific frequencies for different parts of ear, see Lesson Thirty.

Because we are dealing with seconds in Electro-Acupoint Therapy instead of minutes as would be required in needle therapy, take note of how quickly one can give a treatment. Within fifteen minutes one can cover quite a number of points. However, as with needles, generally one should not treat more than eight points bilaterally (a total of sixteen points). Although there is a little more latitude with electronic needle-less techniques, and one can IF NECESSARY use a few more points, a good rule to follow is never to stimulate more than a total of twenty-five points in a single treatment session. Remember that in most cases those few seconds of stimulation are equivalent to an equal number of minutes worth of needle time, and thus the overall amount of stimulation effect is about the same. As in needle therapy, OVERSTIMULATION CAN BE COUNTER-PRODUCTIVE to the treatment results, so don't think where a little bit of stimulation is good a bit more would be even better. Overstimulation in a single treatment session is a frequent mistake made by even the best acupuncturists, but electronic needle-less stimulation (especially if the instrument has a built-in seconds timer) can usually avoid this, provided the practitioner knows the time factors for his instrument. Now let's discuss some of the clinical applications so that if you have one of these or a similar instrument, you can get started practicing.

CLINICAL APPLICATIONS OF THE WQ-10A

By far the most impressive application of this instrument is its ability to dramatically reduce or eliminate pain. As long as the patient does not have a 'PaceMaker' (electronic heart stimulator), a serious heart condition or is pregnant (may induce labor contractions), ACUTE pain is usually reduced or eliminated with the first treatment. This is even true for those often clumsy injuries to which everyone falls prone at some time or another. At the most, two or three treatments clear away the pain problems, and it is usually not necessary to have them "keep coming back" as is the case with many other natural healing methods. Chronic pain naturally may require more comprehensive treatment, but still, some diminishing of the pain intensity or relief should be seen right from the start. The real exceptions to all this are the patients who are aged, have arthritis, or some similar disorder, which may take many months or even years to alleviate or cure. Nevertheless, it is still a blessing to think that this drugless pain management therapy can greatly reduce the suffering in many people's lives, and this is where this little device really shines. Even though it appears small in size, this instrument can produce 'big instrument' results, for it is much more sophisticated electronically than the bulk of machines on the market today.

Long term management of rheumatism, arthritis, injured muscles, etc., of course requires competent acupuncture knowledge. Naturally too, the device can be used to produce excellent therapeutical results outside of the realm of pain. But that is what the rest of the program is all about, and probably why you are studying it. In this Lesson we simply want to show you a very practical, basic technique with which to handle painful conditions, right from the very first treatment, so let's go through a couple of typical clinical pain situations with the WQ-10A unit.

CLINICAL PICTURE: A person comes to you with a hot, burning rheumatic pain in the elbow which aspirin and his doctor's prescription have simply not helped. Since the patient has already seen his physician, you can work on the basis that rheumatism is the correct diagnosis a diagnosis that the average lay person is otherwise not competently trained to perform (nor legally able to state). Ask the patient if he or she has a Pacemaker or a serious heart condition, and in the case of women, if they are pregnant. If they have a serious heart condition, you are advised to be most careful, and consider using very little current intensity with this device (#3 or #4 on output channel number one as maximum), or better yet, not treat them electronically at all.

Considering that the answers have been negative to the questions of the last paragraph, palpate the painful elbow area gently and ask where it hurts the most. The sore spot will almost always be electronically detectable (sensitive), so for your own verification, check the point(s) out with the APD. Most of the time too, they will be major points on the principal meridians (the circled points in the O.I.C.S. Indication Sheets). Regardless of whether they are or

not, for purposes of reducing pain and keeping the patient's confidence, treat the closest point on or near the tender (sores) spot. Try to avoid points forbidden to needles, and if it is right on such a forbidden point, use the next point above or below on that meridian and/or an adjacent point.

Now that you have your point(s) chosen, hand the patient the metal hand pole to hold in the opposite hand to the side which you are treating. Make sure all three intensity channels are turned to zero. Set the instrument for the appropriate treatment frequency (for this elbow case, 40 cycles per second as per list on Page 11). Place the prepared cylindrical electrode on the acupoint(s), turn up the #1 intensity channel control knob until the patient feels the electric "tickle" sensation, and from that point on start timing the elapsing seconds with your watch. Ask the patient about their pain after 30 seconds of treating the chosen local point(s) [pain is usually due to an excess condition and therefore requires sedation type stimulation --- see Page 11, Lesson Twelve]. If the pain is not reduced, try treating another point close by, using a little stronger intensity, as long as the current is not painful or unpleasant to the patient (stronger intensity here means turning up the Intensity control knob one or just a few numerical increments higher).

The great majority of patients will respond quickly to simple local treatment as given above. If that does not work, stimulate the point(s) once more only, using approximately 300 cycles per second (the 30 level on the f_1 frequency knob, with the 'K' switch at x10), a little more current intensity (although you seldom have to exceed the power of intensity channel number one), for another thirty seconds of sedation type stimulation. This will usually give some relief on those persistent cases. We realize that the latter is probably breaching into neuro-physiology and away from acupuncture principles, but at least you've shown the patient that Electro-Acupoint Therapy works and it may convince the patient to continue a more valuable treatment based on energy regulation.

We suggest beginning practitioners continue using the external monitoring loudspeaker for purposes of getting an audio indication of the frequency and amount of intensity (increasing intensity increases the loudness of it) being delivered to the acupoints. This audio monitoring will, with experience, help remind you to change the frequency when treating a different part of the body (unconsciously the frequency just won't sound right for the part of the body being treated, and you'll remember that you forgot to change the frequency). Also, wipe off the areas on the patient where you used the saline solution electrode with distilled water and a cotton ball, otherwise if left to dry, the saline can cause a slight reaction on the skin. After each patient and treatment session wipe down your probe's electrodes and the hand held pole with alcohol and cotton, turn the instrument off (or unplug the external power supply, etc.), and set all knobs to the zero position.

NOTE: So that you do not have to change back and forth between the APD and the E-E output sockets to first locate and then treat (which means converting to the second long probe handle equipped with the conical-head tip), you can either: (1) Locate all of the points with the WQ-10A's APD first and mark them before convert-

ing to the treatment set-up; (2) Use the white ACUPROBE I to locate the points instead; or (3) Sometimes the lead/black square rubber hand electrode/probe/plug set-up of the ACUPROBE I will fit the APD output socket of the WQ-10A and you can use that set-up for point detection, so that you do not have to change back and forth (the APD and E-E functions can be used at the same time without interference). You must however first have an electronics man check to see if the black rubber hand electrode of your ACUPROBE I is of "positive" polarity when in the APD function.

CLINICAL PICTURE: A patient comes to you complaining of a tense neck and shoulders, with headaches that recur from time to time. You more adept students may realize that this is a sign of hypertensive headache versus a migraine type condition (look these two up).

Palpate the shoulders gently. Often they are very tight and sore to touch on many people (even if they do not have headaches). Locate GB-21 and TB-15 (see Lesson Twelve). Treat each point with 10 cycles per second, bilaterally, for no longer than 30 seconds each. When you adjust the intensity, an excess meridian will almost always start the muscle jumping or twitching. When this occurs, it provides a very dramatic demonstration, showing the patient just how powerful a little current can be. However, turn the current (intensity) down, for it is not necessary to twitch the muscles in order to disperse and relax them. Too much intensity will cause discomfort the following day, resulting in soreness, tenderness, etc., that will be very discomforting and alarming to the patient. After the treatment gently massage the muscles and note how much softer to touch they are. Explain to the patient how you've dispersed the 'stagnant' energy. Also warn the patient that if they've had an unusual tension they may have some very short term soreness the following day, usually not lasting but a few hours upon arising from bed. This is an especially good sign that the therapy is being highly effective, and is continuing to disperse the area and the meridians involved.

If the neck is still sore, immediately after the treatment, and the patient has not had relief, treat GB-20 at the base of the skull or the sorest local point on the back of the neck, using frequency of 5 cps.) for 30 seconds or less. CAUTION: For treatment around the neck, the intensity of channel #1 knob should generally not exceed the number five or six level. If the patient does not feel the electrical "tickle" then, they probably have a very depleted ch'i level. The therapy should have some effectiveness anyway, especially if you perform more comprehensive treatment than just the above given points (ie. use a larger number of points, with less stimulation time).

Although this Lesson can only hope to give you a quick overview of basic O.I.C.S. "Needle-less" electronic techniques, more comprehensive instruction is available at the Advanced Seminar-Workshops. In the meantime, A FEW LAST WORDS REGARDING PAIN RELIEF. There is no doubt that Electro-Acupoint Therapy does offer pain relief. However, it must be remembered that the underlying causes are not being corrected. For the patient who is not warned of this and considers himself out of danger, your treatment may jeopardize their future health. It is important not to use this type of instrumentation without a prior diagnosis by usual methods, and preferably not until conventional methods of therapy have been utilized and found lacking.

PART II: THE IMPOSSIBLE DREAM --- The Story of the ACCU-O-MATIC IV*

Before the beginning of recorded history, the Chinese had a system of healing so perfected that, by the time it was finally written down, much of it had already been forgotten. The now famous Yellow Emperor's Books of Internal Medicine, compiled thousands of years after the peak of Chinese medicine, has been, and is still being researched by moderns who have confirmed the accuracy of much of its contents already.

The ancients understood how to diagnose the basic cause of an illness, to provide systematic treatment, and to evaluate patient progress. They did so without needing to ask the patient a single question. Furthermore, their only diagnostic aids were their senses. What were their secrets?

Chinese medicine is based on the concept of Yin and Yang. The Chinese postulate that the Yin and Yang both harmonize and oppose each other. Such harmonizing opposites control the universe. The natural state of things is opposites in balance. Other words that describe such a state of balance are peace, normality, harmony, and equilibrium.

In the body, Yin-Yang forces are depicted as "Ch'i" --- a life force that flows through the channels of a complex system of inter-related pathways called meridians. As predicated by Yin-Yang theory, normal health is maintained when the Ch'i forces are balanced throughout the body. Unbalanced Ch'i predisposes the body to illness. If imbalance persists, illness will set in and concomitant symptoms appear.

In sharp contrast to the East, Western medicine has tended to focus on the resulting symptoms of either the Yin or Yang, rather than the whole body concept. A Western doctor may give antacid to a patient suffering from a gastric ulcer. After the forces of the patient's own body heal itself, the doctor consults his X-rays and pronounces it cured. The Western doctor is treating only the symptoms. He has done nothing to correct the underlying cause of the illness and, if left uncorrected, the symptoms will eventually reoccur.

The Chinese practitioner diagnoses and treats in an entirely different manner. First he checks the condition of the patient's meridian balance. Using acupuncture, herbs, manipulative therapy, diet, meditation, exercises, etc., he then helps rebalance the patient's meridian system. When balance is restored, the patient's body forces can be freed to heal itself. The patient regains his health naturally, and is less disposed to further illness.

* The following information is an adaptation of material produced by the developer and manufacturer of the instrument herein described, and is used with full permission. It is intended solely to acquaint the reader with the background and techniques of modern acupuncture and the features of instrumentation designed specifically for treating the acupuncture points without needles.

Some Western researchers feel we are approaching the end of the road in the improvement of Western medicine --- medicine which is, in reality, "sick care" rather than "health care". They are looking into Eastern medicine for new ideas. These 'new ideas' may well be the meridian pathways of Chinese medicine. Just what are these mysterious meridians and what is meridian therapy?

The Chinese divided the body into a system of twelve major bilateral meridians, two unilateral meridians and many minor meridians. Through these circuits flows Ch'i, the life force. According to the Yellow Emperor's Books of Internal Medicine, the internal organs of the body are connected to one another by these meridians. They should not however be confused with nerves, and are not visible to the eye. They surface occasionally at certain places known as acupuncture loci or acupoints. Ch'i is what makes living things alive, and without it no living organism can survive according to Chinese concepts. In addition to this life energy, there are other energies such as those of nutrition, defense and reproduction.

The Chinese believe that all the energies of the meridians must be balanced in order for health to be assured. Instead of treating the patient's specific symptoms, they correct meridian imbalance to diminish disorders of the internal organs and allow the patient to regain his health naturally.

How did the ancient Chinese practitioners monitor the states of his patients? He used his senses, and for thousands of years the technique was basically unchanged. Although sight, smell, sound and interrogation were used to help determine meridian imbalance, pulse diagnosis has remained the primary method used by the Chinese practitioners.

Pulse diagnosis was particularly useful when China was subject to Confucian teaching. Modesty was carried to such extreme that men were neither allowed to converse with, nor look at women other than their own wives. As a result, the physician was forced to form his entire diagnosis on the basis of the pulse from the wrist that the patient extended through a curtain, with no questions asked. Occasionally, the patient marked the site of her problem on a ivory figurine of a reclining female.

Pulse Diagnosis is so incredibly difficult to master that at least ten years of diligent study is required for proficiency, and as a result the cautious Chinese will not trust their health to anyone who has not had at least three generations of continuous practitioners in his family. There are twelve pulses --- three superficial and three deep pulses along the radial artery of each hand. They convey information about the states of the various meridians. Highly-trained pulse experts often disagree about which meridians are unbalanced, but in spite of this such practitioners are able to obtain incredible results on the basis of the pulse diagnosis. Empirically there is no doubt that the system works, and in the absence of instrumentation, pulse diagnosis and meridian therapy have served the Chinese well for over five thousand years, and is still being practiced today.

EARLY INSTRUMENTATION

For five thousand years, meridian therapists have undoubtedly dreamed of a quicker, surer way to determine the state of meridian balance than pulse diagnosis. Early experiments with instrumentation began soon after the dawn of the electrical age in the eighteenth century. Electro-acupuncture was initiated by the French, following its introduction by some monks after a visit to China. In the U.S.A. early chiropractors used electrical sensing devices, but no one recognized its relationship to acupoints until 1950. In that year, Dr. Nakatani of Japan demonstrated a simple instrument which showed that acupoints displayed variability with respect to electrical current --- increasing during sickness, decreasing when health returned. This resistance meter, known as a Neurometer, is still being manufactured practically unchanged from the original machine. Later a crude system of diagnosis and therapy based on meridian balance with that machine was developed, called Ryodoraku.

The basic concept behind all electrical testing of meridian balance is the same. The conductivity reading of the twelve major meridians are averaged and those meridians that are above or below a preset limit of variation are labeled abnormal. The Ryodoraku method, used the Neurometer for readings. Each Ryodoraku point measurement is taken by the examiner and is recorded on a specially designed chart with compensatory columns for each specific meridian point. After all twenty-four readings (twelve bilateral meridians) have been charted, the results are analyzed to determine which meridians are normal and which are abnormal. The basic principle in both cases is to consider the average readings as normal and the greater variation to be abnormal. Meridian readings that show higher numerical readings than the "average" ones are considered excessive in energy. Readings that are numerically lower are called deficient. Armed with this data, the practitioner finally had an inkling of the energy states of these meridians, and essentially the same basic diagnostic criteria as determined from pulse diagnosis.

The Neurometer was first introduced over twenty-five years ago, and in spite of tremendous strides and advancement in electronics since then, its circuitry is used basically unchanged by practically every manufacturer of meridian balance testing equipment. It consists of five major components: (1) A '0-200' microampere meter for DC current readings, and hence the 0 to 200 charting scale for Ryodoraku; (2) A set of batteries for anywhere from 9 to 21 volts DC as a power source; (3) A variable resistor that allows "calibrating the instrument" at 200 when the leads are shorted together; (4) A set of flexible leads and a combination search-treat-test electrode; and (5) A flexible lead and hand-held mass (ground) electrode.

Unfortunately, the up to two hundred microampere requirement of the Neurometer also necessitates the use of currents that have strong meridian disturbing effects. The high current coupled with the two seconds required to obtain a stabilized test-point reading actually "pre-treats" each of the test points (total of 48 seconds

of unwanted body stimulation). Recent researchers have determined that currents as low as only 5 microamperes and 5 volts cause meridian stimulation with resulting temporary change in the characteristics of the entire body. As well, the points that Ryodoraku is based on and measures to obtain the meridian readings (located around the wrists and on the feet), exaggerate this pre-treatment problem since by their very nature they are approximately twice as sensitive to stimulation as ordinary acupuncture points. In effect, as soon as a few points have been measured with such equipment (and since they are inadvertently treated in the process causing energetical changes throughout the entire meridian system), the remaining readings are virtually invalidated as diagnostic criteria.

Other disadvantages of the Neurometer are that burning of the skin is possible even under normal use due to its high current; an untoward polarizing and electrolytic ("plating") effect; its relative slowness in that time must be taken to chart each meridian and then a calculation line drawn before any meridian can be ascertained as to status; and its low sensitivity (since conduction is lower on the extremities, points that need to be located for formula treatment often cannot be detected by it). The greatest disadvantage of the Neurometer however is the possible error of its readings. Due to the arbitrary mechanical boundaries of the limits of normality, the formulation holds true for only one section of conduction measurements. Groups of higher or lower conductivity are subject to logarithmic error as the current readings above or below normalcy are not linear.

Some two decades after the introduction of the Nakatani equipment, a fourth generation Chinese physician and electronic researcher in California (developer of the well known "beeper" radio paging system) by the name of Dr. Thomas Wing, D.C., began to investigate the possibilities of overcoming some of the disadvantages of the Neurometer type design. He found that the components and circuitry used in such equipment were drastically outdated and primitive in comparison to the kind of electronics he was used to working with. There was no doubt that modern space-age technology, which has improved to fantastic proportions in the last twenty years or so, certainly could overcome many of the objections to the original design.

The probable dream of all physicians of Chinese medicine must have been an instantaneous readout of meridian status so that pulse diagnosis and its problems could be eliminated. With this basic premise in mind, Dr. Wing set down the "ideal" design parameters that any such "dream instrument" should have: (1) Automatic direct readout of meridian state, instantaneously; (2) Eliminate charting to save valuable time; (3) As effective or more so than needle acupuncture for treatment, but preferably without piercing the skin; (4) Reduce treatment time from the five to thirty minutes generally required by needle acupuncture if possible.

After a long period of engineering and testing, trial and error, a prototype instrument, nicknamed the Accuomatic, was shown to a group of prominent acupuncturists. The instrument was an instant hit, in spite of its initial defects. Ten up-dated laboratory mod-

el II's were ordered by these acupuncturists to test the basic concepts and to aid in the research, since the rudimentary principle of automatic readout of meridians had however been demonstrated. Encouraged by this early success, the design was improved and further refined, resulting in the Accu-O-Matic III. This model incorporated a calibration that shows the "shift" of the overall meridian balance before and after treatment. This the researchers considered to be the first time that the body's overall energy level could be measured in comparison to healthy individuals and treatment effectiveness could be accurately evaluated.

After a number of these Accu-O-Matic III's were hand-built for further field testing, the demand for units by researchers and practitioners throughout the U.S.A. and Canada began to exceed the capacity of the original research-engineering firm. As well, the cost of the hand-built units became too much for that firm to bear. Although the developer, Dr. Wing, had no intention of having these Accu-O-Matics manufactured, there was no other choice, since the hand-built units simply couldn't be made fast enough. The O-MATIC Corporation was established to complete the necessary engineering and research to manufacture the unit on a production scale and to place the instrument on the market. Dr. Wing was retained to oversee the Research and Development, and he is now in the process of producing further training aids for owners of these instruments. In early 1977 the first few production-run units (Accu-O-Matic IV's) came off the assembly line, and were extensively tested under simulated clinical conditions and then re-checked for calibration.

In March of that year, the finalized production model started to roll off the line --- the ACCU-O-MATIC IV-A --- and the impossible dream had come true. Here at last was a sophisticated device that improves factors of speed, stimulation, diagnosis, patient comfort, reduces patient injury and pre-treatment while searching for the acupoints. The end result of many years of effort is the world's first direct visual meridian balance readout instrument. Years of studying pulse diagnosis are eliminated! Meridians can now be tested automatically, with instantaneous readout. Needles are eliminated in treatment as well!

The ACCU-O-MATIC IV-A has the following first-time exclusive features:

1. Automatic readout of meridian balance. The meridian condition is shown on a large meter scale that has been calibrated to show visual recognition by the use of color and Westernized symbols indicating excessivity (+) or deficiency (-) of the meridian as well as its proportion of abnormality. Readings of meridians that fall into the + or - 10% range represent a 10% change in conductivity of the meridian, which is within normal (green) range. Readings that fall above (red) or below (black) this number represent the percentage and the amount of abnormality in accordance to the increase in numerical value. It is now possible not only to readout the unbalanced meridian, but to record the proportion of this abnormality and its amount of shift after the treatment. This shift is termed the Relative Energy Level (REL) and is shown on the instrument by the Relative Energy Indicator of the Programmer knob.

2. Built in Neutralizer. The stumbling block against automation of readout has been the variation of skin resistances from individual to individual, and the individual himself at different energy states. The neutralizer of this variation was the answer that made machine automation possible. Another first-time feature allows calibration of the overall meridian energy level of the body as compared to healthy individuals. Researchers have equated this measurement to a relative measure of the "life force" of the body. This comparison can be made before and after therapy to evaluate the effects of the therapy and to follow the progress of an illness. The control was calibrated by measuring the levels of the healthy individuals to establish the normal ranges of variations.
3. Effective treatment without needles a reality! A new wave, the TSUNAMI (patent application in process) was invented by Dr. Wing to increase the efficiency of the treatment current. It gains its effectiveness by simulating the most powerful wave form known in nature --- the TIDAL WAVE. The new Tsunami treatment wave unleashes a wave more powerful than any ordinary A.C. wave form ever utilized. This electronically simulated tidal wave is giving reports of many times being superior even to needles in a fraction of the time. Only FOUR seconds is the usual time for stimulation (tonification mode) and about twelve seconds for sedation mode.
4. "Q" Tip Probe. Specially machined interchangeable tip uses one-half of a standard double ended cotton swab (common name is Q-Tips). When moistened with salt water it can be used for testing, point locating as well as treating, and eliminates the usual stinging sensation of metal probe tips in all but the most sensitive points. Sanitary, disposable, no messy packing of test probe cup with cotton, and just the right size for testing the finger- and toenail points.
5. Evaluation of acupoints after treatment! The instrument even tells you audio-visually whether you have treated the acupoint you are attempting to treat, if that acupoint requires additional stimulation (ie. more time or current), or if the point you are working on is not an acupuncture point at all (it could be a false point).
6. Simple and safe to use, the instrument has an automatically adjusted pulsed wave which helps minimize the burning of skin tissue commonly experienced with other units. Ample safeguards are engineered into it to avoid adverse electrical effects. Wave is adjustable from .6 to 320 Hertz. A low search current of less than five microamperes and three volts D.C. reduces 'pre-treating' effects to a minimum. Yet the high available sensitivity allows locating auricular and hard-to-find points (for point formula work) easily.
7. A new series of treatment aids has been developed by Dr. Wing at the request of ACCU-O-MATIC owners. This includes a set of six SEE-DO EAR-RICULAR CHARTS with a therapy system that eliminates memorizing and transposition in learning ear points, and a comprehensive master manual on needle-less electronic acupuncture entitled: THE THEORY OF APPLIED ELECTRO-ACUPUNCTURE AND TECHNIC OF NON-NEEDLE ACUPOINT THERAPY. (Both currently available through the Institute. His techniques can generally be applied to other needle-less equipment as well.)

OPERATION OF THE ACCU-O-MATIC IV

Other than the meridian balance aspect of this instrument, the operational procedure is fairly basic and typical of "Needle-less" electronic instrumentation (ie. the Bio-Instrumentation AS-4), so let's have a look at a simple diagnostic/treatment sequence using the O-Matic instrument, skipping the minor operational details that would be covered in the instrument's instruction booklet anyways.

The first thing a practitioner would probably want to do is run a full meridian balance test on the patient to determine which meridian(s) are out of balance in relation to the patient's given condition. For this, the points near the finger- and toenails as shown on the next page are used. With the special 'Q-Tip Probe' (moistened with salt water) and the unit in the OFF/SEARCH mode (upper right hand corner switch in the middle position) one takes a reading of all such points on one hand and one foot, mentally noting the highest and lowest meridian readings as indicated on the bottom (0 to 200) scale of the meter. The next step is to add these two figures together and divide by two in order to obtain their average (let's say the highest reading was 150 and the lowest was 100, for an average of 125). Once this average is established, the instrument can be "programmed" to automatically read out excess and deficiency during the complete meridian balance test. With the mode switch in the NEUTRALIZE position, and using the PROGRAMMER knob, the lower scale of the meter is set at that average figure (125 in this case). Next, using the NEUTRALIZE knob, the meter's needle is centered to the zero (middle) reading on the top scale of the meter. When you return the mode switch to the center OFF/SEARCH position, the instrument is then ready to automatically read out meridian balance for that particular patient, during the final part of the meridian balance testing.

The last step is to go through and take a reading of ALL of the twenty-four test points on the patient's hands and feet, mentally noting only the very highest and very lowest readings. For the sake of demonstration we have recorded all of an imaginary patient's meridian readings in blue on the chart shown on the next page. However in actual treatment this charting procedure is not necessary, as the instrument reads out excesses and deficiencies directly, which saves a lot of time that would otherwise be spent filling out and evaluating the charts. On that chart you can see that the highest readings were the Left (L) and Right (R) Large Intestine (LI) meridians at +70 and +85 respectively. The very lowest readings are the Left and Right Stomach (St) meridians at -80 and -70 respectively. The remainder of the readings can be ignored (since anything you do to the highest and lowest could change the balance of any other abnormal reading meridians anyways) and are explained in blue writing on that chart.

The next procedure would of course be to treat those high and low meridians to try to get them back into normal balance, or at least started towards that state (as it may take several treatments). The very first thing you could try is to treat the points given right on that chart, which in a fair percentage of patients alone

is sufficient to do the job. As you can see from the notations on that chart, you want to reduce the high Large Intestine meridian readings, so you would sedate LI-2 and LI-3 (bilaterally), and you want to increase the energy of the Stomach meridian so you would tonify St-41 (bilaterally). The chart gives you the frequency setting (80 Hz = 80 cycles per second) which you set on the FREQUENCY knob of the instrument, and the usual time required to treat these points is four seconds in one case and twelve seconds in the other. This time factor is set on the TIMER knob. All that remains is to set the intensity of the treatment current (in microamperes) on the CURRENT LIMIT knob (usually around 200 microamperes), and then with the mode switch in the SEARCH/TREAT position, you are ready to locate (search out) these treatment points, and when you have found them, treat them for the required time (4 seconds or 12 seconds).

When you have the instrument set on the SEARCH/TREAT mode, each time after you have treated a point (by pushing the button on the probe handle) to the full extent of the timer setting, the instrument immediately recycles itself to the SEARCH (point locating) function. You then search out the next point and when you have located it push the treat button on the probe handle again, and it will treat that point to whatever settings you have on the TIMER, FREQUENCY and CURRENT LIMIT knobs, without you having to do anything else. It will continue doing so each time you press the treat button, unless you change the settings on the instrument's knobs. You will probably find it easier to just leave the timer always set at four seconds and when you want more time for a certain point, simply push the treat button two, three, or more times in a row.

After this you would probably go on to treat some of the other acupuncture points that apply to that patient's symptoms as given in the Indication Sheets, formulas, point combinations or better yet, energetically determined, using the Accu-O-Matic as well. Before the treatment session is over, you would repeat the entire meridian balance procedure (the whole thing only takes about three minutes once you've done it a few times) to re-check the condition of the patient's meridians --- to see how your treatment has affected overall energy level and the meridians that were out of balance in the first place. If the balance in the Large Intestine and Stomach meridians has started to come closer to normal, perhaps you may want to work on the next highest or lowest meridians (in our example on the previous page, these may be due to the horary cycle effects, so we would reschedule the next treatment for a different time to re-check them). Should the balance in the Large Intestine and Stomach meridians of our example, not have improved, you would use some of the more traditional approaches or perhaps try some auricular acupoints, to carry the treatment a little further. The beautiful thing about this instrument is that you can tell BEFORE THE PATIENT LEAVES YOUR OFFICE exactly what you have accomplished in regard to returning his imbalanced meridians back to normal. Even though the above diagnosis/treatment sequence sounds simple, rest assured it works in a good percentage of cases. For those this doesn't work on, you will need to use the more advanced things we are teaching in the program, simply using the instrument instead of needles.

Now that we have had a look at a couple of instruments capable of "Needle-less" electronic stimulation of the acupuncture points (generally known as ELECTRO-ACUPOINT THERAPY) let's discuss some of the advantages and disadvantages of Electro-Acupoint Therapy versus regular needle acupuncture.

ADVANTAGES OF ELECTRO-ACUPOINT THERAPY

1. Saves time. Instead of the five to thirty minutes required in needle therapy, electronic acupuncture takes but seconds. Most machines require seven seconds for tonification and fourteen to twenty-one seconds for sedation of an acupuncture point. Therefore, many more points can be treated with less time and cost to the patient.
2. Less danger of malpractice. Since there is no piercing of the skin, there is very little chance of infection. At most, there may be a temporary discomfort and possible stinging sensation --- rarely any burning with a truly well-designed electronic instrument.
3. Greater patient acceptance. Many patients will not submit to needle methods, or are afraid of the needle.
4. The amount and duration of stimulation can be more accurately adjusted in the electronic method.
5. Easier to learn. The lower resistance points can be utilized to locate the acupoint precisely. It is no longer necessary to spend years trying to learn to locate these points without instrumentation.
6. Treatment of wrong points not harmful. Except for a few forbidden points, incorrect treatment can cause no harm. However, correct treatment can produce spectacular results.
7. Acupuncture points can be restimulated repeatedly without seeming to tire the points. Some researchers have treated the same point three or four times in a single day, which is not usually possible with regular needle acupuncture.
8. Meridian balance can be determined by electrical methods instead of pulse diagnosis. One recent instrument features direct instantaneous readout of meridian balance eliminating the need to learn pulse diagnosis for meridian imbalance determination.
9. Accessibility for greater numbers of practitioners. Many states have laws which restrict the practice of needle-type acupuncture, but not the practice of Electronic Acupoint Therapy. Thus, this method of treatment is now available to a greater variety of health care professionals.
10. Favorable comparison to needle acupuncture. Researchers report that the percentages of rate of cure by this method are comparable with needle acupuncture. Besides, one does not have to worry about needle slant or depth of penetration, etc.
11. Since electro-acupuncture response is rapid in many instances, one can progress through the recommended points and stop when sufficient response has been elicited. In formula treatment with needles it is usually wise and necessary to continue the whole formula, regardless of favorable response.

DISADVANTAGES OF ELECTRO-ACUPOINT THERAPY

1. Approximately fifty percent more treatments are required with needle-less electronic methods to accomplish the same results as needle acupuncture for a given condition. (This is offset by the fact that each treatment can be shorter than if using needles.)
2. Electro-Acupoint Therapy will not handle some of the deeper acupuncture points of the body (ie. the kind of points you would use a three inch or longer needle for). However, this is only a minor disadvantage if one knows energetical acupuncture, as one can use other points to accomplish the same end or compensate for them.
3. A major disadvantage is the cost of the equipment in the first place, versus the low price of reusable needles.
4. Dependence on instrumentation means loss of income in the event of malfunction of the equipment and while it is being repaired.
5. Possible nerve damage and skin burns by use of improper equipment, especially with the neurometer type D.C. treatment devices.

In closing, it is necessary to mention the major contra-indications of Electro-Acupoint Therapy --- the "thou shall not do's" of needle-less electronic stimulation of the acupuncture points.

1. DO NOT treat patients with implanted electronics such as cardiac pacemakers, especially with low frequencies.
2. DO NOT treat pregnant women as there may be a possibility of inducing premature labor, especially after the third month.
3. DO NOT stimulate points that are forbidden to needles in regular acupuncture or the Cardiac Rhythm Point in auricular acupuncture.
4. NEVER apply current to an open wound, a cut, or to any area where the skin has been abraded or pierced.
5. BE CAREFUL treating mucous membranes and around the eye where there is a possibility of lachrimation (the tears could conduct the current into the eye causing shock, etc.), serious heart conditions.
6. BE CAREFUL with feeble and anxious patients (ie. phobia against electronic current), and patients who are unable to communicate sufficiently to tell you when the current intensity is too strong.
7. BEFORE TREATING EACH PATIENT FOR THE FIRST TIME, always explain the function of the apparatus to the patient, mention that there may be a slight stinging sensation at times, and ask for permission to treat. Continuous feedback should be requested of the patient in advising the practitioner if they feel the current or if it is too strong, etc.
8. Although the side effects with good quality equipment are few, occasional patients report slight dizziness, nausea, weakness and palpitation. Nervous and apprehensive subjects should be treated with care. In the event any unfavorable symptoms are reported, treatment should be discontinued immediately.