

FIVE DRAGONS
ACUPUNCTURE COLLEGE
CORRESPONDENCE COURSE



LESSON 3
OF
31 LESSONS

The Five Dragons Acupuncture College
accepts the Fair Use Doctrine of the Copyright Laws
and here-by grants permission to make one copy of this
Acupuncture Correspondence Course in 31 Lessons
For Educational and Teaching Purposes.

Recommended books to simplify your research are as follows

Essentials of Chinese Acupuncture
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:

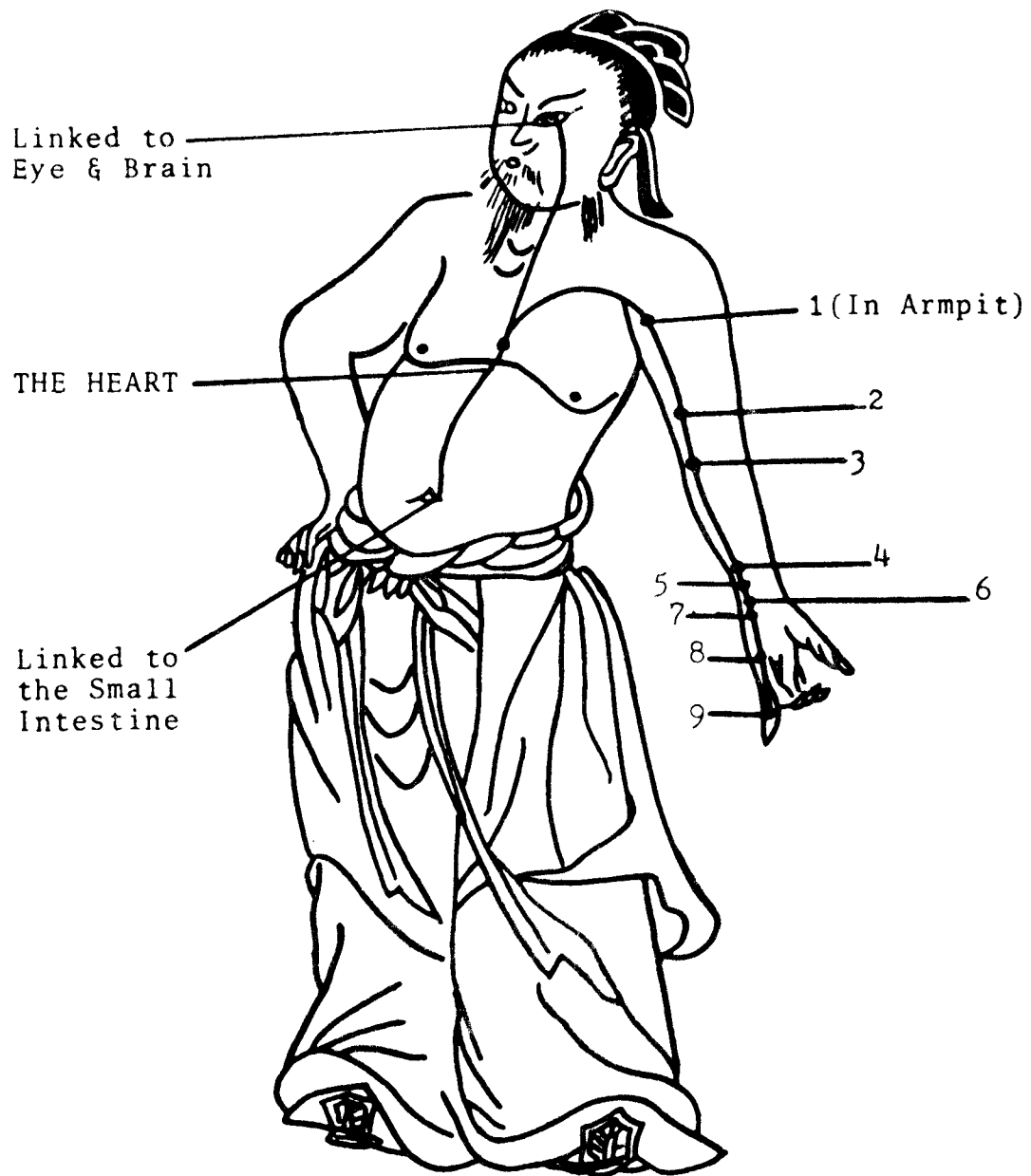
Dr. Nguyen Van Nghi,
Charles H. McWilliams,
Dale E. Brown,
Gregory Delaney

Full acknowledgements are found in Lesson 31

Distributed as shareware by
Bamboo Delight Company
P.O. Box 2792,
Saratoga, CA 95070

<http://www.bamboo-delight.com>





The first step the student of acupuncture must make is to thoroughly familiarize himself with the system of main meridians--the Chings--and the vital acupuncture points located on them. This is the most important thing in acupuncture, and were this a formal classroom program in acupuncture this part of the course would be called ACUPUNCTURE ANATOMY. It must be remembered that the Chinese were able to 'perfect' acupuncture therapy without the precise anatomical knowledge and study of our Western medicine (ie. dissection).

In the study of the individual meridians, consideration is given to two factors. First of all, the functions of various points on that particular meridian, and secondly, mastering the location of these points. By functioning of the various points, we mean the relationship between diseases and the acupuncture point. Namely, what diseases are to be treated by what point or set of points.

Initially, we must not concern ourselves so much with the precise location of each acupuncture point, because the location of these points varies slightly from individual to individual, and from race to race, etc. Later on in the course each point must be found precisely on your own body by SIGHT AND TOUCH, many times, in order that you can locate it on others. An electronic acupuncture locator is supplied with the course to enable the student to check his own findings, in the later lessons. What is important now, at the very beginning, is to get a good idea of the actual pathway of the meridians, and approximate location of its acupuncture points.

This does not mean that we will not be putting to use what we have learned until the end of the course. Quite early, you will be able to put what you have learned to use with acu-pressure (finger pressure on the acupuncture points) as opposed to 'needling' these points. Obviously, we must initially have sufficient knowledge of the location of the acupuncture points to at least be in the 'ball park' with the tip of our fingers, or blunt end of some object like the

eraser on the end of an ordinary new pencil. Naturally, when using acupuncture needles, we must not only know the general area of the acupuncture point as could be covered with the eraser end of a pencil, etc., but find the actual core of that broader area (a space often as small as a millimeter in diameter) in order to insert the fine needle into it dead-center.

In the later part of the course, we worry about mastering exact location of the points and the necessary skills of needle manipulation, clinical techniques, and the refinements of acupuncture therapy. Also, for those who want to use them, are included some of the special points on the hands and ears which are relatively new to the scene, and which require some special techniques of their own. Similarly, the special offshoots of acupuncture, such as acupuncture anesthesia (analgesia) and the use of various electronic devices for this and acupuncture in general, are discussed.

Since there are over a thousand acupuncture points, we will also not concern ourselves with all of them, for this would take many, many years. What we are mainly concerned with in this course are only the approximately 150 vital points or POINTS OF PREVAILING USE in treatment. A good acupuncturist needs to master only these 150 or so points of prevailing use. If he attempts to master too many more, or even concerns himself with them to any great extent, he will become hopelessly bogged down in the myriad of points, and never really get anywhere therapeutically.

This is the major problem with most current books and texts in English on the subject of acupuncture today. They concentrate with general detail on the hundreds and hundreds of acupuncture points existing, rather than concentrating on the ones which one actually has to learn---the ones actually needed to treat and heal the sick. What we have done is to catalog the lesser number of points used everyday by acupuncturists in actual treatment---the points that have proven themselves over and over again to be effective, for a particular disease or diseases.

We shall start our study of acupuncture anatomy---the study of the meridians and their points---with an examination of one of the shortest meridians---the heart meridian. From lesson two, you should know this meridian in its full term: HAND YIN MINIMUM HEART MERIDIAN. Along this meridian (Ching) there are but NINE (9) POINTS, of which only two are of major therapeutic importance, and two others of secondary importance. Everything about the two points of major therapeutic importance MUST BE COMMITTED TO MEMORY. It is sufficient to be only familiar with the two points of secondary importance. The remaining five points are of interest only from the standpoint of them lying along the path of the meridian in question.

There is one important exception to the above. That is the fact that there are some traditionally FORBIDDEN POINTS along some of the meridians. Some of these points are forbidden to any 'needling' and others are forbidden to 'moxibustion' (application of heat to the acupuncture point). All forbidden points, on all meridians, must also be MEMORIZED.

Each acupuncture point on a certain meridian has a traditional Chinese name which generally conveys some meaning. In its transliterated, pronounceable form, for example, there is an acupuncture point called 'Ming-Men' with an English equivalent meaning of "Gate of Life"; 'Shen-Men', English meaning "God's Door"; and 'Tien-Chüan', meaning "Celestial Spring"; and so on, for each point on each meridian.

At an international conference of acupuncturists held some years ago, it was resolved that each point on each meridian should be given a number to be preceded by the name of that meridian, or its abbreviation. For example, the acupuncture point called the "Gate of Life" which is the 4th. point on the Governing Vessel meridian, is to be named and abbreviated as Go-4; the acupuncture point which means "God's Door" which is the 7th. on the heart meridian, is to be called He-7; "Celestial Spring" is to be called EH-2, as it is the 2nd. point of the Envelope of the Heart meridian, etc.

However, many acupuncturists still continue to refer to points by name instead of by number. For this reason, as a precaution against errors and misunderstanding in communication, it is wise for the student to learn the acupuncture points of prevailing use by their transliterated Chinese name, English equivalent meaning, and meridian number at the same time. This is what we will expect you, the student, to do, for all points of major therapeutic importance.

Exactly what is an acupuncture point? The Chinese character for acupuncture point is "Hsüeh", which literally means a hollow or a 'cave'. This is not a complete description of an acupuncture point though, as only some are to be found in small depressions or hollows on the skin.

Acupuncture points vary in size from a small point one millimeter in diameter, to small areas or spots on the skin. Often, they can be felt with a light touch of the finger, as little nodules, or bundles of fibers, just below the skin in the fatty layer above the muscles, etc. Sometimes, they are felt in muscular areas as a particularly hard (callous) spot within a tensed strip of muscle. Sometimes they can be found in a depression or hollow, or in the core of a swollen or "tender spot" on the body.

It is generally known that there are certain points on the surface of the body which in case of disease are "tender" and some healing arts are based on this principle. (When the illness or disease is cured, the tender spots disappear.) With disease, these "tender spots" are often used to advantage for diagnostic purposes, and as acupuncture points also may be used for treatment.

Some acupuncture points are located at these "tender spots". Often though, acupuncture points are at other spots on the body---where there is no tenderness ever---either in illness or in health. These can be located only with knowledge of their exact position on the body. This knowledge is perhaps the most important single factor in acupuncture.

One of the major problems in writing about acupuncture is how to describe the exact position of the acupuncture points to the student. Locating the point is naturally of utmost importance. It is useless if one only knows 'about' the functions of the points, without learning how to locate them accurately and consistently, for one would not be able to accomplish the purpose of this knowledge---treatment.

The ancient Chinese textbooks set down definite laws and rules for locating each acupuncture point, by means of precise measurements and co-ordinates. Naturally, in order to locate a point it will be necessary to use some unit of measurement. Thousands of years ago, the Chinese solved this difficulty of accurate description, without having to go into complex and minute anatomical details of body structure. They devised a flexible unit of measurement called a "POUCE", (pronounced as 'poose'), which is sometimes known as a "body-inch" or an "acupuncture unit of measurement".

The Pouce varies from person to person and from one part of the body to another, YET IS ALWAYS VALID. This Pouce system can be applied to infants, or adults, to those who are tall, short, fat or lean, because for any given individual (patient) the Pouce is always constant. Once you have mastered the Pouce system, you will be able to pinpoint the acupuncture "points" quite precisely on anyone.

Since ancient times, the Pouce has been defined as the distance between the two creases or flexures of the middle joint, as formed when the middle finger is fully bent in touching the thumb. This is taken from the surface next to the index finger (forefinger) at the top dorsal (backside of the hand) edges of these creases (see figure 1, next page).

NOTE: Measure at the side of the finger, not at the top of the knuckles. Classically, the unit is determined on the left hand for men, and on the right hand for women. Some authorities make the measurement on the index finger rather than the middle finger, but most prefer the latter.

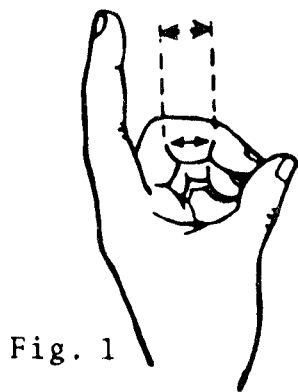


Fig. 1

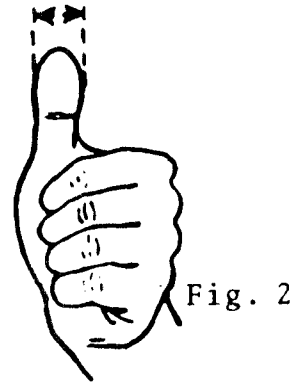


Fig. 2

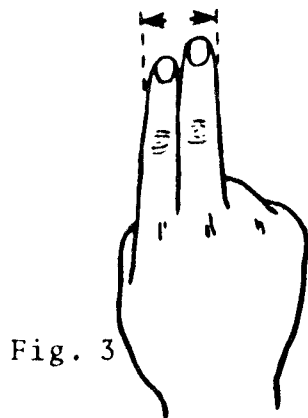


Fig. 3



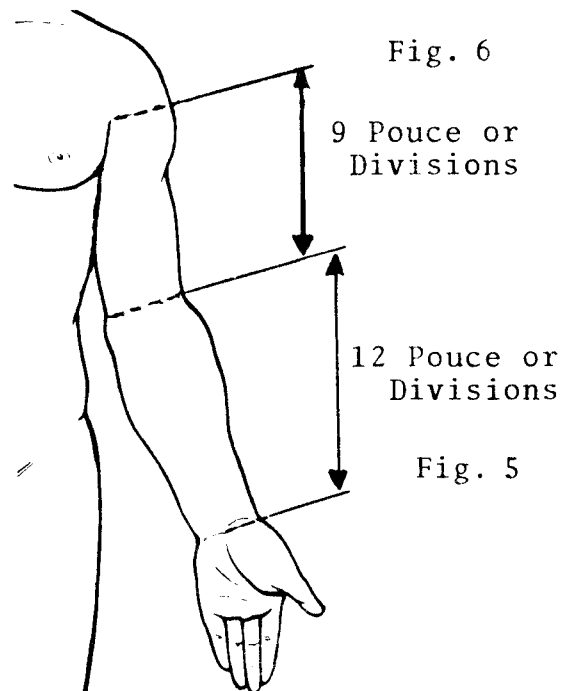
Fig. 4

Figs. 1 to 4: Pouce measurements as taken from the hands.

The Pouce is also approximately equivalent to the width of the patient's thumb at about the level of the base of the fingernail (fig. 2 above). Furthermore, the combined width of the patient's index and middle fingers at about the base of the fingernails is equivalent to one-and-a-half (1.5) Pouce (see fig. 3), and the total width of the four fingers (not counting the thumb) measures three (3.0) Pouce. (see fig. 4 above). This latter measurement is very useful because many points are separated by three Pouce.

The "FEN" is the decimal part of the Pouce. In other words, one Fen is one-tenth of a Pouce, and ten Fens would equal one whole Pouce. The Fen, often used in giving approximate depths of needle insertion, is again calculated for the individual patient by using his or her own fingers to measure distance on the patient's own body.

For various parts of the body, the Pouce system uses certain fixed proportionalities and divisions. Let us examine how this would work on the inner aspect (surface or side) of the arm. [With your arms hanging normally beside your body, the parts closest to your body are the inner aspects.] ON THE FOREARM: From the crease or fold of the wrist, to the crease of the elbow --- this distance can be divided into twelve (12) equal parts or divisions. Each of these twelve now being the value of a forearm Pouce. (Fig. 5) Similarly, ON THE UPPER ARM: Distance between the crease of the elbow and the upper front end crease of the armpit (axilla), can be divided into nine (9) equal parts, each of them being an upper arm Pouce or division. (See Fig. 6)



The whole body can be measured out with a number of different divisions as outlined above for the inner aspect of the arms. There are co-ordinates for the head, abdominal regions, legs, etc., but these will be discussed and studied as they are needed in subsequent lessons. In effect, the Pouce now becomes a unit of measurement which could be termed an "osteological-inch", or "body-inch".

The division method of determining the Pouce is not as accurate, but it serves a practical purpose because it can be applied to men and women, to infants or adults (in all shapes and sizes) alike, with equal constant success. The beautiful thing about the Pouce is that it is specific for each individual patient, because we use his or her own body or fingers to obtain its value, rather than some fixed unit.

We will continue to use the word Pouce (which literally means "inch") rather than some other term such as 'body-inch' throughout this course when referring to the acupuncture points. This is to avoid any confusion with a fixed value measurement unit such as our inches, feet, centimeters, etc.

Another way often used to locate a specific acupuncture point is to use conventional anatomical landmarks of the body such as easily identifiable demarkations: bony structures, tendons, muscles, wrinklins of the skin, positions of the vertebrae, nipples, nails, and external features, etc. The acupuncture points which are too far away from the body's landmarks are described using the Pouce measurements and/or division system.

An example of locating the points by surface landmarks is that of the point named "Yin-T'ang" which is a special point not on any of the twelve main chings or two main vessel meridians. [Many new and special points not on any meridians are discussed in a separate lesson]. "Yin-T'ang" is located midway between the medial (inner) edges of the eyebrows on the midline of the body.

Sometimes the location of acupuncture points are described using a certain action or movement of the patient. One example is the point "Fung-Shih" which is GB-31. With the patient standing straight, feet apart, arms hanging relaxed and normally at the sides, fingers pointing downward, this point can be located at the furthestmost place that can be reached by the tip of the middle finger, on side of thigh.

In summary then, there are basically two ways in which to locate the desired acupuncture point. One is to use the body's anatomical landmarks, and this works fine for those points close to the demarkations. Secondly, we can use the Pouce measurement and divisioning system to find those that are not close to a good 'landmark'. Or, we could use one point to find another, by saying a certain point is exactly 1 Pouce and 6 Fen in a given direction from a more easily found acupuncture point or landmark. Modern acupuncturists may use an electronic instrument to improve precision in locating the points and to save considerable time for the patients and themselves.

Now, let us apply what we have learned so far, to the subject of this lesson, THE HAND YIN MINIMUM HEART MERIDIAN. As mentioned in the last lesson, each meridian or Ching has an inner course or pathway and an outer course or pathway. It is along the outer course of the meridian that the acupuncture points are to be found. In other words there is much more to the meridian than that part which we work with directly, and along which are distributed the "acu-points".

Picture if you will, the pumping, throbbing heart itself and the "heart connective system" with the great vessels entering and leaving above and around it, connecting the heart to other organs like the lungs. The meridian of the heart commences in the center of the heart itself. One branch of its internal pathway emerges from the heart, connecting with the vessels entering and leaving it ("heart connective system") and goes downward from the heart, passes through the diaphragm and is linked directly with the small intestine.

Another branch of its internal pathway begins to diverge at the "heart connective system", goes upward through the throat (esophagus) to the "eye's system" (connections from the eye to the head and brain).

SEE CHINESE DRAWING PAGE ONE THIS LESSON (COVER)

The main part of the meridian (still internal) leaves the heart and "heart connective-system", and starting to come closer to the surface now, moves upwards to the lungs, traverses the lung, and then swings downwards to emerge on the surface at the apex of the axilla (armpit) at Point He-1. Now it descends along the inner surface of the upper arm to the elbow, and then down the inner surface of the forearm to the wrist. Then down the palm, inner surface of the little finger, and outward to terminate at the tip of the little finger near the root of the fingernail (on the side closest to the ring finger). This is the last point of the heart meridian, or He-9.

REMEMBER THAT THERE ARE TWO SUCH COMPLETE PATHWAYS AS DESCRIBED IN THE ABOVE PARAGRAPH. Because the twelve Chings are bi-lateral meridians, there would be such a pathway down the left arm and one down the right arm. Each side has nine acupuncture points, identical in all respects, at identical locations. As mentioned in the last lesson, this is taken for granted, and we need only describe the pathway on one side of the body.

Generally, when we speak of the heart meridian (or any meridian for that matter), we refer only to that part of it that has acupuncture points---the part we actually work with. In this case, that part of the meridian is from He-1 at the armpit to He-9 at the tip of the little finger. (See pg. 12)

The greatest objection given by Western scientists to the existence of the meridians is that they do not follow any known anatomical paths, and that they cannot be seen in dissection, even with powerful electron-microscopes. It is common knowledge though, that the pain of the heart problem known as 'angina pectoris' follows a path from the heart to the little finger (usually down the left arm), and that this path coincides almost exactly with the traditional path of the heart meridian. Still, there is no anatomically "explainable" connection between the heart and the little finger. Acupuncturists often refer to the 'angina pectoris' pain path phenomenon as the evidence of the existence of the meridians.

THE 'OUTER' HEART MERIDIAN

For greater detail see the textbook,
"Essentials of Chinese Acupuncture"

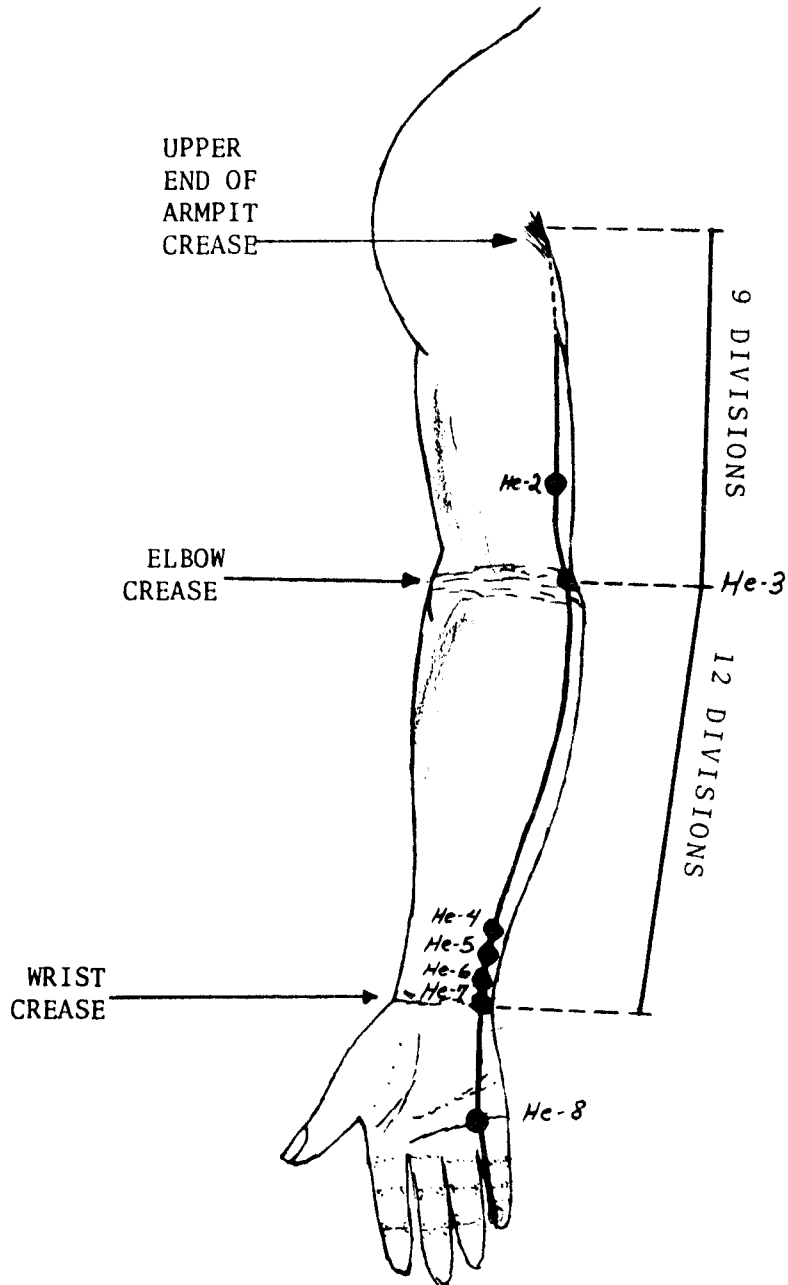


Figure 7. POUCE DIVISIONING TO LOCATE ACUPUNCTURE POINTS

Let's take another look now at the heart meridian, and locate the general area of all of the points right on your own body. You will have to strip to the waist or put on a sleeveless T-shirt or blouse, to trace the approximate path of the heart meridian.

With your initial shipment of lessons and Volume One Course Binder, you were sent a dermatographic (skin) marking pencil. This is a red wax type film marker, with a pull-string to unwind more of the wrapping and expose more pencil. The wax pencil markings will wash off afterwards with good soap and water plus a little rubbing with a washcloth. It would wear off by itself in time as you perspire, etc.

If you write with your right hand, make the following markings on your left arm. If you are left-handed, make them on your right arm.

STEP #1: Flex your elbow fully and put a mark with the wax pencil where the crease so formed begins near both sides of your elbow. Straighten out your arm and join up the two marks you have just made, following the actual crease line on the inner surface of your arm.

STEP #2: Put a mark at the start of your armpit crease near your shoulder. Feel the crease from underneath your armpit out towards your shoulder with your fingers and the spot to mark will become apparent. Pressing your arm close to your body sometimes shows up the start of this crease better.

STEP #3: In the distance between the elbow crease mark and the armpit crease mark, visually estimate three equal parts and mark them. Then visually estimate thirds in each of these three divisions and again mark them. Hence, you should have divided the total distance between elbow crease and armpit crease into NINE approximately equal divisions. Some may want to measure the distance with a ruler or strip of paper, etc. and mathematically divide it up, but this is not necessary at this time.

STEP #4: Mark the major wrist fold---the one that is most obvious when you flex your wrist and hand back and forth several times. Usually there are several distinct creases there but the one closest to the hand is the one we want.

STEP #5: Visually divide the distance between the wrist fold mark and the elbow crease mark in half (two equal parts) and mark it. Now into four equal parts, and mark them. Then, divide each of the four equal parts visually into thirds and mark them. This should leave you with twelve approximately equal divisions between the wrist and elbow crease marks.

You now have divided your upper arm into nine Pouce and your forearm into twelve Pouce. Visually, one can get quite close, but of course it all won't be perfectly accurate. Now check the average Pouce among the twenty-one you have just visually marked in, against the traditional Pouce measurement of your 'bent middle finger'. What did you discover? Amazingly enough they are all quite close. Likewise, one of the nine divisions of the upper arm should be quite close in length to one of the twelve lower (forearm) divisions. Can you now see how the Pouce measurement can be used throughout the patient's body to locate acupuncture points?

STEP: #6: Referring to the chart or diagram of the heart meridians' points on page 12, mark in lightly with the wax pencil the approximate path of the heart meridian from one end to the other. From the apex of your armpit underneath your arm, vertically down the inner surface of your arm (the path almost follows the straight line of the partition between the sets of muscles in your inside upper arm) to the inner extremity of the elbow fold. From there it runs down to the wrist fold around where the artery can be seen or possibly felt pulsating. Then down to the base of the little finger. Then, along the ring finger side of the little finger and gradually curving around the little finger to finish near the finger nail on the ring finger side.

STEP #7: Now let's mark in some of the points! The first point, He-1, is located right up in the apex (summit) of the armpit when the arm is raised up high above the head. Looking in a mirror, find the top hollow at the center of your armpit on your arm. Pressing this hollow with your finger, you can feel a dividing line between the muscles of your arm at the uppermost part of this hollow and the arm pit artery. Just beside this artery (on side closest to front of body) is where you find this point. The diagram below (Fig. 8) may give you a better idea of where it is. Mark it in with the wax pencil if you wish.

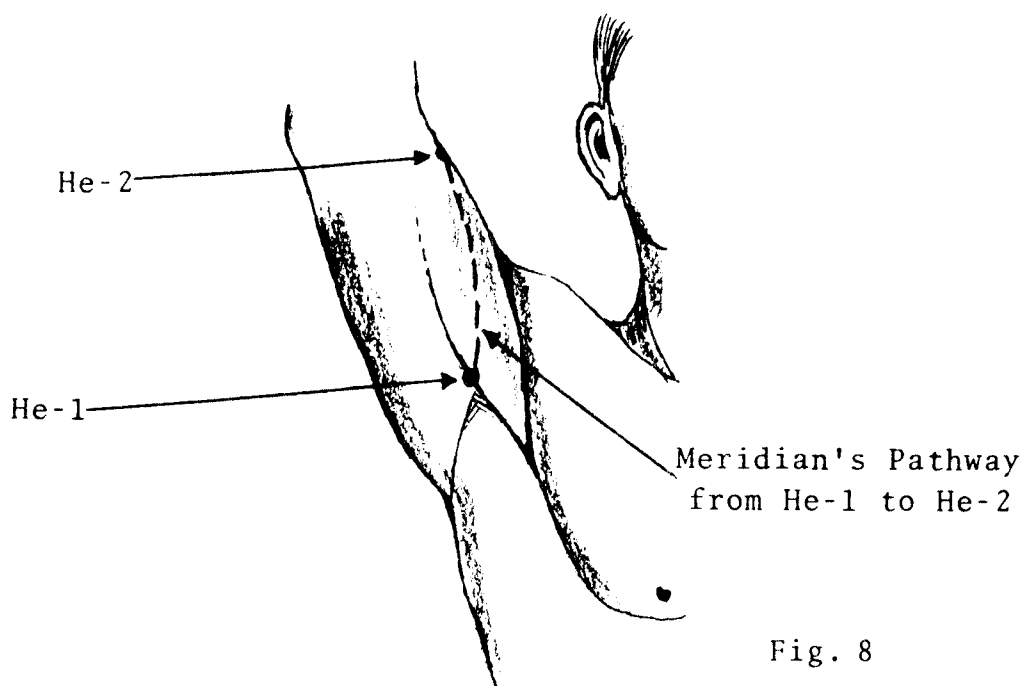


Fig. 8

STEP #8: For the second point, you can either come down the meridian line six Pouce (upper arm divisions) from the start of the armpit crease, or measure up three such Pouce from the elbow crease. The point is located here in the partition between two sets of muscles which can be felt with your fingers. Mark it in! CAUTION: Never use an acupuncture needle at this point. He-2 is the only point of the heart meridian that is traditionally forbidden to needle by the Chinese, however no points on this meridian are forbidden for moxibustion.

STEP #9: Mark in the third point, He-3, exactly at the inner end of the elbow crease with forearm flexed. You may now have to adjust slightly the line you originally drew in lightly approximating the course of this meridian as given in Fig. 7.

STEP #10: Points He-4, He-5, He-6 and He-7 are all along and upon the artery which, if parts thereof are not visible, may be felt 'pulsing' with finger tip pressure. With palm up, this artery is on the very medial (towards body) edge of the top of the forearm near the wrist. It is almost perfectly in line with the straight line between He-3 and the middle of the little finger. Each of these points is one-half (1/2) a Pouce (or forearm division) apart, with He-7 being right at the intersection of this ulnar artery (little finger side of arm) and the most distal (towards the fingers) wrist crease. He-6 is half a Pouce (or forearm division) up (towards the elbow) from He-7, along this artery. He-5 is one Pouce (or forearm division) up from He-7, or half a Pouce up from He-6, and so on. Again, you may have to make a slight adjustment in your original line representing the pathway of the meridian, in view of the placement of these four points just marked.

STEP #11: In palmistry there is a line on the hand called the 'heart line'. It is a rather deep and pronounced fold or line running across the hand about a Pouce away from where the little finger starts. Where the heart meridian crosses this line (in line with the ring-finger edge of the little finger) you can detect with light touch from your finger a hollow or depression. Often this depression can be clearly seen on some people. Sometimes forcefully bending your little finger backwards shows up the point. He-8 is in the center of this hollow or depression. Mark it in with the wax pencil.

STEP #12: Mark in He-9, the last point of this meridian. You may recall, it is near the base or root of the little finger's nail (about one Fen behind the angle or corner of the nail) on the side closest to the ring finger. (See the finger and toe diagram in Lesson 2, page 12.)

Practice the TWELVE STEPS outlined previously, a few more times on yourself, starting with a clean and unmarked arm each time, following the steps exactly. Also, try it a few times measuring out the divisions with a ruler, tape measure, geometry set 'dividers' with blunted points, or strips of paper---calculating the divisions mathematically. Soon, you will be able to mark in the points on yourself, without the steps, and without marking in divisions.

The next step is to try to find the approximate locations on others---perhaps your spouse, a friend or a relative will 'volunteer'. Each person is a little different and will present a slightly different location problem. When not using the division line system, use the 'bent middle finger Pouce' of the individual you are examining, to determine the half pouce spread between points He-7, He-6, He-5 and He-4, as well as to find He-2.

Each time you do this on yourself or someone else, start to try to get the 'feel' of the actual acupuncture point. Begin to develop your sense of touch---a light finger sensitivity. Imagine the actual point as being in a small depression or hollow, or as a small nodule (small bundle or lump of tight tissue), etc.

Once you find one such point, and it will take a while, you will start to find the rest. On this meridian He-8 is perhaps the easiest to feel, see and locate. The first two, He-1 and He-2, will give you some trouble for a while. It will take time, and we will speak of this constantly throughout this program. The important thing now, at the beginning, is to develop your sense of touch by constantly trying to find the actual acupuncture points. When we get into the actual locating of the points by SIGHT and TOUCH, it will become clearer to you, and you'll start finding them all. Later on when the electronic acupuncture points locator is supplied, you will be able to confirm your SIGHT and TOUCH localizations.

CAUTION: One must be very careful about using this meridian in cases of heart disease. The 'beginning' acupuncturist is advised to avoid using points on the Heart meridian in treating heart disease, or cases where heart disease is suspected. In subsequent lessons other meridians that can be used to affect the heart with greater safety will be covered in detail.

POINTS OF MAJOR AND SECONDARY THERAPEUTIC IMPORTANCE

NOTE: This is by no means a complete listing of all indications possible for each given point, but represents rather those of prevailing use, in everyday treatment. The points circled below are the most significant or MAJOR ones, and all information given for them should be MEMORIZED in full. Those not circled are the 'Secondary' points.

He-1 "Chi-Chüan" (Extreme Spring)

INDICATIONS: Painful disorders and paralysis of the shoulder, upper arm, chest. Inflammation and pains of the heart. Sensation of "cold" in elbow, armpit odor.

NEEDLE: 4 Fen to 1 Pouce *

MOXA: 5 to 7 minutes *

He-3 "Shao-Hai" (Young Sea)

INDICATIONS: Painful elbow, upper arm, disorders and spasms. Facial Neuralgia (nerve pain attacks), Inter-costal (between the ribs) Neuralgia. Tuberculosis: pulmonary and of cervical lymph nodes (Scrofula). Hand tremors, "cold" fingers, headache, toothache, depressior

NEEDLE: 4 Fen to 1 Pouce *

MOXA: 5 to 12 minutes *

He-5 "T'ung-Li" (Inner Communication)

INDICATIONS: Pain, spasms, in lower arms and wrists. Sore throat, loss of voice, dizziness and headaches. Tonsillitis. Nervous anxiety with heart palpitations. Heart pains and problems. Neurasthenia (See He-7).

NEEDLE: 4 Fen to 1 Pouce *

MOXA: 3 to 10 minutes *

He-7 "Shen-Men" (God's Door)

INDICATIONS: Insomnia, Heart palpitations, dilata-tions (enlargement) of Heart, etc. Neurasthenia (symptoms of fatigue, lack of energy, disinclination to activity), general irritability, forgetfulness. Hysteria, psychological problems, migraine headaches, painful wrists. Paralysis: base of tongue and vocal.

NEEDLE: 3 to 7 Fen [90 or 45] *

MOXA: 5 to 12 minutes *

*Utilization of this information is covered fully in later lessons on moxibustion and needle techniques.

The goal of Occidental Institute's Home Study Program in Modern and Traditional Acupuncture is to not only make you one of the finest acupuncturists in your community but, as well, to provide you with the very best materials to study throughout your entire practice. In this section of Lesson 3, you will be given all Submeridians connected to and having therapeutic importance to the Heart Meridian itself. Also, below is an introduction to the therapeutical nature and the pathways of the "Transversal Lo" vessels. Their description will be given on the following page.

Although there is great detail available about the submeridians, we certainly cannot expect you to memorize all the associated symptoms and finely detailed pathways; consequently, they are not required for O.I.C.S. final examination purposes (further details are given on Page 2, Lesson 18). Generalities concerning their functions and "effects" will, however, be on that exam . . .

DEFINITION -- SUBMERIDIANS:

The principal (main) meridians with their interior pathways, which are carriers of different types of energies (see Lesson 10), represent the main transport "rivers" of the body, and obviously it is not possible for them to supply all parts of the body. The Submeridians (secondary currents or subcurrents) in relation to the principal meridians can be regarded as their "branches" or "canals".

Below is a tabulation of the 71 Meridians of Therapeutical Importance that will be taught in this Program.

12 MAIN or PRINCIPAL MERIDIANS: Lung, Large Intestine, Stomach, Spleen, Heart, Small Intestine, Bladder, Kidney, Envelope of the Heart, Triple Burner, Gall Bladder, Liver.

-----SUBMERIDIANS OF THE PRINCIPAL MERIDIANS-----

- 12 Tendino-Muscular Meridians named according to their associated principal meridians.
- 12 Transversal Lo Vessels named according to their originating source from their associated principal meridians.
- 12 Longitudinal Lo Vessels named according to their originating source from their associated principal meridians.
- 12 Distinct (Divergent) Meridians named according to their associated principal meridians.

- 8 EXTRA or ANCESTRAL MERIDIANS: Governor, Conception, Chong Mo, Tai Mo, Yin Chiao, Yang Chiao, Yin Wei, and Yang Wei Vessels.
- 3 Extra Longitudinal Lo Vessels: One each from the Governor and Conception Vessels, and a "Great Luo of the Spleen".

71 Meridians of Therapeutical Importance.

DISCUSSION ON THE TRANSVERSAL LO VESSELS by C. H. McWilliams

On Page 3 of Lesson 2 it was mentioned that for every main meridian (ching) there is a crosswise (transversal) pathway called a Transversal Lo. There is one Transversal Lo for each of the 12 bilateral main meridians.

The word "Lo" is used because the starting point for each Transversal Lo vessel is at the Lo point on the main meridian. Although the Lo points will be listed in Lesson 27, the Lo point for the Heart meridian is He-5 (T'ung-Li).

The Transversal Lo vessels which form a crosswise communication network for the 12 main meridians are an extra type of energetic circulatory system. They help prevent the energy movement within the main meridians from getting "blocked up" or stagnated, thereby preserving balance.

The Trung Y Hoc (Study of Chinese Medicine) published in Hanoi (1961) places them and describes them in this manner:

"These vessels are found between the elbows and the hands, and between the knees and the feet. They connect the coupled meridians, that is to say, they connect a Yin meridian to a Yang meridian and vice versa. The Lo establish a system for strengthening the circulation of the 12 principal meridians at the level of the extremities. They are found in the circulation of Yong energy and their course doubles that of the meridians."

Two points from this quotation need to be clarified. Firstly, it is quoted above that the Transversal Lo's connect "coupled" meridians. Although more detail will be given about the coupled meridians in Lesson 8, for those of you already at an accelerated level, a tabulation of the coupled meridians is given at the bottom of this page. As will be seen, a Transversal Lo vessel starts at the Lo point of one meridian and travels to the Iunn point (described in Lesson 26) of an opposite (coupled) meridian, of the same element. For example, the Transversal Lo for the Heart meridian would start at He-5 and would traverse the arm until it reached its coupled meridian (the Small Intestine) at SI-4 (Wan-Ku). As well, a Transversal Lo would start at the Lo point of the Small Intestine (SI-7) and would end at the Iunn point of the Heart, He-7 (Shen-Men).

The second point to be clarified in the above quoted statement from the Trung Y Hoc is that the word "Yong" is the last sentence refers to a particular type of energy (nutritive energy) that is covered in Lesson 10 and does not refer to Yin or Yang.

ELEMENT	YIN MERIDIAN...with a coupled.....	YANG MERIDIAN
WOOD	Liver	Gall Bladder
FIRE	Heart	Small Intestine
	Envelope of the Heart	Triple Burner
EARTH	Spleen	Stomach
METAL	Lungs	Large Intestine
WATER	Kidneys	Bladder

The actual therapeutical uses of the Transversal Lo vessels cannot be provided this early in the Program until further information concerning the "energetical" nature of disease is covered. This information is specifically given in Lessons 18, 26 and 27.

The pertinent submeridians which are connected to and which are therapeutically important to the Heart meridian are described below.* Do not be too concerned at first if all of this seems very complicated. Once you become familiar with the main meridians, the rest of their associated meridians or vessels become fairly understandable, especially once you know HOW they function (for instance, the Distinct, Longitudinal Lo and Transversal Lo vessels do not have separate points of their own aside from the principal meridians).

In the next meridian Lesson (Lesson 5), you will be given a discussion on the nature of the Longitudinal Lo vessels; in the following meridian Lesson (Lesson 6), a discussion will be given about the Tendino-muscular meridians; and so on until all submeridians (descriptions and therapeutics) have been covered.

At the end of each main (principal) meridian Lesson, all necessary information regarding the submeridians associated with that particular meridian will be given. By the end of this Program you will have before you 71 meridians of therapeutical importance, and not just the 12 or 14 or 20 that so often appear in other English language sources.

As you are discovering, the meridians are fine and small, and in that context, it would be illogical to have energy in the human body and not have it throughout the whole body. Just as a medical doctor would be incompetent knowing only a handful of remedies; so an Acupuncturist who lacked knowledge of the total energetics involved in the healing art of acupuncture, would be just as incompetent!

THE TENDINO-MUSCULAR MERIDIAN OF THE HEART.

- 1) This meridian starts at the unguis corner of the little finger at the Ting point (discussed in Lesson 26),
- 2) inserts itself into the styloid process of the cubitus,
- 3) runs along the forearm following approximately its principal meridian and inserts itself at the internal part of the elbow,
- 4) reaches the armpit and joins itself to the Tendino-muscular meridian of the Lungs,
- 5) penetrates into the thorax and runs along the interior space of the nipple,
- 6) inserts itself into the interior surface of the chest,
- 7) descends to the cardia (some authors state the sternum),
- 8) descends to the navel.

* Diagrams in later submeridian sections will be given only when the submeridians present confusing pathways. Do keep in mind that it is more important to understand the function of these meridians than their precise pathways. Some students may wish to draw some of these pathways onto their already existing acupuncture charts.

Troubles of This Meridian:

- Painful contracture along the course of this meridian.
- Contracture and pains with sensations of "squeezing at the elbow".
- Contracture and pains at the chest.
- "Accumulation of Energy Syndrome" at the level of the navel.
(This syndrome is provoked by a kind of immobilization of the energy of the Heart at the level of the navel forming a kind of fixed tumor the size of a fist. This syndrome is characterized by a pain at the navel, the patient is sad and discouraged, since in Chinese medical philosophy the Heart is the "Home of the Soul".)

THE TRANSVERSAL LO VESSEL OF THE HEART

This vessel starts at the Lo point of the Heart, He-5 (T'ung-Li), traverses the wrist to reach the Iunn point of the Small Intestine, SI-4 (Wan-Ku).

THE LONGITUDINAL LO VESSEL OF THE HEART

This vessel starts at the Lo point of the Heart, He-5 (T'ung-Li), climbs the length of the upper limb, enters into the Envelope of the Heart, rises again to the throat in order to communicate with the hypoglottis, then to the eyes where it connects itself to the meridian of the Small Intestine.

Symptomatology and Treatment:

Fullness: Uneasiness (constraint) and sharp pain at the chest.

Stimulate* the corresponding Lo point, He-5.

Emptiness: Aphasia. Stimulate the opposite Lo point SI-7 (Chih-Cheng) and the corresponding Iunn point, He-7 (Shen-Men)

THE DISTINCT MERIDIAN OF THE HEART

- 1) The principal meridian of the Heart emerges at the armpit at the point He-1 (Chi-Ch'uan). A vessel slides itself between the two tendons into the deep part of the articulation where the point GB-22 (Y'uan-Yieh, see Lesson 21 for its location) is found,
- 2) enters the Heart,
- 3) climbs to the throat at the point Co-23 (Lien-Ch'uan),
- 4) reappears at the face,
- 5) is joined to a branch of the secondary vessel of the principal meridian of the Small Intestine at the internal corner of the eye at the point Bl-1 (Ching-Ming).

* For instructions about stimulation see Page 5 of Lesson 26. The instructions for therapy are given here for convenience and they will not be repeated in later Lessons.

GUIDE TO PRONUNCIATION OF CHINESE WORDS

Many sounds and words of the Chinese language are almost impossible to duplicate with the English language and alphabet. However, Western scholars of the Chinese language have adopted a standard system which approximates as closely as possible the correct pronunciation of Chinese words. With few exceptions, this is the system we have followed, particularly in listing the Chinese names of the acupuncture points. With the rules given below, any Chinese term or name in this course may be satisfactorily pronounced.

VOWELS

a as a in father
e as e in ten
i as i in machine
o as o in order
u as 'oo' in moon

CONSONANTS

ch - zh sound as the g in beige
ch' as 'ch' in chin
hs as the 'sh' in shoe
j as the r in run
k as the g in go
k' as the c in cat
p as the b in boy
p' as the p in pie
t as the d in dog
t' as the t in time
ts - tz as the 'ds' in beads
ts' - tz' as the 'ts' in meets

DOUBLE VOWELS

ai as 'ai' in aisle
ao as 'ow' in how
ei as 'ei' in eight
ou as 'ou' in shoulder
ua as 'wa' in water

OTHER SOUNDS

en as the 'un' in bun
eng as the 'ung' in sung
ih as the 'ir' in bird
u before n or ng as the u in burn
uai as the 'wi' in wide
uei as the word way