

FIVE DRAGONS
ACUPUNCTURE COLLEGE
CORRESPONDENCE COURSE



LESSON 6
OF
31 LESSONS

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Recommended books to simplify your research are as follows

Essentials of Chinese Acupuncture
Gray's Anatomy
The Merck Manual
Taber's Cyclopedic Medical Dictionary

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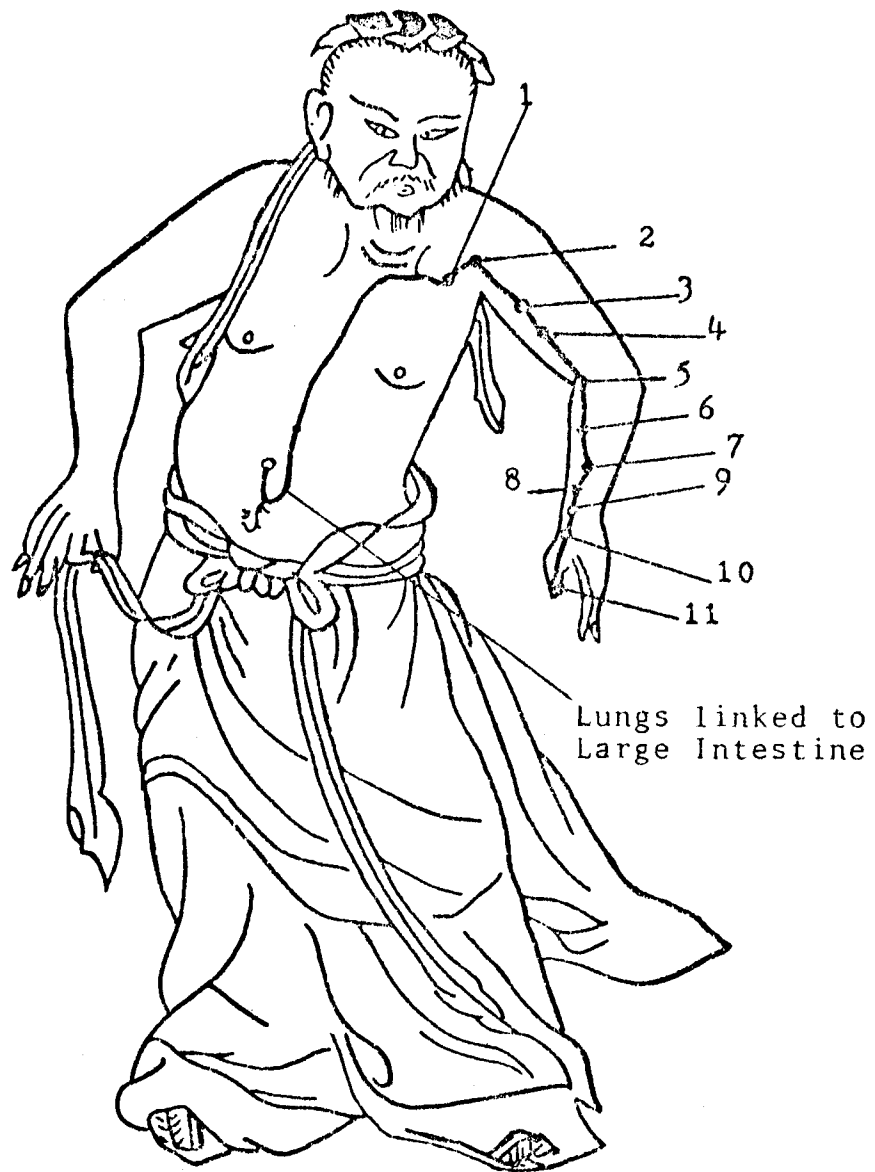
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MODERN & TRADITIONAL ACUPUNCTURE

LESSON 6

(HAND YIN MAXIMUM) LUNG MERIDIAN



The next meridian we are going to study is that of the lungs, which from Lesson Two you should know by its complete terminology as "Hand Yin Maximum Lung meridian", abbreviated 'Lu'. It is the first meridian (ching) of the twelve in the classical cycle of ch'i energy flow. From "the very first breath of life" on, ch'i enters the lungs where it is assimilated as a vital energy or force in various states throughout the whole body. As the most active in 'phase' of the three Hand Yin meridians, it is generally considered the most effective of the three if suitable to the problem or disease.

Let us first take a little closer look at the ch'i itself, because the lungs actually control the ch'i. For the Chinese, the word "ch'i" has two meanings, in that it means both "breath or to breathe" and energy. In a later lesson (Lesson Ten) we shall discover that there are several forms of ch'i and energy in the body.

The "vital or essential energy" corresponds to the energy of the cosmos (which enters into the lungs as we breathe) and that of the earth (which is the product of food processed by the body). The term vital energy (ch'i) thus covers both the energy of breathing and the energy created by the digestion of liquid and solid foods. One could say it is a mixture of energies of the universe (air) and the earth (food).

The beginning acupuncturist must be exceptionally careful when using this meridian in treatment as the lungs are the absolute master (controller) of the vital energy. This is made up on the one hand of the products of digestion in the stomach and upper digestive tract (Triple Burner) and passes first to the lungs in Chinese thought. Here it combines with the ch'i of air (oxygen), which enters the body first through the lungs. Hence, the vital ch'i or essential energy which circulates throughout the whole body is formed.

Classically, the lungs are also in control of the outer surface of the body, namely the epidermis (skin) and the body

hair (but not the finger and toe nails, which traditionally belong to the Liver).

As we already know, the pathway of each meridian (ching) consists of two parts---a part with acupuncture points on it (outer or external pathway) and a part without such points (inner pathway). The inner pathway of the lung meridian without acupuncture points starts in the region of the stomach (which is the middle section of the Triple Burner) and goes downward to the large intestine (transversal colon). Then it returns by ascending along the contours of the stomach passing to the diaphragm and entering the tissues of the lung to which it properly belongs and represents. From the lung the pathway of the meridian ascends to the top of the lungs and passing through the throat and larynx moves outward to emerge at acupuncture point Lu-1 in the region of the collarbone.

From point Lu-1, it now becomes the pathway with acupuncture points running to the shoulder and descending along the lateral (outer) side of the anterior (inner) surface of the upper arm [other side of the pathways of the He and EH meridians on the arm] to the elbow crease where point Lu-5 is located. Then along the radial (thumb) side of the inner surface of the forearm down towards the region of the pulse on the wrist. It makes a slight jog over to point Lu-7 and back over to the wrist crease where point Lu-9 is located. Then it goes upward to the thenar eminence of the hand (the fleshy ball of muscle at the palmar base of the thumb) travels along the edge of the thumb to end by the thumb nail at point Lu-11. (See Lesson Six Supplementary Page for diagram of external Lung meridian.)

In the region of the large intestine (colon) the Lung meridian also connects up with the Large Intestine meridian running to the face. These two meridians are intimately interrelated (when one has problems, generally both do), and often the points of these two meridians can be used in treatment of similar illnesses and problems.

The lung meridian is of course bilateral, and classically has a total of eleven acupuncture points on each side. Four points are forbidden to moxibustion. Only the most useful and practical four major points are covered in this lesson as far as indications are concerned.

In Western anatomy and medicine we are taught that the "lungs" refers to the organs of respiration situated in the thoracic cavity, which deals with the oxidization of blood by the incoming oxygen in the air. That is all! In Chinese acupuncture anatomy, the concept of the "lungs" refers not just to the lungs themselves, but to the entire regions in which the lung meridian passes. If pain exists on the radial side of the inner surface of the forearm, it is still considered to be a symptom of disorder in the lung meridian.

In any disorders occurring along the internal or outer paths of the lung meridian proper, or pathological changes in other organs that affect the lung meridian (such as stomach and large intestine) symptoms will usually exist on the lung meridian itself (or as well). Therefore, although this meridian belongs to the lungs in name, symptoms present are not limited to the outer pathway of the meridian, or to the inner pathway of the meridian (or even to the entire pathway of the meridian itself). All the regions inside the body where this meridian pathway passes through can show symptoms related to this meridian. For example, in large intestine disorders, symptoms can be detected in the lung meridian and vice versa. The same is of course true for many other meridians and interrelated meridians of the body.

Because of the respiration, the lungs are also in contact with the nose in conjunction with the large intestine meridian. With its internal branch the lung meridian communicates with the larynx (organ of the voice) and throat. The strength of the voice is said to indicate the energetic condition of the body as a whole. Affections of throat and nose are treated via the large intestine and lung meridians.

Let us take another look now at the Lung meridian and locate the general area of all its acupuncture points and the important ones more precisely, right on your own body. You will have to strip to the waist in order to trace the entire path of the meridian with your dermographic wax marking pencil. Keep the point of the marker sharp and it will write quite well on dry skin. Pull the string back a notch and peel away some of the paper wrapping to expose more of its wax core. Once exposed, it can be carefully sharpened with the small hand-held type pencil sharpeners.

STEP #1: First of all imagine a straight line running down the exact center of the front of your body from your throat through your navel. Let's refer to this as the mid-line of your body. Now, imagine another line, running through your nipples and up to the top of your shoulders parallel to the mid-line---in other words the same distance from the nipple to the mid-line at the level of the nipples as at the level of your throat. We will refer to these lines as the nipple-lines.

Locate Lu-1 by measuring two finger pousse lateral (towards outer side of body) from the nipple-line, and nearly five finger pousse above the nipple itself. It is located in the uppermost lateral part of the first intercostal space (spaces between the ribs). Mark it in with the marker.

STEP #2: Lu-2 is almost vertically above Lu-1. Locate Lu-2 by measuring not quite two finger pousse lateral to the nipple-line and nearly six-and-a-half finger pousse above the nipple. It is located in the small hollow below the collar-bone (clavicle) where the sub-clavian artery may be felt pulsating. You should have no difficulty marking this one in. NOTE: On most diagrams and charts, Lu-1 and Lu-2 appear to be almost directly above the nipple, however as they are not three dimensional, they fail to show the curvature of the shoulder which must be taken into consideration.



STEP #3: 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. This is exactly what you did in Step #1 of Lesson 5 and Step #2 of Lesson 3.

STEP #4: 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. This is exactly what you did for Step #3 in Lesson 5 and Step #1 in Lesson Three.

STEP #5: Draw a fine straight line between the middle of the elbow crease you drew in for Step #4 above (approximately EH-3) and the mark at your armpit crease, as marked from Step #3 above. Divide this distance into nine divisions or pousse, either mathematically with a ruler, etc., or by visually estimating three equal parts and marking them in, and then visually estimating thirds in each of these three divisions and marking them in again. (Total of nine divisions or upper arm pousse). This is exactly what you did in the first paragraph of Step #5, Lesson 5.

STEP #6: Lu-3 is located on the anterior (inside of arm when hanging normally beside body) surface of the upper arm upon the mid-line of the brachial biceps. Put your thumb under your armpit and feel your arm muscles with the combined four fingers of your hand near the middle of your upper arm. You will be able to separate the big bulge of bicep muscles from the remainder closer to the outside (thumb side) of your arm. It is here in this distinct separation that the midline of the brachial biceps runs. The diagram on page 6 of Lesson 5, as well as the chart at the end of this lesson may help here.

STEP #6 (Continued) Lu-3 is on this midline, six upper arm pouce above the elbow crease or three upper arm pouce below the outer armpit crease mark. Mark Lu-3 in! This point is traditionally forbidden to moxibustion, but not to needle intervention.

STEP #7: Mark in Lu-4, which is one upper arm pouce below Lu-3 located in the previous Step, again on the midline of the brachial biceps. In other words it is five upper arm pouce above the elbow crease or four upper arm pouce below the outer armpit crease mark, along the median line of the biceps (See Step #6, page 6).

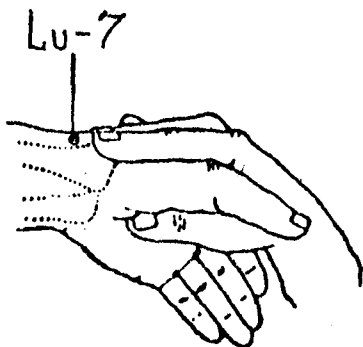
STEP #8: Locate and mark in Lu-5, which is on the major elbow fold (crease) lateral (towards the outside, palm up) of the big brachial biceps tendon, between two tendinous structures. [Remember, in STEP #4 of LESSON 5, you felt along the elbow crease for the large biceps tendon and dug in with your finger around the tendon to see where it stops on both sides. Point EH-3 was located on the ulnar side of it.] Well, Lu-5 is on the radial side (thumb side) of that biceps tendon. Not right in the deep "hollow" beside it, but rather a little further towards the outside of the arm, in between two sinews. This point is best identified on a patient with the forearm slightly bent or flexed. (Some authorities claim this point is forbidden to moxibustion, however based on clinical experience this Institute does not consider it as such).

STEP #9: Divide the distance between the point just located on the elbow fold (Lu-5) and a point on the thumb side of the major wrist crease into twelve divisions or forearm pouce. Here it would be best to mathematically divide this distance and measure out the twelve divisions with a ruler or strips of paper, etc., rather than visually trying to estimate them.

STEP #10: There are two main bones in your forearm. The one on the thumb side is called the radius bone. On this bone, near the wrist a part of this bone is especially noticeable because it protrudes or projects outwards. This is called the styloid process of the radius bone.

On top of and slightly proximal (away from the fingers) of this radial styloid process, between two sets of tendons, is Lu-7. It is one-and-a-half divisions (forearm pouce) above the major wrist crease and in the area between where the radial artery can be felt pulsing and the very lateral (outside) edge of the radius bone (hand, palm up).

Some authors speak of this point as being 'two fingers' from the wrist crease, but you will recall from Lesson #3 that when the index and middle fingers are used together, this is equivalent to one-and-a-half pouce. Mark Lu-7 in!



To locate this point on patients have them interlock their hands together in a hand-shaking position as shown in the diagram, and extend the index finger of the opposite hand as far as possible. Lu-7 is then located by where the tip of the index finger is able to reach proximal to the styloid process.

STEP #11: Using the wax marking pencil join up Lu-5 on the elbow fold and Lu-7 just located in the previous step with a straight line. Measure five forearm pouce down this line from the elbow towards the wrist. This would also be five-and-a-half divisions up towards the elbow from Lu-7 or seven divisions, (forearm pouce) up from the wrist crease. Mark in Lu-6 between the muscles there. [Between supinator longus and the flexor carpus radialis]

STEP #12: Following the wrist fold towards the very outside (thumb side) of the wrist you will find a depression between the end of the radius bone and the start of the wrist bones (scaphoid). Lu-9 is between this depression and the radial artery itself. More precisely, Lu-9 is on the most distal (closest to the fingers) major wrist crease, on the radial side (thumb side) of the radial artery, between the radial artery and a tendon (abductor pollicis longus). Mark it in!

Lu-9 is just beside the thumb side of the radial artery right on the wrist crease. Practice feeling the pulsating of the artery here at this spot. It would also be a good idea to practice feeling for the pulsations of the artery in the radial groove about one forearm puce medial (towards the middle of the body or arm, palm up) to Lu-7.

STEP #13: Feel for the pulsating of the radial artery in the radial groove, one forearm puce proximal (towards the elbow) from Lu-9 on the wrist crease. Locate and mark in Lu-8 which is just beside the radial artery on the outside (thumb side) border of it at the styloid area, one forearm puce up from the wrist crease. THIS POINT IS FORBIDDEN TO MOXIBUSTION, but not for needles. Practice feeling for the 'pulsing' of the radial artery here as well.

STEP #14: Back on page three of this lesson, we spoke of the thenar eminence of the hand, which is the 'fleshy ball' of muscle at the palmar base of the thumb. Lu-10 is located at the most distal (towards the fingers) part of this thenar eminence where the thumb proper starts. If you bend your thumb over so its thumb nail tip touches the center of the palm of that hand, you will see a deep crease formed between the thumb proper and the thenar eminence. We will call this crease the vertical thumb crease. The crease is often quite visible without having to bend the thumb.

Lu-10 is on this vertical thumb crease near its outer edge (closest to the back of the hand) but still on the

STEP #14 (Continued) palmar surface. On the thumb side of this thenar eminence there is a transition from palm to back of the hand with a change in skin color. Lu-10 is on the vertical thumb crease just where the skin changes its color (palmar side of color change). Mark it in! THIS POINT IS FORBIDDEN TO MOXIBUSTION, but again not to needles.

In relation to underlying bone structure Lu-10 is behind the head (towards the middle) of the thumb or first metacarpal bone near the end of the thenar muscle.

STEP #15: Lu-11 is located about one Fen (2 mm.) behind the corner of the thumbnail on the radial side of the thumbnail (NOT the side closest to the index finger). This is approximately the intersection of a line along the radial side of the thumbnail and along the root or base of the thumbnail. THIS POINT IS ALSO FORBIDDEN TO MOXIBUSTION, but again, not to needles. [Some authorities place this point at the opposite corner of the thumbnail---that is the corner of the thumbnail closest to the index finger. However, modern Chinese research and our own clinical practice indicate the point is located as described above and diagrammed in Lesson 5, page 9, and Lesson 2, page 12.]

STEP #16: Using the chart of the THREE YIN HAND MERIDIANS at the back of this lesson for reference, take the wax skin pencil and join up all the points you have marked in so far. This will give you a very good idea of the pathway of the Lung meridian from its emergence near the collarbone to its end at the thumbnail.

Practice the SIXTEEN STEPS outlined above a few more times on yourself---starting with a clean and unmarked arm each time, by following the steps exactly. Then try it a few times measuring out the divisions with a ruler, tape measure, or strips of paper, and calculating the divisions mathematically. Soon you won't need the steps at all, and will be able to locate the points easily and quickly.

Again try to locate the approximate locations of points of the Lung meridian on others (your spouse, a friend, or a relative) especially Lu-5 through to Lu-11.

Then, WITHOUT REFERRING TO THE CHART at the back of the lesson, or back to the Lessons themselves, detail in all of the points of the three meridians covered so far and the external pathways of those three meridians with the wax marker ON YOURSELF. Compare it to the chart of the Three Yin Hand Meridians at the back of this lesson when you have finished. You should have these three meridians down almost perfectly by now!

How are you doing in locating the acupuncture points precisely, rather than just in the 'ball park'? Let's talk about them a little bit further. Some acupuncture points are quite 'tender' when lightly pressed, especially if the meridian is out of balance to some degree. Others are never tender, even if the meridian is considerably out of balance.

Since the acupuncture points do vary slightly on some individuals a tenderness or "hurts good" sensation upon lightly pressing an acupuncture point is a very reliable way of finding the precise location. Naturally, the center of maximum tenderness would mark the 'dead center' of the acupuncture point. Can you find half a dozen tender acupuncture points on yourself, from the three meridians we have covered to date?

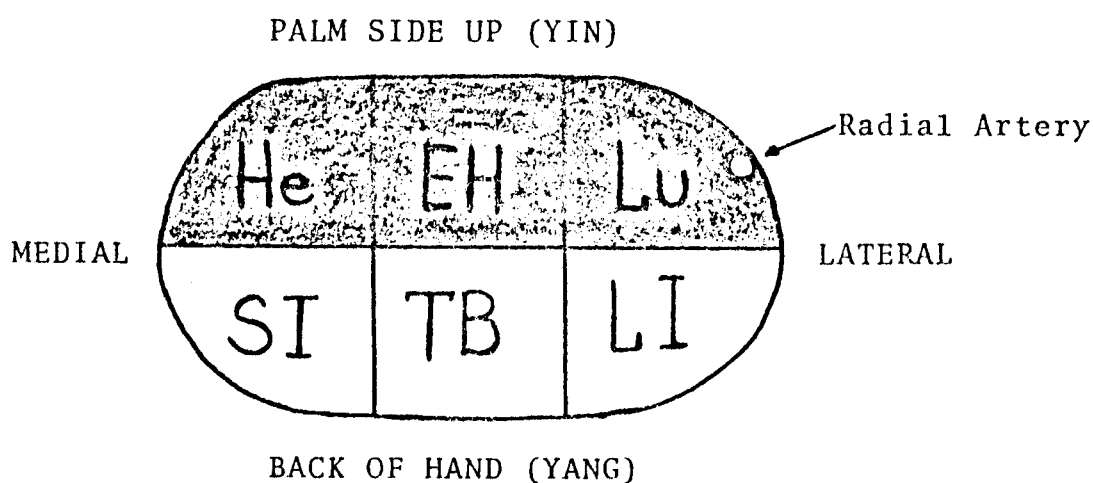
Often when you lightly press on an acupuncture point (tender or otherwise) a sensation of pain radiating from the pressure point results. This sensation of pain generally travels a little ways up or down the actual path of the meridian it is located on. In acupuncture and acu-pressure this is called the 'radiation effect'. Patients usually describe this 'radiation effect' as either "hurts good" or "hurts bad"---in other words the painful sensation is either unbearable or somewhat pleasurable. The patient's reaction or verbal response will let you know which of the two it is.

Either way---"hurts good" or "hurts bad"---this 'radiation effect' is one of the indications that you have properly located the acupuncture point "right on target". He-1 in the armpit or EH-6 are good points on which to first experience this 'radiation effect' for most students. Do not become overly concerned if you are unable to find any points on yourself that give off the 'radiation effect' because we have not yet covered the actual acu-pressure 'techniques'. One does not just press on a given point---there are special methods that are covered in the lesson on acu-pressure. As well, there are some patients in which it is impossible to induce a 'radiation effect' because of low responsiveness. CAUTION: Do not press the points too hard or bruising may result. Use light finger pressure only for the time being.

Once we have covered the three Hand Yang Meridians in the next few lesson sets, we start utilizing what we have learned in actual treatment or self-treatment. Acu-pressure (including massage along the meridian pathways) is the first treatment method taught. Accuracy in localization of the acupuncture points is not as critical with acu-pressure as with acupuncture, since the fingers cover a much larger area. Acu-pressure is of course not as effective as acupuncture, although in certain cases it is preferable to needles. Many students are using acu-pressure instead of acupuncture until such time as they can 'legally' use the acupuncture needles.

Continue developing your sense of touch by trying to locate all of the acupuncture points by feel, thinking of them now as being just underneath the skin, as mentioned in Lesson 5. Also, try to find some of the tender type points and some of the points that give a 'radiation effect' when lightly pressed. In addition, please spend some time practicing feeling the pulsating radial artery at points Lu-9, Lu-8, and approximately one forearm pouce medial (towards the middle of the arm, hand palm up) to Lu-7. This is important for the next lesson on pulse diagnosis.

We have now concluded our study of the three Yin Hand Meridians. You should have an excellent idea of the Yin energies flowing from the chest down the arm into the hand, and what is happening on the inner surface of the arm. The diagram below may help you to visualize what is taking place in the arms, as far as overall energetics are concerned. In the next few lessons we will cover the three Yang Hand Meridians to complete the scope of energies of the arm (hand).

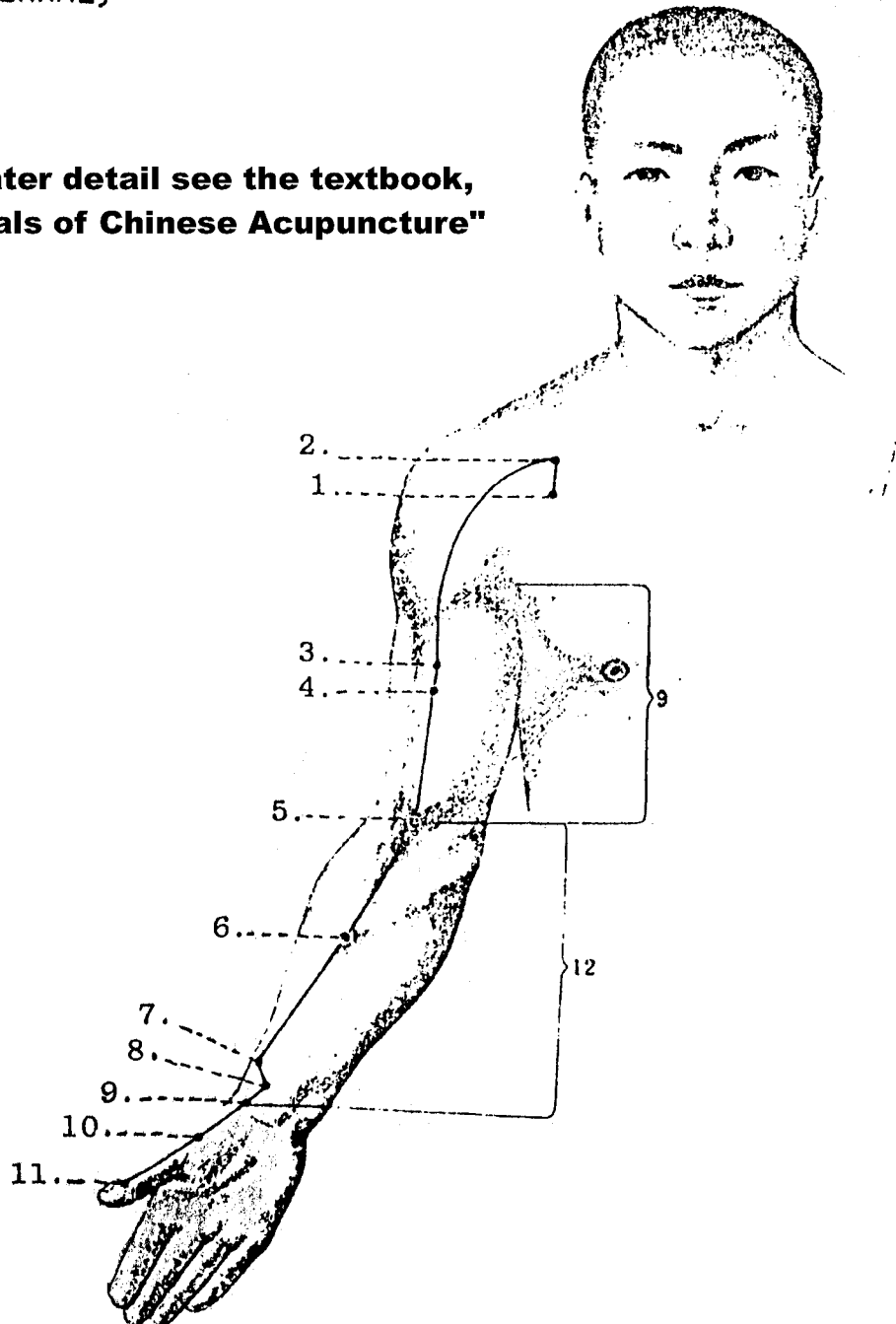


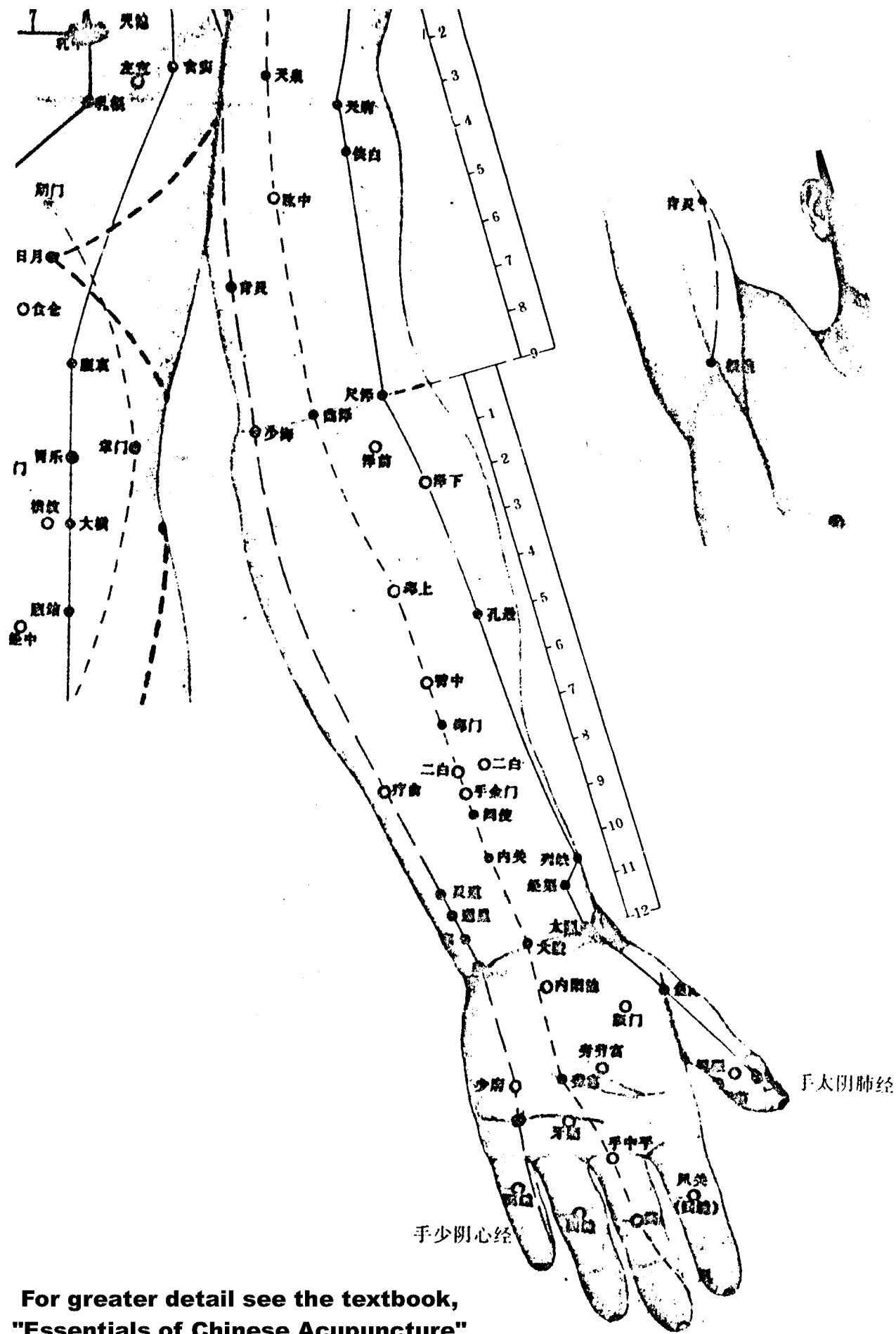
FOREARM CROSS-SECTION AT WRIST SHOWING MERIDIAN ENERGETICS.

In regard to the diagram on the next page, you will note that the points and wording are in Chinese. Also, you will note that there are more acupuncture points shown on the inner surface of the arm than those you have learned so far. These 'extra' points are newly discovered meridian and non-meridian points, which are discussed in a separate lesson and under acupuncture 'anaesthesia'. We would suggest you use three different colored felt markers or colored pencils and trace out the path of the Lu, EH and He meridians. Put an 'X' through the points you have learned so far on the meridians in the same color, also identify and number them neatly with ink. Be careful not to 'X' any of the 'extra' points in doing this. Take your time and do it neatly!

LUNG MERIDIAN
(EXTERNAL)

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





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

手厥阴心包经

POINTS OF MAJOR THERAPEUTIC IMPORTANCE (NONE SECONDARY)

[Note at top of Page 12, Lesson 5, applies here as well.]

Lu-5 "Ch'ih-Tze" (Short Narrow Marsh)

INDICATIONS: elbow pain and swelling, asthma and labored breathing, shoulder neuralgia, pulmonary tuberculosis, bronchitis, sore throat, cough, diabetes, laryngitis, pleurisy, dyspnea (See Lu-9), hemiplegia.

NEEDLE: 5 Fens

MOXA: 3 to 5 minutes

CAUTION: Do not puncture ligament

Lu-7 "Lieh-Ch'üeh" (Extreme Shortcoming)

INDICATIONS: headaches, stiff or painful neck, cough and common cold, trigeminal (trifacial) neuralgias, painful wrist disorders, facial spasms and paralysis, impaired hearing, asthma, toothache, hemiplegia.

NEEDLE: 2 Fens to 3 Fens [45 or 90]

MOXA: 3 to 6 minutes

Lu-9 "T'ai-Yuan" (Great Gulf)

INDICATIONS: cough, dyspnea (difficult or labored breathing), sore and swollen throat and inflammation of the pharynx, asthma, painful disorders of forearm, wrist and thumb, bronchitis, neurosis, insomnia.

NEEDLE: 2 Fens to 3 Fens [90 or 45]

MOXA: 3 minutes

CAUTION: Keep away from artery

Lu-11 "Shao-Shang" (Yang Tradesman)

INDICATIONS: sore throat, tonsillitis, inflammation of the pharynx, fevers, hand and finger spasms, coma due to epilepsy, dementias and psychosis, syncope (fainting), convulsions in children, asthma, headache, laryngitis, diabetes, gingival bleeding, jaundice.

NEEDLE: 1 Fen to 2 Fens [45] [Bleed--syncope, etc!]

MOXA: FORBIDDEN

All questions must be attempted. Return both pages of completed question paper to Institute for evaluation (use pre-gummed address label). The box at bottom of this page is a return section for use with a window envelope, please fill it in neatly. Use a separate piece of paper to ask questions.

1. What points on this meridian do we consider forbidden to moxibustion?
2. Which point on this meridian has the most Yin predominance, and why?
3. Circle which of the following three points is the most Yang: Lu-9 Lu-10 Lu-11
4. Which of the 3 pulses (Lu-9, Lu-8 or the one near Lu-7) is usually felt as being the strongest? _____
5. Give linear distances between the following points in forearm pouce-fen measurements as measured on your own arm:
 - Lu-6 to EH-4 _____
 - Lu-5 to He-3 _____
 - Lu-9 to He-7 _____
6. How far apart in upper arm pouce and fen measurements on your own arm are Lu-3 and EH-2? _____
7. Name three acupuncture points out of the 29 covered so far that are 'tender' when lightly pressed on your self!

PLEASE ANSWER THE FOUR QUESTIONS ON THE NEXT PAGE AND RETURN

NAME _____
 STREET _____
 CITY _____ STUDENTS SIGNATURE _____
 STATE & ZIP CODE _____ DATE: _____

PRINT NAME AND ADDRESS -- DO NOT WRITE IT

SEND ME LESSONS _____ & _____ \$ _____ ENCLOSED

8. How is it this meridian can affect facial neuralgias, spasms and paralysis?
9. What do you suppose Lu-1 & Lu-2 could be used to treat?
10. He-3, EH-3 and Lu-5 are all indicated for a painful elbow. Which one would you now use to treat a painful elbow, and why?
11. CLINIQUE: Patient with very acute inflammation of the tonsils, greatly enlarged, quite sudden onset, with all accompanying symptoms. Early teens, no hospital accessible. Having heard about your acupuncture treatments, the parents ask for your help as it will be several days before they can get to a hospital.
- On the basis of indications given in the course so far, what five points (using all three meridians) could you use in combination to help the patient symptomatically? Defend each point you pick with a short reason for its choice.

YOUR COMMENTS AND SUGGESTIONS ON THIS LESSON ARE APPRECIATED

LESSON 6 - QUESTION PAPER ANSWERS

- #1. Total Value . . . 4 Marks (1 Mark for each correct point. DEDUCT one mark for each incorrect point)

There are four points on this meridian which WE consider to be forbidden to moxibustion. They are:

- Lu-3 (See page 7, para. 1, Step #6 Continuation)
- Lu-8 (See page 9, Step #13)
- Lu-10 (See page 10, para. 1, Step #14 Continuation)
- Lu-11 (See page 10, Step #15)

NOTE: Lu-5 is not correct --- See Page 7, Step #8 and wording of question.

- #2. Total Value . . . 2 Marks

Lu-1 (1 Mark) would be the point on this meridian with the most Yin predominance, because it is the point which is closest to the origin of this meridian, and thus closest to the interior of the body, which as we learned in Lesson 4, is Yin. (1 Mark if you had this reasoning and the answer correct)

We also learned in Lesson 4 that in order to have motion, we must have change, thus in order for the energy to move from Lu-1 to Lu-2 and on down the arm, the energy must be gradually changing to Yang, therefore Lu-2 would not be as Yin as Lu-1. This energy change does not become significant enough to have any real therapeutic value until it reaches the elbow region (Lu-5) as we saw in Lesson Two.

- #3. Total Value . . . 1 Mark

Because the energy is changing to Yang as it moves farther down the arm, it stands to reason that Lu-11 would be the point with the most Yang predominance (1 Mark), as it is the last point on this meridian. The concepts from questions #2 and #3 are very important in therapeutic acupuncture treatments and must be understood thoroughly. Review Lesson Four if necessary!

- #4. Total Value . . . 1 Mark

Generally, the pulse near Lu-8 is felt as the strongest. On a female only, Lu-7 may sometimes be felt as being stronger, and on a male only, Lu-9 may feel stronger. In Lesson 7 we will see that the latter two usually only happen when we have compensated for a natural physiological occurrence.

- #5. Total Value . . . 3 Marks (1 Mark for each measurement within tolerances given)

Taking all things into consideration, the measurements given for each pair here represent the absolute minimum and maximum distances (tolerance) that the points could be from each other.

Lu-6 to EH-4 -- Approximately 2 pouce, 5 fens: No less than 2 pouce; no more than 3 pouce.

Lu-5 to He-3 -- Approximately 3 pouce: No less than 2 pouce, 5 fens; no more than 3 pouce, 5 fens.

Lu-9 to He-7 -- Approximately 2 pouce, 5 fens: No less than 2 pouce; no more than 3 pouce.

NOTE: 'Linear' means the straight line distance between. If you were just a couple of FENS beyond the minimum or maximum, re-check your locations and pouce measurements carefully. If you were extremely beyond the limits, re-study the location descriptions in each lesson and use the chart on Page 14, of this lesson to help you find the correct locations, and re-measure.

LESSON 6 - QUESTION PAPER ANSWERS (Page Two)

#6. Total Value . . . 1 Mark

Again, the measurements given represent the minimum and maximum distances possible here. Lu-3 to EH-2 is approximately 2 upper arm pouce. No less than 1 pouce, 5 fens; no more than 2 pouce, 5 fens. The comments from the last paragraph on the other side of this page also apply here.

#7. Total Value . . . 3 Marks (1 Mark for each point listed in your answer up to 3)

Generally, you should have had no difficulty in locating at least three points on yourself that appear tender to light pressure. If you could not locate any, it means one of three things: (1) All three of these meridians are in perfect balance (which unfortunately in today's world is all too rare, and not very likely); (2) You were not in the right location for trying the points; or (3) You were not applying enough pressure. Because of the rarity of the meridians being in perfect balance, we must assume that you were making one (or both) of the last two mentioned errors, and therefore would not give you any marks for this question, as you should have been able to find at least one 'tender' point out of the twenty-nine covered in detail so far.

These are some of the most common points found to be tender by our students: He-1, EH-6 and Lu-5 in the majority of cases. Sometimes He-3, EH-1, and Lu-2. If you had three others but none of these points, give yourself marks for them, but do check those given above carefully on yourself (especially the first three given) as one or more of them will generally be tender on most people. If you found a great number of points that felt tender, it can mean that these meridians are quite a bit out-of-balance, OR, that you are applying too much pressure. We will be discussing the significance of tender points, both in diagnosis and in treatment, fully in later lessons, starting with Lesson Twelve on Acu-pressure Techniques.

#8. Total Value . . . 2 Marks

The Lu meridian can affect facial neuralgias, spasms, and paralysis, even though the meridian itself does not run to the face, because in the region of the large intestine, Lu connects with LI meridian which does run to the face and nose (For full marks). These two meridians are intimately interrelated and can be used for treatment of similar illnesses and problems. (See Page 3, last paragraph, and Page 4, para. 4)

It does not affect this because of its control of the skin, as the problem here would be below the skin. Also, the branch of Lu that runs through the larynx before emerging at Lu-1 is not the reason it can affect facial problems, but this would be how it could affect throat conditions.

#9. Total Value . . . 2 Marks

In Lesson 3 we learned that a point can be used to treat the area immediately surrounding it (locally). Since we also know that only points having significant therapeutic value are listed in the indications pages, you can conclude that Lu-1 and Lu-2 have little, if any, therapeutic value in everyday clinical useage. This means that their main value would lie in treating localized pains, spasms, etc. (2 Marks). These would include problems of the upper chest area (not necessarily the lungs themselves, as this would be best done with a major therapeutic point), and pains in the inner aspect of the shoulder. If you got any of the last two underlined items, but not the proper answer given first above, give yourself one mark for each of them.

LESSON 6 - QUESTION PAPER ANSWERS (Page Three)

#10. Total Value . . . 1 Mark

In question #7, of Lesson 5, we saw that one good reason for choosing EH-3 is that it is on a meridian that is more active in phase than He-3. Although we did not expand on this concept at that time, you were told it was an important consideration and should be thought about. In this question, Lu-5 is now the best point to use as it is on a meridian that is most active in phase (maximum) and certainly suitable to the location and purpose needed. This is the answer and reason required for full marks here. If you had EH-3 because it is more centrally located, this is acceptable, but only for half a mark. He-3 is not acceptable here at all now, in view of the Lu meridian.

You now know that phase is one important consideration when choosing points to treat ailments locally. More explanation on this will follow in later lessons, but again, continue to keep this idea of phases in mind.

#11. Total Value . . . 5 Marks ($\frac{1}{2}$ mark each correct point, $\frac{1}{2}$ mark for its reason)

These are the five points we would use to treat this patient and the reasons (as required in question) for choosing them:

- Lu-11 -- Major point for tonsillitis.
- EH-7 -- Secondary point for tonsillitis.
- He-5 -- Secondary point for tonsillitis.
- EH-5 -- Major point for inflammation of the pharynx.
- Lu-9 -- Major point for inflammation of the pharynx.

These are the only five we would use from information given so far in the course. If you had Lu-5 in place of any of the above points, this is wrong, because we ideally use more major than secondary points (by the very nature of 'major' points compared to 'secondary' points) and obviously will want to use points that are most directly related to the symptoms described.

Points relating to other symptoms, ie. headache, fever, stomatitis, etc. would not be used, as these symptoms should subside once the main problem is taken care of, or if they do persist would best be treated separately later.

The value of all the marks in this lesson adds up to a possible total of 25. If you honestly could give yourself at least 15 marks (equal to 60% or more) you have a better than average comprehension of the material covered in this lesson. Not only that, but it gives you (and us) a good indication of how well you are able to incorporate information from preceeding lessons into the overall picture to date. If you feel you just barely managed a "Satisfactory Comprehension" grade on this lesson (12 to 13 marks) be sure to work through all of the answer developments (and page references) given above.

From evaluating hundreds of students lesson question papers it can be seen that one of the biggest reasons students loose marks is because they do not read the questions carefully enough before attempting to answer them. For example, note that questions two and ten of this lesson ask the student to tell "why" he choose his answer. Obviously, if you just give the answer and don't tell "why" when asked, you can not get full marks for that question. Also notice that questions five and six specify what type of pouce to give your measurements in. Anyways, please be sure to read the questions carefully, AND THINK ABOUT THEM BEFORE you write down your answer. Thank you!