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Micro-Acupuncture in Practice



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MICRO-ACUPUNCTURE IN PRACTICE
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Preface

Introduction

The purpose of this book is to provide students and practitioners with a user-friendly, clear, and useful manual on micro-acupuncture systems. Writing this book about micro-systems is both my passion and challenge. It is my hope that the publication of this book will gather more interest in the acupuncture community, and will further education and research of micro-acupuncture. I also hope this book can become a valuable clinical reference and practice manual, as well as an auxiliary textbook for education.

Background

Through my education in Oriental medicine, I became familiar with some micro-system theories, such as auricular acupuncture and scalp acupuncture. My first encounter that increased my belief in micro-systems came one day during a visit to an attorney in 1992. We were both seated at his desk, face to face, with his back to a large, sunny window. I noticed a dark spot in his ear at the digestive area according to auricular micro-system theory. I did not mention anything at the time but just took notice. Later, during a visit with his wife, I mentioned that both she and her husband had digestive problems. She was surprised at my insight and asked me how I knew such personal information about her husband. I explained to her what I noticed in her husband's ear and she told me that he had just recently had surgery for colon cancer. This situation piqued my interest in micro-system theory and led me to believe that there was important knowledge in this theory.

A few years later, I was attending an acupuncture convention in California and I met a man who teaches Korean hand acupuncture. He was performing a diagnosis on my hands by running a metal wheel over my fingers to check for tenderness and soreness. The area on my hand that was extremely sore was the medial side of my left little finger proximal interphalangeal joint. I asked him what that indicated. He told me that this area corresponds to the medial side of my left knee. Interestingly, at the time, I was suffering from left knee medial pain due to a skiing accident, which he did not know about. To my surprise, his diagnosis was extremely accurate. He then applied a stick-on metal ball to stimulate that area and decrease my knee pain.

Another personal success story with micro-acupuncture theory happened many years ago when I fell on my tailbone while cross-country skiing. I thought the injury would heal but

after 6 months I still had pain. During this time I also noticed a pain and tightness on the top of my head near the acupuncture point Du 19. I decided to needle this area of my scalp and to my surprise my tailbone pain was gone the next day. This incident triggered a memory about a scalp acupuncture book that I had read many years ago. I started applying the theory to my patients and had many success stories. Now, acupuncture points Du 19, Du 18, and Du 17, which are also three regions in Fang's scalp acupuncture that are associated with the low back, are used in my clinic on a daily basis.

Who Will Benefit from This Book and Why Is This Book Important to the Profession?

Acupuncture students and practitioners will benefit equally. The purpose of *Micro-Acupuncture in Practice* is to provide an informative text and reference book about all of the micro-acupuncture systems a collection of knowledge that has not yet been fully displayed in a single text. This book is unique in that it contains extensive information on all of the micro-systems, as well as comprehensive instruction on micro-acupuncture therapy and clinical treatment methods. Other available books on micro-acupuncture deal with single specific systems, rather than covering all micro-systems. A student or practitioner would need to purchase over 15 different books to get the amount and variety of information found in this book.

One of the main reasons I chose to write this book was because I saw a lack of information written in English about the many micro-systems available for acupuncturists to use. In addition to the lack of information, the books that have been written were specific to one type of micro-acupuncture theory. I noticed that students and practitioners were not comfortable using micro-acupuncture systems because they doubted the effectiveness and were unfamiliar with the concepts and techniques. I decided that a book outlining many of the different micro-systems available was necessary. By putting many of the systems together in one book, it is easier for readers to compare and determine which system is best for the patient they are treating. I believe that many students today are only taught a few of the micro-systems and not in much detail. This book provides students and practitioners with advanced study in micro-system theory. It is important to have a thorough, easy-to-use manual and reference tool for effective and efficient clinical use. I want to make the use of micro-systems more widespread and convenient to use in a clinical setting for busy acupuncturists.

Conceptual Approach

I have written this book to be used in three possible ways:

1. By studying this book in its entirety, readers will completely understand all micro-acupuncture systems, and be able to apply their theories and techniques successfully in the clinic. This book gathers almost all the different micro-acupuncture systems and branches in the world, and if readers have great interest in micro-acupuncture systems, this is the best method of study. After reading this entire book, it is important to apply these theories in clinical practice to further understanding and utilizing their benefits. Once readers are comfortable using micro-acupuncture techniques and are fully familiar with the theories and methods, this book can act as a reference to assist readers in formal research and study.
2. By focusing studies on one or a few different micro-acupuncture systems, readers can quickly gain valuable knowledge that can immediately be applied in clinical practice to enhance results. After selecting one or a few different micro-acupuncture systems to learn, readers should thoroughly read about that system in Unit 2 and review some common conditions in Unit 3 to see how that system is therapeutically applied in the clinic. This study method allows readers to quickly learn and practice one system to gain thorough understanding and skill, as well as achieve great clinical results. The systems I use most are wrist and ankle acupuncture, ear acupuncture, and scalp acupuncture, which I have seen the most benefits from in my clinical practice.
3. This book can be used as a reference tool in a clinical setting. If readers meet a condition in the clinic that they have been unsuccessful treating, they can turn to Unit 3 to find this condition and learn new ways of approaching treatment. Readers can also turn to Unit 4 to learn how to add massage and self-care methods to the treatment plan. For example, when treating a patient with stubborn headaches, readers can turn to the section on headaches in Unit 3 and select a micro-acupuncture system to use. Then they can go back to Unit 2 to find the point locations, distributions, and functions. They can even refer to Chapter 2 to learn specific needle techniques or Unit 4 for specific massage techniques.

Organization

Upon opening this book, many readers may feel excited by the wealth of valuable and interesting subject matter, but this breadth of information may also seem overwhelming. Readers may ask: What is micro-acupuncture and what are its characteristics? What is the difference between micro-acupuncture and macro-acupuncture? How can I use micro-acupuncture to treat my patients? There are so many systems and techniques, how do I know which system will fit my patient? Which type of micro-acupuncture therapy can help me improve my clinical results? This book will give readers the answers to these questions.

In general, *Micro-Acupuncture in Practice* details the whole picture of micro-acupuncture concepts; however, that does not

mean readers need to read this entire book in order to use these simple and effective systems. For example, readers can reference a few pages of this book covering wrist and ankle acupuncture for a specific clinical case and see amazing results. This book introduces 18 modern micro-acupuncture systems and their subsystems with an easy-to-use style. The therapeutic areas covered include internal medicine, surgery, gynecology, obstetrics, pediatrics, dermatology, ophthalmology, otorhinolaryngology, and rhinology with 72 different diseases and their appropriate treatment protocols. The classifications of disease in this book are mainly titled using traditional Chinese medicine categories, which means that the disease names are actually signs and symptoms of the disease. This book also includes more than 300 pictures and illustrations.

Unit 1 introduces the history and basic concepts of the micro-acupuncture systems, as well as micro-acupuncture techniques. Because many of these ideas are new theories in the acupuncture field, some of the concepts and acupuncture points are still in the discussion and research process. The relatively new concepts presented here give readers the opportunity to be on the forefront of acupuncture ideas allowing for further studies, research, and improvement. Unit 1 also introduces the similarities and differences between micro-acupuncture and macro-acupuncture, giving readers a new alternative in their clinical practice. Using traditional acupuncture techniques and achieving less than ideal results or being unable to do a complete acupuncture treatment due to an inconvenient environment or the patient's restrictive condition can be common problems in a typical acupuncture practice, but micro-acupuncture gives practitioners effective options when these situations occur. This chapter also gives a detailed introduction to many traditional, widely used acupuncture techniques, as well as some special techniques used in micro-acupuncture systems. Both traditional and special techniques are able to be used alone or in combination, but some of these special micro-acupuncture needle techniques will serve as the main procedure during the acupuncture treatment.

Unit 2 gathers more than 18 different micro-acupuncture systems and their subsystems, which details almost all the micro-acupuncture systems in the world. Because these systems derive from many different world perspectives, the point locations and indications sometimes vary. For example, Japanese scalp acupuncture is quite different from Chinese scalp acupuncture, and French ear acupuncture has several differences compared with Chinese ear acupuncture. Unit 2 explains each system with detailed illustrations and photos to assist readers in understanding the information, while allowing for easy reference and self-study. Even though these micro-acupuncture systems may have different information, all the systems are based on one main concept: holographic theory, which means that each part of the body can reflect a miniature image or small ratio of the whole body. In conclusion, Unit 2 can be studied in great detail to learn the similarities and differences of the world's micro-acupuncture systems, or readers can focus on and study a particular system that is easily applied and integrated into an acupuncture practice.

Unit 3 gathers 72 common disorders in which micro-acupuncture techniques can be effective. This chapter's material appears in a standard presentation. Each section starts with an introduction about the disorder, including recognized Western medicine names for the condition, as well as a differential diagnosis in traditional Chinese medicine terms. Next are the therapeutic treatments for each disorder; however, due to size limitations, only a few common systems are listed. For some conditions, if different or additional treatments are needed, readers can reference Chapter 2 for more concepts, point locations, and treatments. The final part of each section gives a summary detailing important information regarding treatment that has been gathered from reference books and my personal clinical experience. The standard presentation used in this chapter makes it easy to locate information quickly.

Unit 4 lists 71 auxiliary massage therapies. The most remarkable part of the micro-acupuncture system is the ability to place the needles at locations that allow for physical activities during the treatment. These physical activities include active movement, passive movement, and massage. This auxiliary massage chapter includes preventive self-massage techniques that can be taught to patients for daily home care. Many of the massage techniques listed here are my morning exercises that have provided me many benefits over years of practice. Readers can utilize these simple massage methods in combination with acupuncture treatment, or introduce patients to self-massage methods to achieve greater clinical results.

Micro-acupuncture has both benefits and limitations. It is simple and easy to study, economical, practical, and safe. For most of the micro-acupuncture techniques, there are no limitations on the positions of the patient's body. However, because micro-acupuncture is localized to a specific part of the body, such as the head or hands and feet, this small area of stimulation does not have as great a systemic reaction as macro-acupuncture can, and thus the results of the micro-acupuncture therapy are often more specific to the ailment being treated. In my opinion, it is important to combine micro-acupuncture with macro-acupuncture to achieve better clinical results. This is because the two different systems are able to compensate for the disadvantages of the other system.

This book contains quite a bit of content that has come from many years of reading, study, teaching, and clinical experience

that I have chosen to share. In particular, at the end of each section in Unit 2 there is a box labeled "What to Expect," and at the end of each section in Unit 3 there is a summary of each disease; both places contain words of wisdom from my valuable years of experience. Shared personal experience is precious, but I also understand that there are limitations to one's life and experience, so I gathered many peoples' ideas to collaborate efforts for furthering the development of micro-acupuncture. I truly believe that micro-acupuncture as a branch of acupuncture will benefit readers' clinical practice, and I am interested in hearing feedback from readers, about their opinion of this book and their experience learning and practicing micro-acupuncture.

Distinctive Features of this Book

Micro-systems are very useful in our fast-paced society. A micro-system point can easily be incorporated into a traditional acupuncture treatment, and best of all, the patient can often be sent home or allowed to do movement with a micro-system needle still in place. This provides the acupuncture point with constant stimulation and more opportunity to effect change. This book contains many features that I believe will make it a useful reference:

- Well-structured format, allowing readers to use this book from many different angles, for example, to gather detailed information, as a quick reference, or to focus on one system that interests them
- Many photos and illustrations, so readers can have a clear view of the concepts and a quick reference
- Standardized sections for what to expect to give readers a quick summary of the concepts, cautions and contraindications, and tips for practice
- Routine summary sections in Unit 3 to give readers quick practice information and reference
- Many treatment protocols described in Units 2 and 3 for easy learning and teaching
- Most micro-acupuncture system techniques shown in photos and illustrations to demonstrate the appropriate treatment techniques
- Clear photos and movements with word descriptions for massage and self-care treatments that can be applied in a practice or at home

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Introduction to Micro-Acupuncture: History and Theory

1

Introduction

Micro-acupuncture is a special system of acupuncture that is based on stimulating specific points in specific areas of the human body to treat disease. Micro-acupuncture is easy to use, economical, safe, and practical. It has a broad spectrum of uses with an overall positive effect; it is used widely in diagnostics, therapeutics, anesthesia, and preventive medicine. Micro-acupuncture theory is based on Chinese medicine, Western medicine, and clinical experience; over time it has developed into its own complete system. In the past 30 years, micro-acupuncture has become a more fully developed theory based on research and clinical experience. The micro-acupuncture system originated from different times, countries, and areas. Although there are differences in origin, the common characteristic is groups of points located on specific parts of the body. Each of the points reflects information of their internal organs or tissues. This concept is clarified in the next section.

Bioholographic Theory

In 1973, Yin-Qing Zhang, a Chinese professor from Shan Dong University of China, found a new group of acupuncture points on the second metacarpal bone. From this discovery, he developed the bioholographic theory, which he called *Embryo Containing the Information of the Whole Organism* (ECIWO). Bioholographic theory comes from the idea of holographic photographic technology, in which each part of the holographic film contains an image of the whole object that was photographed. The bioholographic theory has developed very rapidly, not only in biologic fields, but also in biomedicine, which includes holographic unit theory, holographic physiology and pathology and point rule, and holographic diagnosis and treatment.

One of the most important findings of the bioholographic theory is the concept of the holographic unit. The theory states, all biological bodies are made from many holographic units, each with their own characteristics and development. The human body consists of many holographic units, each having two characteristics. One of the characteristics relates to the individual unit's development and the other relates to the whole body's development. Each unit is not only a part of the body's structure, but it also plays a role in the body's development. The energy signal is transmitted from the skin to the corresponding body organs. In other words, each part of the small units might assimilate energetic signals from specific associated parts of the human body.

Micro- and Macro-Acupuncture Systems

The current micro-acupuncture system is based on the holographic biologic theory as it was introduced by Ralph Alan Dale, an American, in 1976. Dale separated all acupuncture points into two systems depending on point distribution and point characteristics. These systems are now known as the macro-acupuncture system and the micro-acupuncture system. In general, the macro-acupuncture system indicates the traditional meridian and point system, which is distributed over the whole body, including the 12 meridians, 15 Luo meridians, and 8 extraordinary meridians. The micro-acupuncture system indicates a point system in a specific part of the body. Dale summarized all the micro-acupuncture systems, which came from ancient China, modern China, France, Germany, India, Japan, and America, including the 14 micro-acupuncture sections within the micro-systems. These sections include the ear, hand, feet, abdomen, back, neck, scalp, face, nose, tongue, wrist, ankle, arm, leg, and eye. Since Dale's work, scientists and acupuncture practitioners have continued to develop the micro-systems, finding new sections in the body and adding new information based on this theory. In fact, in traditional Chinese medicine, face, tongue, and pulse diagnosis are models of bioholographic theory. Abnormal pathology changes occur in this area when internal organs have a problem or disease. By using these changes to diagnose disease, needling or massaging painful spots, the practitioner is able to treat internal disease. The holographic theory has provided a strong foundation for acupuncture point and meridian theories.

Ear System

The *Huang Di Nei Jing* describes the relationship, including the physiology and pathology, between the ear and the human body meridians and internal organs in great detail. The *Nei Jing* describes meridians in the body as having a specific route through the body. The six Yang meridians either run directly into the ear, or around the side of the ear. The six Yin meridians connect with the ear directly or indirectly by other divergent meridians and connect with the Yang meridians. For example, the Luo meridians of the hand Taiyin, foot Taiyin, and foot Yangming directly connect to the ear. All the blood goes to the face and head, and the essence goes to the eye, thereby sending energy to the ear. This theory was adapted and developed over thousands of years and continues to be developed today.

In the Tang Dynasty (618–907 AD) the doctor Si-Miao Shuen detected the *Er Zhong point*, or *Zero point*, for the

first time. In 1946, F. L. Potter, an American doctor, reported that people with a genetic kidney defect had a specific ear shape. In 1956, research published in the Shan Dong province of China indicated that ear acupuncture can treat acute tonsillitis. In 1957, French and German scientists (P. Nogier, L. R. Boundig, and F. Bahr) developed the first ear acupuncture points chart with the picture of the upside-down fetus on the ear and 50 auricular micro-system points. They provided detailed information to diagnose and treat diseases using the ear. After Nogier's work, Chinese acupuncturists proposed an international standard for auricular nomenclature to the World Health Organization (WHO) in 1987, and Er Zhong point was included in that standard.

Scalp System

Chinese doctors used the holographic theory to invent scalp acupuncture. This was a major advancement in the acupuncture field. Scalp micro-acupuncture theory has multiple systems of point location, diagnosis, and treatment. As early as the New Stone Age, people used Bian Stone, which is a specific shape of stone, to stimulate the head to relieve related diseases. Following this was the invention of metal tools, the meridian system and scalp acupuncture continued to develop. As discussed earlier, the *Nei Jing* identifies the head as the meeting area of all the hand and foot meridians. The hand and foot Yangming meridians distribute to the forehead and the face; the hand and foot Shaoyang meridians distribute to the side of the head; the hand Taiyang meridian distributes to the head and neck; and the foot Taiyang meridian goes to the vertex and back of the head. The six Yin meridians also travel to the head and face. The hand Shaoyin and foot Jueyin meridians go to the head and face directly, while all other meridians go through the divergent meridians or connect via their internally or externally related Yang meridian. Additionally, the Du meridian goes up to the brain, to the top of the head, and ends at the nose. Ancient texts recognize the head as the largest meeting area of all the meridians; there are many points close together and abundant energy and blood flow. Using acupuncture needles to stimulate the scalp area, the practitioner can not only treat diseases of the head, but also treat diseases of the whole body.

In the Song Dynasty (960–1204 AD), Dr. Wei-Yi Wang published the *Illustrated Manual of Acupoints on Bronze Figure*, which confirmed the head acupuncture points and is still in use. Later, when Western medicine started to spread to China, people began to learn new ideas about the structures and functions of the brain. This information helped scalp acupuncture research to evolve. Starting in the 1950s, practitioners began combining Western medicine and Chinese acupuncture theory. Gradually a variety of different theories on scalp/head acupuncture were developed. From clinical experience and research, people discovered that using acupuncture needles to stimulate a specific area of the head could treat a specific area of disease on the body. Positive results are seen especially for diseases that are caused by brain disorders.

Dr. Shuen-Fa Jiao from Shan Xi, China, theorized that Western medicine's view of brain structure and function indicates that there are cerebral contacts on the surface of the scalp. He then used acupuncture needles to stimulate these specific areas. Through much clinical research he discovered that corresponding areas in the body were affected. Through this research he developed 16 specific stimulation areas on the scalp. Dr. Yuen Peng Fang from Shan Xi, China, recognized that the configuration of sutures in the skull is a representation of the whole body and developed head imaging scalp acupuncture. Dr. Shong-Yan Tang from Shanghai, China, developed the theory of the meridians and Chinese medicine. He separated the head into Yin and Yang sections and set up points, lines, and areas to use for treatment. Dr. Ke-Yan Cheng from Beijing, China, collected all of these theories into traditional Chinese medicine. He also incorporated tonification and sedation techniques into the head micro-acupuncture system. In 1984, an international meeting in Japan approved a proposal for an international standard of nomenclature for scalp acupuncture; this standard was reconfirmed in 1989 by the WHO and continues to be used.

Hand System

The hand, which is one of the most developed micro-systems, contains multiple systems within it. As early as the *Ling Shu Hai Luen*, it is recorded that internally the 12 meridians belong to the internal organs and externally they connect parts of the body. This means in the human body, the 12 meridians have 3 Yang meridians and 3 Yin meridians that distribute to the hands and feet. The hands and feet, in turn, are the connecting areas for the Yin meridians and the Yang meridians. It is the place where the human body's Qi and blood connect. The hand and foot Yin and Yang distribution, flow, pathologic symptoms, and indications have been recorded. Clinical experience has shown that the hand meridians have the function to adjust the whole body's Zang fu, Qi, and blood, as well as to treat disease. Hand and foot acupuncture systems were developed based on ancient Chinese medicine theories and is more recognized in the last 30 years because of the influence of the biographic theory. China and South Korea developed several of their own systems. Dr. Zhen-Hua Zhu started the hand point therapy based on the meridian, holistic, and balance theories. He named 159 points on the hand. Dr. Yuen-Peng Fang found three images of the human body on the hand and developed the hand imaging acupuncture system. Dr. Xin-Ming Wang discussed the hand acupuncture point distribution, the meridians, and the relationship between the hand and internal organs. He published the Hand Meridian Chart. Dr. Tae-Woo Yoo from South Korea developed Koryo Hand Therapy, which has been adopted by acupuncture practitioners worldwide and is very effectively used today.

Eye System

Eye acupuncture therapy is based on the theory of the *Nei Jing*, and the famous Dr. Hua Tuo, who observed the eyes to formulate his diagnosis. Doctor Jing-Shan Peng developed eye

acupuncture theory in the early 1970s. His ideas came from classic Chinese medical sources; he used these ideas clinically, and through much research invented this acupuncture therapy to treat diseases of the body. The theory was recognized in 1986 and has since spread around the world. Two other doctors Dr. Gou-Zhen Li and Dr. Gui-Quan Hang from Taiwan, China, also published a book about eye acupuncture therapeutics based on their clinic experiences.

Wrist and Ankle System

Wrist and ankle therapy was developed in the 1960s in Shanghai, China. It is originally from Transcutaneous Electrical Nerve Stimulation (TENS) electro-acupuncture therapy combined with traditional Chinese medicine theory. It was discovered that if electro-TENS were placed on certain points of the six hand meridians and six foot meridians, such as P 6 (Nei Guan), SJ 5 (Wai Guan), Sp 6 (San Yin Jiao), and GB 39 (Xuan Zhong), all points had a good result in the clinic. Further research revealed that if an electro-TENS was placed on the anterior side of the wrist, there was a reaction in the anterior and upper part of the body. It was also discovered that there is a reaction in specific areas of the body with stimulation on three Yang and three Yin meridians around the wrist or ankle areas. So they set up 6 stimulation points around the wrist and ankle area to treat diseases in 12 different regions of the body. Based on many successful clinical cases, this form of treatment was named *wrist and ankle acupuncture therapy* in 1975.

Summary

The micro-acupuncture system is a significant improvement to the macro-acupuncture system and its history. The micro-acupuncture systems will continue to develop improvements and be adopted by practitioners around the world.

Micro-acupuncture system diagnosis and therapeutics has been developing quickly over the past 30 years and has gradually become more complete. Scientists and clinical practitioners in this field have emphasized its use more and more. Many countries are still doing research for deeper study and collecting data from clinical experiments. In this introduction, many micro-acupuncture systems are mentioned briefly that are well known around the world. There are many other fields being established. In this book, information is collected as much as possible about micro-acupuncture systems around the world. Some of the information has been adapted by international standards from the WHO. Some of the systems are very well developed and are used widely and effectively. Some of the systems are still in their beginning, waiting for more clinic experience to prove their effectiveness. The macro- and micro-acupuncture systems are the two most significant branches of modern acupuncture practice.

Micro-System Theory

Although the micro-acupuncture systems were formed in different time periods and different geographic areas, they are all

based on traditional Chinese medical theory, modern medicine, and long-term clinical experience. The common characteristic of these systems is that all points are located in one specific part of the body but all represent the whole body. Each system has a different degree of representation, since some represent organs, others represent channels, and yet others, the whole body.

Bioholographic Theory

Micro-acupuncture system theory is based on the bioholographic theory. In the bioholographic theory, the human body is viewed as a complete, holistic unit. Any independent part of the body is called a *holographic embryo*, or an Embryo Containing the Information of the Whole Organism (ECIWO). This means that each unit is a smaller representation of the whole body. The ancient Greeks used the name homunculus (Latin for “little man”) for this concept. Their theory stated that the whole body was contained or represented by smaller units on the body. In classic theory this was the body’s germ cells. Modern neuroanatomy used this concept to map the sensory perceptions of the body to a homunculus on the brain. Micro-acupuncture theory is similar to these theories of the homunculus in that the entire body is represented within several smaller units of the body. It is not only a part of the body’s structure but also plays a role in the body’s development. Each unit of the independent part of the body has a relationship with and continuously exchanges information with the whole body. In other words, each of the small units assimilates energetic signals from specific parts of the human body (Figure 1-1 A, B, C).

There are groups of points that are associated with the whole body’s internal organs and tissues at each unit. The point distribution is always connected from the nearest to the farthest at the longitudinal line, such as the four extremities. For example, the foot point of the forearm connects with the head point of the upper arm. The points distributed also are small ratios of the human body. For example, both the forearm and the upper arm have separate human body figures. This holographic embryo can reflect the pathologic changes of the body. Therefore, if the human body is diseased at a local area or an internal organ, the related bioholographic points will have abnormal changes such as itching, pain, and abnormal sensation. The micro-systems and the body units have the holographic features. These holographic units can be used to diagnose and treat disease (Figure 1-2).

Traditional Chinese Medicine Meridian Theory

Chinese meridian theory and Chinese medicine fundamentals are the basis of micro-system theory. Acupuncture points reflect the body’s physiological and pathological condition. The points are also the treatment locations. These points are connected by meridians also called Jing Luo. *Jing* means the path; it is the main pathway of the meridian system. The meridian connects points from the top to the bottom and internal to external. *Luo* means web. The Luo meridians are a branch of the Jing meridians and are smaller but can connect all of the small parts of the body like a web. The Jing Luo connects the internal organs to the end of

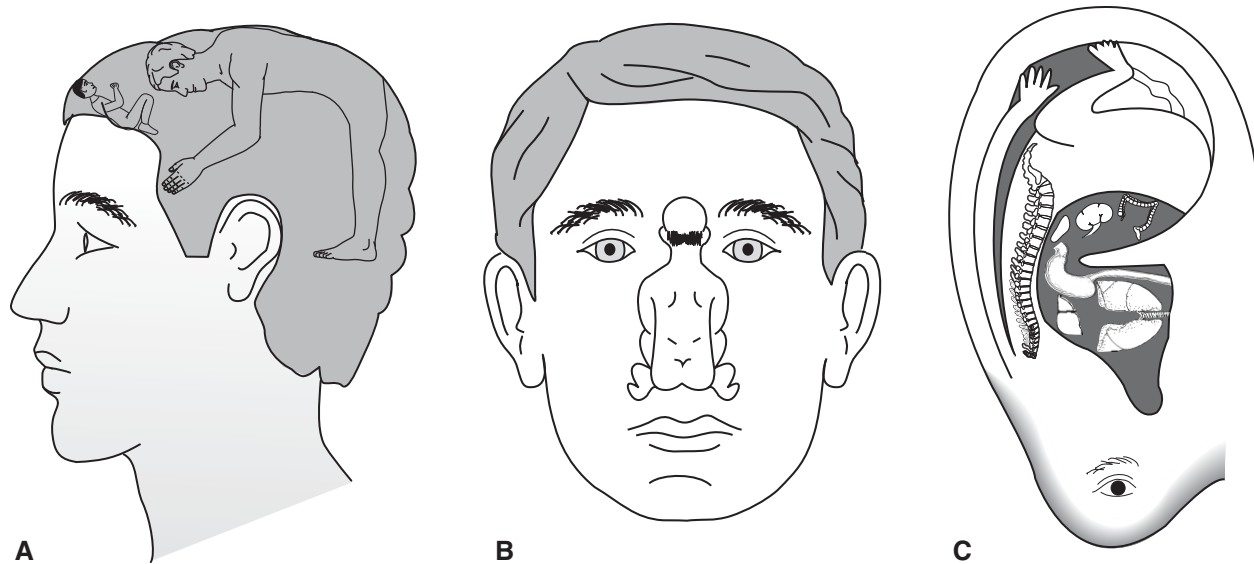


FIGURE 1-1 **A**, Fang Scalp Acupuncture system. A homunculus figure of the top of the scalp area. **B**, New Nose Acupuncture system. A homunculus figure on local area of the nose. **C**, The somatotopic map of the ear. A homunculus figure is viewed with the head facing downward and feet upward.

the extremities and the internal organs with the exterior of the body. With these meridians, the entire human body's functions can be coordinated to keep the body in balance. During an acupuncture treatment, after a differential diagnosis is made, tonifying or sedating needle technique is used.

Micro-system theory is based on Chinese medicine theory, meridian theory, and mechanisms of Western medicine. The micro-acupuncture system is a specific treatment area that contains information about the entire body. Through reflex activities such as neuro-regulations, humoral regulations, and auto regulations, micro-acupuncture is used to treat the disease. By using stimulation techniques to activate a specific area of the human body, the internal organs connect with the extremities.

Chinese Fundamental Theory: Yin-Yang Theory

Yin-Yang theory is based on two interpretations of natural phenomena. Yin represents influences in nature such as cold, dark, night, and passiveness, whereas Yang represents influences in nature such as warm, light, day, and activeness. Chinese medicine is based on Yin-Yang and Five Element theories and how they are applied to the human body's physiology and pathology. There are four rules for the relationship of Yin and Yang:

- Opposition of Yin and Yang
- Interdependence of Yin and Yang
- Interconsuming-supporting relationship of Yin and Yang
- Intertransformational relationship of Yin and Yang

The Qi and blood circulation from the Yin channel to the Yang channel represent the interdependence of Yin and Yang in their physical functions and the regulation of Qi and blood circulation. The end of the three Yin channels with the start of the three Yang channels represents the interconsuming-supporting

relationship of the Yin and Yang. The channel Qi that moves from the Yin to the Yang represents the inter-transformation of Yin and Yang. In the micro-acupuncture system, there are many parts that represent the Yin and Yang through the physical tissue structure, physical function, pathology, diagnosis, and therapeutics. Thus, the micro-acupuncture system's formation and development also contains Yin-Yang and Five Element rules. For example, in the hand, the palm and dorsal sides of the hand represent the opposition of Yin and Yang. The palm side represents Yin and the dorsal side represents Yang.

Root and Branch, Origins and Ends Theory

Root and branch is the theory that talks about meridian energy flow at the origin and end. It is based on the meridian distribution and further explains the energy's relationship to the internal with external and the superior with inferior. It is a better way to explain the functions and indications of the head, chest, abdomen, and four extremities. Where the channel Qi originates is called the *root*, and the limbs are called the *origin*. Where the channel Qi ends is the *branch*, and the head and trunk are the *end*, or end of the channel. The root is the Jing well points at the ends of the four extremities. The branch is located at the head, chest, and abdomen. In recent years, research has found that the root and branch are not only located on the one point but are spread around a specific area. So, the four extremities' specific points (such as the Jing well, Ying spring, etc.) are all called the *root area*. But the head, chest, and abdominal relative areas are all called the *branch*, or end. In the 12 channels, the root starts on the hands and feet and ends at the specific area of the head, chest, and abdomen. All Yang channels end at the head and face and all Yin channels end at the chest and abdomen. Through the Yin and Yang influence,

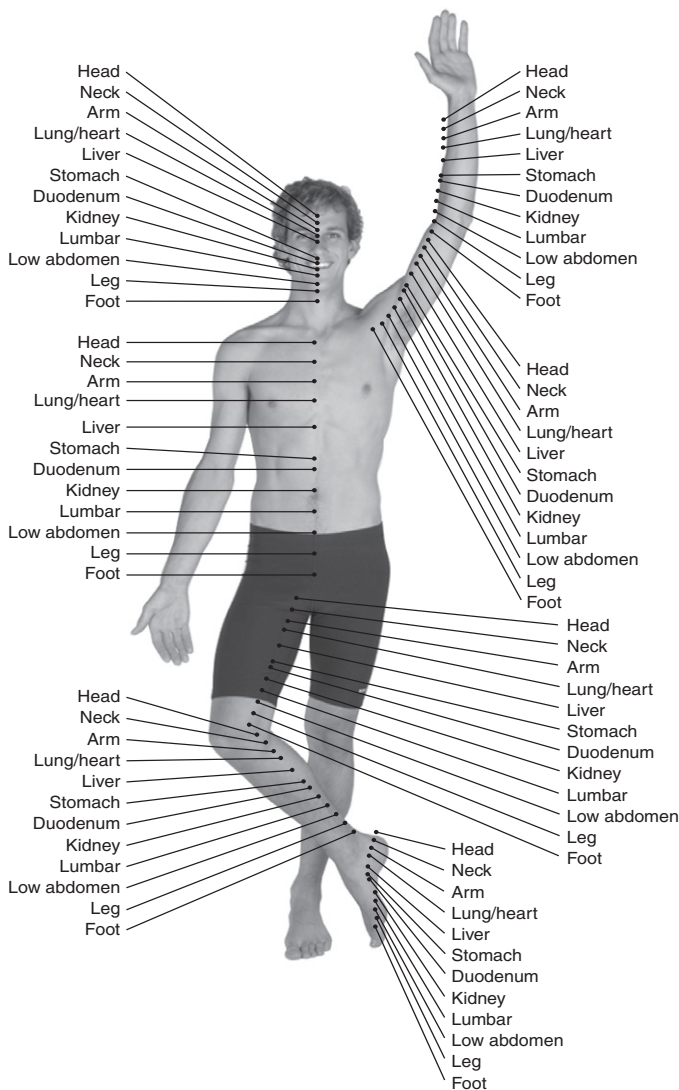


FIGURE 1-2 Bioholographic theory shows each holistic unit, called Embryo Containing the Information of the Whole Organism (ECIWO). The point distribution is always connected from the nearest to the farthest at the longitudinal line of the body.

external and internal relationships will become the whole web to form the channel network of the body. So the origin and root area not only treats local disease but can also treat the end and branch area of the whole-body disease. In other words, the end and branch area treats the local disease around the chest and abdomen, as well as the origin and root area disease.

Yuan Source and Mu Theory

The Yuan source point is where the meridian energy passes and stops at the hands or feet. The Mu point is the internal organ energy-collecting area at the chest or abdomen. The 12 meridians all have one Yuan source point at the hands or feet and all have one Mu point at the chest or abdomen. The Yuan source point is used to stimulate the meridian's internal organ energy and matches the root and branch theory. Most of the Mu points

on the chest and abdomen are not points on their own meridians, but treat the internal organs because the point is located at that organ area. In micro-system theory, for example, head acupuncture is based on this Front Mu theory. If a patient is paralyzed from a brain disorder, we use scalp acupuncture on the patient's scalp. This is the same idea as using the Mu point to treat the local organ.

Characteristics of Micro-Acupuncture Systems

Micro-acupuncture systems can treat a variety of diseases. In the past 30 years, these systems have developed rapidly and can be used for multiple indications.

Multiple Indications

The micro-acupuncture system is widely used for treating the respiratory, cardiovascular, digestive, urinary-reproductive, endocrine, nervous, and immune systems. It is also used to treat diseases such as women's health disorders, pediatric disorders, osteopathic conditions, and diseases located on the face. It can treat functional conditions, as well as severe conditions. The conditions that can be treated using the macro-acupuncture system can mostly be treated using the micro-acupuncture system. For some conditions, such as acute injury, smoking cessation, chemical dependency, insomnia, and hypertension, micro-acupuncture can be very effective. In recent years, the micro-acupuncture system is used more and more to prevent disease, to support health, and for facial therapeutics.

Positive Results

The micro-acupuncture system is a small ratio of the body and reflects and represents important bodily information. Working on the specific part of the micro-acupuncture system is like working on the internal organs directly, so results are very positive and direct. The micro-acupuncture system can treat many acute conditions, especially diseases with pain. For acute pain conditions, there are usually immediate results. For chronic pain control, results are usually less dramatic than for acute conditions. For surgery, use of micro-acupuncture anesthesia also shows good results and has a bright future. Each of the micro-acupuncture systems also has its own specialty to treat a variety of diseases.

Simple and Economical

Micro-acupuncture system treatment is simple and economical, since there is no need for special equipment and no limit from the practitioner's surroundings. It is also easy to perform. Any health practitioner can understand the micro-acupuncture system without having to become thoroughly trained in traditional medicine, because the micro-acupuncture system is a small reflex system that acts on internal organs directly. For better results, the therapist can activate the exact organs by stimulating micro-acupuncture points. Knowledge of the locations of internal organs and tissues is common knowledge

for any health practitioner. For diagnosis, the most common technique is to apply pressure and watch what occurs or use a simple electro-detector. Therapeutic treatment usually uses filiform needles, balls, massage, or bleeding, all of which are simple and inexpensive.

Safe and Practical

Micro-acupuncture uses no medication and therefore has no drug-related side effects. It is a way to stimulate the micro reflex area to let internal organs respond and follow up for self-adjustment to reach balance and healing of the disease. It also uses stimulation away from the internal organs, so there is no fear of organ injury. Micro-acupuncture uses fewer needles and the needles are inserted in shallow locations, so there are no complications such as a stuck or broken needle, making it safe and practical to use.

Easy to Teach

Micro-acupuncture system points are all close together and have a special pattern. This makes it easy to study and learn and because it is easy to learn, it is easy for the micro-acupuncture information to be shared and dispersed. The practitioner does not have to learn all of the traditional Chinese medical knowledge to practice this system. Practitioners can learn one or multiple systems based on their interests and needs.

Special Characteristics

Micro-acupuncture systems have special characteristics and good results, both of which make up for the insufficiencies of the macro-acupuncture system. For example, macro-acupuncture is not ideal for a situation in which a patient is in pain with muscle cramps and is afraid to have needles inserted in painful areas or there are negative results when using needles directly on the problem area. The micro-acupuncture system addresses this situation by treating areas away from the area of pain and still achieves good results. If micro-acupuncture and macro-acupuncture systems are used in combination, there are even better results from the treatments.

No Limitations of Patient Position

A significant advantage of the micro-acupuncture system is that there are no limitations on patient positions. Any position is suitable for the patient as long as the patient is comfortable. Often we see patients in our clinic who are in terrible pain and are unable to sit or lie down. The practitioner can first use micro-acupuncture to relieve the pain and then place the patient in a regular treatment position.

Easy to Activate Qi

Another advantage of the micro-acupuncture system is that it allows the patient to move or have the practitioner apply different techniques on the targeted area while the needles remain in place. Based on characteristics of the biobio-graphic theory, the same information can occur at many different parts of the body. For example, heart problems can show sensitive spots on the hands, feet, eyes, nose, face, and so on. The practitioner can choose points from any of the systems and stimulate the targeted organs or tissues during the treatment. Because of this feature of the micro-acupuncture system, there is no limit in letting the patient activate Qi. Very good results can be obtained for many different situations.

Long-term Stimulation

Micro-acupuncture can be used for long-term treatment because most of the system is not on moveable locations of the body such as the ear, nose, and some areas of the face, and the needles are inserted very shallowly, avoiding deep muscles, tendons, and nerves. The patient can keep the needles in place for several days. Micro-acupuncture can therefore continue to provide needle stimulation to work on the body without placing any limitations on daily activities.

Sensitive Locations

One of the common characteristics of micro-acupuncture systems is that almost all the different systems are located in sensitive and flexible areas of the body such as hands, feet, nose, and ears. There are many different nerve endings and blood vessels in these areas, so it is easy to obtain a response to the stimulation and get good results. It is common to insert a single needle and immediately induce a hot, tingly feeling through the patient's whole body or pathways. This is why the ears, face, and hands are used for acupuncture anesthesia during surgical procedures.

Similar Qualities with the Body

Some micro-acupuncture systems have some characteristics of the entire body. Points are distributed on both sides of the Yin and Yang parts such as hands, feet, and ears. The palm side of the hand, the plantar side of the foot, and depression areas usually indicate the Yin side of the body or internal organs. The points located on the Yin side of these systems usually are more sensitive than the points located on the Yang side. In other words, the body parts more exposed to the outside environment will have less sensation than the parts that are less exposed. On the human body, the Yin or medial side of the body is more sensitive to stimulation than the Yang or lateral side of the body.

The micro-acupuncture system is an important element of acupuncture theory. However, it is also a specific system. In the past 30 years it has developed rapidly because it has a specific needle technique and characteristics. There are many methods for needling in micro-acupuncture systems. Some of them have been adapted from ancient techniques with work in different styles and purposes. Some of the techniques have been specifically developed for the micro-acupuncture system. They not only can incorporate micro-acupuncture into the macro-acupuncture system to achieve a better result, but micro-acupuncture can also replace some of the insufficient aspects of macro-acupuncture. The following are summaries of several different techniques based on research and clinical experience.

Active Qi Technique

Theory of Active Qi Therapy

The most beneficial part of using active Qi therapy in micro-acupuncture is that it does not limit the patient's position and range of movement. The patient can do all kinds of active and passive physical activities, as well as receive auxiliary activities.

Active Qi means leading Qi, moving Qi, and making Qi go to the target. The active Qi technique is not only achieved through the practitioner's hand, but it can also be achieved through the patient. The theory behind the active Qi is based on Shen, movement, and openness.

SHEN: Shen is the chief activity in active Qi technique. Chinese medicine believes that Jing, Qi, and Shen, also called essence, energy, and spirit, are the three treasures of the human body. Shen is the chief commander of the body; Jing is the source of the body foundation; and Qi is the functional result of the body. The three are intertwined and cannot be separated, but the Shen has the function of chief commander. Shen is the manifestation of the human vital energies. It is also the image of the spirit and consciousness of the human body. Use the Shen from the practitioner to treat the Shen of the patient. Use the Shen to lead activity and use activity to adjust Qi. Use Qi to match the Shen and use Shen to follow the needle activity. Therefore, the Shen, needle, and Qi combine to work on the area of disease.

MOVEMENT: Movement is the active format of the active Qi. Regardless of whether the treatment uses active, passive, or auxiliary physical activity, movement is used through part or all of the treatment. Therefore, movement is the core and foundation of active Qi therapy. Through movement, not only is there improvement to the metabolism and cell functions in the

human body, but also the muscles contract or relax, blood vessels constrict or dilate, the lungs expand and contract, and nerves excite or restrain, resulting in changes and improvements in the internal aspects of the human body.

OPENNESS: Openness is seen in the results of the treatment. In traditional Chinese medicine, there is a belief that pain comes from obstruction. Use Shen as the chief commander and acupuncture or other activities to create movement in the body to achieve opened meridians and to activate Qi and blood. The result is pain relief based on whether meridians are open, Qi is active, or Qi reaches the diseased area.

Methods of Active Qi Therapy

ACTIVE: Active Qi therapy means the practitioner inserts needles into the patient's body, and the patient will perform all movements unassisted.

Body Active The practitioner inserts the needle into the body, elicits Qi, and performs a tonification or sedation technique. In the meantime, the patient performs active physical movements. In the clinic, this is used for acute or chronic problems in the joints or soft tissues, such as neck, shoulder, elbow, lumbar, knee, and ankle pain.

Breathing Active The practitioner inserts the needle and elicits a Qi response. In the meantime, the patient does different frequencies of breathing, such as quickly or slowly, or breathing from the chest or from the abdomen. This method is able to improve functions of autonomic nerves and increase acupuncture results. Use this technique for patients who have Qi imbalance conditions such as coughing, asthma, hiccups, chest pain, hypochondriac area pain, bloating, and abdominal pain.

Massage Active The practitioner inserts the needles, manipulates them, and obtains Qi. In the meantime, the patient massages himself or herself in the affected area. This technique is used for all kinds of pain, numbness, scar tissue adhesions, abdominal fullness, constipation, and incontinence.

Mental Active The practitioner inserts the needles, manipulates them, and elicits Qi while the patient uses his or her mind to lead the energy flow by meditation, concentrating on words, or counting numbers. This method is used for functional disorders, such as high blood pressure, arrhythmia, irregular menses, sexual dysfunction, paralysis due to hysteria or mental instability, smoking cessation, addictions, and weight loss.

PASSIVE: In passive Qi therapy, the practitioner inserts needles into the patient's body, and then assists the patient in performing passive range of motion. This technique is used for patients who are unable to move or who cannot move in clinical situations.

Body Passive Activity The practitioner inserts the needle and elicits Qi. The practitioner assists the patient in doing passive activity. This technique is used in conditions where the patient does not have enough strength or ability to do the movement, such as a patient with paralysis, vomiting, gallstones, or urinary stones.

Tui Na for Passive Activity The practitioner inserts the needle and elicits Qi, while also performing Tui Na, acupressure, massage, or manipulation on the related areas to treat the disease. This method is used for motor and nervous system disorders. The practitioner can perform passive massage or manipulations on the patient during or after acupuncture treatment. This technique increases the energy flow and helps enhance acupuncture treatment results. The practitioner can use massage or manipulation on the diseased area first, and then apply needles on selected micro-acupuncture points to send energy to the diseased area more effectively. Conversely, the practitioner can insert the needles first in the micro-acupuncture system then apply the manipulations on the diseased area to get the Qi response. This method is useful for patients with weakness or those who have low somatic sensitivity.

Qi Gong Passive Activity This method combines Qi Gong with acupuncture or acupressure. The practitioner inserts the needle into the body while also applying Qi Gong on the patient. The practitioner uses his or her internal Qi for direct or indirect distribution to the patient or the specific problem area. This method is used for the patient who is afraid of needles, who has muscle spasms, or who is in severe pain.

Mental Passive Activity The practitioner inserts the needle and elicits Qi. The practitioner then leads the patient's mind through guided meditation. This technique uses words to lead the patient's imagination and help guide the energy flow to heal the disease and relieve pain.

Moving Needle Technique In the moving needle technique, the needle is inserted quickly, Qi is obtained, and the needle is then quickly removed. It is best to follow the entire meridian, such as the Large Intestine meridian, starting at the first point on the meridian and continuing to the last point. Focus on eliciting Qi at specific points, such as the Jing well, Ying spring, and so on. This can also be used on micro-systems, such as on the Du meridian of the hand in the Koryo system, or the practitioner can insert needles on each individual micro-acupuncture system.

Moving moxibustion is used with a traditional moxa stick to perform rotation and running moxa to help the Qi follow the channel to reach the diseased area. This is used for any kind of Qi stagnation condition or where the Qi needs to be led.

Cold or Heat Pad A cold pad stimulates local vessels to contract and reduce swelling to help stop bleeding. Shortly after removing the cold pad the local vessels will expand. In cases of acute soft tissue injury, especially within 24 hours, a cold pad is the preferred method of treatment.

Heating pads increase local vessel expansion to improve blood circulation, and are used for chronic injuries. Sometimes the patient notices that the symptoms are getting worse due to heat leading to temporary abundant blood flow, but this

should resolve quickly. Heating pads are usually better than cold pads, especially for patients who have chronic conditions as they have better long-term results for disease recovery.

AUXILIARY ACTIVITY: This is when the practitioner does the acupuncture treatment while instructing the patient to use his or her ears, nose, eyes, heart, and brain to do auxiliary activities.

Music The practitioner inserts the needles while the patient listens to therapeutic music with different rhythms that match the patient's condition. This is used for mood swings or unstable emotions and functional disorders. Research has found that when the patient is in a relaxed state, it is easier for the energy to follow the meridians in order to help the patient achieve better results from the treatment. The therapeutic music helps the patient relax and improve the function of the cerebral cortex of the brain. From clinical experience, relaxation has better results than sleeping. The patient stays alert but is able to ignore surrounding noises and activities. The best state is when the patient has almost but not quite fallen asleep. Usually the treatment length should be kept to 15 to 20 minutes. Tiredness or depression may occur if the patient lies on the table for too long and falls asleep deeply, which makes the patient feel that the acupuncture treatment was a negative experience.

Breathing This technique lets the patient breathe in herbs or aromatic fragrances during the acupuncture treatment. It stimulates sensory nerve reactions, and different stimulations can cause different responses in the body.

Color The practitioner inserts the needles while the patient looks at different colors on a picture, using the patient's vision to cause a different response in the body. The different colors not only decorate the environment but also create psychological, physiological, and pathological changes in the human body. Red, purple, yellow, gold, and brown colors are Yang colors and treat Yang deficient patients with symptoms of fatigue, aversion to cold, and diarrhea. Blue, green, silver, white, and dark green colors are Yin colors and treat excess Yang conditions with hyperactivity, such as irritability, palpitations, pain, and fever.

Counselor This is a highly effective method used with acupuncture treatments. The practitioner uses spiritual support, suggestion support, and behavioral support to encourage the patient. During the acupuncture treatment it is important for patients to believe that it is an effective way to help them. First, the practitioner answers any questions the patient might have, shares clinical experiences, and shares case examples. Therefore, the first appointment and follow-up counseling are necessary. Second, the patient needs to trust the practitioner, including patient referrals, and have confidence in the practitioner and the treatment results. The way your professional practice is run, such as the practice setting, marketing, and networking, are also important. Next, focus on the treatment results, especially if this is the patient's first experience with acupuncture. This is an important step in building up the patient's confidence to continue to receive treatments.

Herbal Plaster or Herbal Bath Combining acupuncture with an external herbal plaster is a therapy used to help stimulate bodily functions in order to prevent disease. Some examples include herbal stick, herbal bath, herbal plaster, herbal steam, and herbals blown into orifices. Herbal combinations with acupuncture usually can change patients' internal environment and enhance the response to acupuncture. For the patient who has been taking or using herbal remedies for a while, but without obvious results, adding herbals to acupuncture can open meridians and let the herbs act effectively and directly on the target area or increase the effect of the herbs. Herbal baths can combine well with micro-acupuncture, especially hand, ear, and nose. The point of the herbal bath is to change the patient's body temperature to affect his or her response to the acupuncture treatment. The patient can take herbal baths at home while the needles are still in place for continuous stimulation.

Acupuncture with Gua Sha and Running Cupping This therapy combines acupuncture with Gua Sha and running cupping. It is a popular and common combination used in micro-acupuncture treatments. The practitioner inserts the needles at distal points, which is where most micro-acupuncture points are located. These points correspond to the associated internal organ. The practitioner then applies Gua Sha or running cupping on the part of the body to be stimulated. This technique is used for many diseases, such as high blood pressure, dizziness, headaches, anemia, heat stroke, common cold, insomnia, neck pain, palpitations, external injury, chronic fatigue syndrome, rhinitis, chronic bronchitis, low appetite, constipation, sciatic nerve pain, abdominal menses, arthritis, tumors, and weight control.

Active Needle Technique

In active needle therapy, the painful point is found during the physical activity, and the practitioner inserts a needle into this painful point. At the beginning of the acupuncture treatment, have the patient move in the most painful position for him or her. The patient holds this position as the practitioner finds the local painful points. The needle is then inserted into these painful points. When needling into the point, perform the high-frequency shaking and vibration technique. The frequency required is up to 200 times per minute. Have the patient continually repeat movement into this painful position until pain is reduced or disappears.

Active needle therapy functions to open meridians, invigorate blood, and stop pain. It is effective for a patient with acute or chronic soft tissue injury that causes channel blockage by blood stasis, which causes pain.

In clinical practice, expect the patient to have difficulty with continual movement when needling into the point. By using the specific areas on the micro-system, this difficulty can be avoided, and the patient can continue to do physical activity without limiting his or her range of motion. For example, a patient with low back pain moves into the painful position, and the practitioner places a needle into the Ashi point and initiates

high-frequency manipulation until the pain is reduced. However, the patient may have a problem continuing physical activity with the needle in place, so using the micro-system's low back point, such as on the hands, ears, philtrum, or feet, would be a better option to continue the treatment.

This technique has three basic characteristics, or three activities. When choosing a point, choose the point that is painful when active. This is called *moving with pain* technique. Another technique is to insert the needle while the patient is moving, called *moving with insertion*. Last, let the patient choose a position in which he or she will be needled. Be sure it is a position in which the patient can do movement and physical activity. This is called the *moving with position* technique.

Running Needle Technique

Running needle therapy is also called running connecting points therapy. In this technique, a filiform needle is inserted into one point and the needle is run to another point. One needle can be used to connect and stimulate two points or multiple points. This technique connects the energy flow from point to point, from meridian to meridian, or between multiple meridians. This connection of energy flow allows for the open flow of Qi, blood, Ying Qi, and Wei Qi. This can enhance the power of the stimulation and make the needle sensation easy to distribute. This technique also allows for fewer needle insertions, so it is more tolerable.

There are three techniques for running needle therapy: transverse running insertion, perpendicular running insertion, and multiple-direction running insertion.

Transverse Running Insertion

This is using a filiform needle and inserting it at the subcutaneous tissue layer. Move the needle in the direction of another point in the subcutaneous tissue. Make sure the needle does not come out of the subcutaneous tissue or is inserted deeper than the subcutaneous tissue, but that it always stays under the skin. In micro-acupuncture systems, this technique is commonly used on scalp acupuncture, wrist and ankle acupuncture, face acupuncture, spine acupuncture, and back Shu acupuncture (Figure 2-1).

Perpendicular Running Insertion

This technique is primarily used at the four extremities. The technique is to insert the needle from medial to lateral or anterior to posterior. The practitioner inserts the needle on one point and performs running needling to the other side of the point. As a standard, the needle should go through the tissues to a certain degree but not exit out of the skin on the other side.

Multiple-Direction Running Insertion

This technique uses a filiform needle inserted into one point to elicit Qi. Then the needle is withdrawn to the subcutaneous tissue of the original point and redirected at a different point for multiple-point stimulation. In the micro-system, the most

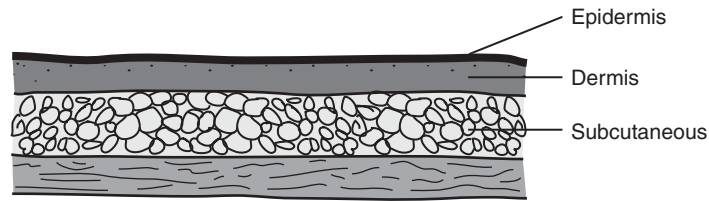


FIGURE 2-1 This is a transverse running insertion technique. It uses a filiform needle inserted at the subcutaneous tissue layer.

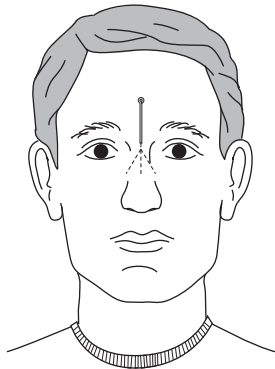


FIGURE 2-2 The multiple-direction running insertion technique uses a filiform needle inserted into one point to multiple directions.

common areas where this technique is used are in nose acupuncture's upper Jiao, middle Jiao, and lower Jiao techniques (Figure 2-2).

Group Stimulation Technique

Group stimulation therapy means using multiple needles to insert in one point or a group of points together to increase the power of the stimulation. Group stimulation is developed from the traditional ancient technique, the “Yang stimulation technique,” also called “Yang Ci.” The difference is that group stimulation therapy uses more needles and a wider area in comparison with the Yang stimulation technique.

Centralized Stimulation Technique

This technique uses multiple needles inserted into one centralized point or small area. Choose a needle about 0.5 to 1.0 cun in length, 30 to 34 gauge, and insert it into a centralized point or small area from many different directions. In the micro-system, this technique is used mostly with scalp acupuncture. When inserting needles on Du 20 (Bai Hui), Qian Shen Chong, Hou Shen Chong, Zhou Shen Chong, and You Shen Chong, first insert needles on Du 20 (Bai Hui), and then insert the four other needles toward the Du 20 (Bai Hui), point to increase the power of insertion (Figure 2-3).

Decentralized Stimulation Technique

Use 1.0 to 1.5 cun, 30 to 34 gauge filiform needles and insert them into multiple points or a wider area. Use from a few to

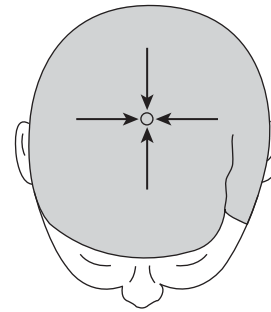


FIGURE 2-3 Centralized insertion of the group stimulation technique.

many needles. The distance between the needles can be up to 0.5 to 1.0 cm. Insert with a perpendicular, oblique, or transverse insertion. In the micro-acupuncture system, this technique is mostly used with neck acupuncture. Have the patient sit with his or her head slightly forward to expose the back of the neck. Except for the Xia Nao Hu point, all the neck points should be inserted perpendicularly with the skin but at an angle with the curvature of the neck. Insert the needles 0.5 to 1.0 cun deep, and use up to 27 points on the neck (Figure 2-4).

Distance Needle Technique

In the distance needle technique, points are chosen based on the disease; for conditions in the upper part of the body, choose points in the lower part of the body or choose points along the meridians at the distal part of the body. For conditions located at the head, face, trunk, and Zang Fu, choose points distal to the elbow and knee. In micro-acupuncture systems, this treatment is common, especially in combination with the Back Shu points and the Ashi points in the local area and the Front Mu points. This technique is commonly used with hand acupuncture, foot acupuncture, wrist and ankle acupuncture, and ear and nose acupuncture. During the treatment, we can stimulate specific distal areas in the hands, feet, and ears to elicit Qi and use the technique to stimulate meridian Qi directly to the diseased area. Next, choose the proximal point, such as in combination with the Back Shu, Front Mu, or local points. This treatment is more effective when combined with macro-acupuncture because the practitioner uses

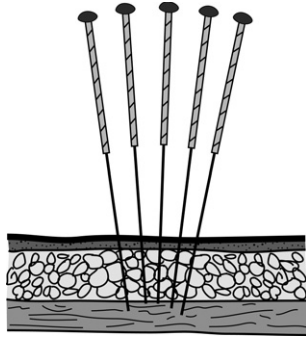


FIGURE 2-4 Decentralized insertion of the group stimulation technique.

macro-acupuncture points to work directly on the system or local diseased area in addition to selected reflex points on the micro-acupuncture system to work indirectly on specific organs.

Opposite Deep Technique

Opposite deep therapy is also called “Ju Ci therapy.” In this technique, disease is treated by inserting needles on the side of the body opposite the disease—for a disease on the left side of the body, select a point on the right side; for a disease on the right side of the body, select a point on the left side. This is because the Zang fu energy flow connects the external tissues with the internal organs. The 12 meridians connect with the Ren and Du meridians, therefore energy is circulated. For example, the hand and foot three-Yang meridians all meet at Du 14 (Da Zhui) on the Du meridian. The foot three-Yin meridians also meet at Ren 3 (Zhong Ji) and Ren 4 (Guang Yuan) on the Ren meridian, so that the meridian energy flow will connect from the left to the right side of the body. Therefore if a left-sided meridian has a disease, choose points on the right-sided meridian; if a right-sided meridian has a disease, choose points on a left-sided meridian. The opposite deep therapy can also use a point on the contralateral side of the body with the same problem area, same meridian, and same point. In the clinic, two different techniques can be used:

1. Choose a point on the side that is contralateral and opposite to the diseased side.
2. Choose points that are bilateral and that are on both sides of the diseased area.

The opposite deep therapy needles will be inserted into the meridians so they are somewhat deep. With insertion into the meridian, the main purpose is to elicit Qi; therefore the technique should be deep, heavy, and strong and focused mainly on the diseased meridian. Clinically, it is common to see meridian Qi stagnation cause a whole-body disease. Indications include pain conditions, four-extremity numbness, dysfunction and limited range of motion, migraine headaches, toothache, sciatic nerve pain, intercostal nerve pain, stroke, and deviated mouth and eye due to a stroke. Micro-acupuncture therapy uses the opposite deep therapy for many systems. For example, scalp

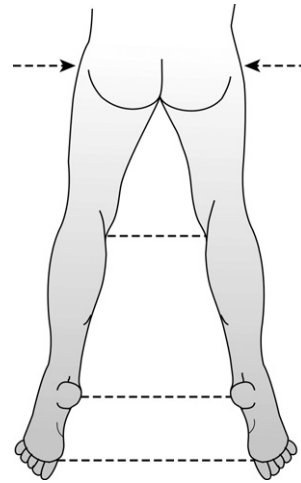


FIGURE 2-5 In opposite deep therapy for a disease on the left side of the body, a point is selected on the right side; for a disease on the right side, select a point on the left side.

acupuncture applies needles on the right side of the scalp for conditions on the left side of the body (Figure 2-5).

Opposite Shallow Technique

Opposite shallow therapy is also called “Liao Ci therapy.” This therapy is similar to the opposite deep therapy in that both are based on the theory that disease on the right side of the body is treated with points on the left side of the body and vice versa. The difference from the opposite deep therapy, which inserts needles into the meridians, is that the opposite shallow therapy inserts needles into the Luo meridians. The Luo meridians’ distribution is rather shallow, so the technique for the opposite shallow therapy should be shallow and light to treat Luo meridian conditions. The clinical technique most used is bloodletting to treat Luo meridian conditions. Opposite shallow therapy mostly have indications that are external pathogenic conditions, heat conditions, sore throat, tonsillitis, headache, heat stroke, and coma. It is also effective for some internal organ diseases, such as palpitations, irritability, asthma, chest pain, stroke, arthritis, soft tissue injury, and sciatic nerve pain. Opposite shallow therapy is widely used in the micro-acupuncture system, because the micro-acupuncture system’s specific locations are mostly located at the ends of the four extremities and the meridian Qi is rather shallow. In conclusion, shallow stimulation, as well as bloodletting therapy, is commonly used.

Response Needle Technique

Response needle therapy is also called “Bao Chi therapy.” In this therapy, the patient directs the practitioner to the painful area, which is also called the Ashi point. The practitioner inserts the needle at this point and then uses his or her other hand to move along the meridian or around that area to find another painful spot. After finding another painful spot, the practitioner removes the needle from the original spot and inserts a needle

into the new area. This technique of repeated discovery and treatment of more painful areas is called “response needle therapy.” The number of needles inserted into painful spots depends on how many painful spots there are in that area. In the clinic, use the pressure meridian technique to stimulate Qi, to lead Qi, or in the management of a stuck needle.

The practitioner has the patient point out the most painful area, and then the practitioner uses his or her hand to apply pressure on that area to find the most painful spot. The needle is then inserted into that point. Retain the needle in that area while using the other hand to follow the meridian up and down or around the painful area to find new Ashi points. After finding new Ashi points, remove the first needle and insert a new needle into the second painful spot. Repeat this procedure until the painful spots are completely gone. In the clinic, remove one needle and then insert another, or retain all the needles while continuing to find new spots. This therapy functions to move Qi and relieve pain, and it is mostly used for the patient who has multiple areas of pain where the pain changes location.

In the micro-acupuncture system, response needle therapy is commonly used for the Back Shu system, because the Zang Fu energy always flows from the meridian to respond to the surface of the area. Therefore, with diseased internal organs, most practitioners find the Ashi point corresponding to the Back Shu point to be painful. Use the moving technique to help move Qi and relieve pain to eliminate pathogenic conditions.

Cross Needle Technique

The cross needle technique was developed from the Pang Ci technique, which was first recorded in the *Nei Jing*. The Pang Ci technique uses two needles for insertion and has three different styles:

1. The first style is to insert a needle perpendicular to a point, and then insert another needle next to the first, running toward it with an oblique insertion. The purpose is to increase power and open the meridian to invigorate blood. Use this technique for areas with severe pressure pain and fixed or chronic pain conditions such as Bi syndrome.
2. The second style uses two needles inserted into two different, yet related, meridians. For example, the practitioner can insert a needle on one meridian’s Yuan source point, while the second needle goes on the related meridian’s Luo connecting point. Use the Yuan source point to stimulate the meridians and Yuan source energy. Use the Luo connecting point to increase the relationship of external and internal meridians. This technique taps into the Yuan source and Luo connecting point relationship, the external and internal meridian relationship, and the Yin and Yang meridian combination.
3. In recent years, practitioners have developed a third technique of deep and shallow insertions. This technique inserts one needle deeply while inserting the other needle next to the first but with shallow insertion.

The cross needle technique’s functions are to harmonize the Yin and Wei and increase circulation. Many practitioners

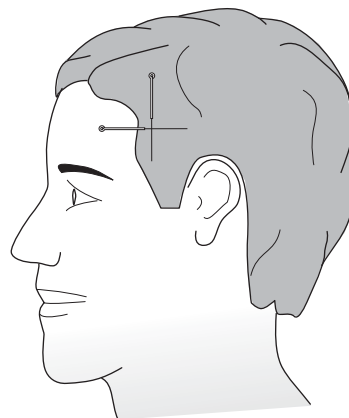


FIGURE 2-6 The cross needle technique uses one needle positioned vertically and another needle positioned in the anterior-to-posterior direction to form a cross on the middle of the point in order to increase the energy flow.

use this technique for chronic pain conditions such as frozen shoulder, sciatic nerve pain, rheumatoid arthritis, and soft tissue injury, as well as internal organ conditions.

In micro-acupuncture technique, the cross needle technique has been adapted in many ways, especially for treating conditions with scalp acupuncture. For example, on St 8 (Tou Wei) (Figure 2-6), the practitioner uses one needle positioned vertically and another needle positioned in the anterior-to-posterior direction to form a cross on the middle of the point in order to increase the energy flow.

Across Needle Technique

Across needle technique is a new development for micro-acupuncture. In joining the energy from two different parts of the body, use one needle to connect two meridians. It is primarily used in scalp acupuncture and the wrist and ankle system. For example, the practitioner can insert the needle from the anterior oblique line of the vertex-temporal to the posterior oblique line of the vertex-temporal. In this system, needle superficially.

Qi Ci Technique

The Qi Ci technique was first recorded in the *Nei Jing*. Use three needles to perform this technique. The practitioner finds the most sensitive point on the patient’s skin and uses this spot for the first needle, and then two other needles are inserted next to it. The two needle tips run toward the first needle. The three needles lie together with oblique insertions. This technique is often used for problems of tendons (such as tendonitis), muscles, soft tissues, or Bi syndrome (Figure 2-7).

The micro-acupuncture system has adopted this technique by using three needles in one area to increase the sensation. This technique is commonly used in scalp acupuncture. For example, a practitioner can work on the middle line of the forehead and the line 1 lateral to the forehead, the middle line

of the vertex with line 2 lateral to the vertex, and the upper-middle line of the occiput with the upper-lateral line of the occiput. All needles are usually inserted obliquely because of the location and tissue types.

Cutaneous Needle Technique

The cutaneous needle technique was developed from the Mao Ci technique and was first recorded in the *Nei Jing*. This technique stimulates the skin superficially. For conditions where evil Qi is invading the skin to cause numbness and tingling or skin infections, use superficial insertions to help improve the circulation locally. This technique requires insertion in local areas to stimulate the skin but without stimulating muscles and tendons underneath. This technique requires mostly perpendicular insertion superficially on the skin or just into the skin by using a single needle or a group of needles, such as “seven star” needles. The Mao Ci technique has been adapted to micro-acupuncture in auricular therapy, nose therapy, and Korean hand acupuncture therapy. These techniques are similar to the Mao Ci technique because they involve insertion of needles superficially without stimulating the deep tissues.

Superficial Needle Technique

The superficial needle technique was developed from the Zhi Ci or Fu Ci technique that was first recorded in the *Nei Jing*. This technique works on the superficial layers of the skin, similar to intradermal therapy (Figure 2-8).

The superficial needle technique also uses longer needles. It mostly works on the tissues of the superficial fascia and involves needling toward the diseased area. When needling, the practitioner uses one hand to pinch the skin and then uses the puncturing hand to insert the needle transversely. The needle directions are based on the clinical conditions.

The superficial needle technique is used for superficial conditions, such as tingling, numbness, or skin conditions due to cold invading superficial layers, superficial infections, or nerve disorders.

In micro-acupuncture systems, this technique has been widely used on nose, scalp, wrist, and ankle acupuncture. Insert

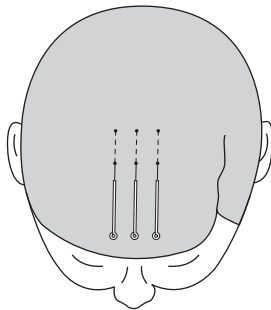


FIGURE 2-7 In the Qi Ci technique, the three needles lie together with oblique insertions.

the needle just under the intradermal tissues, but cover a rather large area from the spinal nerves or 12 cutaneous regions of traditional Chinese medicine. The principle of this technique is to choose the least amount of points, but it is critical to insert in the correct layer of tissue (Figure 2-9).

Hegu Ci Technique

The Hegu Ci technique was first recorded in the *Nei Jing*. For this technique, the practitioner can use a single needle insertion in three directions. First, insert the needle deep into the abundant muscle area and then withdraw the needle to the superficial layer without withdrawing completely. Next, reinsert the needle on the right and left sides so that it resembles a chicken’s foot. Each of the directions is needed to elicit Qi by using lifting, thrusting, and rotation techniques.

This technique can also use three needles in one direction. Insert one needle perpendicularly and use cross insertion for the other two needles, creating a Y shape. The function of Hegu

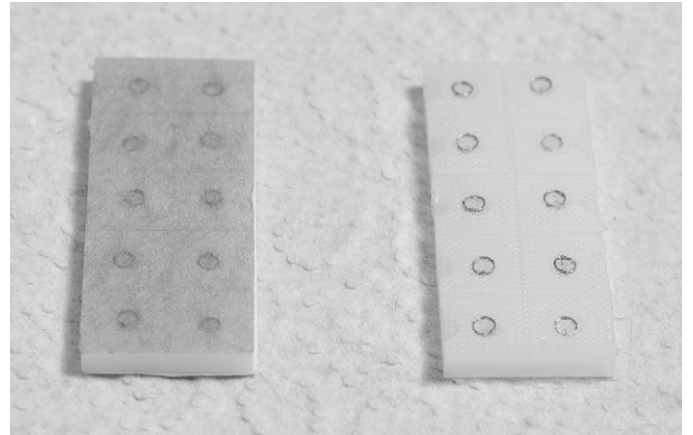


FIGURE 2-8 The superficial needle technique was developed from the Fu Ci technique that works on the superficial layers of the skin, similar to intradermal needle therapy.

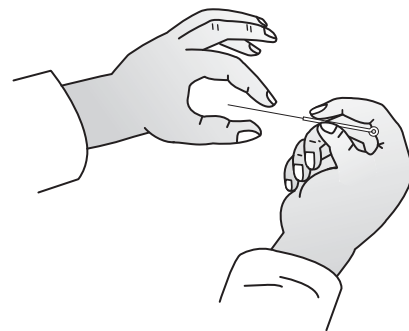


FIGURE 2-9 In the superficial needle technique, the practitioner uses one hand to pinch the skin, and then uses the puncturing hand to insert the needle transversely. The needle directions are based on the clinical conditions.

Ci is to stop pain, release spasm, and open the meridians. It is used for muscle spasms or injury.

For the micro-acupuncture system, this technique had to be adapted for insertion on superficial areas such as the nose instead of on abundant muscle areas. First, insert the needle obliquely but superficially, then withdraw the needle to the original point without withdrawing completely. Then use the running technique on both sides of the nose called the “nose three-needle technique,” which was developed from the Hegu Ci technique. Another example is using three needles on Du 20 (Bai Hui) where one needle is inserted from back to front on Du 20 and the other two are inserted 1.0 cun anteriorly and 0.5 cun laterally toward Du 20. The three needles will resemble the letter Y. The usage area of the Jiao system of scalp acupuncture also is a good example for this type of technique. Insert the needles from three different directions leading to one point, or use three needles from one point distributed out to the sides (Figure 2-10).

Tiao Qi Technique

The Tiao Qi technique controls and adjusts the needle sensation in a specific direction. Insert one needle at a point in an oblique or transverse angle and then manipulate the needle to get the sensation to move toward the diseased area. This technique opens the meridians, stops pain, and is used for a variety of conditions.

Because the points of the micro-acupuncture system are located in the distal parts of the body such as the hands, feet, and head, it is important to create and increase the Qi sensation at the diseased area. It is not required to elicit Qi when using the wrist and ankle acupuncture system at the local needle area; however, tip the needle toward the diseased area and use other techniques such as cupping, moxibustion, or Tui Na on a related zone area or on the targeted diseased area to create a Qi response. Achieve results by using this method of adjusting and controlling the energy flow (Figure 2-11).

Mountain Burning Technique

This is a comprehensive needle technique including fast and slow manipulation, lifting and thrusting, using an odd number, and close the pore tonification technique, as well as combining it with turning, rotation, and breathing. The purpose of this technique is to achieve feelings of warmth locally or over the whole body. Mountain burning is used for deficiency and cold conditions. It is used in the clinic for all types of cold Bi syndromes, cold accumulation conditions, Yang deficiency such as the flaccid type of stroke, paralysis, Bi syndromes caused by wind and damp, chronic diarrhea with Yang deficiency, impotence, low back pain, and abdominal pain or some external pathogenic conditions.

When performing the mountain burning technique, have the patient breathe by inhaling through the nose and exhaling through the mouth. During exhalation, insert needles into the superficial layer of skin. At this upper one-third depth of the point, use heavy pressure and gentle lifting nine times with tonification turning technique. Then lower the needle down to the middle one-third depth of the point and repeat the same

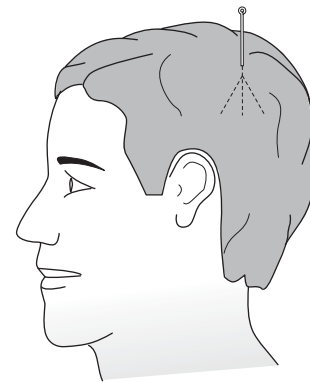


FIGURE 2-10 In the Hegu Ci technique, a single needle is inserted in three directions to form a chicken's foot.

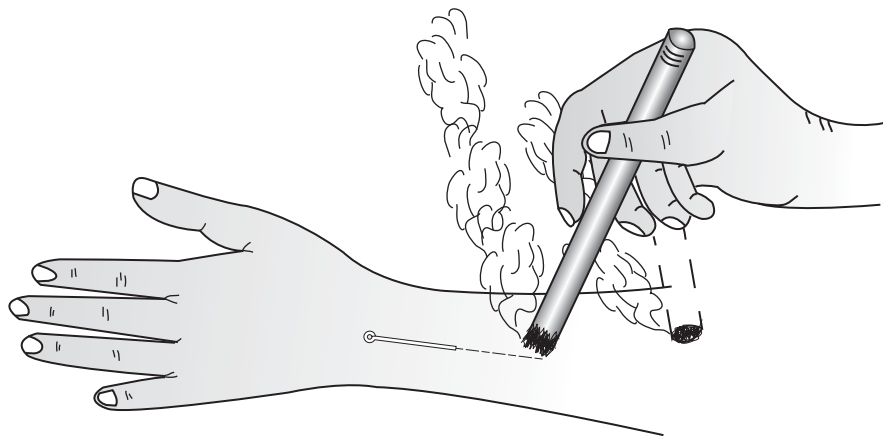


FIGURE 2-11 The Tiao Qi technique controls and adjusts the needle sensation in a specific direction.

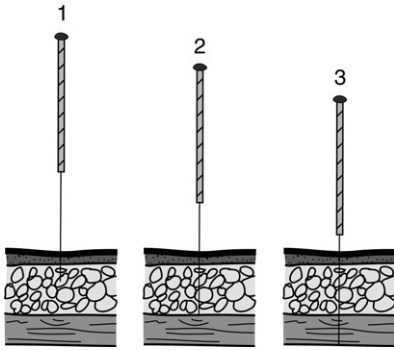


FIGURE 2-12 The mountain burning technique inserts needles into the three layers of tissues. This works as a comprehensive needle technique, as well as in combination with fast and slow, lifting and thrusting, open and closed, turning, rotation, and breathing of tonification techniques.

technique nine times. Lastly, lower the needle down to the deepest one-third depth of the point and perform the same technique nine times. This completes one degree of the mountain burning technique. If necessary, repeat the technique a few times until the patient feels a warm sensation. Take the needle out slowly, applying pressure with a cotton ball over the point as the patient inhales (Figure 2-12).

Cooling The Sky Technique

This is a comprehensive needle technique including fast and slow manipulation, lifting and thrusting, using an even number, and leaving the pore open sedating technique, as well as combining it with turning, rotation, and breathing. Cooling the sky is used for excess or hot conditions. In the clinic, it is used for excess Qi and fire, and hot internal organ conditions such as the tense type of stroke, heat stroke, delirious speech, seizure, fevers, constipation, and other excess heat conditions. This technique clears heat to sedate the fire.

When performing the cooling the sky technique, have the patient breathe by inhaling through the nose and exhaling through the mouth. When the patient inhales, insert the needle to the lowest one-third depth of the point. For manipulation, use heavy lifting and gentle pressure six times, in combination with the sedating turning technique. Then, lift the needle up to the middle one-third depth of the point and repeat the same technique six times. Lastly, lift the needle to the superficial one-third depth of the point and perform the same technique six times. This completes one degree of the cooling the sky technique. If necessary, repeat the technique a few times. Wait until the patient exhales and withdraw the needle quickly, shaking it to enlarge the needle hole as the needle is removed without applying a cotton ball to the needle hole.

In the micro-acupuncture system, the cooling the sky and mountain burning techniques have been adapted to the scalp acupuncture technique. Because there is not much muscle to use for depth on the scalp, the techniques are applied by using distance instead of depth. Use the distance between the midline

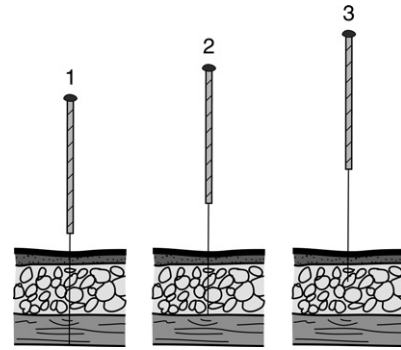


FIGURE 2-13 The cooling the sky technique also inserts needles into the three layers of tissues, but the practitioner inserts the needle into the deep layer first.

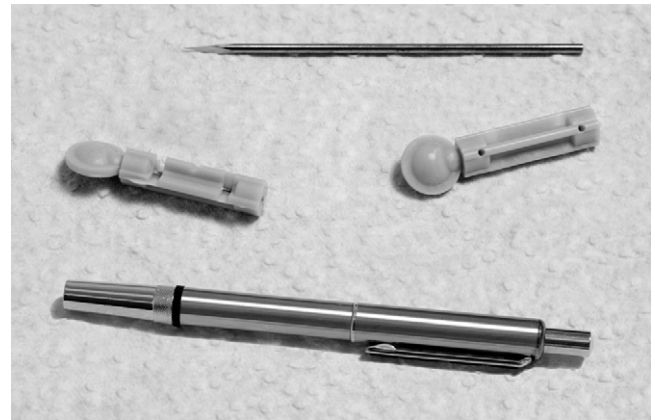


FIGURE 2-14 Three-edged needle, lancet, and the dispenser, to prick certain points to bleed for better blood circulation.

of the scalp toward the ear. Divide this area into three sections to perform the techniques. The cooling the sky technique is considered a sedation technique, and the mountain burning technique is considered a tonification technique (Figure 2-13).

The Bloodletting Technique

The bloodletting technique uses a three-edged needle, lancet, or pricking needle and its dispenser to prick certain points to bleed for better blood circulation.

The three-edged needle was known as “Feng Zhen,” or “sharp-edged needle,” in ancient times. The needle has a round handle, a triangular head, and a sharp tip. The three-edged needle performs the functions of draining heat from the body, dispelling blood stasis to stop pain, releasing toxins, opening orifices, calming the Shen, reducing swelling, sedating fire, expelling wind to stop itching, and promoting the smooth flow of Qi and blood (Figure 2-14).

This method is used to treat blockage of the meridians, blood stasis, excess syndromes, and heat patterns such as high fever, loss of consciousness, sore throat, and local congestion or swelling.

There are four different techniques: pinching and pricking, clumpy pricking, break pricking, and collateral pricking.

Pinching and Pricking Technique

Use the routine clean needle technique, and then use the left thumb, index finger, and middle finger to hold the operated area. The practitioner then applies heavy pressure to cause slight redness and swelling. Use one hand to hold the three-edged needle and prick quickly about 0.05 to 0.1 inch deep for bloodletting. Withdraw the needle immediately and squeeze out a few drops of blood. Press the puncture hole with a sterilized, dry cotton ball to stop the bleeding. This technique is mostly used at the end of the extremities, such as the hands, feet, and ears in the micro-acupuncture system (Figure 2-15).

Clumpy Pricking Technique

Make multiple pricks around a small area of redness or swelling rather than a particular point. Puncture the skin for bloodletting or use in combination with cupping. This technique is mostly used for toxic swelling, Bi syndrome, or skin ulcers (Figure 2-16).

Break Pricking Technique

This technique is used on the chest, abdomen, back, head, and face. The point is shallow and skin or muscles are thin. Use one hand to hold the needle and insert it into the skin to lift up and break the skin. This is used to release infection, tumors, and toxicity.

Collateral Pricking Technique

Use a rubber band to tie the upper section or lower section of the point. Puncture slowly with the three-edge needle into the superficial vein about 0.5 to 1.0 fen deep and release the needle slowly for bloodletting. Release the rubber band and wait until dark blood becomes red blood. Apply pressure to the puncture



FIGURE 2-15 Pinching and pricking technique.

hole with a sterilized, dry cotton ball to stop the bleeding. This technique is used on the superficial vein to release blood. It is useful for problems of the head and the four extremities.

In the micro-system, the bloodletting technique is most commonly used for hand acupuncture, foot acupuncture, and ear acupuncture. The clumpy pricking technique is usually used in the back Shu system.

Intradermal Needle Technique

The intradermal needle (or embedded needle) is a short needle made of stainless steel wire used especially for embedding in the skin. It can exert continuous stimulation to points with the purpose of preventing and treating disease. Most commonly used to treat some chronic or painful diseases, this technique requires longer needle retention time.

In the micro-system, this technique is commonly used in ear acupuncture, wrist and ankle acupuncture, hand acupuncture, back Shu acupuncture, face acupuncture, and nose acupuncture (Figure 2-8).

There are three types of needles:

1. Thumbtack needle: about 0.3 cm long with a head like a thumbtack. Generally applied to ear and face areas. When inserting thumbtack needles, first use alcohol to sterilize the area to be embedded, and then hold the ring of the thumbtack needle with forceps. Insert the needle into the prescribed point and then fix the needle with a piece of adhesive tape.
2. Grain-like needle: about 1.0 cm long with a head like a grain of wheat. Apply to acupuncture points or tender points on various parts of the body. When inserting grain-like needles, first sterilize the area to be embedded, and then hold the body of the grain-like needle with forceps and insert it horizontally into the point approximately 0.5 to 1.0 cm. Leave it lying flat on the skin and then affix the needle with a piece of adhesive tape.
3. T-Bone needle: resembles the thumbtack needle but has adhesive plaster both above and below the ring of the needle. The sharp tip of the needle is substituted with a dull head and doesn't penetrate the skin. The adhesive helps hold the needle in place and stimulates sensation on the surface of the skin. It also reduces the sensitivity of the skin to the adhesive plaster.

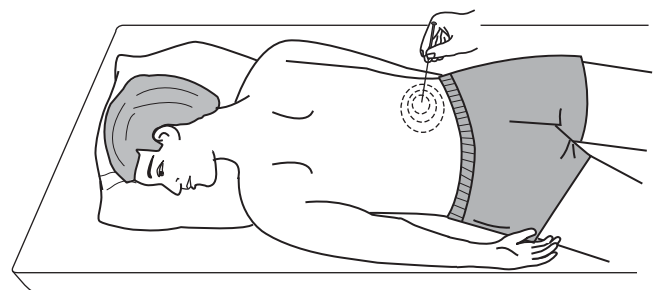


FIGURE 2-16 Clumpy pricking technique.

Cupping Technique

Cupping is a therapeutic method in which a jar is attached to the surface of the skin in order to cause local congestion via negative pressure. The negative pressure in each cup is achieved via introduction of heat from an ignited material.

The functions of cupping include the promotion of Qi and blood circulation, dispelling cold or dampness, diminishing swelling and pain, and draining pus.

There are many types of jars designed for cupping procedures, but the most commonly seen in clinical settings are the following (Figure 2-17):

Bamboo Jar

This is a cylindrical section of bamboo that is 3 to 5 cm in diameter and 6 to 8 cm or 6 to 10 cm in length. Bamboo jars are readily available in many places because they are often relatively cheap and easy to make. Bamboo cups are lightweight and difficult to damage but are subject to drying out and losing the integrity of their vacuum over time.



FIGURE 2-17 There are many types of jars designed for cupping procedures; the most commonly seen in clinical settings are shown here.

Pottery Cup

Pottery cups are jars of varying sizes made of clay. They have smooth rims, large bellies, and small openings at their bases, similar to the construction of a drum. This type of cup is favored because it is able to produce very powerful suction; however, clay jars are easily subject to damage.

Glass Cup

These jars are made of heavy glass and are often shaped similarly to pottery jars. They are usually available in three main sizes (small, medium, and large). One may substitute bottles with large openings for glass jars, so long as the glass is heavy enough and the rims are smooth. The transparency of glass jars allows the practitioner to observe local congestion resulting from the cupping procedure, thus enabling the practitioner to easily control the duration of the cupping. A disadvantage of glass jars is that they are easily subject to damage.

Rubber Cup

These jars are made of rubber and are similar in shape to pottery jars. This type of jar is very easy to use virtually anywhere on the body, even on bony surfaces like joints. Like their air-draining counterparts, rubber cups are very durable and require no ignition or combustion to induce a vacuum.

Air-Draining Cup

These smooth-edged jars are made of modern polymers and feature a valve system for air evacuation. Suction is created via a vacuum pump attached to the valve on the cup. These cups have no need for ignition- or combustion-induced vacuum pressure and are more durable than their bamboo, pottery, or glass counterparts (Figure 2-18).

There are many different cupping techniques for performance:

Fire Twirling Method

A long piece of paper or a cotton-wool ball is soaked with alcohol, held securely by forceps, ignited, and allowed to burn. To induce vacuum pressure, the burning cotton-wool ball is then circled within the cup one to three times (taking care not to heat up or burn the rim), and then removed. The cup is then very quickly placed on the desired area of the patient before the vacuum is negated. Since there is no fire left inside the cup when it is applied to the patient, this method is regarded as safe and is commonly used in the clinical setting.

Fire Throwing Method

Throw a piece of ignited paper into the cup and then rapidly place the mouth of the cup firmly against the selected area of the patient's skin. This method is often used for the sides of the body, or anywhere else that the cup needs to be applied horizontally. This method is known to produce the strongest suction.



FIGURE 2-18 Air-draining cups have no need for ignition.

Alcohol Method

Apply 1 to 3 drops of 95% alcohol (not so much that the skin is in danger of catching on fire) into the cup and allow it to spread along the cup's internal surface. Ignite the alcohol inside the cup and quickly place the cup on the selected area of the patient.

Cotton-Wool Sticking Method

Place a piece of a cotton-wool soaked with alcohol into the lower one-third of the internal surface of the jar, ignite the cotton, and then rapidly put the cup onto the selected area.

Fire Burning in the Lid Method

Use a rubber lid with a diameter that is smaller than the cup to be used. Place an alcohol-soaked cotton ball on the lid. Place this small lid over the desired site, ignite, and rapidly cover it with a cup. This method also produces very strong suction.

Cupping after Boiling

Place 5 to 10 bamboo cups in boiling water. Remove the cups and keep their openings pointed downward. Quickly cover the openings with a warm towel and rapidly place the cup onto the affected area. One may also boil the cups in water mixed with herbs. This method is called "medicated cupping" and is indicated for Bi syndromes caused by wind, cold, or damp.

Running Cupping

This method is sometimes called "pushing cup." Apply some oil onto the rim of the cup or onto the skin of the affected area of the patient. Next, apply the cup, and then with the right hand,

push the cup back and forth, up and down until the skin becomes red, congested, or even exhibits some blood stasis. This method is suitable for treating numbness, pain, or Bi syndromes involving wind and damp. Running cupping is also very effective for treating large areas of the body where the muscles are thick, such as the back, thighs, buttocks, and lumbar region.

Quickly Replaced Cupping

Put the cup on the skin then remove it at once. Repeat this procedure until the skin turns red, becomes congested, or forms visible blood stasis (a bruise). Quickly replaced cupping is often used to treat numbness of the skin, as well as pain. This method is also useful in treating Wei syndrome.

Bloodletting Cupping

The area to be cupped must be sterilized before this procedure. Afterward, prick a small vein with a three-edged needle or tap the skin with a seven-star needle and apply the cup to promote bloodletting. This method is useful for treating erysipelas, sprain, and mastitis.

Water Cupping

Put decocted herbal medicine into the cup, induce a vacuum, and rapidly apply the cup to the selected site with the mouth of the jar facing upward. Have the patient turn over to let the herbal medicine touch the skin while the vacuum is intact. This method is useful for treating many skin problems.

Cupping with Needling

This is also known as "cupping on the needle." Place a cup over a needle already inserted into the desired point. Retain the cup for 5 to 10 minutes, or until the skin becomes congested or visible blood stasis forms. This method is excellent when the therapeutics of cupping and needling are most appropriate in combination.

Suction Bottle (Air-Draining Cupping)

Put an air-draining cup on the surface of the skin and induce vacuum pressure. Depending on the strength of the vacuum, retain the cup for 5 to 10 minutes, or until the skin becomes congested or a visible blood stasis forms.

Cupping is very useful in treating the symptoms of Bi syndromes, such as pain in the lower back, shoulders, and legs. Cupping effectively treats gastrointestinal disorders such as stomachache, vomiting, and diarrhea. Therapeutic applications of cupping have even been effective in treating lung diseases such as cough and asthma.

Cupping has generally been very well received, as it is a convenient procedure and can be used to treat a vast array of pathological conditions. Cupping is also a useful auxiliary therapeutic method to acupuncture and moxibustion. For the micro-acupuncture system, the cupping technique is a great way to apply passive activity to a diseased area while the needle is inserted on the distal part of the body. An advantage of this technique is that cupping can be used without concern for

placement of the needles. By using cupping technique, it is easier for the needle retention in the micro system to reach the diseased area.

Moxibustion Technique

Moxibustion is a therapeutic method that treats and prevents disease by applying the stimulation of warmth and heat to the acupuncture points and certain locations of the body. The material for moxibustion is called “Ai Ye,” or “moxa wool.” It is in the form of a cone or stick made of the dried leaves of the plant.

The functions of moxibustion are to warm the meridians and expel cold, induce the smooth flow of Qi and blood, strengthen Yang from collapsing, reduce abscesses, dissipate nodules, prevent disease, and maintain health and well-being.

Moxa Cones

There are several different sizes of moxibustion cones, including large, medium, small, and “rice bean” form (Figure 2-19).

The technique includes direct and indirect moxibustion.

DIRECT MOXIBUSTION Direct moxibustion is performed by putting the moxa cone directly on the selected acupuncture point and igniting it.

Nonscarring moxibustion A moxa cone is placed on a point and ignited. When half or two thirds of it is burnt, remove the cone and replace it with another one. No blister should be formed, and there should be no festering or scar formation. Seo Am moxa also can be used, which has a sticky adhesive paper underneath the moxa cone. The adhesive paper can be removed and the moxa can be placed directly on the skin. An advantage of this form of moxa is that there are no limitations on the patient’s body positions.

Scarring moxibustion Before moxibustion, onion or garlic juice is applied to the selected site to (1) increase the adhesion of the moxa cone to the skin and (2) increase the amount of stimulation provided by the moxa cone during the procedure. A moxa cone is then placed on the desired site, ignited, and allowed to completely burn out. This is repeated 5 to 10 times, often leading to a local burn, blister, festering, and eventual scar formation when the area is completely healed from the



FIGURE 2-19 There are several different sizes of moxibustion cones, including large, medium, small, and rice bean form.

procedure. This method is often used to treat certain chronic diseases such as asthma, abdominal pain, irregular menstruation, Bi syndrome, impotence, and tumors.

INDIRECT MOXIBUSTION: Indirect moxibustion is performed when an ignited moxa cone is placed on an insulated material and not directly in contact with skin.

Moxibustion with ginger: A piece of ginger is sliced to about 0.5 cm thickness and several holes are punched through. The slice of ginger is applied to the desired area and the moxa cone is ignited on top of it. As soon as the patient feels the scorching sensation, the cone is removed and a new one is ignited in its place. This method of moxibustion is often used to treat symptoms of spleen and stomach deficiency such as diarrhea, abdominal pain, painful joints, and so on. Moxibustion with ginger is also used to treat symptoms resulting from a Yang deficiency (Figure 2-20).

Moxibustion with garlic A perforated slice of garlic about 0.5 cm thick is applied to the desired area and a moxa cone is ignited on the slice of garlic. As in moxibustion with ginger, as soon as the patient feels the scorching sensation, the cone is removed and replaced with a new one. This method of moxibustion is often used to treat scrofula, tuberculosis, abdominal masses, early-stage skin cancer ulcerations and boils, and poisonous insect bites.

Moxibustion with salt The navel is filled with salt to the level of the skin. A large moxa cone is placed on the salt and ignited. In the event that the patient has an “outie” (the navel is convex, or even simply not concave), a wet noodle can be placed around the navel and used as a retainer for the salt.

This method of moxibustion is known to be effective in treating abdominal pain, vomiting and diarrhea, pain around the umbilicus, pain caused by a hernia, and prolonged dysentery. It is also effective in restoring Yang from a state of collapse, where symptoms of excessive sweating, cold limbs, and undetectable pulse may manifest.

Insulation with Fu Zi (Prepared Aconite Root) This technique uses the herb Fu Zi as an insulator. A piece of Fu Zi is sliced to about 0.5 cm thick and several holes are punched through, or the practitioner can cut the herb into small pieces and mix

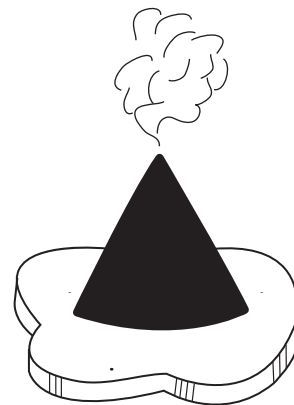


FIGURE 2-20 Moxibustion with ginger.

them with flour and wine to form a small cake about 0.2 to 0.5 cm in thickness. Then use the moxa cone on the top of the cake. The property of Fu Zi is very acrid and warm. It has the function to warm the kidneys and Ming Men. Use this method to treat any Yang deficiency conditions.

Insulation with Pepper This technique uses white pepper as an insulation material. Mix the white pepper with flour to form a small cake about 0.3 to 0.5 cm thick. Make a slight depression in the center to put in herbs such as Ding Xiang (Caryophylli) or Rou Gui (Cinnamomi Cassiae). Then put the moxa cone on the top. This technique is used to treat Bi syndrome with pain and local numbness.

Moxibustion with Monkshood Cake A coin-sized cake of monkshood powder mixed with alcohol is perforated and placed on the site selected for moxibustion. The moxa cone is placed on the cake and ignited. Because monkshood is warm in nature, it can warm the Yang and expel cold. This method of moxibustion is only suitable for treating deficient and persistent Yin-cold syndromes such as impotence and ejaculation praecox caused by a declining Ming Men fire.

Moxa Rolls

There are two kinds of moxa rolls: traditional and smokeless (Figure 2-21).

A lighted moxa stick is applied over the selected point. The level of heat and the duration of the therapeutic application are rather easy to control with this method, so it is commonly used in today's clinics.

MILD-WARMING MOXIBUSTION: An ignited moxa stick is applied over the desired point until mild warmth is achieved at that point and in the surrounding area. This is done for 5 to 10 minutes, or until the area itself becomes red (Figure 2-22).

SPARROW-PECKING MOXIBUSTION: When this method of moxibustion is performed, the ignited moxa stick is rapidly pecked over the desired point with care being taken to avoid burning the skin. The moxa stick may also be evenly moved with a left to right motion.

ROTATING MOXIBUSTION: The ignited moxa stick is applied over the desired point with rotating circles or it follows the meridian pathway until a mild warming sensation is achieved

and the patient feels very relaxed. This is a commonly used technique in the micro-acupuncture system.

TAIYI MIRACULOUS (GREAT MONAD): The herbs are mixed together and ground into a very fine powder. The desired amount of powder is then placed on a piece of paper and processed until it is formed into the Great Monad Herbal Moxa Stick.

The area for moxibustion must be examined and marked. One stick is then ignited and quickly placed into a piece of dry cloth that has been folded into seven layers. This is then directed to the marked area of skin with the intent of having the heat penetrate into the deeper muscle layers.

It is best to prepare two Great Monad Herbal Moxa Sticks at a time to facilitate a thorough treatment of the desired area.

This method of moxibustion warms the meridians, promotes the free flow of Qi and blood, and dispels cold and dampness, making it effective in treating prolonged diseases such as abdominal pain, dysmenorrhea, hernia, and painful joints due to a wind-cold-damp condition.

THUNDER FIRE MOXA STICK: The thunder moxa stick is very similar to Taiyi miraculous in terms of the preparation and its performance; however, it uses different herbs.

HERBAL MOXA STICK: The herbal moxa uses mainly Ai Ye (*Folium Artemisiae*) with other ingredients as desired to make a moxa roll. The practitioner can use sparrow pecking and rotation techniques to induce mild warming.

Warming Needle

The practice of moxibustion with a warming needle is a combination of moxibustion and acupuncture. This method is often used for conditions in which needle retention and moxibustion are both necessary in order to achieve the therapeutic effects desired in the treatment being performed.

After the acupuncture needle is properly inserted into the acupuncture point and De Qi is achieved, the needle handle is then wrapped with a unit of moxa wool. The moxa wool is ignited, causing a mild heat sensation around the point as the wool burns. This method of moxibustion serves to warm the meridians and promote the free flow of Qi and blood, thus effectively treating conditions such as painful joints as the result



FIGURE 2-21 There are two kinds of moxa rolls: traditional and smokeless.

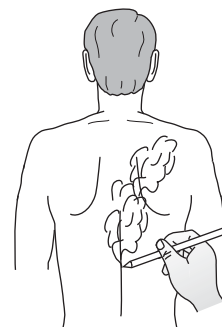


FIGURE 2-22 Mild-warming moxibustion. An ignited moxa stick is applied over the desired point until mild warmth is achieved at that point and in the surrounding area.

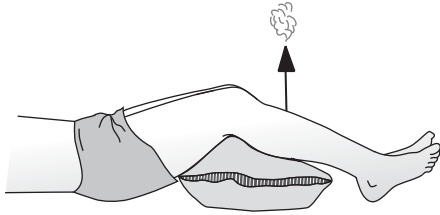


FIGURE 2-23 The warming needle is a combination of moxibustion and acupuncture needle. The needle handle is wrapped with a unit of moxa wool.

of cold-damp, or numbness with cold sensations and paralysis (Figure 2-23).

Warming Moxa Box

There are many different kinds of warming boxes, which are made of metal or wood. They are designed to hold moxa wool in the box. Once ignited, the box can be kept in place on a specific location or can be moved along the meridians. The moxa box is able to generate a warm sensation over a larger area. Another benefit of the box is it can be used for patients who are afraid of the moxa cones or roll.

Medicinal Vesiculation

Medicinal vesiculation is a method in which herbs are used directly on an area of the body or on a point for a few hours or days in order to get the skin to respond to redness, itchiness, and vesicles. It is an effective way to treat a variety of long-term conditions such as malaria, skin carcinomas, tumors, or bone tuberculosis.

The Process and Volume for Moxibustion

The volume for moxibustion, size of the moxa cone, and duration of the moxa stick application should be considered in relation to the patient's pathological condition, general constitution, age, and the site where moxibustion is to be applied. For acute onset of disease or patients with a strong constitution, use large moxa cones and more moxa zhuang (*zhuang* = number of moxa cones). For chronic disease, elderly patients, young children, or patients with a weak constitution, use small moxa cones and less moxa zhuang. For points located on the face, head, and chest, use small moxa cones and less moxa zhuang. For the upper and lower back, shoulders, abdomen, and both thighs, use large moxa cones and more moxa zhuang. Three to seven moxa cones are applied to each point. The moxa stick is usually applied for 10 to 15 minutes at a time.

The contraindications for moxibustion are heat syndrome of the excess type or fever due to Yin deficiency, and the abdominal and lumbosacral regions of pregnant women. Scarring moxibustion should not be applied to the face, near the sensory organs, or to any area near large blood vessels.

If small blisters appear, take care not to break them. They will be absorbed and heal by themselves. However, if large blisters appear, puncture and drain them with a sterilized needle. Then wrap the area with gauze. For conditions in which pus appears, the patient needs to rest in order to strengthen the

body's resistance. Keep the site clean. The blisters should be dressed to prevent further infection.

For the micro-acupuncture system, the moxibustion technique is a great way to stimulate the needled area and apply passive activity to a diseased area. By using the moxibustion technique, the needle reaction can more easily reach the diseased area.

Some of the moxibustion techniques are not useful in the micro-system because of their requirements, such as Taiyi miraculous, thunder fire moxa stick, and medicinal vesiculation. However, moxibustion is useful on local diseased areas while stimulating or retaining needles on the micro-system points.

Electro-Acupuncture Technique

Electro-acupuncture is a specialized therapeutic method in which a small electrical charge is applied to needles that are already inserted into specific points and have attained De Qi. Electro-acupuncture is advantageous in treating conditions that benefit from acupuncture and electrical stimulation.

Electro-acupuncture shares the same range of indications as filiform needling, so it can be used to treat a broad spectrum of conditions. The most notable conditions are all types of pain; Bi syndromes; Wei syndromes; disease conditions of the stomach, intestines, gallbladder, urinary bladder, and uterus; and injuries to the muscles, ligaments, and joints. It is also used in acupuncture anesthesia.

The micro-acupuncture system is widely used in electro-acupuncture, especially in the scalp acupuncture system, Jiaji acupuncture system, and back Shu system. There are good results when using electro-stimulation for central nerve disorders, especially with scalp acupuncture. It is also common to combine electro-acupuncture with the macro-acupuncture system.

Electro Waves

There are many different waves to choose depending on different conditions.

DENSE WAVE: This wave features a continuous frequency of from 50 to 100 pulsations per second, making it a relatively high-frequency pulsating current. It is able to decrease nerve reactions to produce controlled results, making it effective in stopping pain. The dense wave can also release muscle spasms and vessel spasms, making it beneficial in the treatment of circulatory problems and nervous tension.

SPARSE WAVE: This wave features a continuous low-frequency pulsating current. The amount of time between pulsations is sufficient to prevent accommodation of the tissues, allowing continual stimulation of the affected area. The sparse wave is used to provide stronger stimulation resulting in a vibrating sensation or muscle contraction. Sparse wave therapeutic effects are also known to last longer than those of other waves.

DENSE-SPARSE WAVE: This wave combines the dense wave and the sparse wave, alternating between them about every 1.5 seconds. It is very difficult for the body to accommodate to this combination wave, so it is able to produce a strong reaction capable of exciting the nervous system, increasing metabolism,

aiding circulation, improving nutrient uptake in the tissues, and helping the absorption of edema. The pain-control effects of this combination wave are also known to last a long time. This wave is clinically used for treating high blood pressure or any acute injury such as a sprained ankle, joint inflammation, muscle weakness, nerve pain, sciatic pain, and Bell's palsy.

INTERMITTENT WAVE: This wave features a pulsating current in an "on-off" pattern. There is a 1.5 second timeframe without any pulsating current when it is "off" and 1.5 seconds of stimulation with a dense wave when it is "on." The intermittent current is difficult for the body to accommodate. The intermittent wave is capable of providing powerful stimulation resulting in a strong sensation and muscle contraction. Clinically, it is mainly used to treat paralysis and conditions of muscle weakness.

SERRATED WAVE: This wave's frequency is very stable and its pulsating current acts like a saw, occurring 20 to 25 times per minute. The frequency of this wave's pulsations are very close to that of the human respiratory rate, so it is commonly used to stimulate diaphragm nerves to assist artificial breathing. The serrated wave is known also to increase nerve-muscle activity, adjust vascular function, increase circulation, and help with fluid absorption.

Normally a dense wave or dense-sparse wave is used to stop pain. Use a dense-sparse wave to increase circulation, in addition a dense-sparse wave or serrated wave is used to increase absorption of fluid. Use the intermittent wave, serrated wave, or sparse wave to increase muscle activity. A sparse wave is used to stimulate connective tissues.

METHODS: When using electricity, choose a pair of points on one side of the body's midline. After setting the electro-machine's output to zero, apply the negative electrode to the main point and the positive electrode to the secondary point. Select the desired wave form and turn the electro-machine's power on, slowly increase the output until it reaches the desired level. Generally, electro-acupuncture is applied for 5 to 20 minutes. The appropriate amount of stimulation falls between the current of sensation threshold and the current of pain threshold. This is a very subtle range that needs careful adjusting to suit the patient and the treatment without causing needless discomfort.

PRECAUTIONS: It is *vital* that the electrical path/circuit does not cross the heart or medulla. Inspect the electro-machine (e.g., contact wires, dials, settings, and batteries) before each use.

In addition, turn the output off to zero before use. When regulating the intensity of the electrical charge, any increase must be performed slowly and carefully. A sudden, rapid increase in the intensity of the electrical current can cause an abrupt, painful muscular contraction that may result in a bent or broken needle, or even cause the patient to faint. To avoid causing a short, do not allow the paired needles to come into contact with each other.

WARNING FOR PATIENT CONDITIONS: Electro-acupuncture is contraindicated for patients with cardiac pacemakers. Use caution with electro-acupuncture in pregnant women; in the area near or directly around the heart; near a recent scar, new skin, or cut; and directly over, through, or near a recently fractured bone.

Micro-Acupuncture Method of Point Selection and Combination

3

Micro-Acupuncture Method of Point Selection

Micro-acupuncture is a branch of the macro-acupuncture system, so similarities of principles are observed in choosing points in practice, although they have specific features in choosing points. As micro-acupuncture is developing in modern times and in many different countries, various perspectives have developed based on different research and backgrounds. Some scholars have different opinions on choosing the treatment points, although the traditional Chinese principle of point selection is still followed by many scholars and practitioners.

Point Selection Based on Holographic Theory

Point selection based on holographic theory is a method based on and developed from points distributed holographically on the body. In the human body, every long bone contains the same point distribution as the second metacarpal bone. Also, every long bone joint will always connect with two opposite ends. Each of these long skeletal regions is believed to contain the different body regions and their underlying internal organs. Selection of points based on holographic theory is such that the selected point on any long skeletal region is the same point. For example, if we choose the Lumbar point on the second metacarpal bone, then at the same time we will choose the Lumbar point distributed at the head area, trunk area, upper arm, forearm, upper leg, lower leg, and feet.

Point Selection Based on Differential Diagnosis

Selecting points based on the differential diagnosis is based on the theory of fundamental Chinese medicine. Make a diagnosis according to the physical condition of the internal organ and the pathogenic manifestations of the disease. Then choose the treatment point. For example, in Chinese medicine the kidney stores the essence, controls the water passageways, grasps the Qi, and benefits the bones. Essence from the kidney is the root of the human body, and the foot Shaoyin Kidney meridian and foot Taiyang Urinary Bladder meridian are internally and externally connected. So, if the patient has symptoms of low back soreness and pain, knee pain, impotence, premature ejaculation, tinnitus, decreased hearing, edema, and incontinence, choose a Kidney point as the main treatment point. Meanwhile, choose a Bladder point as a facilitating point.

Point Selection Based on Nerve Distribution

Choosing points based on nerve distribution is based on the theory according to nerve distribution in the different sections

of the body, such as choosing the Jia Ji point to treat the internal organ condition and providing stimulation along the spinal nerve areas, which are the segmental innervation system.

Point Selection Based on Western Medicine

Choosing points based on Western medicine uses the patient's clinical signs and symptoms, physical examination, and laboratory tests to make a diagnosis and then choosing points based on the Western medicine theory. For example, choose points, such as the Endocrine point, on the ear to treat patients who have irregular menses, use the motor area on the scalp to treat a patient who has a central nervous system disease causing paralysis, and use the Hyperthyroid point on the hand to treat a patient who has a hyperthyroid condition.

Point Selection Based on Clinical Experience

Choosing points based on clinical experience is the selection method based on many centuries of clinical experience, which have identified specific points to have specific functions and effects. For instance, use the Shen Men point on the ear to control pain, use the External Genitalia point on the ear to treat wryneck, use the Stop Itching point on the hand to treat itchy skin conditions, or use the Decrease Blood Pressure point on the hand for hypertension.

Point Selection Based on Corresponding Specific Area

Choose points based on the patient's specific corresponding disease area at the micro-acupuncture system. For example, if the patient is coughing with chest pain, choose the Lung point on the ears, nose, hands, feet, second metacarpal bone, or back Shu area.

Micro-Acupuncture Method of Point Combination

Micro-acupuncture system point combinations are based on the method of point selection, which is selecting the point by holographic, differential diagnosis, meridian and points, nerve distribution, Western medicine theory, corresponding point location, and clinical experience. The combination should be based on the most refined, effective, and convenient points.

Refined: The points selected should be of the fewest number but the most refined.

Effective: The points selected have been proven to have the best result for this particular condition.

Convenient: The points selected should be the most convenient for both the practitioner and the patient.

Only Use Micro-Acupuncture to Treat Disease

CHOOSING POINTS FROM A SINGLE MICRO-ACUPUNCTURE SYSTEM: This means only choosing points from a specific micro-system, such as only using the ear or hand to treat the disease. Each specific area is also called a *holographic embryo*, that is, it contains all the information of the whole body. We can choose points on the ear based on the differential Chinese theory, combinations with the corresponding area, Western medicine, and clinic experience. For example, in treating a patient with dysmenorrhea, we can choose the Abdominal point as the corresponding area, choose the Liver and Kidney points based on the fundamental traditional Chinese medical theory, choose the Endocrine or Ovary point based on Western medicine, and choose the Shen Men point based on clinical experience to stop pain.

SAME-NAMED POINT: This means that you should choose the same-named point from some or all of the micro-systems. For example, when treating low back pain you can choose all of the Low Back points on the ears, nose, face, mouth, philtrum, hands, and feet, as well as the Back Shu points. Or choose a subset of those systems points.

SAME-NAMED POINT WITH RELATED POINT: This means that you should choose the same-named points as mentioned above, combined with some functionally, internally/externally, location-, or meridian-related points. For example, if we choose the Heart point for a heart disorder, we can combine this with a functionally related Brain or An Mian point, location-related Chest point, or internally/externally and meridian-related Small Intestine point from some or all of the micro-systems.

BIOLOGRAPHIC SAME-NAME POINT: This is based on the idea that any long bone from the whole body has the same group of points and the points are distributed in the same manner as the second metacarpal bone. For example, if we choose the Lumbar point on the second metacarpal bone to treat low back pain, we can also choose all the lumbar points that distribute at the head, trunk, upper arms, forearms, upper legs, lower legs, and feet (see Figure 1-2).

HOLOGRAPHIC CORRESPONDING POINT: The fundamental theory of micro-acupuncture is based on bioholographic theory. Bioholographic theory has proven that every section of the body contains a group of points that are distributed in the same manner as the second metacarpal bone. The similar biological characteristics are always distributed starting at the far end, and the two connecting areas between the bioholographic embryos are always at the opposite ends. So, any part of the long bone of the body is a unit, and they all have multiple corresponding areas.

Bioholographic needle technique is the corresponding needle technique, which is developed from holographic point distribution. It is based on the Chinese medicine principle that if the patient has a left-sided disease, choose to treat on the right side; if the patient has an upper disease, choose to treat on the lower side; and so on. It is also used in micro-system therapy

(e.g., for left hand disease treat the right hand and for left foot disease treat the right foot).

Location Corresponding Point Bioholographic point distribution is set up in the human body such that any section of the body or any relatively independent part of the body has a point distribution that is a small ratio of the whole body. Any relatively specific part of the body each has one point, which relates with each internal organ. For example, if we can find the Lung point on the second metacarpal bone, we can also find the Lung point at the forearm, upper arm, abdomen, and feet.

Same-Side Corresponding Point This means choosing the point corresponding to the disease on the second metacarpal bone, forearm, and upper arm that is on the same side as the disease.

Left and Right Corresponding Points This means choosing the point corresponding to the diseased area on the contralateral side. For example, if we find a painful spot on the Lung point of the second metacarpal bone of the right hand, we will insert a needle on the Lung point of the contralateral side on the second metacarpal bone.

Upper and Lower Extremity Opposite Corresponding Points This means matching the upper arm with the lower legs. That is, the right side of the shoulder will correspond with the right side of the ankle; the right side of the wrist will correspond with the right side of the hip; and so on. Based on this relationship, the Foot point on the shoulder area is the same as the Foot point on the ankle area. Therefore, if the shoulder has a problem, choose a point on the ankle (Figure 3-1).

Upper and Lower Extremity Corresponding Points This means choosing the point corresponding to the diseased area on the same side but from upper extremity to lower extremity. For example, we choose a point around the knee to treat disease on the elbow (Figure 3-2).

Across Corresponding Point This means matching the upper arm with the lower leg and then choosing points across the body contralaterally. For example, if the right foot has a disease, choose the left-side shoulder area corresponding point for the foot.

Chest, Abdomen, Lumbar, and Back Corresponding Points This means choosing the trunk, anterior, posterior, Yin, and Yang corresponding points. It is based on the theory of Front Mu and Back Shu combination. The Head point on the chest is opposite the Head point on the back (Figure 3-3).

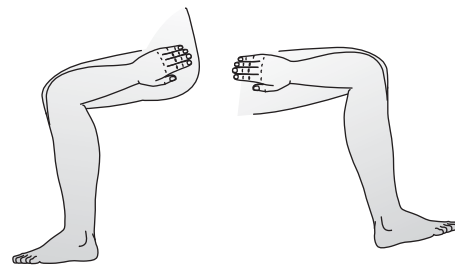


FIGURE 3-1 Micro-acupuncture method of point combination. This illustration shows upper and lower extremity opposite corresponding points.

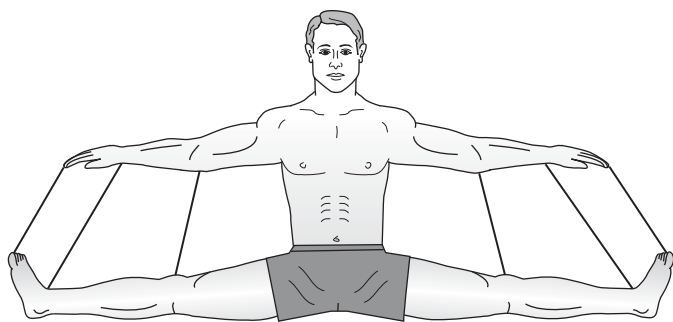


FIGURE 3-2 This illustration shows upper and lower extremity corresponding points.

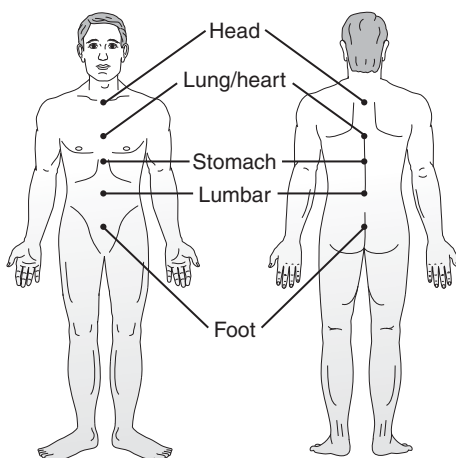


FIGURE 3-3 This illustration shows chest, abdomen, lumbar, and back corresponding points.

Macro-Acupuncture Plus Micro-Acupuncture Point Combination

ASHI POINT PLUS MICRO-ACUPUNCTURE: First, find the painful place that the patient is complaining about, apply pressure to find the exact pain point, and insert the needle into that Ashi point. Then choose points on a specific micro-system, such as ear, hand, or back Shu, corresponding with the body pain area. You can use a single micro-system or multiple micro-systems.

PAIR POINT PLUS MICRO-ACUPUNCTURE POINT: According to the differential diagnosis, choose specific points, which have a diagnostic and treatment purpose, in combination with micro-acupuncture system points. The pair points have been identified over the course of centuries of clinic practice. It is a simple, easy, and effective technique. The pair points have the function to balance the Yin and Yang, connect the up and down, and communicate between internal and external. This technique can enhance the effectiveness of the micro-system by directly targeting the diseased area. The pair points are used to open the gate, usually before inserting the micro-system point.

Nei Guan (P 6) with Gong Sun (Sp 4) These two points are part of the eight confluent points. P 6 communicates with the

Yinwei meridian, and Sp 4 communicates with the Chong meridian. They treat heart disease and stomach problems, as well as other digestive conditions.

Hou Xi (SI 3) with Shen Mai (UB 62) These two points are part of the eight confluent points. SI 3 is connected with the Du meridian. UB 62 communicates with the Yangqiao meridian. They treat occipital headache, cervical spondylosis, whiplash, and psychological conditions.

Wai Guan (SJ 5) with Zu Lin Qi (GB 41) These two points are part of the eight confluent points. SJ 5 communicates with the Yangwei meridian, and GB 41 is connected to the Dai meridian. They treat eye problems, tinnitus, decreased hearing, migraine headache, and high blood pressure.

Lie Que (Lu 7) with Zhao Hai (K 6) These two points are part of the eight confluent points. Lu 7 communicates with the Ren meridian, and K 6 is connected with the Yinqiao meridian. They treat lung disease, bronchitis, sore throat, and menopause syndrome.

Ren Zhong (Du 26) with Feng Fu (Du 16) Both points are important points of the Du meridian. The Du meridian controls the whole body's Yang meridians, running posteriorly along the interior of the spinal column and connecting to the brain. This forms a close relationship with the brain and the spinal cord and the anterior and posterior areas of the body. These points can be used for the conditions of nervous system shock, stroke, and low back pain with good results.

Tan Zhong (Ren 17) with Nei Guan (P 6) Ren 17 is a point on the Ren meridian, front Mu point of the pericardium, and influential point of Qi. P 6 is a point of the Hand Jueyin Pericardium meridian, one of the eight confluent points, and the Luo point of the Pericardium meridian. These two points in combination are able to open the upper Jiao meridians to treat heart disease and Yu syndrome, such as Qi stagnation and depression.

He Gu (LI 4) with Tai Chong (Liv 3) LI 4 is the Yuan source point of the Hand Yangming Large Intestine meridian, and Liv 3 is the Yuan source point of the Foot JueYin Liver meridian. The Yuan source points have a close relationship with the San Jiao. The Yuan Qi is originally from the kidney, and it is distributed to the whole body through the San Jiao. In the clinic, these points are used widely for headache, dizziness, Bell's palsy, stroke, paralysis from stroke, Bi syndrome, nose problems, seizures, and convulsions in children.

He Gu (LI 4) with Guang Ming (GB 37) LI 4 is a Yuan source point of the Hand Yangming Large Intestine meridian, and GB 37 is the Luo point of the Foot Shaoyang Gallbladder meridian. In combination, these two points are able to treat eye conditions, such as red, painful eyes, glaucoma, pseudomyopia, optic atrophy, and facial nerve paralysis.

Zhi Gou (SJ 6) with Yang Ling Quan (GB 34) SJ 6 is the Jing river point of the Hand Shaoyang San Jiao meridian, and GB 34 is the He sea point of the Foot Shaoyang Gallbladder meridian and the Influential point of tendons. In combination, these two points have the functions of connecting the upper and lower, corresponding Shaoyang meridians at the hand and feet, and harmonizing

the Shaoyang meridians. They have a function to clear and sedate Shaoyang fire and treat all kinds of Shaoyang meridian syndromes, as well as liver and gallbladder excess heat conditions.

Tai Xi (K 3) with Tai Chong (Liv 3) K 3 is the Yuan source point and Shu-Stream point of the Foot Shaoyin Kidney meridian, and Liv 3 is the Yuan source point of the Foot Jueyin Liver meridian. K 3 is able to tonify the kidney and nourish Yin. Liv 3 is able to calm the liver and sedate Yang. In combination, the two points have a function to nourish Yin and sedate Yang. In the clinic, they are mostly used for headache, dizziness, tinnitus, insomnia, and low back pain, which is a Yin deficiency liver Yang rising condition.

Ren Zhong (Du 26) with Wei Zhong (UB 40) Du 26 is a point of the Du meridian, and UB 40 is the He Sea point of the Foot Taiyang Bladder meridian. The Du meridian and Bladder meridian are directly connected by meridian energy. The two points in combination are able to treat a wide variety of acute conditions, such as acute low back pain, acute gastroenteritis, heat stroke, and shock. The bloodletting technique is usually used on UB 40.

Lie Que (Lu 7) with Feng Chi (GB 20) Lu 7 is the point belonging to the Hand Taiyin meridian, Luo connecting point, and confluent point. GB 20 belongs to the Foot Shaoyang Gallbladder meridian and influential area with Yangwei. In combination, the two are able to expel wind and stop pain. They treat patients with a disease located at the head or neck, such as whiplash, cervical spondylosis, and occipital headache.

Zhong Ji (Ren 3) with Di Ji (Sp 8) Ren 3 is a point belonging to the Ren meridian and the front Mu point of the bladder. Sp 8 is the Xi cleft point of the Spleen meridian. The Ren meridian starts at the uterus and controls menstruation, while the spleen generates and controls the blood. Ren 3 is located close to the uterus. The Xi cleft point is able to move Qi and stop pain. So the two points are used together to treat women's diseases, especially for the patient with painful menstruation.

CORRESPONDING POINTS LOCATION AND MERIDIANS IN COMBINATION WITH MICRO-ACUPUNCTURE THERAPY: *Corresponding points location and meridians* is based on the Chinese medical theory that the practitioner should choose points on the same side, on the contralateral side, or at a distal location. Use the opposite shallow technique, also called the Liao Ci technique, which works on Luo meridian disease, or the opposite deep technique, also called the Ju Ci technique, to treat disease. Both of the techniques insert needles on one side of the body to treat disease on the opposite side of the body.

In recent years there has been an increase in acupuncture research done worldwide. Japanese medical scientists have found that the left and right meridians have a reflex that they call the *transverse reflex*. Running between the Hand meridian and the Foot meridian there is a reflex called the *up and down reflex*. There are internal and external reflexes between the medial side and the lateral side of the four extremities' meridians. There are anterior and posterior reflexes between the front and back of the trunk.

From clinical experience, practitioners have found that the upper arms and lower legs have a relative relationship (Figure 3-4).

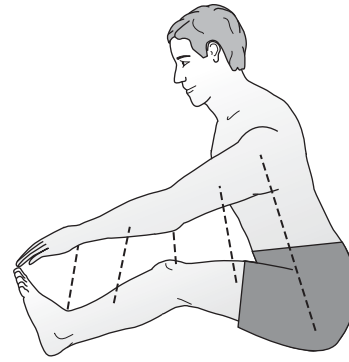


FIGURE 3-4 This illustration shows the locations of corresponding points and meridians. The upper arms and legs have a relative relationship.

Figure 3-4 illustrates the shoulder paired with the buttocks, elbow with knee, and hands with feet. So, forearm disease can be treated on the lower leg. A thumb disease can be treated on the toes.

Left and Right Corresponding or Left and Right Same Meridian Corresponding Plus Micro-Acupuncture This means choosing the contralateral point or part to treat a disease. For example, if the right arm has an Ashi or sensitive point, choose the same location or point on the left arm to treat the disease. For left upper arm disease, choose the right upper arm same meridian corresponding point to treat the disease.

Hand and Foot Same Meridian Corresponding Point Plus Micro-Acupuncture This means that if the left leg has pain, choose a corresponding point on the same-named meridian on the left arm. For extremity hand and foot same meridian corresponding point therapy, the practitioner should focus on the idea that it is not necessary to insert a needle on the point, but he or she must insert the needle on the meridian. In addition, it is not necessary to insert the needle on the point, but the practitioner must insert it on the Ashi point to find the corresponding area.

The following table outlines point selection:

Body Location	Meridian	Related Points
Wrist	Taiyang	Yang Gu (SI 5)—Kun Lun (UB 60)
	Shaoyang	Yang Chi (SJ 4)—Qiu Xu (GB 40)
	Yangming	Yang Xi (LI 5)—Jie Xi (St 41)
Elbow	Taiyang	Xiao Hai (SI 8)—Wei Zhong (UB 40)
	Shaoyang	Tian Jing (SJ 10)—Yang Ling Quan (GB 34)
	Yangming	Qu Chi (LI 11)—Du Bi (St 35)
Shoulder	Taiyang	Jian Zhen (SI 9)—Cheng Fu (UB 36)
	Shaoyang	Jian Liao (SJ 14)—Huan Tiao (GB 30)
	Yangming	Jian Yu (LI 15)—Qi Chong (St 30)
Ankle	Shaoyin	Tai Xi (K 3)—Shen Men (Ht 7)
	Jueyin	Zhong Feng (Liv 4)—Da Ling (P 7)
	Taiyin	Shang Qiu (Sp 5)—Tai Yuan (Lu 9)
Knee	Shaoyin	Yin Gu (K 10)—Shao Hai (Ht 3)
	Jueyin	Qu Quan (Liv 8)—Qu Ze (P 3)
	Taiyin	Yin Ling Quan (Sp 9)—Chi Ze (Lu 5)
Hip	Shaoyin	Heng Gu (K 11)—Ji Quan (Ht 1)
	Jueyin	Ji Mai (Liv 12)—Jian Nei Ling
	Taiyin	Chong Men (Sp 12)—Zhong Fu (Lu 1)

Hand and Foot Same Meridian–Contralateral Corresponding Point Plus Micro-Acupuncture This means choosing a similar area, similar shape, and similar function point from the upper, lower, left, and right contralateral. The rule of choosing points is that the left arm corresponds to the right leg, right arm to left leg, Yin meridian to Yin meridian, and Yang meridian corresponding to Yang meridian. The lateral side corresponds to the lateral side, and medial side to medial side. For example, for right elbow pain around the hand Yangming meridian, the practitioner will insert a needle on the left knee foot Yangming Stomach meridian corresponding point.

Yin–Yang Corresponding Points Plus Micro-Acupuncture The corresponding location is the stimulation point from the anterior of the four extremities corresponding to the posterior of the four extremities. For medial-side disease, choose the lateral side of the corresponding location to stimulate the point. If the same part of the body Yin meridian has disease, choose the Yang meridian that is externally/internally related. Choose the corresponding location as the stimulation point.

The following paired points are examples of using Yin–Yang corresponding rules:

Box 3-1

Xing Jian (Liv 2)–Zu Lin Qi (GB 41)
 Tai Chong (Liv 3)–Qiu Xu (GB 40)
 Zhong Feng (Liv 4)–Yang Fu (GB 38)
 Qu Quan (Liv 8)–Yang Ling Quan (GB 34)
 Zu Wu Li (Liv 10)–Huan Tiao (GB 30)
 Zhong Zhu (SJ 3)–Lao Gong (P 8)
 Yang Chi (SJ 4)–Da Ling (P 7)
 Wai Guan (SJ 5)–Nei Guan (P 6)
 Tian Jing (SJ 10)–Qu Ze (P 3)
 Jian Liao (SJ 14)–Tian Quan (P 2)
 Yong Quan (K 1)–Shu Gu (UB 65)
 Tai Xi (K 3)–Shen Mai (UB 62)
 Zhao Hai (K 6)–Kun Lun (UB 60)
 Yin Gu (K 10)–Wei Zhong (UB 40)
 Heng Gu (K 11)–Cheng Fu (UB 36)
 Hou Xi (SI 3)–Shao Fu (Ht 8)
 Yang Gu (SI 5)–Shen Men (Ht 7)
 Wan Gu (SI 4)–Yin Xi (Ht 6)
 Xiao Hai (SI 8)–Shao Hai (Ht 3)
 Jian Zhen (SI 9)–Ji Quan (Ht 1)
 Xian Gu (St 43)–Gong Sun (Sp 4)
 Jie Xi (St 41)–Shang Qiu (Sp 5)
 Feng Long (St 40)–San Yin Jiao (Sp 6)
 Du Bi (St 35)–Yin Ling Quan (Sp 9)
 Bi Guan (St 31)–Chong Men (Sp 12)
 He Gu (LI 4)–Yu Ji (Lu 10)
 Yang Xi (LI 5)–Tai Yuan (Lu 9)
 Shou San Li (LI 10)–Kong Zui (Lu 6)
 Qu Chi (LI 11)–Chi Ze (Lu 5)
 Jian Yu (LI 15)–Zhong Fu (Lu 1)

Chest, and Abdomen Corresponding Back, and Lumbar with Micro-Acupuncture This means that if the chest or abdomen has a disease, choose points from the back and lumbar. If the back or low back area has a disease, choose points from the chest and abdomen corresponding area. Usually, point selection is first based on the patient's complaint of a painful area, and then

with differential diagnosis a point is chosen from the micro-acupuncture system. So, stimulate Qi to go to the diseased area, and then choose a point at the corresponding area.

Upper part of the posterior area to the lower part of the anterior area
 Da Zhui (Du 14)–Hui Yin (Ren 1)

Ya Men (Du 15)–Qu Gu (Ren 2)

Feng Fu (Du 16)–Zhong Ji (Ren 3)

Upper part of the anterior area to the lower part of the posterior area
 Tian Tu (Ren 22)–Ba Liao (UB 31-34)

Lian Quan (Ren 23)–Yao Shu (Du 2)

Cheng Jiang (Ren 24)–Chang Qiang (Du 1)

Trunk anterior and posterior Yin and Yang corresponding

Tan Zhong (Ren 17)–Tao Dao (Du 13)

Zhong Wan (Ren 12)–Shen Zhu (Du 12)

Shui Fen (Ren 9)–Zhi Yang (Du 9)

Guan Yuan (Ren 4)–Ming Men (Du 4)

Qu Gu (Ren 2)–Chang Qiang (Du 1)

Shu Fu (K 27)–Fei Shu (UB 13)

Bu Lang (K 22)–Xin Shu (UB 15)

Huang Shu (K 16)–Gan Shu (UB 18)

Qi Xue (K 13)–Shen Shu (UB 23)

Heng Gu (K 11)–Cheng Fu (UB 36)

CHOOSE MACRO-ACUPUNCTURE SYSTEM EXPERIMENTAL POINT

PLUS MICRO-ACUPUNCTURE: Choosing a point that has been proven by clinical experience to have a significant effect on the disease in combination with micro-acupuncture can usually enhance the results. Use the points in combination with active, passive, or auxiliary active Qi method.

For the diseased side of lumbar, leg, or knee pain, choose the non-diseased side He Gu (LI 4) point in combination with selected micro-acupuncture points, and then have the patient move his or her leg and lower back.

For the diseased side of the head, face, shoulder, and neck, choose the non-diseased side Zu San Li (St 36) point in combination with selected micro-acupuncture points, and then have the patient move his or her shoulder and neck and massage the patient's face.

For the diseased side of shoulder, arm, elbow, and wrist pain, choose the non-diseased side with running needle from Tiao Kou (St 38) to Cheng Shan (UB 57) in combination with selected micro-acupuncture points, and then have the patient move his or her shoulder, arm, elbow, and wrist, such as making circles, abduction, and rotation.

For the diseased side of the neck, back, and low back pain, choose the non-diseased side Hou Xi (SI 3) corresponding with Shu Gu (UB 65) in combination with selected micro-acupuncture points, and then have the patient move his or her neck and back by rotation, bending, and lifting up his or her legs.

The process is as follows:

1. Find the diseased area
2. Select the point
3. Combine micro-acupuncture
4. Elicit active Qi movement

The practitioner can also choose points on both sides of the body.

YUAN SOURCE AND LUO CONNECTING POINT IN COMBINATION WITH MICRO-ACUPUNCTURE: The Yuan source point is a Zang Fu primary Qi retained and stop area. There are 12 Yuan source points on the 12 meridians. The Yuan source point for the Yin meridians is the Shu stream point. This means that on the Yin meridians the Shu stream and Yuan source point are the same point, but on the Yang meridians the Shu stream and Yuan source points are separate.

The 15 Luo connecting points are the coupled meridians' connecting and distributing meridian energy area. On these points, the collaterals are separate from the meridians. The 12 meridians all have one Luo point that is located on the four extremity areas to connect the coupled meridians. Besides these, there is a Luo point Ren 15 (Jiuwei) on the Ren meridian, Du 1 (Chang Qiang) on the Du meridian, and one major Spleen Luo point, Spleen 21 (Da Bao), so there are a total of 15 Luo points.

In the clinic, Luo points are commonly used to connect the coupled meridians to treat disease. By combining the Yuan source point with the Luo connecting point, we are not only able to connect the exterior and interior, and open meridian energy, Qi, and blood flow, but we can also use this method for diagnosis and treating disease. In combination with the micro-system, based on the bioholographic theory, it can not only open meridians and enhance the energy flow, but also make energy flow directly to the diseased area or target area to achieve better results.

SHU AND MU POINT COMBINATION WITH MICRO-ACUPUNCTURE:

The Back Shu points are five Zang and six Fu organ energy points on the back. Back Shu is also a micro-acupuncture system because these points are one of the embryo units. In the clinic, use acupuncture or moxibustion on the Back Shu points to treat the five Zang and six Fu organs' disease, to adjust the

Disease Area	Point
Head and face	He Gu (LI 4)
Chest and hypochondriac area	Nei Guan (P 6)
Head and neck	Lie Que (Lu 7)
Abdominal pain	Zu San Li (St 36)
Low back pain	Wei Zhong (UB 40)

functional status of the Zang Fu organs, or to treat the whole body and any disease associated with Zang Fu function.

The Mu points are Zang Fu energy-collecting and responding points at the chest and abdominal areas. The Mu belongs to Yin, and the Shu belongs to Yang. With the back and abdomen corresponding and Yin and Yang connecting, the Zang Fu organ problem will usually reflect in the Back Shu and Front Mu points. In the clinic, it is common to use Back Shu and Front Mu points together. Using them in combination with the micro-acupuncture system will usually create even better results. The technique involves inserting a needle at the end of the extremity micro-acupuncture location, stimulating to elicit Qi, leading the Qi to the diseased area, and then choosing the Shu and Mu point combination method.

Using this technique is very effective on acute conditions. For example, for a patient who has acute low back pain, insert a needle on the ear or hand micro-acupuncture system first, and then have the patient do physical activities to make the Qi go directly to the target area. Then feel the painful spots on the back or associated Back Shu point, and then insert a needle on the opposite side at the abdominal area or associated Front Mu point.

USE EIGHT MEETING POINTS PLUS MICRO-ACUPUNCTURE THERAPY: The eight meeting points are Zang, Fu, Qi, blood, tendon, bone, vessel, and marrow. These are refined Qi collecting

TABLE 3-2

Back Shu Point with Front Mu Points

Organs	Back Shu Point	Front Mu Point
Lung	UB 13 Fei Shu	Lu 1 Zhong Fu
Pericardium	UB 14 Jue Yin Shu	Ren 17 Tan Zhong
Heart	UB 15 Xin Shu	Ren 14 Ju Que
Liver	UB 18 Gan Shu	Liv 14 Qi Men
Gallbladder	UB 19 Dan Shu	GB 24 Ri Yue
Spleen	UB 20 Pi Shu	Liv 13 Zhang Men
Stomach	UB 21 Wei Shu	Ren 12 Zhong Wan
San Jiao	UB 22 San Jiao Shu	Ren 5 Shi Men
Kidney	UB 23 Shen Shu	GB 25 Jing Men
Large intestine	UB 25 Da Chang Shu	St 25 Tian Shu
Small intestine	UB 27 Xiao Chang Shu	Ren 4 Guan Yuan
Bladder	UB 28 Pang Guang Shu	Ren 3 Zhong Ji

TABLE 3-1

The 12 Source Points and 15 Connecting Points

Meridians	Source Point	Meridians	Connecting Point
Hand Taiyin Lung Meridian	Lu 9 Tai Yuan	Hand Yang Ming Large Intestine Meridian	LI 6 Pian Li
Hand Yangming Large Intestine Meridian	LI 4 He Gu	Hand Taiyin Lung Meridian	Lu 7 Lie Que
Foot Yangming Stomach Meridian	St 42 Chong Yang	Foot Taiyin Spleen Meridian	Sp 4 Gong Sun
Foot Taiyin Spleen Meridian	Sp 3 Tai Bai	Foot Yangming Stomach Meridian	St 40 Feng Long
Hand Shaoyin Heart Meridian	Ht 7 Shen Men	Hand Taiyang Small Intestine Meridian	SI 7 Zhi Zheng
Hand Taiyang Small Intestine Meridian	SI 4 Wan Gu	Hand Shaoyin Heart Meridian	Ht 5 Tong Li
Foot Taiyang Bladder Meridian	UB 64 Jing Gu	Foot Shaoyin Kidney Meridian	K 4 Da Zhong
Foot Shaoyin Kidney Meridian	K 3 Tai Xi	Foot Taiyang Bladder Meridian	UB 58 Fei Yang
Hand Jueyin Pericardium Meridian	P 7 Da Ling	Hand Shaoyang San Jiao Meridian	SJ 5 Wai Guan
Hand Shaoyang San Jiao Meridian	SJ 4 Yang Chi	Hand Jueyin Pericardium Meridian	P 6 Nei Guan
Foot Shaoyang Gallbladder Meridian	GB 40 Qiu Xu	Foot Jueyin Liver Meridian	Liv 5 Li Gou
Foot Jueyin Liver Meridian	Liv 3 Tai Chong	Foot Shaoyang Gallbladder Meridian	GB 37 Guang Ming

TABLE 3-3
The Eight Meeting Points

Zang organs	Liv 13 Zhang Men
Fu organs	Ren 12 Zhong Wan
Qi	Ren 17 Tan Zhong
Blood	UB 17 Ge Shu
Muscles and tendons	GB 34 Yang Ling Quan
Blood vessels	Lu 9 Tai Yuan
Bone	UB 11 Da Zhu
Marrow	GB 39 Xuan Zhong

areas and are distributed throughout the body. In the clinic, for any condition belonging to Zang, Fu, Qi, blood, tendon, bone, vessel, and marrow, we choose the eight meeting points in combination with micro-system points. This technique belongs to the combination point between the distal and proximal.

CHOOSE FUNCTION POINT COMBINATION WITH MICRO-ACUPUNCTURE: You can choose a micro-acupuncture point and then select a few function points based on traditional Chinese medicine differential diagnosis.

Points to treat Qi disorders Qi disorders refer to Qi deficiency, disturbed Qi, imbalanced Qi, prolapsed Qi, and Qi stagnation.

	Description	Functions	Indications
Lu 10 (Yu Ji)	Ying-spring point of the Lung Meridian	Clear heat, move Qi, and descend rebellious stomach Qi	Cough, coughing blood, sore throat, lost voice, fever, headache, and chest and back pain
Lu 7 (Lie Que)	Luo-connecting point of the Lung Meridian and confluent point of the Ren Meridian	Move Qi and eliminate water	Headache, neck stiffness, sore throat, toothache, cough, paralysis, deviation of the mouth and eye, shoulder and back pain, and edema
Lu 5 (Chi Ze)	He-sea point of the Lung Meridian	Regulate lung Qi and clear lung heat	Sore throat, cough, arm and elbow pain, mastitis, and chest pain
Lu 1 (Zhong Fu)	Front Mu point of the Lung Meridian	Clear heat in the upper Jiao, regulate lung Qi, move blood, and stop pain	Cough, asthma, chest pain, and shoulder and back pain
Lu 2 (Yun Men)		Open the chest, descend Qi, transport phlegm, stop cough, and clear heat	Coughing, asthma, irritability, feverish sensation, fullness of the chest, and shoulder and arm pain
Lu 11 (Shao Shang)	Jing-well point of the Lung Meridian	Descend lung Qi	Sore throat, cough, nose bleeding, fever, coma, and seizures
LI 4 (He Gu)	Yuan source point of the Large Intestine Meridian	Clear and sedate lung Qi, tonify Qi, eliminate turbidity, regulate Qi in the large intestine, and regulate Zang Fu function	Headache, facial pain, toothache, red and painful eyes, sore throat, nose bleeding, deafness, deviation of the mouth and eye, sweating, lumbar and leg pain, abdominal pain, and irregular menstruation
LI 11 (Qu Chi)	He-sea point of the Large Intestine Meridian	Moves Qi, invigorates blood, expels blood stagnation, benefits joints, and an important point to expel wind and dampness	Sore throat, toothache, red and swollen eyes, shoulder pain, paralysis, abdominal pain, vomiting, diarrhea, and febrile warm disease
LI 15 (Jian Yu)	Meeting point of the Yangqiao Meridian	Expel wind in the Meridian, clear heat, clear fire in the Yangming, and regulate Qi	Shoulder and arm pain, shoulder pain with limited range of motion, paralysis, hand and arm pain, stiffness of the tendons, and skin rash
St 44 (Nei Ting)	Ying-spring point of the Stomach Meridian	Open and descend stomach Qi, regulate Qi in large intestine, and help digestion	Toothache, sore throat, nose bleeding, stomach pain, abdominal distension, diarrhea, and swollen feet
St 40 (Feng Long)	Luo-connecting point of the Stomach Meridian	Harmonize stomach Qi, transform dampness, stop asthma, and transform phlegm	Leg and knee soreness and pain, difficulty walking, hoarse throat, chest pain, swollen four extremities, abdominal pain, constipation, headache, and seizures
St 36 (Zu San Li)	He-sea point of the Stomach Meridian	Descends turbidity, harmonize the middle Jiao, tonify deficiency, transform phlegm	Stomach pain, abdominal pain, vomiting, hiccups, diarrhea, dysentery, constipation, lumbar and leg pain, shoulder and arm pain, edema, and weight loss due to illness
St 28 (Shui Dao)		Regulate the San Jiao, bladder, and kidney	Distension and fullness of the lower abdomen, incontinence, dysmenorrhea, pain of the lower abdomen, and herniation of the abdomen
St 25 (Tian Shu)	Front Mu point of the Large Intestine Meridian	Separate clear from turbid, adjust stomach and intestinal Qi, tonify spleen, transport dampness, regulate Meridian Qi, and help digestion	Abdominal distension, diarrhea, abdominal pain, irregular menses, leukorrhea, herniation, and incontinence
Sp 1 (Yin Bai)	Jing-well point of the Spleen Meridian	Tonify spleen Qi, raise Yang, and stop bleeding	Qi paralysis, cold feet, abdominal distension, vomiting, diarrhea, irregular menses, and uterine bleeding
Sp 6 (San Yin Jiao)	Influential area of the three foot Yin Meridians	Moves Qi, descends Qi, and regulates blood	Abdominal distension, diarrhea, irregular menses, leukorrhea, uterine prolapse, impotence, infertility, premature ejaculation, incontinence, herniation, and insomnia

	Description	Functions	Indications
Sp 4 (Gong Sun)	Luo-connecting point of the Spleen Meridian, confluent point and opens the Chong Meridian	Regulate Qi, regulate function of the spleen and stomach, stop pain, and stop vomiting	Abdominal pain, vomiting, indigestion, abdominal distension, and diarrhea
Sp 21 (Da Bao)	Major Luo-connecting point of the Spleen Meridian	Regulate Qi at the abdomen, tonify and move Qi in the Meridian	Chest and hypochondriac area pain, whole-body aches and weakness of the four extremities
Ht 7 (Shen Men)	Shu-stream and Yuan source point of the Heart Meridian	Move and adjust Qi	Heart pain, irritability, forgetfulness, insomnia, hypochondriac area pain, hot palms, asthma, loss of voice, and hand and arm pain
K 6 (Zhao Hai)	Confluent point that opens the Yinqiao Meridian	Nourish Yin, descend empty fire, benefit the throat, open the Meridian, harmonize blood, and clear heat	Leukorrhea, irregular menses, frequent urination, incontinence, constipation, herniation, abdominal pain, seizure, insomnia, sore throat, and pain in the four extremities
K 7 (Fu Liu)	Jing-river point of the Kidney Meridian	Stabilize protective Qi, stabilize the kidney Qi, and tonify Yin	Low back pain, limited range of motion, weakness of the legs, painful urination, edema, abdominal distension and pain, diarrhea, and sweating conditions (either no sweating from febrile heat or profuse sweating)
Liv 1 (Da Dun)	Jing-well point of the Liver Meridian	Open and sedate stagnation of liver Qi and regulate the Meridian	Herniation, abdominal pain, dysmenorrhea, amenorrhea, bleeding, and urinary conditions
Liv 3 (Tai Chong)	Shu-stream and Yuan source point of the Liver Meridian	Descend Qi, open the Meridian, move Qi, and stop pain	Herniation pain, bleeding, convulsions, headache, blurry eyes, hypochondriac area pain, abdominal pain, and irregular menses
P 8 (Lao Gong)	Ying-spring point of the Pericardium Meridian	Clear heat and move Qi	Heart and chest pain, irritability, mouth ulcers, vomiting, and jaundice
P 7 (Da Ling)	Shu-stream and Yuan source point of the Pericardium Meridian	Descend rebellious Qi, open the chest, harmonize the stomach, and regulate heart Qi	Heart pain, stomach pain, chest and hypochondriac area pain, and seizures
GB 41 (Zu Lin Qi)	Shu-stream point of gallbladder and confluent point opening the Dai Meridian	Descend rebellious Qi, clear heat, extinguish wind, stop coughing, and transform phlegm	Deafness, tinnitus due to liver and gallbladder fire, chest and hypochondriac area pain, headache, moving pain in the body, and irregular menses
Tai Yang	Extraordinary point	Clear heat, calm Shen, and stop pain	Headache, face pain, irritability, and red and painful eyes
UB 66 (Tong Gu)	Ying-spring point of the Bladder Meridian	Regulate Qi in the Zang Fu organs	Vertex pain, dizziness, seizures, headache, neck rigidity, and blurry vision
UB 2 (Zan Zhu)		Sedate heat at the head	Headache, eye pain, face pain, and lumbar sprain
UB 10 (Tian Zhu)	Point of the Window of Heaven	Regulate Meridian Qi, stop pain, and expel wind	Headache, neck rigidity, shoulder and back pain, sore throat, nose congestion, and heat diseases
UB 43 (Gao Huang Shu)		Tonify Yang Qi, tonify the lung, benefit the spleen, and tonify Yin	Weakness condition, weakness of energy and abnormal movement of hands and feet, forgetfulness, Qi, blood, Yin, Yang deficiency, spleen and stomach Qi deficiency type of diarrhea, and fatigue
UB 13 (Fei Shu)	Back Shu point of the lung	Adjust lung Qi, clear deficient heat, descend lung Qi, and descend rebellious Qi	Coughing, asthma, night sweating, hot flashes, and steaming bone disorder
UB 18 (Gan Shu)	Back Shu point of the liver	Regulate the liver and gallbladder, descend heat, and expel damp heat from the liver and gallbladder	Jaundice, chest and hypochondriac area pain, vomiting blood, nose bleeding, dizziness, seizures, vertex headache, and back stiffness
UB 19 (Dan Shu)	Back Shu point of the gallbladder	Harmonize the stomach, open the chest, clear fire and heat from the liver and gallbladder, and clear the eye	Jaundice, bitter taste in the mouth, chest and hypochondriac area pain, and fullness of the chest and hypochondriac area
UB 25 (Da Chang Shu)	Back Shu point of the large intestine	Move Qi, harmonize the stomach and large intestine, and eliminate congestion	Abdominal fullness, diarrhea, constipation, and low back pain
UB 28 (Pang Guang Shu)	Back Shu point of the urinary bladder	Open the urinary bladder, open the water passages, and move Qi	Urinary conditions, incontinence, diarrhea, constipation, and stiffness of the lumbar and back
GB 21 (Jian Jing)	Meeting point with the Yangwei Meridian	Move liver Qi and descend rebellious Qi	Neck stiffness, shoulder pain, arm pain, stroke, difficult labor, breast pain, insufficient lactation, and coughing
Ren 17 (Tan Zhong)	Front Mu point of the pericardium and Influential point of Qi	Adjust Qi, descend rebellious stomach Qi, raise spleen Qi, clear the lung, transform phlegm, and open the chest	All Qi disorders, asthma, hiccup, chest pain, and insufficient lactation
Ren 12 (Zhong Wan)	Front Mu point of the stomach and Influential point of the Fu organs	Open the Meridian, release stagnation, and raise clear and descend turbid	Middle Jiao stagnation, abdominal pain and distension, dysentery, diarrhea, and spleen and stomach deficiency

	Description	Functions	Indications
Ren 6 (Qi Hai)		Tonify and stabilize Yuan source Qi, generate true Qi, and benefit kidney Qi	All Qi disorders, abdominal pain, herniation, diarrhea, lumbar sprain, leukorrhea, irregular menses, pain of the external genitalia, coldness of the four extremities, and weakness of the four extremities
Ren 4 (Guan Yuan)	Front Mu point of the small intestine; influential area of the three foot Yin Meridians	Expel cold stagnation in the abdomen, warm and tonify Yuan Qi, tonify the kidney, and warm and benefit the uterus	Deficiency condition, irregular menses, leukorrhea, herniation, lower abdominal pain, diarrhea, impotence, and spermatorrhea
Ren 22 (Tian Tu)	Influential area of the Yinwei Meridian	Descend Qi, and stop coughing and asthma	Coughing, asthma, sore throat, dry throat, lost voice, hiccups, and fullness of the chest
Ren 14 (Ju Que)	Front Mu point of the heart	Eliminate phlegm in the chest and diaphragm, transform dampness in the middle Jiao, move Qi, open the chest and abdomen, and stop asthma	Chest and back pain, abdominal pain, vomiting, sour regurgitation, coughing, phlegm, seizures, and irritability
Du 23 (Shang Xing)		Descend Qi and sedate heat	Headache, eye pain, and nose bleeding
Du 20 (Bai Hui)	Influential area of the Bladder Meridian;	Raise clear Yang, extinguish liver wind, sedate liver Yang, and clear head orifices	Vertex pain, seizures, paralysis, dizziness, anal and uterine prolapse, hemorrhoids, and forgetfulness
Du 14 (Da Zhui)	Influential area of the hand and foot Yang Meridians	Open and adjust Yang Qi, release the exterior, clear heat	Head and neck stiffness and pain, malaria, seizure, cough, and asthma

Points to treat blood disorders Blood disorders refer to blood deficiency, blood stasis, blood heat, and bleeding.

	Description	Functions	Indications
Lu 9 (Tai Yuan)	Shu-stream and Yuan source point of the Lung Meridian and Influential point of the vessels	Regulate Qi, move blood, and expel wind and phlegm	Cough, asthma, coughing blood, sore throat, chest pain, shoulder and back pain, and heart pain
Lu 5 (Chi Ze)	He-sea point of the Lung Meridian	Sedate lung fire, clear blood heat, descend rebellious Qi, and clear heat in the upper Jiao	Cough, coughing blood, hot flashes, asthma, sore throat, chest pain, and frequent urination
Lu 10 (Yu Ji)	Ying-spring point of the Lung Meridian	Clear blood heat, clear lung heat, and sedate lung fire	Coughing, coughing blood, sore throat, loss of voice, and fever
LI 2 (Er Jian)	Ying-spring point of the Large Intestine	Invigorate blood, clear blood heat, direct heat downward, expel heat, and benefit the throat	Nose bleeding, toothache, and sore throat
LI 11 (Qu Chi)	He-sea point of the Large Intestine Meridian	Move blood, harmonize, regulate menstruation, open the Meridian, stop pain, expel wind dampness, and benefit the joints	Joint pain, irregular menses, and paralysis of the body
LI 4 (He Gu)	Yuan source point of the Large Intestine Meridian	Sedate lung heat, move Qi in the Yangming Meridian, and harmonize the stomach and intestines	Headache, face pain, toothache, red and painful eyes, sore throat, nose bleeding, deafness, mouth and eye deviation, sweating, lumbar and leg pain, abdominal pain, and irregular menstruation
St 36 (Zu San Li)	He-sea point of the Stomach Meridian	Clear blood heat, nourish blood, move blood, and tonify blood	Stomach pain, abdominal pain, vomiting, hiccups, diarrhea, dysentery, constipation, lumbar and leg pain, shoulder and arm pain, edema, and weight loss due to illness
Sp 1 (Yin Bai)	Jing-well point of the Spleen Meridian	Stop bleeding	Irregular menses
Sp 6 (San Yin Jiao)	Influential area of the three foot Yin Meridians	Open Meridian, stop pain, clear blood, cool blood, generate blood, and stabilize blood	Irregular menses, bleeding, painful menstruation, and amenorrhea
Sp 10 (Xue Hai)		Harmonize blood, clear blood heat, and regulate and open the lower Jiao	Irregular menses, bleeding, amenorrhea, skin rash, and pain in the external genitalia
Sp 8 (Di Ji)	Xi-cleft point of the Spleen Meridian	Regulate and tonify the spleen, regulate blood, and stop pain	Irregular menstruation, painful menstruation, abdominal pain, diarrhea, edema, incontinence, and nocturnal emissions
Sp 16 (Fu Ai)	Influential area of foot Taiyin with Yinwei	Clear heat, promote urination, and dissolve food stagnation	Indigestion, abdominal pain, damp heat, and constipation

	Description	Functions	Indications
Liv 2 (Xing Jian)	Ying-spring point of the Liver Meridian	Regulate blood, open the Meridian, invigorate blood, and move Qi	Headache, abdominal fullness, herniation, irregular menses, seizures, and paralysis
Liv 3 (Tai Chong)	Shu-stream and Yuan source point of the Liver Meridian	Invigorate blood, open the Meridian, stop pain, clear blood heat, cool blood, generate blood, and stabilize blood	Irregular menses, dysmenorrhea, and amenorrhea
Liv 8 (Qu Quan)	He-sea point of the Liver Meridian	Clear blood heat, nourish blood, invigorate blood, and cool blood	Abdominal pain, scanty urination, uterine prolapse, knee pain
Liv 1 (Da Dun)	Jing-well point of the Liver Meridian	Regulate menses and open the lower Jiao	Hernia, incontinence, bleeding, amenorrhea, uterine prolapse, and seizures
P 5 (Jian Shi)	Jing-river point of the Pericardium Meridian	Expel stagnation and open the Meridian	Heart pain, palpitations, stomach pain, vomiting, febrile heart disease, malaria, seizures, and arm pain
GB 34 (Yang Ling Quan)	He-sea point of the Gallbladder Meridian and Influential point of the tendons	Invigorate blood and open the Meridian	Stiffness and swelling of the knee, paralysis, and digestion condition due to liver and gallbladder damp heat
UB 60 (Kun Lun)	Jing-river point of the Urinary Bladder Meridian	Invigorate blood and open Meridians	Headache, neck stiffness, nose bleeding, heel pain, and convulsions
UB 40 (Wei Zhong)	He-sea point of the Bladder Meridian	Clear blood heat, eliminate blood stasis, and stop pain	Lumbar pain, sprained low back, abdominal pain, diarrhea, and vomiting
UB 57 (Cheng Shan)		Clear blood heat and open Meridian	Low back pain, leg pain such as a charley horse, hemorrhoids, and constipation
K 6 (Zhao Hai)	Confluent point that opens the Yinqiao Meridian	Open and activate the Meridian and open to the throat	Irregular menses and sore throat
12 Jing-Well points		Sedate excess heat from the 12 Meridians	Toxic heat in the pericardium
Du 23 (Shang Xing)		Sedate heat from all Yang Meridians and clear heat	Headache, nasal congestion, bleeding, facial edema, malaria, febrile heart disease, and seizures
Du 14 (Da Zhui)	Influential area of the hand and foot Yang Meridian	Expel blood stasis	Neck stiffness and pain, paralysis
UB 17 (Ge Shu)	Influential point of blood	Regulate the whole body's blood, clear blood heat and stomach Qi, and open the chest and diaphragm	Vomiting, hiccup, difficulty swallowing, asthma, vomiting blood, coughing, hot flashes, and fullness of the chest and abdomen
Ren 6 (Qi Hai)		Sedate blood, harmonize Yin, regulate menstruation, and benefit the kidneys	Leukorrhea, menstrual disorders, and painful menstruation
Ren 3 (Zhong Ji)	Influential area of the Ren Meridian with three foot Yin Meridians; Front Mu point of the urinary bladder	Regulate menstruation and blood, stop bleeding, warm the kidneys, and regulate the lower Jiao	Reproductive conditions, premature ejaculation, impotence, incontinence, herniation, irregular menses, infertility, and low back pain

Points to treat deficiency Deficiency refers to lung, heart, spleen, liver, and kidney deficiency, as well as Qi deficiency, blood deficiency, Yin deficiency, and Yang deficiency.

	Description	Functions	Indications
Ren 4 (Guan Yuan)	Front Mu point of the small intestine; influential area of the three foot Yin Meridians	Stabilize kidney essence, tonify Kidney Yang, and warm and regulate the uterus. The best tonification point	Deficiency condition, irregular menses, leukorrhea, herniation, lower abdominal pain, diarrhea, impotence, and spermatorrhea
Ren 6 (Qi Hai)		Tonify Qi, strengthen Yang, benefit kidney essence, warm the lower Jiao, and regulate Qi and blood	All Qi disorders, abdominal pain, herniation, diarrhea, lumbar sprain, leukorrhea, irregular menses, pain of the external genitalia, coldness of the four extremities, and weakness of the four extremities
Ren 3 (Zhong Ji)	Influential area of the Ren Meridian with three foot Yin Meridians; Front Mu point of the urinary bladder	Tonify Qi and blood, benefit kidney essence, regulate the uterus, warm Ming Men, invigorate blood, and eliminate accumulation	Reproductive conditions, premature ejaculation, impotence, incontinence, herniation, irregular menses, infertility, and low back pain
Ren 2 (Qu Gu)	Meeting point of the liver channel	Tonify kidney Qi and kidney essence	Impotence, premature ejaculation, nocturnal emissions, incontinence, leukorrhea, irregular menses, and scanty urination
Ren 12 (Zhong Wan)	Front Mu point of the stomach and influential point of the Fu organs	Tonify Yang, benefit the stomach, and tonify the six Fu organs	Middle Jiao stagnation, abdominal pain and distension, dysentery, diarrhea, and spleen and stomach deficiency

Description	Functions	Indications	
Du 4 (Ming Men)		Strengthen and tonify the kidneys, activate sinews, invigorate blood, regulate Qi, and stabilize kidney essence	Low back pain, impotence, nocturnal emissions, convulsions, headache, hotness of the body with lack of sweating, tinnitus, leukorrhea, and cold hands and feet
UB 43 (Gao Huang Shu)		Benefit Qi, strengthen Yang, and tonify the liver and kidneys	Weakness condition; weakness of energy and abnormal movement of hands and feet; forgetfulness; Qi, blood, Yin, Yang deficiency; spleen and stomach Qi deficiency type of diarrhea; and low energy
UB 29 (Zhong Lu Shu)		Tonify kidney Yin and stop pain	Xiao Ke syndrome, herniation, and low back stiffness and pain
UB 23 (Sheng Shu)	Back Shu point of the kidneys	Tonify the kidneys, benefit essence, tonify kidney Yang, expel dampness, and strengthen the lumbar and leg	Impotence, premature ejaculation, incontinence, irregular menses, leukorrhea, low back pain due to kidney deficiency, tinnitus, dampness due to kidney deficiency, dizziness, and blurred vision
UB 13 (Fei Shu)	Back Shu point of the lung	Regulate lung Qi, clear deficient heat, and tonify lung Yin	Coughing, coughing with blood and phlegm, asthma, irritability, and child malnutrition
UB 15 (Xin Shu)	Back Shu point of the heart	Tonify Qi, tonify heart Yang, nourish Yin, clear heat, and harmonize the heart and kidneys	Heart Yang deficiency with fullness of the chest, irritability, insomnia, heart pain, palpitations, forgetfulness, nocturnal emissions, night sweating, and seizures
UB 20 (Pi Shu)	Back Shu point of the spleen	Tonify the spleen, expel dampness, and move Qi	Weakness of the spleen and stomach, abdominal distension, diarrhea, abdominal pain, edema, and back pain
UB 21 (Wei Shu)	Back Shu point of the stomach	Harmonize stomach Qi, transform dampness, and eliminate accumulation	Spleen and stomach deficiency, stomach pain, chest and hypochondriac area pain, abdominal distension, edema, diarrhea, and vomiting
St 36 (Zu San Li)	He-sea point of the Stomach Meridian; important tonification point	Benefit the stomach, tonify Qi and blood, strengthen Yang Qi, and separate clear from turbid	Weakness conditions; weakness of energy and movement of hands and feet; forgetfulness; Qi, blood, Yin, Yang deficiency; spleen and stomach Qi deficiency type of diarrhea; and low energy
St 37 (Shang Ju Xu)	Lower He-sea point of the large intestine	Tonify stomach and benefits bowel movements	Abdominal pain, diarrhea, and constipation
Sp 4 (Gong Sun)	Luo-connecting point of the Spleen Meridian; confluent point and opens the Chong Meridian	Tonify Zhong Qi, strengthen spleen Yang, and regulate Qi	Stomach pain, abdominal pain, vomiting, diarrhea, dysentery, low appetite, and indigestion
Sp 1 (Yin Bai)	Jing-well point of the spleen	Raise spleen Yang, tonify the spleen, and benefits kidneys	Abdominal distension, cold pain of the abdomen, and irregular menses
Sp 8 (Di Ji)	Xi-cleft point of the Spleen Meridian	Tonify the spleen and benefits essence	Edema, abdominal fullness, irregular menses, and nocturnal emission
St 25 (Tian Shu)	Front Mu point of the Large Intestine Meridian	Regulate the stomach and intestines, regulate Qi, transform dampness, eliminate stagnation, and tonify the spleen	Long-term deficiency, diarrhea, irregular menses, borborygmus, pain around the umbilicus, constipation, dysentery, and edema
K 1 (Yong Quan)	Jing-well point of the foot Shaoyin Kidney Meridian	Tonify the kidneys, benefit essence, nourish Yin, and clear deficient kidney heat	Low back pain, cold hands and feet, sore throat, urinary problems, herniation, and forgetfulness
K 2 (Ran Gu)	Ying-spring point of the Kidney Meridian	Benefit the kidneys and strengthen kidney Yang	Irregular menses, itching of external genitalia, uterine prolapse, nocturnal emissions, Xiao Ke syndrome, jaundice, diarrhea, and swollen feet
K 3 (Tai Xi)	Shu-stream and Yuan source point of the Kidney Meridian	Strengthen kidney Yang, nourish kidney Yin, and benefit kidney essence	Impotence, nocturnal emissions, frequent urination, irregular menses, sore throat, toothache, tinnitus, deafness, Xiao Ke syndrome, insomnia, and low back pain
K 5 (Shui Quan)	Xi-cleft point of the Kidney Meridian	Benefit kidney Yin	Irregular menses, amenorrhea, dysmenorrhea, uterine prolapse, and blurred vision
K 6 (Zhao Hai)	Confluent point that opens the Yinqiao Meridian	Benefit kidney Yin	Irregular menses, leukorrhea, and weakness
K 7 (Fu Liu)	Jing-river point of the Kidney Meridian	Tonify kidney Qi, nourish kidney Yin, strengthen kidney Yang, and stabilize essence	Lumbar and low back pain, edema, abdominal distension, and swollen legs
K 8 (Jiao Xin)	Xi-cleft point of the Yinqiao Meridian	Tonify the kidneys and nourish kidney Yin	Irregular menses, uterine bleeding, uterine prolapse, diarrhea, constipation, and swollen testicles
Liv 3 (Tai Chong)	Shu-stream and Yuan source point of the Liver Meridian	Nourish liver Yin and extinguish liver wind Kidney Meridian but kidney Yin	Irregular menses and painful menstruation

Liv 8 (Qu Quan)	He-sea point of the Liver Meridian	Tonify the liver and tonify blood	Uterine prolapse, lower abdominal pain, retention of urine, nocturnal emissions, pain in the external genitalia, and pain in the medial aspect of the knee and thigh
Liv 5 (Li Gou)	Luo-connecting point of the Liver Meridian	Tonify liver Yin and liver blood	Retention of urine, enuresis, hernia, irregular menses, leukorrhea, and weakness and atrophy of the leg
P 5 (Jian Shi)	Jing-river point of the Pericardium Meridian	Adjust heart Qi, benefit heart Yin, and stop sweating	Cardiac pain, palpitations, stomach pain, vomiting, febrile warm disease, irritability, malaria, mental disorders, epilepsy, sweating, elbow and arm pain, and seizures
Sp 9 (Yin Ling Quan)	He-sea point of the Spleen Meridian	Tonify spleen Qi, nourish Yin, benefit spleen Yang, tonify Qi and blood, and stabilize essence	Abdominal distension and pain, diarrhea, dysentery, edema, jaundice, enuresis, incontinence, pain in the external genitalia, dysmenorrhea, and knee pain
Liv 13 (Zhang Men)	Front Mu point of the spleen and influential point of the Zang organs	Tonify Qi and blood and tonify Zang Fu	Abdominal distension, borborygmus, pain in the hypochondriac region, vomiting, diarrhea, and indigestion
SJ 6 (Zhi Gao)	Jing-river point of the San Jiao Meridian	Move Qi, eliminate stagnation, clear the San Jiao, nourish dryness, and open the bowels	Tinnitus, deafness, pain in the hypochondriac region, vomiting, constipation, febrile disease, aching and heavy sensation of the shoulder and back, and sudden hoarseness of voice
Lu 9 (Tai Yuan)	Shu-stream and Yuan source point of the Lung Meridian and influential point of the vessels	Nourish the lung and benefit lung Qi	Cough, asthma, sore throat, palpitations, and pain in the chest, wrist, and arm
Sp 6 (San Yin Jiao)	Influential area of the three foot Yin Meridians	Tonify the three Yin Meridians: liver, kidney, and spleen Meridians; benefit Yang, strengthen essence, and generate Qi and blood	Abdominal pain, borborygmus, abdominal distension, diarrhea, dysmenorrhea, irregular menses, uterine bleeding, leukorrhea, uterine prolapse, nocturnal emissions, impotence, enuresis, dysuria, edema, hernia, pain in the external genitalia, muscular atrophy, motor impairment, paralysis, pain of the lower extremities, headache, dizziness, vertigo, and insomnia

Points to treat excess conditions An excess condition means excess evil Qi. Excess evil Qi in the body comes from either external evil Qi invading the body or internal Zang fu organ dysfunction leading to dampness, phlegm, Qi stagnation, and blood stasis. Usually this is shown clinically as irritability, fullness of chest and hypochondriac area, pain that dislikes pressure, constipation, red tongue with yellow coating, and excess pulse.

	Description	Functions	Indications
K 1 (Yong Quan)	Jing-well point of the foot Shaoyin Kidney Meridian	Clear kidney heat, clear deficient fire, and calm the Shen	Headache, blurred vision, dizziness, sore throat, dryness of the tongue, loss of voice, dysuria, convulsions, feverish sensation in the soles, loss of consciousness, and seizures
K 2 (Ran Gu)	Ying-spring point of the Kidney Meridian	Regulate the lower Jiao and clear kidney heat	Uterine prolapse, irregular menses, sore throat, dysuria, swelling and pain of the dorsum of the foot, and scanty urination
K 3 (Tai Xi)	Shu-stream and Yuan source point of the Kidney Meridian	Nourish Yin and release deficient heat	Sore throat, fullness of the chest and hypochondriac area, cloudy, yellow urination, toothache, tinnitus, dizziness, and thirst
K 27(Shu Fu) K 6 (Zhao Hai)	Confluent point that opens the Yinqiao Meridian	Sedate excess Yang Open the intestines and eliminate toxicity	Cough, asthma, chest pain, and vomiting Abdominal distension and pain, irregular menses, leukorrhea, seizure, sore throat, and asthma
K 5 (Shui Quan)	Xi-cleft point of the Kidney Meridian	Open the intestines, eliminate accumulation, and regulate menstrual blood	Dysmenorrhea, amenorrhea, fullness of the chest, and abdominal pain

	Description	Functions	Indications
Ht 7 (Shen Men)	Shu-stream and Yuan source point of the Heart Meridian	Clear heart heat, cool blood, calm Shen, and sedate the heart	Insomnia, Zhang Zhao syndrome, loss of voice, epilepsy, and dry throat
Ht 8 (Shao Fu)	Ying-spring point of the Heart Meridian	Clear heart heat	Palpitations, chest pain, warm palms, spasmodic pain of the little finger, feverish sensation in the palm, enuresis, dysuria, and pruritus of the external genitalia
Ht 5 (Tong Li)	Luo-connecting point of the Heart Meridian	Extinguish wind, harmonize Yin, calm Shen, and sedate heart fire	Palpitations, insomnia, headache, dizziness, sore throat, loss of voice, and pain in the wrist and elbow
Ht 9 (Shao Chong)	Jing-well point of the Heart Meridian	Sedate heart fire	Palpitations, chest pain, chest and hypochondriac area pain, seizures, coma, and warm febrile disease
P 9 (Zhong Chong)	Jing-well point of the Pericardium Meridian	Clear heat and open orifices	Heart pain, irritability, coma, febrile heat disease, and tongue stiffness and pain
P 7 (Da Ling)	Shu-stream and Yuan source point of the Pericardium Meridian	Expel excess heat from the pericardium, clear the heart, calm the Shen, cool blood, and sedate fire in the pericardium	Irritability, heart pain, chest and hypochondriac area pain, vomiting, sore throat, mental disorders, and seizures
P 6 (Nei Guan)	Luo connecting point of the Pericardium Meridian; confluent point and opens the Chong Meridian	Sedate excess heat in the pericardium and regulate the San Jiao	Heart pain, palpitations, stomach pain, seizures, epilepsy, fever without sweating, malaria, and paralysis
P 8 (Lao Gong)	Ying-spring point of the Pericardium Meridian	Clear heart fire, eliminate damp heat, cool blood, and calm the Shen	Fever, thirst, heart pain, and seizures
P 3 (Qu Ze)	He-sea point of the Pericardium Meridian	Eliminate excess heat, sedate pericardium fire, and stop convulsions	Heart pain, palpitations, feverish sensation, thirst, stomach pain, vomiting, headache, blurred vision, and febrile heat disease
Lu 7 (Lie Que)	Luo-connecting point of the Lung Meridian; confluent point of the Ren Meridian	Sedate lung heat and expel wind	Headache, coughing, asthma, sore throat, loss of voice, feverish sensation in the palms, and shoulder and back pain
Lu 9 (Tai Yuan)	Shu-stream and Yuan source point of the Lung Meridian and Influential point of the vessels	Sedate the lung, clear the upper Jiao, stop coughing, expel wind, and transform phlegm	Fullness of the chest with asthma, coughing, toothache, headache, heart pain, and sore throat
Lu 5 (Chi Ze)	He-sea point of the Lung Meridian	Sedate lung heat, direct rebellious Qi down, and clear heat in the upper Jiao	Coughing, asthma, loss of voice, fullness of the chest and hypochondriac area, irritability, convulsions, vomiting blood, nose bleeding, and pain of the elbow and arm
Liv 1 (Da Dun)	Jing-well point of the Liver Meridian	Smooth and sedate liver Qi, clear the spirit, and calm the Shen	Profuse bleeding or delayed menstruation, scanty urination, herniation, abdominal pain, and seizures
Liv 2 (Xing Jian)	Ying-spring point of the Liver Meridian	Sedate liver fire, cool blood heat, clear the lower Jiao, and extinguish liver wind	Profuse menstrual bleeding, pain of the external genitalia, abdominal distension, retention of urine, red and swollen eyes, vomiting, and herniation
Liv 3 (Tai Chong)	Shu-stream and Yuan source point of the Liver Meridian	Clear liver fire, extinguish liver wind, and clear lower Jiao damp heat	Uterine bleeding, pain of the external genitalia, urinary retention, incontinence, convulsions, sore throat, eye pain, lower abdominal distension, and poor appetite
Liv 5 (Li Gou)	Luo-connecting point of the Liver Meridian	Sedate the liver and clear damp heat in the lower Jiao	Uterine bleeding, leukorrhea, irregular menses, swollen testicles, itching of the external genitalia, and difficult urination
Sp 4 (Gong Sun)	Luo-connecting point of the Spleen Meridian; confluent point and opens the Chong Meridian	Regulate Qi flow, descend rebellious Qi, and Harmonize Meridians	Gastrointestinal pain, vomiting, abdominal pain and distension, warm sensation of the feet, dysentery, and borborygmus
Sp 5 (Shan Qiu)	Jing-river point of the Spleen Meridian	Regulate the spleen's function	Abdominal distension, diarrhea, constipation, jaundice, indigestion, and leg and foot pain
Sp 9 (Yin Ling Quan)	He-sea point of the Spleen Meridian	Tonify the spleen and drain dampness	Abdominal pain and distension, jaundice, difficult urination, incontinence, and lumbar, leg, and knee pain
GB 34 (Yang Ling Quan)	He-sea point of the Gallbladder Meridian and influential point of the tendons	Clear gallbladder heat, direct liver and gallbladder rebellious Qi down, and sedate liver heat	Chest and hypochondriac area pain, jaundice, bitter taste in the mouth, sore throat, constipation, and yellow and scanty urination
Liv 4 (Zhong Feng)	Jing-river point of the Liver Meridian	Sedate liver heat	Pain in the external genitalia, scanty urination, difficult urination, and chest and hypochondriac area pain

	Description	Functions	Indications
Ren 22 (Tian Tu)	Influential area of the Yinwei Meridian	Sedate the lung	Asthma, coughing, sore throat, and loss of voice
Ren 17 (Tan Zhong)	Front Mu point of the pericardium and Influential point of Qi	Sedate fullness of the chest and diaphragm and descend rebellious Qi	Asthma, shortness of breath, coughing, vomiting blood, chest pain, and hiccups
Ren 14 (Ju Que)	Front Mu point of the heart	Sedate the chest and diaphragm and transform dampness and phlegm in the chest	Pain in the cardiac region and chest, nausea, acid regurgitation, vomiting, mentally disabled, seizures, and palpitations
Ren 13 (Shang Wan)	Meeting point with the Stomach and Lung Meridians	Sedate the chest and diaphragm, transform phlegm, and open the chest	Abdominal pain and distension, vomiting, cardiac heart pain, warm and irritable, and jaundice
Ren 12 (Zhong Wan)	Front Mu point of the stomach and Influential point of the Fu organs	Sedate the Fu organs, eliminate accumulation, and harmonize the middle Jiao	Abdominal pain, abdominal fullness and distension, jaundice, vomiting, constipation, yellow urination, and poor appetite
Ren 4 (Guan Yuan)	Front Mu point of the small intestine; influential area of the three foot Yin Meridians	Sedate the San Jiao, regulate Qi, and eliminate dampness	Irregular menses, leukorrhea, amenorrhea, difficult urination, dysentery, bleeding, and scanty urination
St 44 (Nei Ting)	Ying-spring point of the Stomach Meridian	Sedate stomach fire, eliminate accumulation, and harmonize the stomach and intestines	Abdominal pain, abdominal fullness and distension, diarrhea, dysentery, and indigestion
St 40 (Feng Long)	Luo-connecting point of the Stomach Meridian	Sedate the chest and diaphragm, transform phlegm, open bowel movements, and calm the Shen	Chest and abdominal pain, vomiting, constipation, dizziness, and irritability
St 25 (Tian Shu)	Front Mu point of the Large Intestine Meridian	Open and smooth the large intestine, regulate Qi, and release accumulation	Abdominal pain and distension, borborygmus, pain around the umbilicus, constipation, diarrhea, dysentery, irregular menses, edema, and scanty urination
Sp 3 (Tai Bai)	Shu-stream and Yuan source point of the Spleen Meridian	Eliminate accumulation and sedate fullness of the chest and diaphragm	Gastric pain, abdominal distension, constipation, dysentery, diarrhea, and vomiting
Du 1 (Chang Qiang)	Luo-connecting point of the Du Meridian	Open the intestines and eliminate accumulation	Constipation, dysentery, diarrhea, bloody stools, hemorrhoids, and pain in the low back
Lu 11 (Shao Shang)	Jing-well point of the Lung Meridian	Clear lung heat, benefit the throat, and open orifices	Cough, sore throat, nose bleeding, fever, and loss of consciousness
SJ 6 (Zhi Gou)	Jing-river point of the San Jiao Meridian	Open and sedate San Jiao fire, open large intestine, and descend rebellious Qi	Cough, fever, sore throat, eye pain, loss of voice, asthma, hypochondriac area pain, febrile warm disease, and aching and heavy sensation in the shoulder and back
SJ 1 (Guan Chong)	Jing-well point of the San Jiao Meridian	Sedate and open the San Jiao, clear San Jiao stagnation and heat	Headache, redness of the eye, sore throat, stiffness of the tongue, febrile warm disease, and irritability
SI 4 (Wan Gu)	Yuan source point of the Small Intestine Meridian	Sedate damp heat of the small intestine and expel wind from the Taiyang Meridians	Febrile heat disease, headache, rigidity of the neck, sore throat, chest and hypochondriac area pain, jaundice, stuffy nose, nose bleeding, tinnitus, and blurred vision

Points to treat cold conditions Cold conditions usually indicate excess Yin and deficient Yang and associated symptoms, such as cold hands and feet, excessive sleep, abdominal pain and coldness, frequent urination, diarrhea, pale tongue with white coating, and a deep, slow pulse.

	Description	Functions	Indications
Ren 12 (Zhong Wan)	Front Mu point of the stomach and Influential point of the Fu organs	Warm the middle Jiao, tonify the spleen and stomach, and warm and transform damp cold	Stomach cold pain, abdominal distension, borborygmus, nausea, vomiting, acid regurgitation, and diarrhea
Ren 4 (Guan Yuan)	Front Mu point of the small intestine; influential area of three foot Yin Meridians	Warm the lower Jiao, warm the uterus and the kidneys, strengthen the kidneys, tonify Qi, regulate blood, and expel cold dampness	Prolapse deficiency condition, irregular menses, abdominal pain, herniation, frequent urination, urinary retention, leukorrhea, dysmenorrhea, and lower abdominal pain
Ren 6 (Qi Hai)		Warm the middle and lower Jiao and eliminate cold and dampness in the lower Jiao	Abdominal pain, nocturnal emissions, impotence, hernia, edema, diarrhea, dysentery, irregular menses, dysmenorrhea, low energy, and leukorrhea
Du 20 (Bai Hui)	Influential area of the Bladder Meridian	Expel wind and dampness from the head and tonify Yang	Vertex pain, headache, paralysis, loss of voice, coma, mental disorders, and rectal and uterine prolapse

	Description	Functions	Indications
Du 14 (Da Zhui)	Influential area of the hand and foot Yang Meridians	Expel external cold and open the Yang Qi	Wind heat, aversion to cold, neck pain and rigidity, epilepsy, malaria, and afternoon fever
Du 4 (Ming Men)		Tonify the kidneys and spleen	Wind cold, aversion to cold, stiffness of the back, low back pain due to kidney deficiency, impotence, nocturnal emissions, irregular menses, dysmenorrhea, and damp cold type of leukorrhea
UB 15 (Xin Shu)	Back Shu point of the heart	Benefit heart Qi and tonify heart Yang	Irritability, cardiac pain, shortness of breath, panic, coldness of the extremities, loss of memory, and palpitations
UB 23 (Shen Shu)	Back Shu point of the kidneys	Warm the lower Jiao, benefit kidney Yang, strengthen the liver and kidneys, and expel damp cold	Low back pain, coldness of the four extremities, nocturnal emissions, impotence, uterine prolapse, weakness of the knees, edema, and diarrhea
Lu 7 (Lie Que)	Luo-connecting point of the Lung Meridian and confluent point of the Ren Meridian	Expel cold in the lung and stops coughing	Headache, migraine, neck rigidity, coughing, and asthma
SI 3 (Hou Xi)	Shu-stream point of the Small Intestine Meridian; confluent point and opens the Du Meridian	Expel external cold	Pain and rigidity of the neck, sore throat, aversion to cold, toothache, and pain in the shoulder and elbow
Liv 1 (Da Dun)	Jing-well point of the Liver Meridian	Open the Meridian and stop pain	Cold type of herniation, abdominal deficiency cold, and uterine prolapse
Liv 8 (Qu Quan)	He-sea point of the Liver Meridian	Regulate blood and expel cold	Cold type of herniation, abdominal cold, cold pain, uterine prolapse, retention of urine, and nocturnal emissions
LI 11 (Qu Chi)	He-sea point of the Large Intestine Meridian	Expel cold, move Qi, and stop pain	Motor impairment of the upper extremities and pain and swelling
St 36 (Zu San Li)	He-sea point of the Stomach Meridian	Expel cold from the middle Jiao and stop pain	Gastric pain, spleen and stomach deficiency cold, diarrhea, vomiting, borborygmus, gas, indigestion, and aching of the knee joint
St 29 (Gui Lai)		Warm the lower Jiao and expel cold	Abdominal pain, cold type of hernia, uterine prolapse, swelling and pain of the external genitalia, irregular menstruation, dysmenorrhea, and leukorrhea
Sp 1 (Yin Bai)	Jing-well point of the Spleen Meridian	Warm the spleen, strengthen Yang, and expel cold of the middle and lower Jiao	Abdominal cold pain, abdominal distension, diarrhea, irregular menses, and dysmenorrhea
Sp 4 (Gong Sun)	Luo-connecting point of the Spleen Meridian, confluent point and opens the Chong Meridian	Expel cold in the abdomen	Stomach pain, vomiting, diarrhea, indigestion, dysentery, low appetite, and borborygmus
Sp 6 (San Yin Jiao)	Influential area of the three foot Yin Meridians	Warm the lower Jiao, regulate blood, warm the uterus, and strengthen the stomach and spleen	Abdominal pain, borborygmus, abdominal distension, diarrhea, dysmenorrhea, nocturnal emissions, and enuresis
Sp 9 (Yin Ling Quan)	He-sea point of the Spleen Meridian	Warm the middle Jiao and strengthen the spleen Qi	Stomach pain, abdominal pain and distension, diarrhea, dysentery, edema, enuresis, incontinence, and pain in the external genitalia
K 2 (Ran Gu)	Ying-spring point of the Kidney Meridian	Warm the lower Jiao and strengthen Ming Men fire	Herniation, abdominal distension, irregular menses, nocturnal emissions, leukorrhea, and impotence
Liv 13 (Zhang Men)	Front Mu point of the spleen and Influential point of the Zang organs	Expel cold, strengthen the spleen, and eliminate accumulation	Abdominal distension, borborygmus, pain in the hypochondriac region, vomiting, diarrhea, and indigestion

Points to treat heat conditions Heat conditions indicate excess heat or Yin deficiency with heat symptoms, such as red face, red eyes, fever, excessive thirst, scanty urination, constipation, red tongue with yellow coating, and rapid pulse.

	Description	Functions	Indications
Lu 10 (Yu Ji)	Ying-spring point of the Lung Meridian	Clear lung heat, descend lung Qi, and benefit the throat	Sore throat, coughing, phlegm, loss of voice, fever, headache, and dizziness
Lu 11 (Shao Shang)	Jing-well point of the Lung Meridian	Clear lung heat, benefit the throat, and open head orifice	Coma, stroke, clenched teeth, sore throat, and nose bleeding
Lu 5 (Chi Ze)	He-sea point of the Lung Meridian	Sedate lung heat, clear the upper Jiao, and clear heat in the five organs	Coughing, asthma, sore throat, convulsions (children), vomiting blood, nose bleeding, body aches, and irritability

	Description	Functions	Indications
Lu 1 (Zhong Fu)	Front-Mu point of the Lung Meridian	Sedate heat and clear the upper Jiao	Cough, asthma, pain in the chest, shoulder, and back, fullness of the chest, and sore throat
LI 4 (He Gu)	Yuan source point of the Large Intestine Meridian	Clear Qi level heat and open orifices	Headache, toothache, redness, swelling, and pain of eye, nose bleeding, ulcer of the mouth and tongue, fever, and sore throat
LI 11 (Qu Chi)	He-sea point of the Large Intestine Meridian	Clear heat and expel the exterior	Fever, headache, redness and pain of the eye, sore throat, abdominal pain, vomiting, and diarrhea
LI 15 (Jian Yu)	Meeting point with the Yangqiao Meridian	Sedate heat	Shoulder pain, arm pain, skin rash, and motor impairment of upper extremities
UB 13 (Feishu)	Back Shu point of the lung	Clear lung heat and clear deficient heat	Cough, fever, and night sweats
UB 12 (Feng Men)	Meeting point with the Du Meridian	Clear San Jiao heat and expel wind heat	Cough, asthma, vomiting blood, night sweats, and chest and back pain
UB 11 (Da Zhu)	Influential point of the bones	Clear heat	Headache, fever, neck and back pain, cough, soreness in the scapular region
UB 18 (Gan Shu)	Back Shu point of the liver	Clear San Jiao heat, clear heat in the chest, and expel damp heat in the liver and gallbladder	Jaundice, pain in the hypochondriac region, redness of the eyes, blurred vision, vomiting blood, and nose bleeding
UB 15 (Xin Shu)	Back Shu point of the heart	Clear San Jiao heat, clear heart fire	Cardiac pain, fullness of the chest, irritability, coughing blood, vomiting, and nose bleeding
UB 23 (Shen Shu)	Back Shu point of the kidneys	Clear Zang Fu heat	Scanty and painful urination, bloody urination, nocturnal emissions, and irritability
UB 52 (Zhi Shi)		Clear Zang Fu heat	Dysfunction of urination, frequent urination, swelling and pain of external genitalia, and nocturnal emissions
Du 20 (Bai Hui)	Influential area with the Bladder Meridian	Clear heat in the head	Seizures, stroke, heat stroke, dizziness, headache, tinnitus, and deafness
Du 23 (Shang Xi)		Clear heat in the head, eyes, and nose	Headache, sinus congestion, nose bleeding, dysfunction of smell, dizziness, and painful eyes
Du 14 (Da Zhui)	Influential area of the hand and foot Yang Meridian	Clear heat and release the exterior	Cold and heat, coughing, chest and hypochondriac pain, malaria, and seizures
St 41 (Jie Xi)	Jing-river point of the Stomach Meridian	Clear lung heat	Abdominal distension, constipation, stomach heat, delirious speech, red face and eyes, and mouth ulcers
Sp 6 (San Yin Jiao)	Influential area of the three foot Yin Meridians	Clear blood heat	Night sweats, irritability, disturbed sleep, nocturnal emissions, scanty urination, irregular menses, and dysmenorrhea
K 2 (Ran Gu)	Ying-spring point of the Kidney Meridian	Clear kidney heat	Sore throat, coughing blood, dysfunction of urination, painful urination, irregular menses, and nocturnal emission
GB 34 (Yang Ling Quan)	He-sea point of the Gallbladder Meridian and influential point of the tendons	Benefit the sinews and joints; activate the Meridian and stop pain; clear liver and gallbladder damp heat	Jaundice, hypochondriac area pain, bitter taste in the mouth, nausea, vomiting, malaria, and chest pain
SJ 23 (Si Zhu Kong)		Clear heat from the head, sedate fire, expel wind, and stop pain	Headache, redness and pain of the eyes, blurred vision, toothache, facial paralysis, and twitching eyelid
SJ 1 (Guan Chong)	Jing-well point of the San Jiao Meridian	Clear upper Jiao heat and clear San Jiao heat	Dizziness, headache, redness of eyes, sore throat, stiffness of the tongue, febrile heat disease, tinnitus, deafness, irritability, palm heat, and shoulder and arm pain
SJ 6 (Zhi Gou)	Jing-river point of the San Jiao Meridian	Clear San Jiao heat	Cough, red face, red and painful eyes, heart pain, sore throat, vomiting, and constipation
SI 3 (Hou Xi)	Shu-stream point of the Small Intestine Meridian; confluent point and opens the Du Meridian	Clear excess, interior, and exterior heat	Aversion to cold, fever, redness of the eyes, tinnitus, nephritis, nose bleeding, scanty and yellow urination, and vertex headache
St 30 (Qi Chong)	Meeting point with the Chong Meridian	Clear San Jiao heat	Abdominal pain, hypochondriac area pain, hernia, swelling and pain of the external genitalia, scanty and painful urination, irregular menstruation, and uterine bleeding

Points to treat wind conditions *Wind condition* refers to internal wind and external wind. Wind characteristics are as follows: the disease starts quickly, transfers quickly, and moves around. With external wind the patient will have fever, aversion to wind, sweating, headache, dizziness, stuffy nose, coughing, and joint pain. With internal wind the patient will have a loss of consciousness, deviation of the mouth and eye, paralysis, and delirious speech.

	Description	Functions	Indications
Du 26 (Ren Zhong or Shui Goi)	Influential area of the hand and foot Yangming Meridians meeting with the Du Meridian	Expel wind in the head and face and open orifices	Mental disorders, epilepsy, hysteria, convulsions, coma, fainting, deviation of the mouth and eye, puffiness of the face, pain and stiffness of the low back, and neck rigidity
Du 20 (Bai Hui)	Influential area with the Bladder Meridian	Extinguish liver wind, sedate liver Yang, calm the Shen, expel wind, and open orifices	Headache, vertigo, tinnitus, post-stroke, paralysis, seizures, convulsions, and hysteria
Du 16 (Feng Fu)	Meeting point of the Yangwei Meridian	Expel wind and benefits joints	Headache, neck rigidity, blurred vision, nose bleeding, sore throat, postapoplexy aphasia, paralysis, and mental disorders
Ren 24 (Cheng Jiang)	Influential area of the hand and foot Yangming with the Ren and Du Meridians	Expel wind in the face	Facial puffiness, swelling of the gums, deviation of the mouth and eye, mental disorders, and paralysis
GB 20 (Feng Chi)	Meeting point with the Yangqiao and Yangwei Meridians	Expel wind heat and release the exterior; clear sense organs	Headache, neck stiffness, stroke, paralysis, migraine, mental disorders, and seizures
GB 31 (Feng Shi)		Expel wind cold, and strengthen sinews and bones	Pain and soreness in the thigh and lumbar region and paralysis of the lower limbs
GB 30 (Huan Tiao)	Meeting point with the Bladder Meridians	Expel wind in the Meridian and four extremities, open the Meridian, and expel wind cold	Pain of the lumbar region and hips, muscle atrophy of the lower limbs, paralysis, and skin rash
UB 12 (Feng Men)	Meeting point with the Du Meridian	Expel wind, descend lung Qi, release the exterior, and extinguish liver fire and wind	Cough, fever, headache, stiff neck, lumbar and back pain, and dizziness
Ba Feng		Expel wind in the leg and hip	Toe pain and redness and swelling of the dorsum of the feet
Ba Xie		Expel wind in the hand and arm	Excessive heat, finger numbness, spasm and contraction of the fingers, and redness and swelling of the dorsum of the hand
Liv 1 (Da Dun)	Jing-well point of the Liver Meridian	Expel wind and soften the tendons	Seizures, convulsions, and mental disorders
Liv 3 (Tai Chong)	Shu-stream and Yuan source point of the Liver Meridian	Extinguish liver wind	Seizures, convulsions, dizziness, paralysis, deviation of the mouth and eye, pain in the hypochondriac area, and urinary retention
Lu 11 (Shao Shang)	Jing-well point of the Lung Meridian	Expel wind and benefit the throat	Stroke, clenching and grinding of the teeth, seizures, sore throat, and loss of consciousness
Lu 10 (Yu Ji)	Ying-spring point of the Lung Meridian	Regulate lung Qi, benefit the throat, and stop pain	Sore throat, cough, asthma, and loss of voice
LI 11 (Qu Chi)	He-sea point of the Large Intestine Meridian	Expel wind damp, open Meridian, expel wind, and benefit joints	Pain and swelling of the hand and arm, spasm of the elbow, paralysis, and swelling and edema at the head and face
LI 15 (Jian Yu)	Meeting point of the Yangqiao Meridian	Expel wind from the body, open the Meridian, reduce swelling, stop pain, and benefits joints	Paralysis, pain of the shoulder and neck, tendon and bone soreness, and skin rash
St 4 (Di Chang)	Meeting point with the Yangqiao and Ren Meridians	Expel wind in the face	Deviation of the mouth, salivation, and twitching of the eyelids
St 6 (Jia Chi)		Expel wind in the face	Deviation of the mouth, swelling of the face, facial paralysis, toothache, swelling of the cheeks, and mumps
St 36 (Zu San Li)	He-sea point of the Stomach Meridian	Invigorate blood, expel wind, open the Meridian, and release wind and cold	Face pain, toothache, sore throat, paralysis, Bell's palsy, spasm of the face, pain of the lower extremities, and knee and leg pain
UB 60 (Tun Lun)	Jing-river point of the Urinary Bladder Meridian	Expel wind in the lower extremities and in the Taiyang Meridian	Leg pain due to wind cold invasion, headache, neck pain, neck rigidity, malaria, and seizures
UB 40 (Wei Zhong)	He-sea point of the Urinary Bladder	Expel wind dampness and strengthen the lumbar and knees	Low back pain, motor impairment of the hip joint, contraction of the tendons in the popliteal fossa, muscular atrophy, pain, numbness, and motor impairment of the lower extremities
K 2 (Ran Gu)	Ying-spring point of the Kidney Meridian	Expel wind	Acute infantile omphalitis

	Description	Functions	Indications
Sp 6 (San Yin Jiao)	Influential area of the three foot Yin Meridians	Expel wind from whole body	Stroke and pain of the lower extremities
Liv 8 (Qu quan)	He-sea point of the Liver Meridian	Expel wind in the leg and knees	Leg pain, pain in the medial aspect of the knee and thigh, and Bi syndrome
SJ 18 (Qi Mai)		Expel wind in the face	Headache, tinnitus, deafness, and convulsions

Points to treat damp conditions Damp is a Yin pathogen and easily damages Yang energy. The patient usually shows heaviness of the body, tiredness, fullness of the chest and abdomen, lack of appetite, edema, irregular menses, and a thick, white, greasy tongue coating. The treatment focuses on expelling dampness for exterior conditions and transforming or promoting for internal dampness.

	Description	Functions	Indications
K 2 (Ran Gu)	Ying-spring point of the Kidney Meridian	Open Meridians, expel wind dampness, and strengthen lumbar and knee	Swelling and pain of the ankle, irregular menses, nocturnal emission, and diarrhea
K 3 (Tai Xi)	Shu-stream and Yuan-source point of the Kidney Meridian	Expel dampness and regulate bowel movement and urination	Sore throat, irregular menses, pain in the low back, premature ejaculation, and nocturnal emission
K 7 (Fu Liu)	Jing-river point of the Kidney Meridian	Transform dampness	Abdominal distension, diarrhea, borborygmus, dysentery, and swelling of the leg
St 36 (Zu San Li)	He-sea point of the Stomach Meridian	Transform dampness, expel dampness, promote urination, regulate stomach and intestines, and dissolve accumulation	Abdominal pain and distension, diarrhea, dysentery, irregular menses, retention of urine, and swelling and pain of the four extremities
St 37 (Shang Ju Xu)	Lower He-sea point of the Large Intestine Meridian	Expel dampness and transform dampness	Abdominal pain and distension, diarrhea, chest and hypochondriac area pain, and paralysis due to stroke
St 39 (Xia Ju Xu)	Lower He-sea point of the Small Intestine Meridian	Expel dampness and transform dampness	Abdominal pain and distension, diarrhea, and pain and paralysis of the lower extremities
St 33 (Yin Shi)		Expel dampness	Bi syndrome, pain of the knee, abdominal distension, herniation, and motor impairment of the lower extremities
LI 18 (Fu Tu)		Promote urination and transform dampness	Bi syndrome, lower extremity numbness and pain, low back pain, and herniation
GB 39 (Xuan Zhong)	Influential point of the marrow	Expel dampness and eliminate wind dampness in the Meridian	Paralysis, pain of the neck and lower limbs, and spasmodic pain of the leg
GB 34 (Yang Ling Quan)	He-sea point of the Gallbladder Meridian and influential point of the tendons	Promote urination, open Meridian, and expel wind dampness	Paralysis, weakness, numbness and pain of the lower extremities, and swelling and pain of the knee and joints
GB 31 (Feng Shi)		Expel dampness	Pain and soreness in the side and lumbar region, paralysis of the lower legs, and Bi syndrome
UB 60 (Kun Lun)	Jing-river point of the Urinary Bladder Meridian	Promote urination, open Meridian, soften tendon, transform dampness, and strengthen lumbar and kidney	Low back pain, swelling and pain of the ankle, pain at the shoulder and back, and Bi syndrome
UB 40 (Wei Zhong)	He-sea point of the Urinary Bladder Meridian	Open Meridian, promote urination, expel wind dampness, and strengthen lumbar and knee	Low back pain, abdominal pain, vomiting, diarrhea, and Bi syndrome
LI 11 (Qu Chi)	He-sea point of the Large Intestine Meridian	Transform dampness and expel wind dampness	Swelling and pain of the hand and arm, elbow and shoulder pain, abdominal pain, vomiting, and diarrhea
Sp 6 (San Yin Jiao)	Influential area of the three foot Yin Meridians	Strengthen spleen, transform dampness, and tonify Yin	Edema, paralysis and pain of the lower extremities, Lin syndrome, abdominal distension, abdominal fullness, diarrhea, muscle weakness, irregular menses, and heaviness and numbness of the leg
Ren 12 (Zhong Wan)	Front Mu point of the stomach	Transform dampness, strengthen spleen, and stop pain	Abdominal pain and distension, abdominal fullness, edema, jaundice, dysentery, and diarrhea

TABLE 3-4

Brief Summary of the Function Points on Each Meridian

	Description	Function	Indications
Du 26 (Ren Zhong or Shui Gou)	Influential area of the hand and foot Yangming Meridians meeting with the Du Meridian	Expel wind in the head and face and open orifices	Mental disorders, epilepsy, hysteria, convulsions, coma, fainting, deviation of the mouth and eye, puffiness of the face, pain and stiffness of the low back, and neck rigidity
Du 20 (Bai Hui)	Influential area with Bladder Meridian	Extinguish liver wind, sedate liver Yang, calm the Shen, expel wind, and open orifices	Headache, vertigo, tinnitus, post-stroke, paralysis, seizures, convulsions, and hysteria
Du 16 (Feng Fu)	Meeting point of the Yangwei Meridian	Expel wind and benefits joints	Headache, neck rigidity, blurred vision, nose bleeding, sore throat, postapoplexy aphasia, paralysis, and mental disorders
Ren 24 (Cheng Jiang)	Influential area of the hand and foot Yangming with the Ren and Du Meridians	Expel wind in the face	Facial puffiness, swelling of the gums, deviation of the mouth and eye, mental disorders, and paralysis
GB 20 (Feng Chi)	Meeting point with the Yangqiao and Yangwei Meridians	Expel wind heat and release the exterior; clear sense organs	Headache, neck stiffness, stroke, paralysis, migraine, mental disorders, and seizures
GB 31 (Feng Shi)		Expel wind cold, and strengthen the sinews and bones	Pain and soreness in the thigh and lumbar region and paralysis of the lower limbs
GB 30 (Huan Tiao)	Meeting point with Bladder Meridian	Expel wind in the Meridian and four extremities, open the Meridian, and expel wind cold	Pain of the lumbar region and hips, muscle atrophy of the lower limbs, paralysis, and skin rash
UB 12 (Feng Men)	Meeting point with Du Meridian	Expel wind, descend lung Qi, release the exterior, and extinguish liver fire and wind	Cough, fever, headache, stiff neck, lumbar and back pain, and dizziness
Ba Feng		Expel wind in the leg and hip	Toe pain and redness and swelling of the dorsum of the feet
Ba Xie		Expel wind in the hand and arm	Excessive heat, finger numbness, spasm and contraction of fingers, and redness and swelling of the dorsum of the hands
Liv 1 (Da Dun)	Jing-well point of the Liver Meridian	Expel wind and soften tendons	Seizures, convulsions, and mental disorders
Liv 3 (Tai Chong)	Shu-stream and Yuan source point of the Liver Meridian	Extinguish liver wind	Seizures, convulsions, dizziness, paralysis, deviation of the mouth and eye, pain in the hypochondriac area, and urinary retention
Lu 11 (Shao Shang)	Jing-well point of the Lung Meridian	Expel wind and benefits the throat	Stroke, clenching and grinding of the teeth, seizure, sore throat, and loss of consciousness
Lu 10 (Yu Ji)	Ying-spring point of the Lung Meridian	Regulate lung Qi, benefits the throat, and stops pain	Sore throat, cough, asthma, and loss of voice
LI 11 (Qu Chi)	He-sea point of the Large Intestine Meridian	Expel wind damp, open the Meridian, expel wind, and benefits joints	Pain and swelling of the hand and arm, spasm of the elbow, paralysis, and swelling and edema in the head and face
LI 15 (Jian Yu)	Meeting point of the Yangqiao Meridian	Expel wind from the body, open the Meridian, reduce swelling, stop pain, and benefits joints	Paralysis, pain of the shoulder and neck, tendon and bone soreness, and skin rash
St 4 (Di Chang)	Meeting point with the Yangqiao and Ren Meridians	Expel wind in the face	Deviation of the mouth, salivation, and twitching of the eyelids
St 6 (Jia Chi)		Expel wind in the face	Deviation of the mouth, swelling of the face, facial paralysis, toothache, swelling of the cheek, and mumps
St 36 (Zu San Li)	He-sea point of the Stomach Meridian	Invigorate blood, expel wind, open the Meridian, and release wind and cold	Face pain, toothache, sore throat, paralysis, Bell's palsy, spasm of the face, pain of the lower extremities
UB 60 (kun Lun)	Jing-river point of the Urinary Bladder Meridian	Expel wind in the lower extremities and in the Taiyang Meridian	Leg pain due to wind cold invading, headache, neck pain, neck rigidity, malaria, and seizures
UB 40 (Wei Zhong)	He-sea point of the Urinary Bladder Meridian	Expel wind dampness and strengthen the lumbar and knees	Low back pain, motor impairment of the hip joint, contraction of the tendons in the popliteal fossa, muscular atrophy, pain, numbness, and motor impairment of the lower extremities
K 2 (Ran Gu)	Ying-spring point of the Kidney Meridian	Expel wind	Acute infantile omphalitis
Sp 6 (San Yin Jiao)	Influential area of the three foot Yin Meridians	Expel wind from the whole body	Stroke and pain of the lower extremities
Liv 8 (Qu Guan)	He-sea point of the liver	Expel wind in the leg and knee	Leg pain, pain in the medial aspect of the knee and thigh, and Bi syndrome
SJ 18 (Qi Mai)		Expel wind in the face	Headache, tinnitus, deafness, and convulsions

In the clinic, although both macro-acupuncture and micro-acupuncture have good results for different conditions, they also have different focuses. It is a good idea to combine these two different systems. Together they can reach all the different functions, negating the disadvantages of each system, and work as a team to achieve better results.

The macro-acupuncture system is like a large web that covers different layers and distances. The energy flows as water flows. It starts shallow in small streams from different parts of

the body and travels deeper and longer, meeting in rivers and reaching into the deepest oceans.

The micro-system is like a flat board or a mirror reflecting the person's image. The treatment is easy to perform with points in convenient locations.

The water of the macro-system runs through and nourishes the flat fields of the micro-system. To ensure that the water stays fresh, the water stream should be continuously circulated.

Sending Qi to the Targeted Area

Acupuncture treatment is the stimulation of specific points so that the patient experiences a local Qi sensation or a whole-body reaction. In most cases, it is the basic requirement for a successful acupuncture treatment. The micro-acupuncture treatment is the same as macro-acupuncture in that inserting needles is not only required to elicit Qi but also to direct the Qi to the targeted area. The difference between micro-acupuncture and macro-acupuncture is that the macro-acupuncture points connect the whole body's tissues and organs by a variety of different meridians. The energy flow can be viewed as starting from a spring and flowing into the river, ending at the sea. The Qi is viewed as flowing through the meridian from the acupuncture point to the targeted area.

In comparison, the micro-acupuncture points are distributed within a unit, such as the ear, which represents the entire body. This unit is a small representation of the entire body or, as defined in the first chapter, a homunculus. When inserting needles on this unit, the needles stimulate the targeted internal organs and body tissues. Qi flows from the homunculus point to the corresponding body organ through reflex activities such as neuro-regulations, humoral regulations, auto regulations, as well as through the body's meridians. Bioholographic theory asserts the homunculus points have a similar structure and information content as their corresponding body organs. By inserting a needle into a homunculus point you directly affect the corresponding body organ.

However, simply inserting needles into the micro-acupuncture points is not the only objective of the treatment. The purpose of the micro-acupuncture treatment is to stimulate the micro-acupuncture points to cause a reaction in a corresponding organ. For example, when inserting a needle into the Heart point on the ear, the goal is to stimulate a reaction in the heart. Successful clinical results occur when this reaction is achieved.

To achieve optimal results, the practitioner should focus on (1) choosing the most effective point and (2) sending Qi to the target area to activate Qi within the target.

Choosing the Most Effective Point

When the human body is diseased, not only are there reaction points on different superficial areas of the body, but the patient may also have various reactions on different micro-acupuncture system points. Some of the micro-acupuncture points may be more reactive and more representative of the disease.

For example, in hand acupuncture, when an internal organ has a disease the reaction point is more likely to be located on the palm side of the hand. However, for some diseases, such as a musculoskeletal system disease, the reaction will be more pronounced on the dorsal side of the hand. Face and ear acupuncture have greater reactions for patients with internal environment imbalances, and good results are often achieved with autonomic nerve disorders. Musculoskeletal diseases have better results when treated with hand and foot acupuncture. Scalp acupuncture usually has better results for central nerve system disorders.

In general, when you see that the point has pathological changes or reactions (such as changes in color, flakiness of skin, and painful reactions), this usually indicates that the point should be chosen for this treatment. When choosing points, it is not only important to choose the best system, but also to find the most sensitive points for the treatment. This will result in a better clinical outcome.

So, how does the practitioner determine the most sensitive or effective points in clinical practice? The most direct and effective method is to first focus on which system will have better results for each case. Second, the clinician visually observes the affected areas or uses a wooden implement, such as a toothpick, or an electronic device to locate sensitive points.

Send Qi to the Targeted Area by Activating Qi

Micro-acupuncture differs from macro-acupuncture in that with macro-acupuncture, a needle is inserted into a specific point on the body, and, through the meridians, the stimulation is led to the targeted organ. Micro-acupuncture, by contrast, is a micro-reflex system in which body parts and internal organs are related to specific micro-acupuncture points. For optimal clinical results, the practitioner not only needs to choose the effective micro-system for stimulation, but more importantly, must also perform stimulation to achieve the desired reaction from the internal organs. When the reaction is achieved, this indicates that the Qi has reached the targeted organ. When the practitioner stimulates the micro-system, the patient sometimes has little or no meridian response, such as feeling a warming in the meridians or visually observing the meridian pathway. The patient often feels a direct reaction in the internal organs focused on by the treatment. For example, as a pain is released or decreased locally, the internal organ becomes more active. So actively increasing the movement of the diseased area usually leads to better results. In other words, Qi reaching the targeted area is not the final purpose. The purpose is to stimulate Qi to

reach the targeted area and to cause movement in the internal organ to achieve effective results. Active Qi therapy is actively or passively moving or stimulating the diseased organs after the needles are inserted. Active Qi therapy is the most effective technique for micro-acupuncture treatment. The purpose of the treatment is not to stimulate one point, but instead to create a feedback reaction from the points to the internal organs, and from the internal organs back to the points. For example, when treating lung disease the practitioner should find the most representative micro-system and points. He or she then inserts needles to elicit Qi, which is achieved when the patient feels local sharpness, burning, or a warming sensation. The practitioner then asks the patient to breathe deeply or cough, stimulating the lungs. This causes feedback to the micro-acupuncture point. Often at this time, the sensitive point that was found before the needles were inserted has decreased in sensitivity or the reaction point has moved. This is one technique to evaluate if the active Qi has achieved results. At this time, most patients feel immediate release of the original symptom. Reaching the Qi and activating it at the targeted location is the key to micro-acupuncture treatments.

Result of Opening

For micro-acupuncture treatment, the focus is on finding the effective system, determining the effective points, and stimulating Qi to reach the targeted area. To reach the targeted area, it is important to open the meridians because Qi is unable to reach the targeted area if the meridians are blocked. This is because the disease mechanism is an imbalance in the internal organs leading to a variety of accumulations. To correct this imbalance through acupuncture treatment, one of the essential steps is the opening of the meridians so that Qi and blood can move and circulate to dispel stagnation. Micro-acupuncture therapy is not a single system or stimulation of a single point. It is based on local stimulation and the traveling of Qi through the meridians by the opening method to achieve treatment results. The opening directions include up and down, left and right, front and back, and internal and external. This treatment focuses on traditional Chinese medicine's moveable theory, holistic theory, and balancing theory.

Direction of Opening

UP AND DOWN OPENING: Up and down opening is the most common method used in acupuncture treatments. The human body position is predominantly longitudinal; therefore most meridians are distributed in a longitudinal direction, moving from the head to the feet and the feet to the head. Also, acupuncture originally started from traditional Chinese medicine, which always respects the relationship of the sky, the person, and the earth. Up and down opening results in the ability to stimulate needles on the head while the patient feels the needle sensation traveling to the back, abdomen, hands, and feet. For example, inserting needles on the shoulder causes a sensation in the hand. Inserting needles on the hip causes a sensation in the feet.

LEFT AND RIGHT OPENING: Left and right opening techniques result in the ability to stimulate the needles to cause the needle sensation to travel to the opposite side of the body. This is often used with patients with corresponding point and meridian therapy. In the clinic, it is common to see patients with accumulation on one side of the body, especially those patients with high stress or who work long hours at the computer.

FRONT AND BACK OPENING: Front and back opening means that when inserting needles on the trunk area (such as the back and low back), it is possible to have the Qi connect to the chest and abdomen. The chest and abdomen also connect to the back area. The front and back opening is mostly used to treat internal organ diseases. For many internal organ diseases, the pain and discomfort are not confined to the local area of the organ, but may be referred to distal areas such as the chest and back. For example, it is common to find a trigger point at the left side of the scapula area on the point SI 11 (Tian Zong) if the patient has a gallbladder infection. For patients with a stomach disease, often the initial clinical symptom is not stomach discomfort, but a feeling of discomfort or a cold sensation in the middle of the back. Clinically, needles are often inserted on the abdominal area for low back pain with remarkable results.

INTERNAL AND EXTERNAL OPENING: Internal and external opening means that during an acupuncture treatment (in addition to balancing the internal organ), the stagnation accumulated from the disease should exit the body. These conditions can be achieved by superficial stimulation to achieve results.

To achieve optimal results from the opening techniques, use the following principles:

1. For micro-acupuncture treatments, diagnosing the location is the most important focus. Having the correct diagnosis and exact disease location helps the practitioner use different treatment methods.
2. Identify the most effective micro-acupuncture system for the treatment and the most sensitive points. Different micro-acupuncture systems have different characteristics and clinical results, as discussed in previous chapters. Choose the most sensitive and effective points on the micro-acupuncture system through visual diagnosis or with the use of tools. The micro-acupuncture results are achieved by directly stimulating the reaction points of the diseased organs.
3. The opening method is necessary to stimulate Qi to reach the target areas. Also, through the opening method the internal organ will reach balance by self-adjustments, and the Qi and blood will travel smoothly, purge evil Qi, tonify the deficiency, and treat and prevent disease.

Method of Opening

QI CONDUCTION FOLLOWS THE MERIDIANS: Through the stimulation of superficial area of the skin, the activated Qi follows the 14 meridian pathways or the nerve system distribution. The Du meridian is one of the most important meridians and is used widely in the clinic. In fact, the Du meridian includes the areas of spinal nerve distribution that connect directly with the brain. At the occipital area of the head and back of the neck are

the many cranial nerve output areas. Stimulating the Du meridian directly can increase the sensitivities of the nervous system, resulting in increased conduction to activate the body's response and enable it to self-adjust. Other meridians were also discovered during centuries of clinical experience through sensations such as radiating pain, numbness, and tingling when disease is present. Also, meridians were discovered through other physiological and pathological changes during the presence of a disease, such as skin color changes and skin lesions. The special sensations one feels when practicing Qi Gong led to meridian conduction discoveries. Through clinical experience, acupuncture has been proven to produce good clinical results. Based on all of these observations, meridian theory was developed. Following the meridian pathways to perform direct stimulation is essential to stimulate Qi to reach the diseased area.

Heat conduction Heat conduction is a form of mechanical stimulation. When the temperature is raised in a local area, it can increase the sensitivity of the area to acupuncture. Using warming moxabustion along the meridian pathways, especially along the Du meridian, performing stimulation can lead to remarkable results. If you use this method you will almost always get an effective response, even on the patient's first visit. You can even use this method for patients with heat or Yin deficient conditions. This method does not contradict the traditional Chinese medical theory of using cold herbs for heat diseases or using hot to treat cold diseases because this type of moxabustion provides slight stimulation and increases the purpose of conduction. The treatment time does not need to be prolonged. For 2 to 3 minutes, follow the meridians up and down using moxabustion. Usually the patient relaxes immediately, creating internal environmental balance. When you choose to stimulate the Du meridian the best point to select is either GB 20 (Fen Chi) or Du 16 (Feng Fu). These two points have a close relationship with the wind, which in nature blows in gusts and is characterized by rapid changes. Blowing in gusts means moving activity, and change means having a different quality. These two points are located at the superficial area of many cranial nerves, such as the central area of vision, respiration, and body temperature. When inserting these two groups of points, most patients have a strong relaxation reaction. After insertion of the needles, immediately perform moxabustion from the base of the occipital area and slowly move down along the spine to Changqiang (Du 1) for maximum relaxation and tingling through the whole body. If the practitioner notices that the muscles of the patient twitch, this indicates Qi movement and is a good time to stop stimulation. For others, the practitioner can stimulate both sides of the body at the same time by holding two moxabustion sticks and, starting at the same location, traveling down the meridian, such as the hand Tai Yin meridian. Another effective pathway for moxabustion is based on the spinal nerve and segmental innervation systems of Western medicine, using the distribution to do surface simulations (Figure 4-1).

In the clinic, other heat stimulation methods include a TDP heat lamp, a hairdryer, external herbs, and a heating pad.

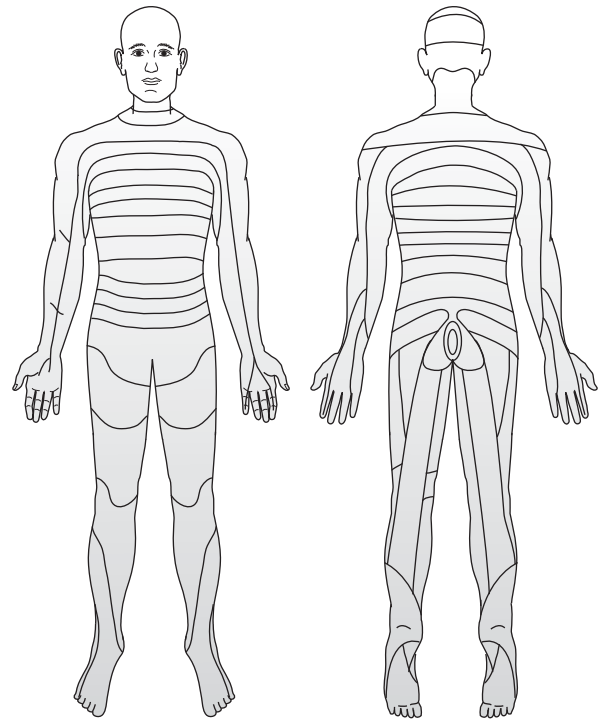


FIGURE 4-1 Spinal nerve and segmental innervation systems.

Clinical results have indicated that, for patients with painful conditions, using a warming moxabustion stick has the best results due to its strong heating power and the high concentration of heat in a small area. Moxabustion also causes the heat to travel around easily, conducting the moving Qi to travel to the targeted location. The TDP lamp is also a good technique to use for heating. The TDP lamp is very effective on local conditions because the heated area is much larger than that of moxabustion.

Mechanical conduction Mechanical conduction can be achieved using many different methods, including acupressure, manipulation, massage, and a variety of vibrations.

Acupressure is a common stimulation technique used in the clinic. It is especially popular in Japan. It uses different techniques to apply pressure on the surface of the body and points for the purpose of opening that particular meridian. Acupressure is common in therapy for stimulating Qi to travel along the meridians. Usually pressure is applied on the points along the route of the 14 meridians or along the nerve distribution. Start the technique with gentle pressure increasing to heavy and from a shallow to deep level. You can achieve better results if you combine deep breathing exercises in combination with the stimulation of the micro-acupuncture point.

The manipulation techniques are very different than those of regular massage. In addition to having the characteristics of massage, mechanical manipulation uses a variety of techniques to work differently on the skin, muscles, joints, vessels, and nerves, as well as soft tissues. It works on the area with the purpose of creating changes in the pathology such as working on

soft tissue injuries, herniations, and internal disease. When performing manipulations, it is important to be knowledgeable about the body's anatomy and skilled in performing the techniques. The manipulation techniques are very useful when working in the micro-acupuncture system because this system is not limited to any position of the body. Manipulations can be done before insertion of the needle, or they can be performed after the needles have been inserted. They have a direct effect on the conditions by moving Qi to reach the targeted location.

Popular in the Western world, regular massage is different than the manipulation techniques in that the treatment is focused more on the whole body and is a relatively gentle technique. It is useful for patients with weakness, long-term illness, or a low-response body type. If the patient receives a few minutes of massage before insertion of the needles, this usually increases the sensitivity of the patient's response to the acupuncture treatment and produces better overall results.

Many different kinds of vibration machines are available, such as chair and foot massage machines. Some of the smaller machines can be carried and used by patients on their own. They usually include direct and pulsing electrical currents. In the clinic, choose the correct machine based on the patient's condition. Generally, the machine with the strongest power is chosen to work on the areas with an abundance of muscles, such as the back and buttocks. For stimulation of small points or along the meridians, a low-power, portable machine should be chosen.

Running cupping Running cupping is a very effective treatment method because it creates a vacuum on the body and stimulates mobility to create a strong reaction on the stimulation area. It is easy to produce moving Qi reactions with running cupping. In the clinic, it is often used to stimulate the areas around the meridians or on local areas. Immediately after inserting needles on the micro-acupuncture point use running or replacement cupping on the diseased area or around the meridians. This will usually enhance the results of the micro-acupuncture treatment.

Moving needling Moving needle is a very effective stimulation technique performed around the meridians. Usually this technique is performed based on the pathway of the meridians or according to the patient's physical anatomy. The technique includes selecting an acupuncture point that is based on the patient's condition and inserting the needle to elicit Qi. After insertion direct the Qi with the needle for 1 minute. Once the patient notices that the pain has diminished in the local area or is moving, the practitioner can take out the needles and use his or her hand to palpate along the meridian or around the local area to locate tender spots. Then the practitioner inserts needles in the new location and continues the technique until the pain is gone or reduced. This technique is usually performed on an area when the pain sensation is traveling to that area. Insert the needle step-by-step, following the meridian until the treatment result is achieved. This technique is very effective at following meridians to stimulate Qi to reach the target.

OPENING THE PATHWAY: As mentioned earlier, to achieve better results during acupuncture it is important to elicit Qi

and also to move the Qi. Both eliciting and moving Qi require that the pathways be open in order to achieve clinical results. An important method in opening the meridians is the bleeding technique.

Please note that you must be aware of the patient's medical history, especially in terms of coagulation disorders or blood-thinning medication. Do not attempt to perform bleeding if you have not had the proper education and training.

According to traditional Chinese medical theory, if the patient has a long-term disease, the stagnation or "evils" will go into the meridians and penetrate deeply into the internal organs. Stagnation results from long-term diseases, chronic severe disease, and unexplained conditions. In the clinic, this condition often does not achieve good results from treatments involving medicines, herbs, or even acupuncture. But once bleeding techniques are used, the condition can often change immediately, with remarkable results. The bleeding techniques are important methods used to open the pathways and should be used based on the patients' conditions. The bleeding technique is chosen based on the location of the area to be bled, the amount of blood that will be bled, the length of time for bleeding, and the time of day the patient will be bled.

Location of bleeding Traditional Chinese medicine often uses the bleeding technique to treat disease, and the most common areas are the points or tissues around the elbow, knee, and side of the head; underneath the tongue; the 12 Jingwell points; and the Shi Xian points. In fact, any part of the body can be used for bleeding techniques, but based on clinical experience, bleeding on Ashi points is less effective than bleeding on the distal parts of the body. In the micro-acupuncture system, the points are located at the distal parts of the body. The clinical results today are similar to those of traditional Chinese medicine; releasing stagnation in the meridians by needling the distal areas will achieve better results. Furthermore, the micro-acupuncture system represents a micro-reflex part of the human body and internal organs. The bleeding techniques not only work on the distal areas of the body but also directly and indirectly on the diseased area. For example, the hand is the micro-reflex area of the heart. So, based on this, the effect will not only be on the distal area but also on the heart. The micro-acupuncture system's most common areas to use bleeding techniques are the hands, feet, ears, tongue, and scalp.

Amount of bleeding The amount of the bleeding has a direct relationship with the treatment results. Because traditional acupuncture had a limited number of tools to use for bleeding, many people believe that traditional Chinese medicine's bleeding techniques only involve getting a few drops of blood. This belief resulted in a less-than-effective use of the bleeding technique. But, in fact, there is a positive relationship between the amount of blood and achieving good treatment results. This is because the key point of the bleeding technique is not only to open the meridians but also to make qualitative changes. In other words, the best result for the bleeding technique is when the patient's blood color and the quality of the blood change. For example, if the bleeding technique is

performed on the end of the fingers, most of the blood in the beginning will be dark red and somewhat thick, but as the bleeding continues the color of the blood will change to bright red and the blood will become thinner. If only a few drops of blood are taken, it will be difficult to achieve blood quality changes. Only if the blood color and quality change will good results be achieved. In the clinic, when performing the bleeding technique, one should not stop after a few drops of blood. Some situations even call for as much as 3 to 10 cc to be bled out. Sometimes in the clinic the bleeding technique is performed on the larger veins to reach the desired amount to achieve results. Also, the practitioner should use his or her hand to follow continuously along the vessel, pushing and squeezing. On the area being bled, use a cotton ball to continuously wipe off the blood rather than apply pressure, which can cause the blood flow to stop completely before reaching the desired amount of blood flow.

Time of Bleeding The time of bleeding is also important. Clinical experience and research have proven that the best times for the bleeding techniques are based on the human body's biological clock, biological changes, and treatment purpose. There are varying routines and time cycles for any physical function

and pathologic process. In general, from the traditional Chinese medical theory the bleeding technique is a method to reduce excess. The bleeding technique is one of the methods to rid the body of toxic accumulation and to promote circulation. Dysmenorrhea is a good example of a disease that has a close relationship with the biological clock of the menstrual cycle. The best time to use bleeding to treat dysmenorrhea is 1 to 4 days before menses. If a patient has glaucoma of the eye, the best time for bleeding should be in the early morning, before the highest peak of the ocular pressure. To treat patients with constipation, the best time for bleeding should be between 7 and 9 o'clock in the morning. For the best treatment result, choose the time for bleeding according to the specific disease. For patients who have Bell's palsy or cerebrovascular disease, such as a stroke, the results are better if the bleeding techniques are performed at the onset. The only difference is that for cerebrovascular diseases the practitioner should bleed the areas on the distal part of the body instead of locally as in Bell's palsy. Patients with carpal tunnel syndrome or diabetic neuropathy with tingling and numbness of the fingers should be bled at the onset, in combination with acupuncture treatments to provide better results.

Scalp Acupuncture 头皮针

5

Introduction

Scalp acupuncture therapy treats and prevents disease by needling specific stimulation areas on the scalp. It is a new therapy based on the theory of traditional Chinese medicine, acupuncture techniques, clinical experience, holographic theory, and a modern knowledge of the representative areas of the cerebral cortex. This therapy is often used clinically to treat central nervous system disorders, such as sequelae of cerebral disease, maldevelopment of the nervous system, and sequelae of brain damage, especially for paralysis due to stroke, as well as internal medicine, gynecology, and pediatrics. Scalp acupuncture is able to treat more than 100 different diseases.

The scalp is the area where the Zang Fu, meridians, Qi, and blood connect; thus it has a close relationship with the human body's physiologic functions and pathologic changes. Scalp acupuncture is based on traditional Chinese medicine theory and is based on the following theories.

Mu Point Theory

Mu points are Zang Fu and meridian energies collecting at the chest and abdomen. There are 12 Mu points at the chest and abdomen that represent 12 Zang Fu organs. Most Mu points do not lie on their own meridians. For example, the Stomach Mu point is Ren 12 (Zhong Wan), which is located on the Ren meridian. However, Ren 12 is a very effective point for stomach disorders because it is located over the stomach area. Similarly, when a patient has paralysis of the extremities due to brain damage, the use of scalp acupuncture to stimulate the scalp over the arm and leg motor control areas of the brain can be very effective to treat the paralysis. This treatment is based on the Mu Point Theory.

Theory of Meridian Systems

The scalp and head have a close relationship with the meridians. All of the 12 meridians' essential Qi and blood rise to the head. The meridians directly or indirectly connect with the scalp and brain. The head also connects to the Zang Fu through the meridians. All of the meridians, Zang Fu organs, Qi, and blood disorders are reflected on the head, thus we can diagnose and treat disease using the scalp. Scalp acupuncture is effective because the intersection of many meridians and the location of

many points are on the scalp; therefore it has a close relationship with the brain, Zang Fu, Qi, and blood.

Theory of the Cerebral Cortex

Some scalp acupuncture systems are based on modern knowledge of the representative areas and functions of the cerebral cortex. It is believed that there is a close relationship between the functions of the cerebral cortex and the scalp therapeutic zones. By stimulating the scalp, we are able to adjust the functions at the corresponding areas of the cerebral cortex to treat disease.

Holographic Theory

Like other micro-acupuncture systems, scalp acupuncture is based on the holographic theory. Scalp acupuncture systems are based on the belief that the human body is a complete unit. On the scalp, a representative image of the human body is created. By stimulating the scalp on areas of this holographic representation, we are able to treat diseases that correspond to the Zang Fu organs.

In conclusion, stimulating the scalp in specific areas will not only open the meridians, it will also harmonize Yin and Yang and regulate the functions of the Zang Fu organs to treat disease.

Clinical research shows that scalp acupuncture stimulation is able to adjust cerebral functions and increase blood flow to the brain. Scalp acupuncture functions to help dilation and constriction of blood vessels, improve blood vessel elasticity, increase heart muscle contractility and decrease blood viscosity, and improve motor and sensory functions of the four extremities.

Head Anatomy

The skull consists of 29 bones and contains 5 large cavities. The term *cranium* implies the parts of the skull that enclose the brain. The remainder of the skull is the facial skeleton.

Scalp acupuncture is mostly performed on the exterior surface of the skull, which is above the roof of the cranial cavity.

Structure of the Skull

BONES:

1. Frontal bone: anterior to the calvaria; unpaired
2. Parietal bones: posterior to the frontal bone; paired
3. Occipital bone: posterior to the parietal bones; unpaired

4. Temporal bones: on the sides of the skull; paired
5. Sphenoid bone: anterior to the temporal bones and base of the occipital bone traversing from the left to right sides of the skull; unpaired

SUTURES:

1. Coronal suture: the suture between the frontal bone and the two parietal bones
2. Sagittal suture: the suture between the two parietal bones
3. Lambdoid suture: the suture between the two parietal bones and the occipital bone
4. Squamosal suture: the suture between the temporal and parietal bones

JUNCTION AREAS:

1. Bregma: junction of the coronal and sagittal sutures
2. Lambda: junction of the sagittal and lambdoid sutures
3. Pterion: junction of the frontal, parietal, sphenoid, and temporal bones

Skeletal Surface Landmarks

The pericranio-cervical line demarcates the head from the neck. It runs from the midpoint of the chin to the external occipital protuberance.

FRONTAL TUBEROSITY: Located 3.0 cm above the midpoint of each supraorbital margin.

PARIETAL TUBEROSITY: Superior, posterior part of the parietal bone, where there is a prominence.

SUPERCILIARY ARCH: A ridge located below the frontal tuberosity above the supraorbital margin.

GLABELLA: Between the two superciliary arches. It is the area used to measure the size of the skull.

ZYGOMATIC ARCH: Located at the lateral side of the face, anterior to the external auditory meatus. The zygomatic arch is the meeting area of the temporal process of the zygomatic bone and the zygomatic process of the temporal bone.

PTERION: Located 3.8 cm above the midpoint of the zygomatic arch where the frontal, parietal, sphenoid, and temporal bones all come together. The anterior branch of the superficial temporal artery is located in this area. It is the most fragile area of the skull.

MASTOID PROCESS OF THE TEMPORAL BONE: A round process located posterior and inferior to the ear.

EXTERNAL OCCIPITAL PROTUBERANCE: The midline ridge on the posterior and inferior part of the occipital bone.

BREGMA: A connecting area between the frontal bone and the parietal bones. It is an intersection point of the coronal suture and the sagittal suture. It is the site of the anterior fontanelle.

LAMBDA: Located at the junction of the sagittal and lambdoid sutures. It is the site of the posterior fontanelle, 6.0 cm above the external occipital protuberance.

Figure 5-1 shows anterior, lateral, posterior, and superior views of the skull.

Brain

CEREBRAL HEMISPHERES: There are two large paired cerebral hemispheres immediately below the skullcap. Each hemisphere

is divided into four lobes: the frontal lobe, temporal lobe, parietal lobe, and occipital lobe. The lobes are divided from each other by gyri and sulci of the cerebral hemispheres.

1. Frontal lobe: this lobe extends from the front pole of the brain to the central sulcus; the precentral gyrus; the superior, middle, and inferior frontal gyri; and the sulci between them.
2. Parietal lobe: this lobe is located behind the central sulcus and includes the postcentral gyrus, the superior and inferior parietal lobules, the supramarginal and angular gyri, and the sulci between them.
3. Temporal lobe: this lobe is located on the inferior and lateral part of cerebral hemispheres, including the superior, middle, and inferior temporal lobes, as well as the sulci between them.
4. Occipital lobe: this lobe extends from the parieto-occipital sulcus to the occipital pole. There are no individual gyri on the lateral surface of the occipital lobe.

Figure 5-2 shows exterior and interior views of the anatomic locations of the human brain.

Functions The cerebral cortex is a layer of gray matter where many of the nerve cells of the cerebral hemisphere are located. Different parts of the cerebral cortex have specific functions and are concerned with different parts of the body.

1. Motor center: located at the precentral gyrus for initiating voluntary movements.
2. Sensory center: located at the postcentral gyrus for the recognition of sensations from the skin, muscles, and joints.

In both motor and sensory areas, the lower limb is represented on the upper, medial side of the hemisphere. The upper limb is represented on the lower, lateral surface of the hemisphere. The face, tongue, and larynx area are represented on the lowest part of the hemisphere. The body is represented essentially upside down on the hemisphere, and each cortex primarily controls the opposite side of the body.

3. Sight: located at the calcarine sulcus of the occipital lobe.
4. Hearing: located below the lateral sulcus on the upper surface of the temporal lobe.
5. Smell: located around the parahippocampal gyrus.
6. Taste: located at the lower part of the postcentral gyrus close to the temporal lobe.
7. Internal organ activities: located at the gyrus cinguli and parahippocampal gyrus area of the medial side of the hemisphere. Activities include breathing, blood pressure regulation, digestion, pupillary reaction, bladder function, and sexual activities.
8. Eye movements: located at the posterior part of the middle frontal gyrus of the frontal lobe.
9. Balance: located at the lower part of the postcentral gyrus and the anterior of the superior temporal gyrus.
10. Motor speech: located at the posterior part of the inferior frontal gyrus and able to coordinate the muscles used in speech, such as the lips, tongue, and pharynx-larynx. When injured, the patient is unable to speak due to decreased function of these muscles.

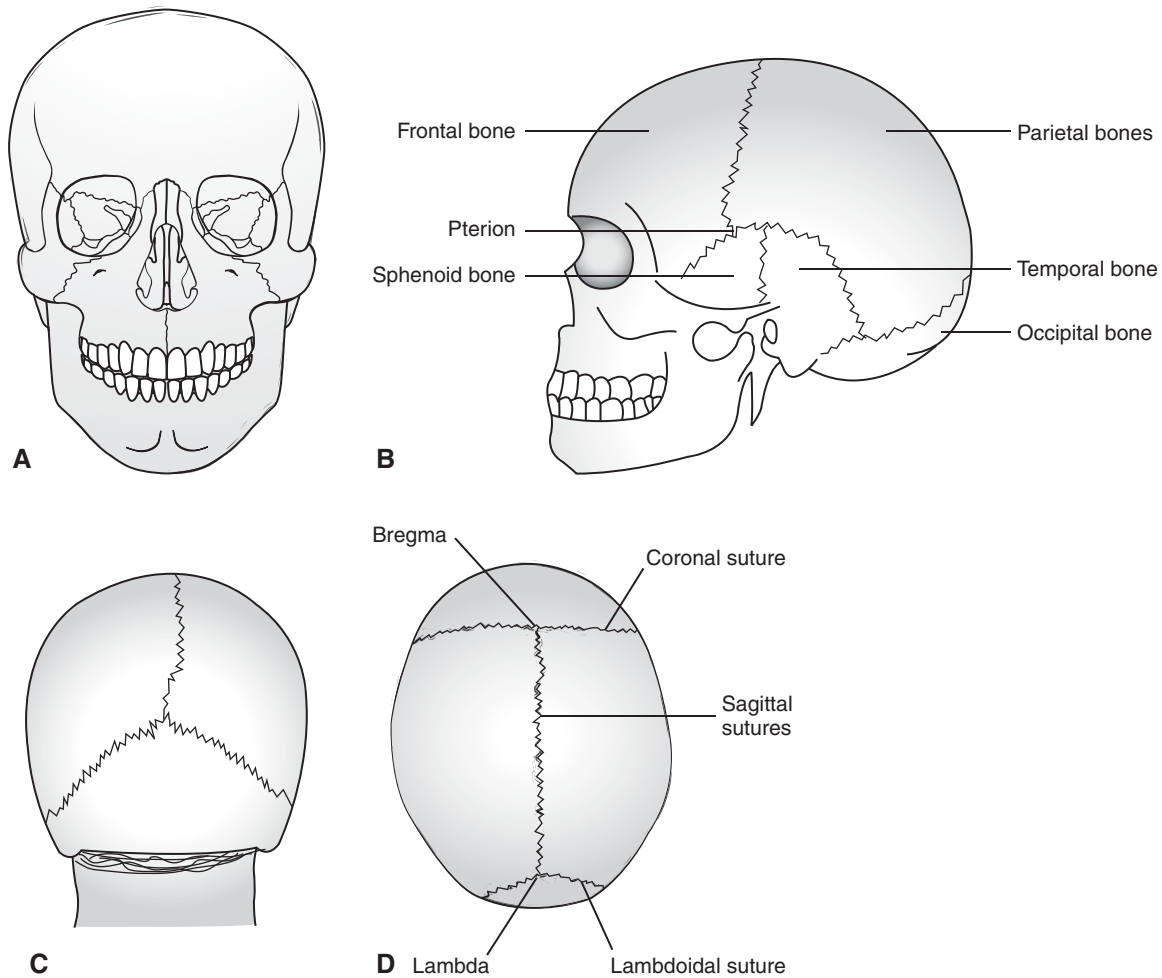


FIGURE 5-1 A, Anterior view of the skull. B, Lateral view of the skull. C, Posterior view of the skull. D, Superior view of the skull.

11. Sensory speech: located at the back of the superior temporal gyrus. When injured, the patient is able to hear others but cannot understand the words.
12. Reading center: located at the angular gyrus of the parietal lobe. This center enables the individual to understand written words. If injured, the patient has no problem seeing the words but is unable to understand their meaning. It is the loss of the ability to read.
13. Writing: located at the posterior part of the middle frontal gyrus of the frontal lobe. If injured, the patient's hand muscles are normal, but the patient is unable to write and perform refined movements, thus losing the ability to write.

Figure 5-3 shows exterior and interior views of cerebral brain functions areas.

CEREBELLUM: The cerebellum is located immediately below the posterior portions of the cerebral hemispheres. It lies in the posterior cranial fossa. No cranial nerve directly attaches to the cerebellum. The functions of the cerebellum include maintaining balance and controlling the contraction

of voluntary muscles, especially the timing and strength of contractions of various muscles for smooth movement. Damage to the cerebellum will result in disturbances of voluntary movement.

BRAINSTEM: The cerebral hemisphere and cerebellum hide the brainstem. The brainstem contains the midbrain, pons, medulla oblongata, and third and fourth ventricles that extend to the spinal cord.

There are many motor and sensory nuclei and cranial nerves attached to the brainstem. The brainstem is an important part of the vita center.

Tissues of the Scalp

The scalp extends from the top of the forehead over the whole skull. It consists of five layers: skin, subcutaneous tissue, galea aponeurotica, subaponeurotic tissue, and the pericranium.

SKIN: The skin is the outer layer of the scalp that contains hair and associated glands. There are many sebaceous cysts. There is great blood supply to this area, therefore it bleeds easily after an injury. However, this area also heals quickly.

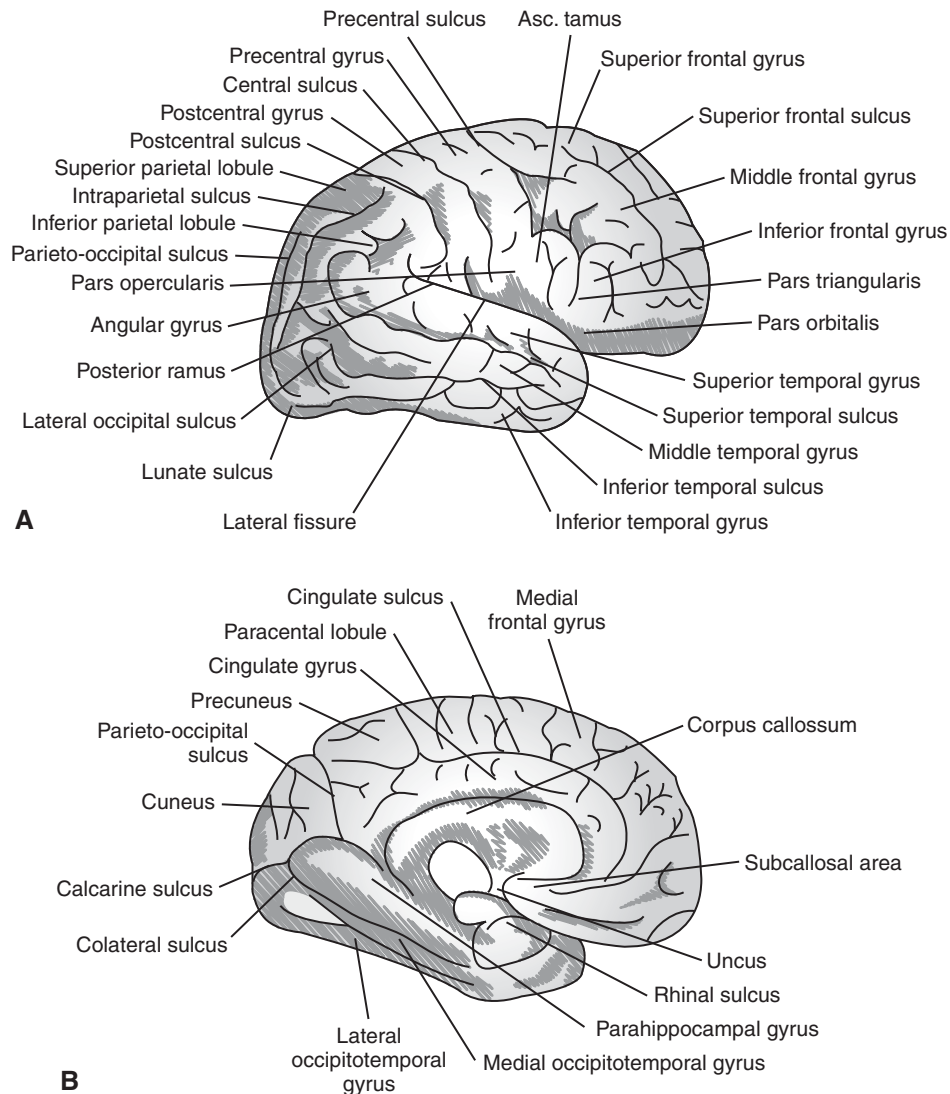


FIGURE 5-2 **A**, Anatomic locations of the human brain, exterior view. **B**, Anatomic locations of the human brain, interior view.

SUBCUTANEOUS TISSUE: There is rather dense connective tissue that binds the skin to the galea and contains an appreciable amount of fat. This tissue has a rich supply of cutaneous blood and nerves. If an infection occurs in this layer it is easy for hematomas to form, causing pain due to pressure on the nerve endings.

GALEA APONEUROTICA: This is a strong tendinous layer that is located below the subcutaneous tissue and covers the calvaria. It is a tough, fibrous epicranial aponeurosis. Held by dense connective tissue, the arteries of the scalp anastomose freely. Bleeding from wounds of this layer is particularly free. However, they tend to remain open, causing profuse bleeding due to the elastic fibers of this layer, which prevent initial vessel retraction.

SUBAPONEUROTIC TISSUE: The galea aponeurotica is separated from the pericranium by a layer of loose connective tissue that allows movement of the scalp over the skull. This is the

layer in which to perform scalp flaps for craniofacial surgery and acupuncture needle manipulation without compromising the blood or nerve supply of the scalp, because these structures lie in the superficial fascia. However, emissary veins connect the superficial scalp blood supply to the intracranial venous sinuses, so there is the possibility of bringing infection from the scalp to the brain via emissary veins.

PERICRANIUM: The pericranium is not part of the scalp. It is thin and dense, with osteogenic capacity. Except over the sutures, it is rather loosely attached to the bones of the calvaria. This layer is highly sensitive to the acupuncture needles.

Figure 5-4 shows the tissue layers of the scalp.

Blood Supply

The main arterial supply to the scalp comes from the superficial artery, the posterior auricular artery, and the occipital artery.

The superficial temporal artery is the smaller terminal branch of the external carotid artery. It runs up the scalp and divides into frontal and parietal branches. Corresponding veins and the auriculotemporal nerve accompany it. The superficial temporal artery supplies skin and muscles at the side of the face and in the scalp.

The posterior auricular and occipital arteries supply the back of the scalp. The greater occipital nerve accompanies the occipital arteries. The posterior auricular artery supplies the occipital

belly and the scalp behind and above the auricle. The veins of the scalp consist of the superficial temporal veins, posterior auricular vein, and the occipital veins.

Nerves

The sensory nerves of the scalp are as follows. The supraorbital nerves of the scalp are distributed to the forehead up to the lambdoid suture. The greater occipital nerve is distributed to the skin of the back of the scalp up to the vertex of the skull. The auricular temporal nerve is distributed to the skin of the ear and the superior part of the temple. The lesser occipital nerve is distributed to the scalp above and behind the ear.

Measurements

Six standard lines locate the cranial lobes, arteries, and nerves:

1. Lower horizontal line: a line connecting the infraorbital margin to the upper border of the auditory meatus
2. Upper horizontal line: a line parallel to the lower horizontal line at the edge of the supraorbital margin
3. Anterior posterior midline: a line across the vertex connecting the glabella (Yintang) with the lower border of the tip of the external occipital protuberance
4. Anterior vertical line: starting at the midpoint of the zygomatic arch, draw a line perpendicular to the upper and lower horizontal lines
5. Middle vertical line: starting at the anterior of the auditory meatus, draw a line parallel to the anterior vertical line
6. Posterior vertical line: starting at the posterior border of the mastoid process, draw a line parallel to the anterior and middle vertical lines

SURFACE REFLEX:

Central Sulcus Locate point A at the intersection of the anterior vertical line with the upper horizontal line. Locate point B at the intersection of the posterior vertical line with the anterior posterior midline. The central sulcus is the area connecting points A and B.

Precentral gyrus It is 1.5 cm width anterior to the Central Sulcus.

Postcentral gyrus It is 1.5 cm width posterior to the Central Sulcus.

Lateral sulcus Located at an intersection between the central sulcus and the upper horizontal line. From this point, draw a line superiorly and posteriorly toward the parietal tubercle

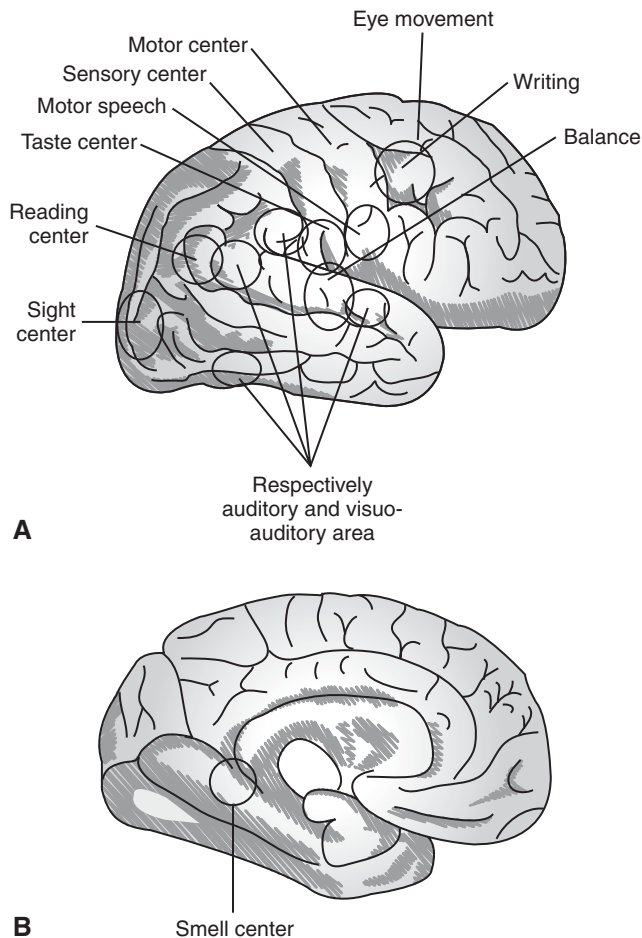


FIGURE 5-3 A, Cerebral brain functions, exterior view. Some of the function centers appear in multiple locations. B, Cerebral brain functions, interior view.

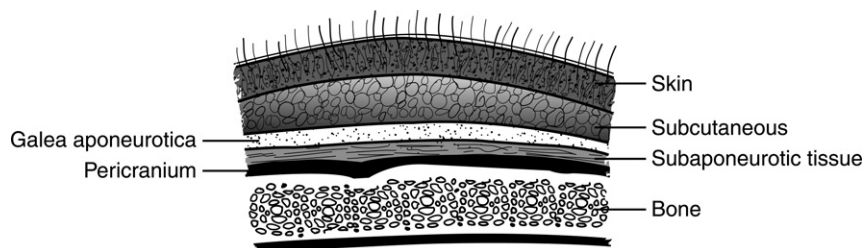


FIGURE 5-4 Tissue layers of the scalp. The acupuncture needles should be inserted into the subaponeurotic tissue layer.

and divide equally between the central sulcus and the upper horizontal line. This is the reflex area of the lateral sulcus. The posterior aspect ends just below the parietal tuberosity. The middle part of this line represents the area of the temporal gyrus.

Frontal lobe The upper part of the frontal lobe is located anteriorly from the central sulcus. The lower part of the frontal lobe is located above the supraorbital notch and the zygomatic process of the frontal bone. The middle frontal gyrus of the frontal lobe is located at the frontal tuberosity. The orbital part, the triangular part, and the opercular part of the inferior frontal lobe associated with speech functions are located above the intersecting point of the anterior vertical line and the upper horizontal line.

Parietal lobe The anterior parietal lobe is located posteriorly from the central sulcus. The striate, parastriate, and peristriate areas correspond to visual areas and are located above the external occipital protuberance.

Temporal lobe The temporal lobe is located below the lateral sulcus and is considered an auditory area associated with speech and language. The anterior lower part of the temporal lobe is located above the zygomatic arch.

Superficial temporal artery Located across the zygomatic process of the temporal bone in front of the tragus of the auricle about 2.5 cm above the zygomatic arch. It is divided into anterior and posterior branches that can be palpated on the face.

Figure 5-5 shows the scalp acupuncture standard measurement lines and the surface reflex areas of the cranial lobes.

Scalp Acupuncture Systems

Ten different scalp acupuncture systems exist:

1. International Standard of Nomenclature for Scalp Acupuncture (ISNSA)
2. Stimulation areas of the cerebral cortex (Jiao)
3. Head imaging scalp acupuncture (Fang)
4. Therapeutic zone scalp acupuncture (Zhu)
5. Yin-Yang scalp acupuncture (Tang)
6. New stimulation area for cerebral cortex functions (Lin)
7. Experimental scalp acupuncture
8. Ba Gua scalp acupuncture (Liu)
9. Japanese scalp acupuncture (Yamamoto)
10. Head meridians and points

International Standard of Nomenclature for Scalp Acupuncture (ISNSA)

The International Standard of Nomenclature for Scalp Acupuncture (ISNSA) was adopted in 1984 and reconfirmed in 1989 by the World Health Organization for the purpose of international academic exchange along with growth, improvement,

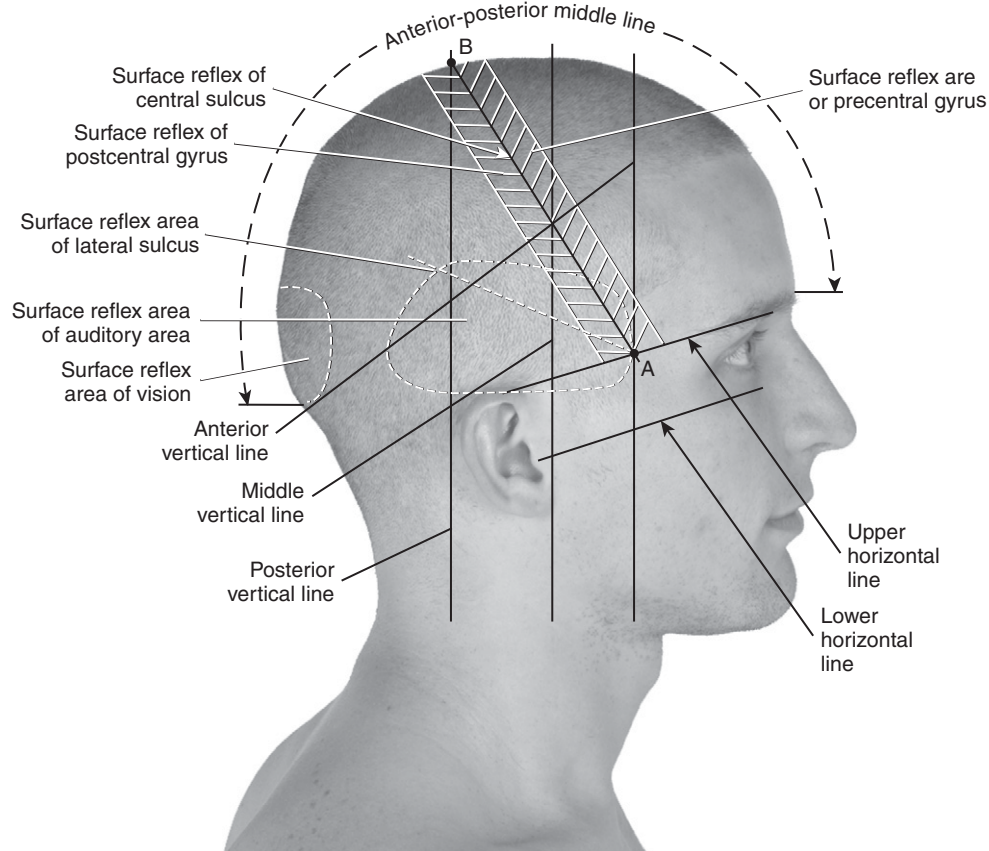


FIGURE 5-5 Scalp acupuncture standard measurement lines and the surface reflex areas of the cranial lobes. Use this figure combined with Figure 2-3, A and B, to find the target location for acupuncture.

and development of acupuncture. This standard designated 4 original regions and 14 original lines.

According to traditional Chinese medicine, the standard lines of scalp acupuncture are based on the following principles of point selection:

1. Select points from the area you wish to treat.
2. Draw a line from point to point.
3. Determine the meridian this line is on.

The ISNSA is the same as the International Standard of Nomenclature for Acupuncture and includes the following elements:

1. English alphabet and numbers
2. Chinese pinyin
3. Chinese word characters

“M” represents the micro-system, and “S” represents the scalp acupuncture system (Figure 5-6).

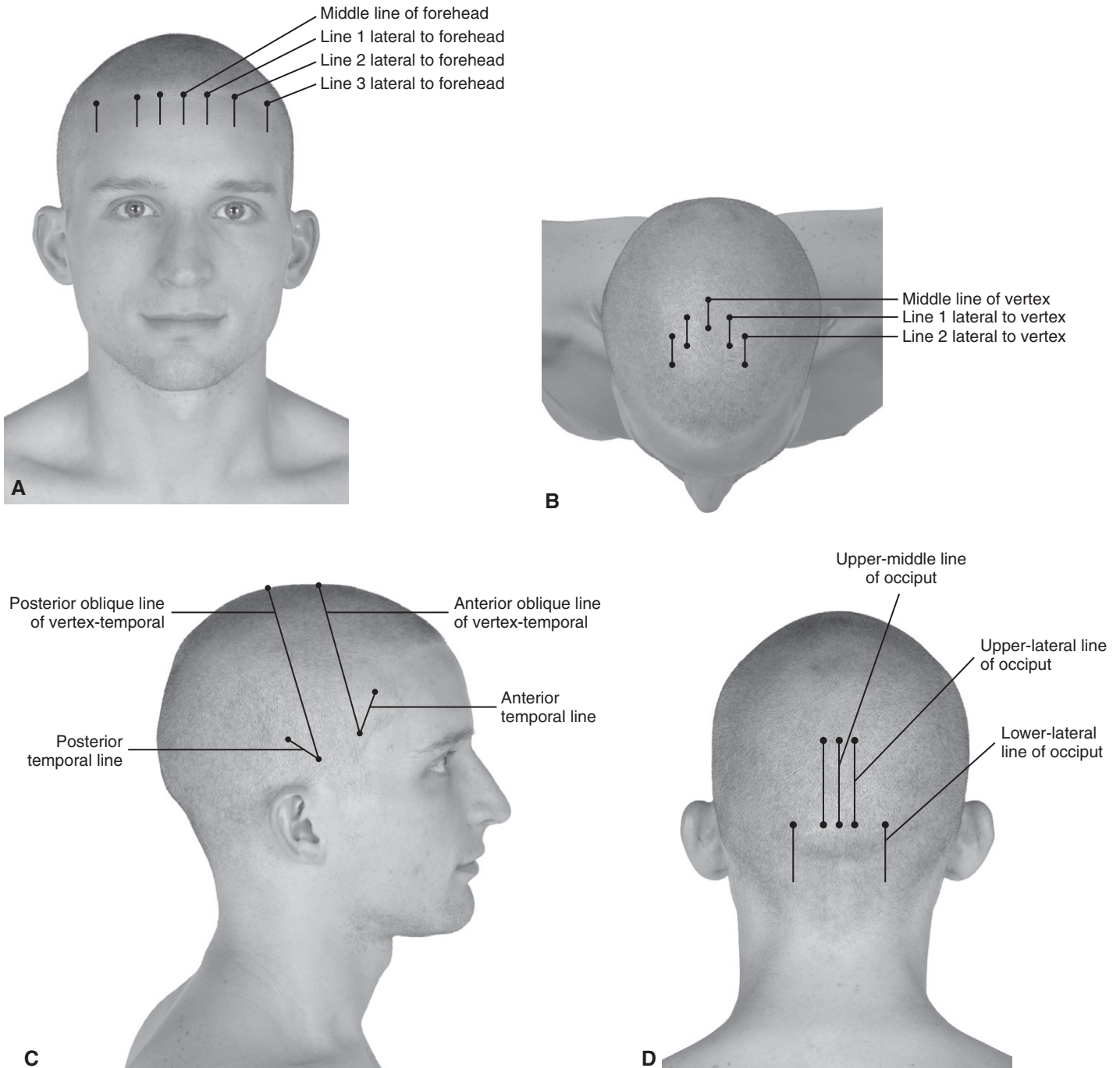


FIGURE 5-6 A, Frontal region of International Standard of Nomenclature for Scalp Acupuncture (ISNSA). B, Vertex region of ISNSA. C, Temporal region of ISNSA. D, Occipital region of ISNSA.

STANDARD LINES, LOCATIONS, AND INDICATIONS:**Frontal region**

- Line MS₁:** Middle line of forehead 额中线 (E Zhong Xian)
Location: Starting at Du 24 (Shen Ting), which is 0.5 cun directly above the midpoint of the anterior hairline, and extending 1 cun anterior.
Meridians: Du meridian.
Functions: Opens orifices, revives Shen, expels wind, and stops pain.
Indications: Neuropsychiatric disorders, epilepsy, problems of the head, nose, tongue, and throat, headache, and insomnia.
- Line MS₂:** Line 1 Lateral to Forehead 额旁 I 线 (E Pang Xian I)
Location: Lateral to MS₁ and superior to the inner canthus, starting at UB 3 (Mei Chong), which is 0.5 cun within the anterior hairline, and extending 1 cun anterior.
Meridians: Urinary Bladder meridian.
Functions: Opens the lungs, stops asthma, transforms phlegm, stops coughing, and revives Shen.
Indications: Upper Jiao disorders and diseases of the heart, lungs, and bronchi.
- Line MS₃:** Line 2 Lateral to Forehead 额旁 II 线 (E Pang Xian II)
Location: Lateral to MS₂ and directly above the pupil, starting at GB 15 (Tou Lin Qi), which is 0.5 cun within the anterior hairline, and extending 1 cun anterior.
Meridians: Gallbladder meridian.
Functions: Tonifies the spleen, harmonizes the stomach, and soothes the liver.
Indications: Middle Jiao disorders and diseases of the spleen, stomach, liver, and gallbladder.
- Line MS₄:** Line 3 Lateral to Forehead 额旁 III 线 (E Pang Xian III)
Location: Lateral to MS₃ and directly above the outer canthus, starting 0.75 cun medial to ST 8 (Tou Wei) and extending 1 cun anterior.
Meridians: Gallbladder and Stomach meridians.
Functions: Tonifies the kidney, stabilizes essence, and clears damp heat in the lower Jiao.
Indications: Lower Jiao disorders and diseases of the kidney, bladder, and reproductive system.
- Vertex region**
- Line MS₅:** Middle Line of Vertex 顶中线 (Ding Zhong Xian)
Location: On the midline of the head between Du 20 (Bai Hui) and Du 21 (Qian Ding) about 1.5 cun in length.
Meridians: Du meridian.
Functions: Opens the meridian, raises Yang, benefits the Qi, soothes the liver, and extinguishes wind.
Indications: Nocturia, anal prolapse, hypertension, pain at the vertex of the head, and problems of the sacral and lumbar vertebrae, low back, legs, and feet, such as pain, numbness, or paralysis of the lower limbs.
- Line MS₆:** Anterior Oblique Line of Vertex-Temporal 顶颞前斜线 (Ding Nie Qian Xie Xian)
Location: On the lateral side of the head, extending from Du 21 (Qian Ding) to GB 6 (Xuan Li); separate this distance into three equal parts.

Meridians: Connects the Du, Gallbladder, and Urinary Bladder meridians.

Functions: Opens the meridian and stops pain.

Indications: Treats motor disorders.

Upper third: Lower limb problems, including pain, numbness, and paralysis.

Middle third: Upper limb problems, including pain, numbness, and paralysis.

Lower third: Upper motor neuron paralysis of the face, motor aphasia, uncontrolled salivation, impaired speech, and cerebral arterial stenosis.

Line MS₇: Posterior Oblique Line of Vertex-Temporal 顶颞后斜线 (Ding Nie Hou Xie Xian)

Location: On the lateral side of the head 1.5 cun parallel and posterior to MS₆; extending from Du 20 (Bai Hui) to GB 7 (Qu Bin); separate the distance into three equal parts.

Meridians: Connects the Du, Urinary Bladder, and Gallbladder meridians.

Functions: Opens the meridian and stops pain.

Indications: Treats sensory disorders.

Upper third: Low back pain, numbness, and sensory disorders.

Middle third: Pain and numbness of the upper limbs.

Lower third: Pain and numbness of the face, migraine headaches, trigeminal neuralgia, and toothaches.

Line MS₈: Line 1 Lateral to Vertex 顶旁 I 线 (Ding Pang Xian I)

Location: 1.5 cun lateral and parallel to MS₅ extending 1.5 cun anterior from UB 7 (Tong Tian).

Meridians: Urinary Bladder meridian.

Functions: Opens the meridian and stops pain.

Indications: Low back pain, leg pain, and foot problems, such as numbness and paralysis.

Line MS₉: Line 2 Lateral to Vertex 顶旁 II 线 (Ding Pang Xian II)

Location: 0.75 cun lateral and parallel to MS₈ extending 1.5 cun anterior from GB 17 (Zhen Ying).

Meridians: Gallbladder meridian.

Functions: Opens the meridian and stops pain.

Indications: Pain, numbness, and paralysis of the shoulder, arm, and hands.

Temporal region**Line MS₁₀:** Anterior Temporal Line 颞前线 (Nie Qian Xian)

Location: Within the hairline of the temporal region, from GB 4 (He Yan) to GB 6 (Xuan Li).

Meridians: Gallbladder meridian.

Functions: Opens the meridian and stops pain.

Indications: Migraine headaches, motor aphasia, trigeminal neuralgia, Bell's palsy, and toothaches.

Line MS₁₁: Posterior Temporal Line 颞后线 (Nie Hou Xian)

Location: On the lateral side of the head superior to the apex of the auricle from GB 8 (Shuai Gu) to GB 7 (Qu Bin).

Meridians: Gallbladder meridian.

Functions: Opens the meridian and stops pain.

Indications: Migraine headaches, vertigo, deafness, and tinnitus.

Occipital region

LineMS₁₂: Upper-Middle Line of Occiput 枕上正中线 (Zhen Shang Zheng Zhong Xian)

Location: On the midline of the head in the occipital region superior to the external occipital protuberance, extending from Du 18 (Qiang Jian) to Du 17 (Nao Hu).

Meridians: Du meridian.

Functions: Clears the eyes, benefits the low back, and stops pain.

Indications: Blurred vision and pain and stiffness of the neck.

LineMS₁₃: Upper-Lateral Line of Occiput 枕上旁线 (Zheng Shang Pang Xian)

Location: 0.5 cun lateral to MS₁₂ and the same length as MS₁₂.

Meridians: Urinary Bladder meridian.

Functions: Clears the eyes, benefits the low back, and stops pain.

Indications: Cortical blindness, cataracts, athlete's foot, and low back pain.

Line MS₁₄: Lower-Lateral Line of Occiput 枕下旁线 (Zheng Xia Pang Xian)

Location: Inferior to the external occipital protuberance and 2 cun long from UB 9 (Yu Zhen) to UB 10 (Tian Zhu).

Meridians: Urinary Bladder meridian.

Functions: Opens the meridian and pacifies wind.

Indications: Loss of balance due to cerebellum disorder and headaches.

Stimulation Areas of the Cerebral Cortex

JIAO SCALP ACUPUNCTURE: The Jiao Scalp Acupuncture system was developed in the 1970s. It was invented by Dr. Shun-Fa Jiao at the Scalp Acupuncture Institute of Yun Cheng City in Shanxi, China. Dr. Jiao founded this theory, which is based on the relationship between cerebral cortex function and acupuncture needle reaction, conduction, and functions, as well as clinical results. There are 16 stimulation areas on the scalp. He published a book called *Scalp Acupuncture* in 1971. Dr. Jiao also practiced and lectured to spread his knowledge throughout China. This method is a combination of traditional Chinese medicine with modern medical knowledge of cerebral cortex function. The Jiao acupuncture techniques focus on inserting the needle quickly, fast rotation manipulation, and quickly withdrawing the needle.

In the Jiao Scalp Acupuncture system, the side of the head can be viewed as being in the shape of a human body with the head downward and the feet upward. Therefore the foot area of the body is located close to the vertex, and the face area of the body is located around the lower temple area of the head (Figure 5-7).

STANDARD LINES: There are two standard lines that are used to divide the stimulation areas (Figure 5-8):

1. Anterior-posterior midline: the midline running across the vertex connecting the midpoint between the two eyebrows with the lower border of the tip of the external occipital protuberance
2. Eyebrow-occiput line: the line running horizontally across the lateral side of the head connecting the midpoint of the

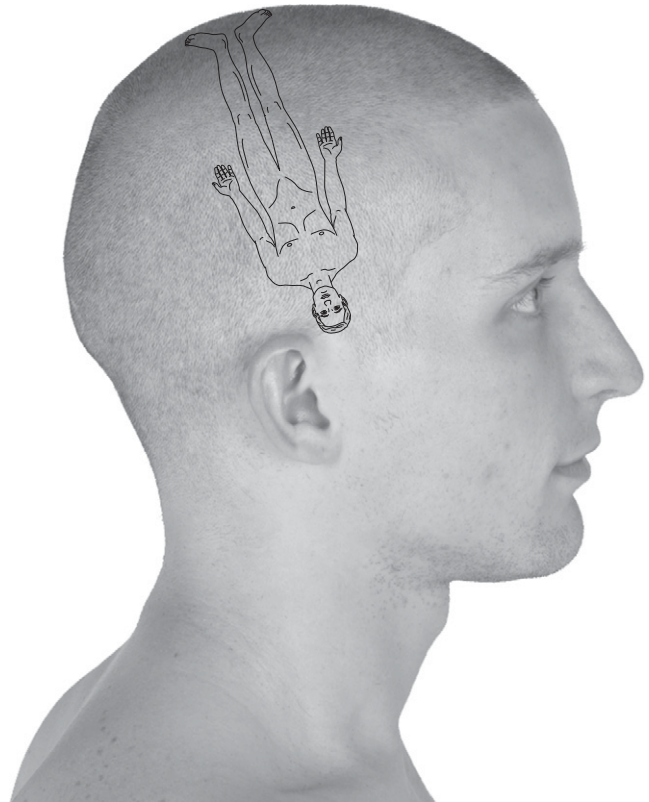


FIGURE 5-7 In Jiao scalp acupuncture, the human body is viewed as lying upside-down on half of the cerebral brain.

superior border of the eyebrow with the tip of the external occipital protuberance

The scalp stimulation area measurements are based on the metric system, which uses centimeters rather than cun proportional measurements.

POINT LOCATIONS AND INDICATIONS: There are a total of 16 scalp stimulation areas in this system.

Motor area

Location: Locate the upper point 0.5 cm posterior to the midpoint of the anterior-posterior midline. Then locate the lower point at the intersection of the eyebrow-occiput line with the anterior temporal hairline. The line connecting the upper and lower points is the motor area. This line is divided into five equal portions.

- Lower limb and trunk area

Location: The upper fifth of the motor area.

Indications: Contralateral paralysis of the lower limbs.

- Upper limb area

Location: The middle two-fifths, consisting of the second and third fifths of the motor area.

Indications: Paralysis of the upper limbs.

- Facial area

Location: The lower two-fifths, consisting of the fourth and fifth fifths of the motor area.

Indications: Facial paralysis, motor aphasia, salivation, impaired speech, and dysphonia.

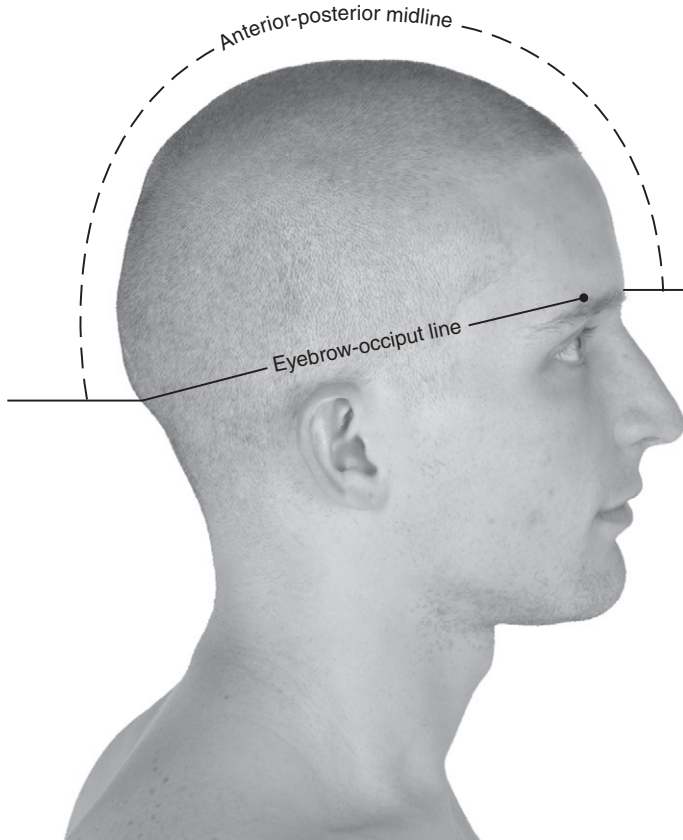


FIGURE 5-8 The two standard lines used to divide the Jiao scalp stimulation areas: anterior-posterior midline and eyebrow-occiput line. Use these lines to locate the stimulation areas.

Sensory area

Location: The line parallel to and 1.5 cm posterior to the motor area. Divide this line into five equal portions.

- Lower limb, head, and trunk area

Location: The upper fifth of the sensory area.

Indications: Contralateral lumbar pain, leg pain, numbness, paresthesia, occipital headache, neck pain, and tinnitus.

- Upper limb area

Location: The middle two-fifths, consisting of the second and third fifths, of the sensory area.

Indications: Upper limb pain, numbness, and paresthesia.

- Facial area

Location: The lower two-fifths, consisting of the fourth and fifth fifths, of the sensory area.

Indications: Facial numbness, migraine, trigeminal neuralgia, toothache, and temporomandibular arthritis.

Chorea and tremor control area

Location: Parallel and 1.5 cm anterior to the motor area.

Indications: Chorea and Parkinson's disease.

Blood vessel dilation and constriction area

Location: Parallel and 1.5 cm anterior to the chorea and tremor control area.

Indications: Superficial edema and hypertension.

Vertigo and hearing area

Location: A horizontal line 1.5 cm above the apex of the ear and 2.0 cm anterior and 2.0 cm posterior with a total of 4.0 cm in length.

Indications: Tinnitus, vertigo, diminished hearing, and Meniere's syndrome.

Speech 2

Location: A vertical line 2.0 cm posterior and inferior to the parietal tubercle 3.0 cm in length.

Indications: Nominal aphasia.

Speech 3

Location: A horizontal line starting at the midpoint of the vertigo and hearing area and running posteriorly 4.0 cm in length.

Indications: Sensory aphasia.

Usage area

Location: At the parietal tubercle origin, three lines run inferiorly, anteriorly, and posteriorly to a length of 3.0 cm each and a 40° angle between each of the lines.

Indications: Apraxia.

Foot motor and sensory area

Location: Two lines 1.0 cm lateral to the midpoint of the anterior-posterior midline 3.0 cm in length posterior and parallel to the midline.

Indications: Contralateral lower limb pain, numbness, paralysis, acute lumbar sprain, nocturia, and uterine prolapse.

Vision area

Location: Two lines 1.0 cm lateral to the midpoint of the external occipital protuberance, parallel to the anterior-posterior midline, and 4.0 cm in length extending superiorly.

Indications: Visual disturbances and cortical blindness.

Balance area

Location: Two lines 3.5 cm lateral to the midpoint of the external occipital protuberance, parallel to the anterior-posterior midline, and 4.0 cm in length extending inferiorly.

Indications: Loss of balance due to cerebellar disorders and dizziness.

Stomach area

Location: Beginning at the hairline directly superior to the pupil of the eye, parallel with the anterior-posterior midline, and 2.0 cm in length bilaterally extending posteriorly.

Indications: Stomach pain and epigastric discomfort.

Thoracic cavity

Location: Beginning 2.0 cm below the hairline, midway between and parallel to the stomach area and the anterior-posterior midline, and 4.0 cm in length bilaterally extending superiorly.

Indications: Chest pain, palpitations, coronary heart disease, asthma, and hiccups.

Reproduction area

Location: Beginning at the hairline, a line 2.0 cm in length from the frontal angle extending posteriorly and parallel to the anterior-posterior midline.

Indications: Functional uterine bleeding, pelvic inflammation, leukorrhea, and uterine prolapse.

Liver and gallbladder area

Location: Beginning at the hairline, a line 2.0 cm in length from the stomach area extending inferiorly.

Indications: Upper right quadrant abdominal pain, chronic hepatitis, and abdominal pain due to liver and gallbladder disease.

Intestine area

Location: Beginning at the hairline, a line 2.0 cm in length from the reproduction area extending inferiorly.

Indications: Lower abdominal pain.

Figure 5-9 shows the lateral stimulation areas, vertex stimulation area, posterior stimulation areas, and anterior stimulation areas of the Jiao Scalp Acupuncture system.

Head Imaging Scalp Acupuncture

FANG SCALP ACUPUNCTURE: Dr. Yun-Peng Fang of Xian, China, invented head imaging scalp acupuncture in 1976. He used his clinical experience based on the brain reflex on the scalp area to develop Shanxi Head Imaging Scalp Acupuncture. This system is an image of the human body lying on the top of the scalp area. This system uses the coronal suture, sagittal suture, and lambdoid suture and corresponds (as prone imaging) to the human body's head, upper arm, body trunk, and leg area. The middle point of the anterior hairline to the corner of the forehead corresponds to organs of the human body's upper Jiao, middle Jiao, and lower Jiao. This system mainly consists of prone imaging, prone organ, inverted imaging, and inverted organ, as well as the cerebral representative area of brain function. The scalp acupuncture point name is based on the central nervous system, as well as traditional Chinese medicine holistic theory (Figure 5-10).

Head imaging scalp acupuncture has the functions of stopping pain and releasing spasms, calming the Shen, reducing blood pressure, and relieving itching, and it can be used for emergency care. The technique is most effective with oblique or perpendicular insertion combined with turning and rotation techniques.

STANDARD LINES: There are two standard lines that are used to locate cerebral areas and points:

1. **Eyebrow-vertex-occipital line:** This line runs along the sagittal suture connecting the midpoint between the two eyebrows, the vertex, and the lower border of the tip of the external occipital protuberance. This is a divided line that separates the cerebrum into two parts, left and right. In most adults this line is about 33.0 cm in length and is also called the "33 portions" based on different sexes, ages, and human body size (Figure 5-11).
2. **Eyebrow-ear-occipital line:** This line runs horizontally across the lateral side of the head connecting the midpoint of the superior border of the eyebrow with the tip of the external occipital protuberance. The cerebrum is located above this line, and the cerebellum is located below this line on the posterior one-third portion. In most adults this line is about 26.4 cm in length and is also called the "26.4 portions." It is called the "eyebrow-occiput line" in the Jiao Scalp Acupuncture system (see Figure 5-8).

POINT LOCATIONS AND INDICATIONS:

1. **Prone imaging:** Prone imaging uses scalp landmarks, such as the coronal suture, sagittal suture, lambdoid suture, and bony structures, to create an image of the human body as if it were laid out face down on the top of the head. Prone imaging represents the motor nerves of the body, also called the motor center. Acupuncture needles are used on this area to treat whole-body disease, especially of the motor system, nervous system, and cardiovascular system.

A. Imaging:

- Coronal suture imaging corresponds to the left and right upper arms.
- Sagittal suture imaging corresponds to the trunk area.
- Lambdoid suture imaging corresponds to the left and right legs.
- Bregma corresponds to the area between the neck and cervical vertebrae.
- The anterior part of the bregma corresponds to the neck and head area of the human body.
- The lambda area corresponds to the sacral tip area of the human body.

B. Measurements:

- From bregma along the coronal suture to the greater wing of the sphenoid bone is 11.0 cm.
- From bregma to lambda is a total of 14.0 cm.
- From lambda to the upper border of the mastoid process is a total of 9.0 cm.

C. Point location:

- i. The head and neck are 3.0 cm anterior to the bregma area.
 - The head is 2.0 cm wide on both sides, and the neck is 1.0 cm wide on both sides.
- ii. From bregma to the upper border of the greater wing of the sphenoid bone is the upper arm.
 - The neck to the shoulder is 2.0 cm long.
 - The shoulder to the elbow is 3.5 cm long.
 - The elbow to the wrist is 3.5 cm long.
 - The wrist to the tip of the hand is 2.0 cm long.
- iii. From bregma to lambda is the body's trunk, which includes the back, lumbar, and buttocks.
 - The back area is divided into three 2.0 cm long portions called the upper, middle, and lower back.
 - The lumbar is divided into two 2.0 cm long portions called the upper and lower lumbar.
 - The buttocks are divided into two 2.0 cm long portions called the upper and lower buttocks.
 - On this entire vertical line, the upper back, which is between the shoulders is 4.0 cm wide; the middle and lower back, which is the chest area, is 3.0 cm wide; the lumbar is 2.0 cm wide; and the buttocks are 3.0 cm wide.
- iv. From lambda to the superior border of the mastoid process are the legs.
 - Lambda to the hip is 1.5 cm long.
 - The hip to the knee is 3.0 cm long.
 - The knee to the ankle is 3.0 cm long.
 - The ankle to the toes is 1.5 cm long.

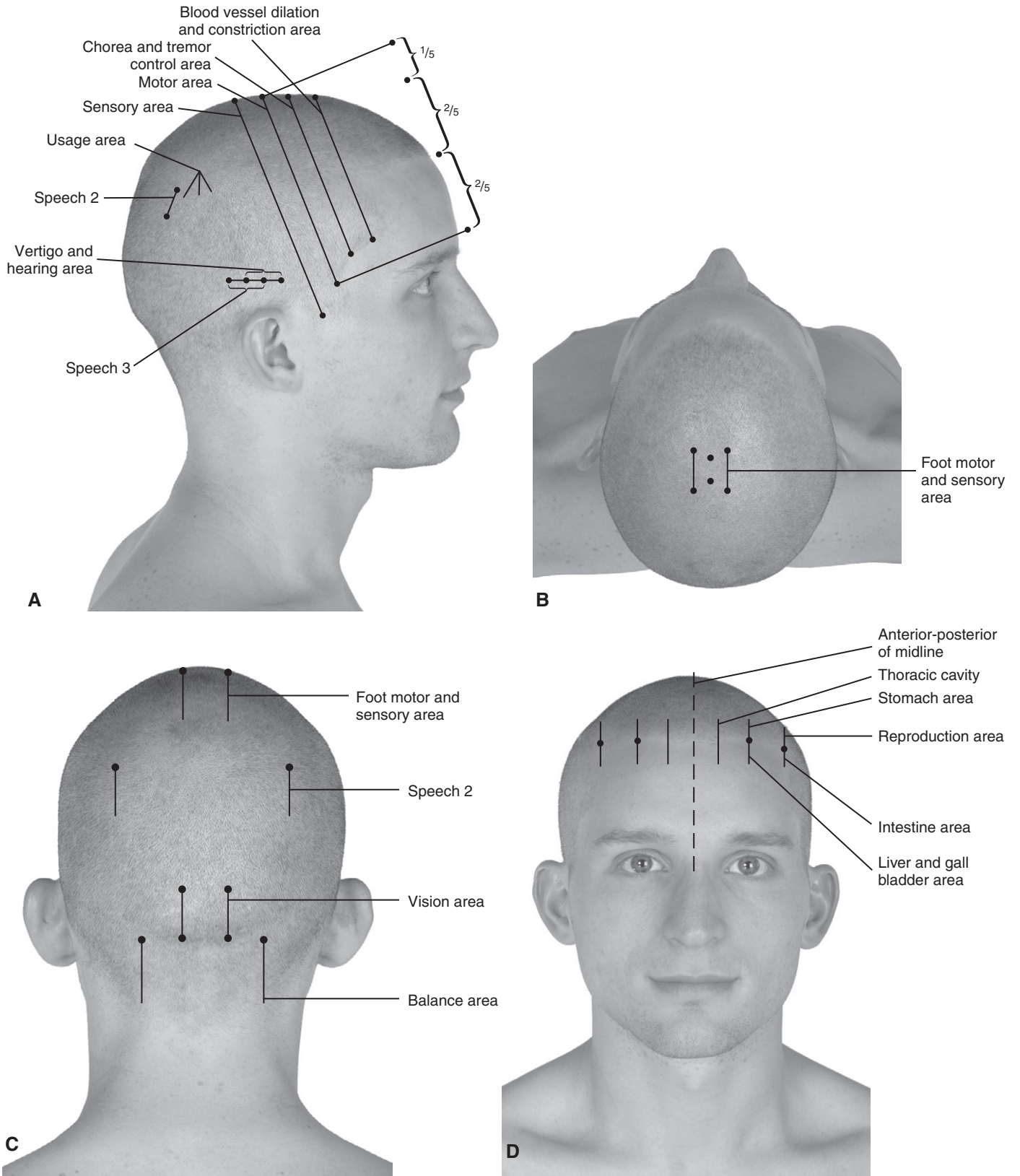


FIGURE 5-9 A, Lateral stimulation areas of Jiao scalp acupuncture. B, Foot motor and sensory area of Jiao scalp acupuncture. C, Posterior stimulation areas of Jiao scalp acupuncture. D, Anterior stimulation areas of Jiao scalp acupuncture.

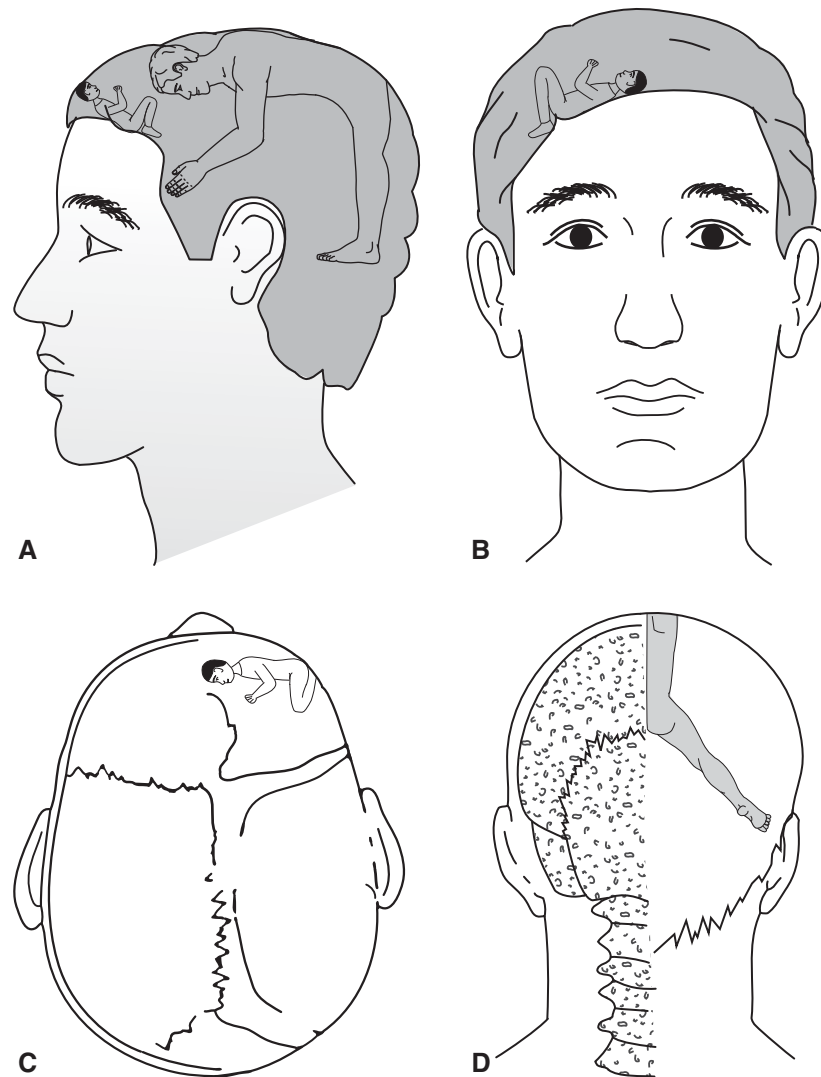


FIGURE 5-10 **A**, The Fang system is an image of the human body lying on the top of the scalp area. This system uses coronal suture, sagittal suture, and lambdoid suture to correspond to the human body's head, upper arm, body trunk, and leg area. **B**, The midpoint of the anterior hairline to the corner of the forehead corresponds to prone organs of the human body's upper Jiao, middle Jiao, and lower Jiao. **C**, Top view of the scalp showing prone imaging and prone organ of the Fang scalp acupuncture system. **D**, Occipital view of the Fang Scalp acupuncture system showing the human leg following the line of the lambdoidal suture.

Figure 5-12 illustrates Fang scalp acupuncture.

2. **Prone organ:** Prone organ reflects the sensory nerves of the human body, also called the sensory center. It is mainly used to treat the internal organs or skin and muscle sensory disorders, such as pain, touch, cold, heat, numbness, or itching.
 - A. Imaging:** The area from the anterior midline along the anterior hairline to the corner of the forehead is divided into three parts, the upper Jiao, middle Jiao, and lower Jiao, for a total of 6.5 cm (Figure 5-13).
 - i. Upper Jiao** refers to internal organs above the diaphragm. It also includes the sensory area of the arms and chest, as well as the thoughts of the brain. Its total length is 3.0 cm.

1. Thought: close to the frontal crest on both sides.
2. Head and neck: first two-thirds of the upper Jiao area 0.5 cm from the anterior hairline extending downward and 1.0 cm extending upward.
3. Upper arm:
 - a) Point A—2.0 cm lateral from the anterior midline and 2.0 cm extending upward from the anterior hairline.
 - b) Point B—1.0 cm lateral from the anterior-posterior midline and 3.5 cm extending upward from the anterior hairline.
 - c) The line from point A to point B is the arm, divided 0.5 cm each for the upper arm, forearm, and hands.
 - ii. Middle Jiao** refers to internal organs between the diaphragm and umbilicus. It also includes the sensory area of the trunk. Its total length is 1.5 cm.

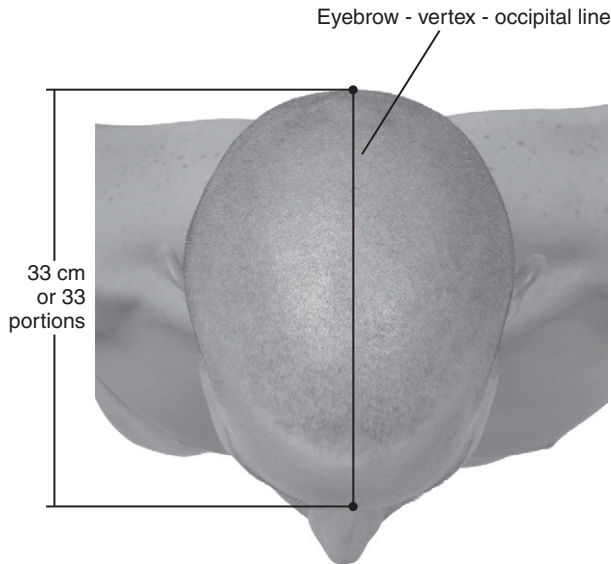


FIGURE 5-11 In Fang acupuncture, the eyebrow-vertex-occipital line is used to locate the cerebral area and points. This line runs along the sagittal suture and separates the cerebrum into two parts, left and right.

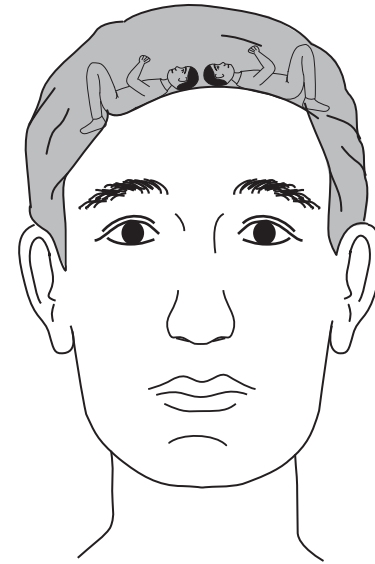


FIGURE 5-13 This image shows the upper Jiao, middle Jiao, and lower Jiao on the forehead of the prone organ reflex area of the Fang system for a total of 6.5 cm.

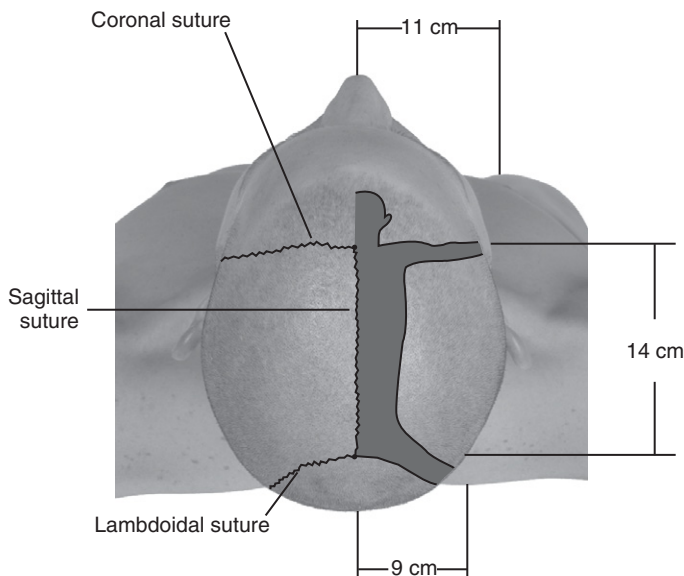


FIGURE 5-12 Prone imaging of the Fang scalp acupuncture system uses scalp landmarks to create an image of the human body as if it were laid out face down on the top of the head. This figure also shows the specific scalp measurements used in the Fang system.

iii. *Lower Jiao* refers to the internal organs below the umbilicus. It also includes the sensory area of the abdomen and legs, as well as the urogenital system. Its total length is 2.0 cm.

1. Lower abdomen, buttocks, hip, and upper leg area: It is 1.5 cm long and is located at the anterior portion of the lower Jiao area. It extends 0.5 cm downward and 1.5 cm extending upward from the anterior hairline.

2. Knee, lower leg, and ankle area: It is 0.5 cm long and is located at the posterior portion of the lower Jiao area. It extends 1.0 cm downward and 2.0 cm extending upward from the anterior hairline.
3. Feet: 0.5 cm posterior to the lower Jiao area. It extends 1.0 cm downward and 0.5 cm posterior.

3. Inverted imaging and inverted organ: Inverted imaging and inverted organ are an important part of Fang scalp acupuncture. They are based on the functional location of the cerebral cortex associated with the motor and sensory areas. The precentral gyrus of the frontal lobe and the post-central gyrus of the parietal lobe reflect an image onto the scalp. Modern medicine has proven the functional location to be similar to an upside-down fetus. This means that the head is down, and from bottom to top will be the head, neck, hand, upper arm, trunk, lower leg, and foot, in that order. This is called *inverted imaging* and *inverted organ* because the image of the fetus is upside-down (Figure 5-14).

A. Inverted imaging (motor region):

Anatomical motor center: Located on the precentral gyrus of the frontal lobe.

Scalp location: Point A is located 1.25 cm posterior to the midpoint of the eyebrow-vertex-occipital line. Point B is located by finding the point 1.25 cm anterior to the midpoint of the eyebrow-ear-occipital line and drawing a vertical line 4.0 cm in length superiorly; point B is at the end of this line. Connect points A and B to locate the central sulcus. The inverted imaging of the motor region is located 0.75 cm anterior to the central sulcus.

This line is divided into three portions. The first portion is the bottom one-third and includes the throat, tongue, jaw, eyes, head, and neck, in that order. The second portion

is the middle one-third and includes the fingers, wrist, elbows, and shoulders, in that order. The third portion is the upper one-third and includes the upper, middle, and lower back, hip, and leg, in that order.

Indications: Contralateral motor function disorders of the trunk, arms, and legs, such as paralysis, motor aphasia, wryneck, sprained ligament, peri-arthritis of the shoulder, concussion, sequelae of brain injury, Bell's palsy, and seizures.

B. Inverted organ (sensory region):

Anatomical sensory center: Located on the postcentral gyrus of the parietal lobe.

Scalp location: 0.75 cm posterior to the central sulcus and parallel to the inverted imaging area.

This line is divided into three portions. The first portion is the lower one-third and is called the upper Jiao, which includes the internal organs above the diaphragm, teeth,

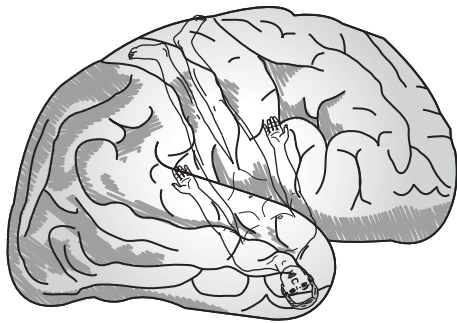


FIGURE 5-14 In Fang scalp acupuncture, the head is down and from bottom to top is the head, neck, hand, upper arm, trunk, lower leg, and foot, in that order. This is called *inverted imaging* and *inverted organ* because the image of the fetus is upside-down.

tongue, throat, eyes, and head. The second portion is the middle one-third and is called the middle Jiao, which includes the internal organs between the diaphragm and umbilicus, as well as the thumb, fingers, and the arm, in that order. The third portion is the upper one-third and is called the lower Jiao, which includes the internal organs below the umbilicus, as well as the back, hip, and leg, in that order (Figure 5-15).

Indications: Internal organs and body contralateral sensory disorders such as pain, temperature, touch, and itching, which include coronary heart disease, arrhythmia, palpitations, salivation, migraine headaches, edema, eczema, hives, stomach pain, diabetes, dysentery, dysmenorrhea, spontaneous sweating, deafness, polyneuritis, and sciatica.

4. Functional regions imaging: The cerebral cortex is the adjusting center, and its functions include the control and management of other organs and tissues of the human body. In addition to the motor and sensory centers, there are other functional centers distributed to different areas of the cerebral cortex, and each one is in charge of different functions and activities of the human body. Based on these functional center distribution areas, scalp acupuncture developed many stimulation areas that are used for acupuncture manipulation (Figure 5-16).

A. Thought

Anatomical location: At the anterior portion of the frontal lobe.

Scalp location: Between the frontal eminences, 3.0 cm above the Yin Tang point.

Indications: This area controls the functions for intellect, complex learning abilities, and personality. It is necessary for the production of abstract ideas, judgment, reasoning,

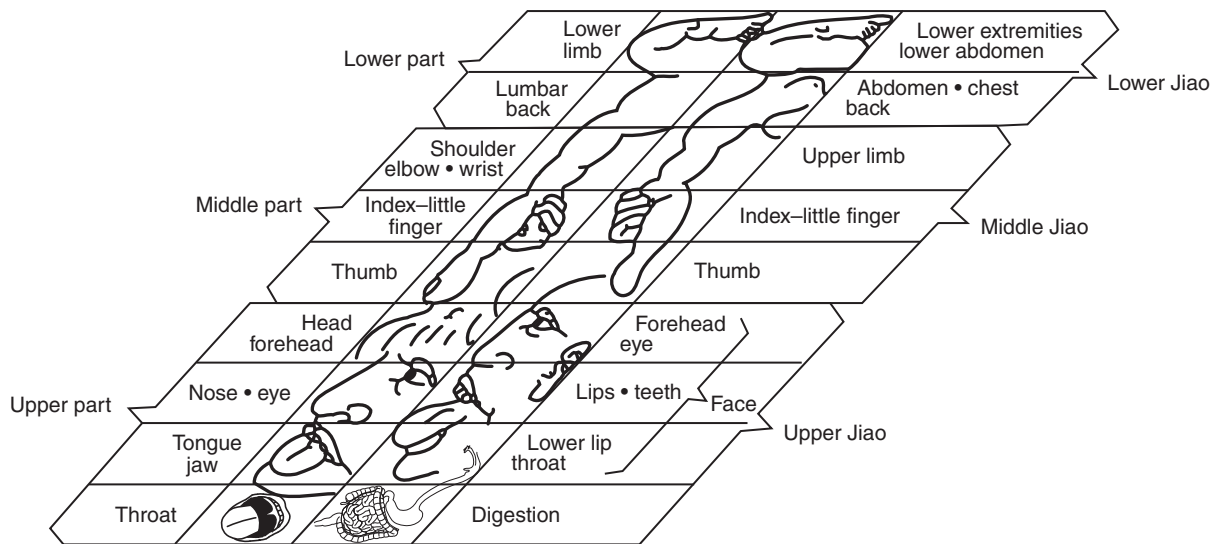


FIGURE 5-15 Detailed reflex locations for Fang scalp acupuncture inverted imaging and inverted organ located on the precentral gyrus and postcentral gyrus, respectively.

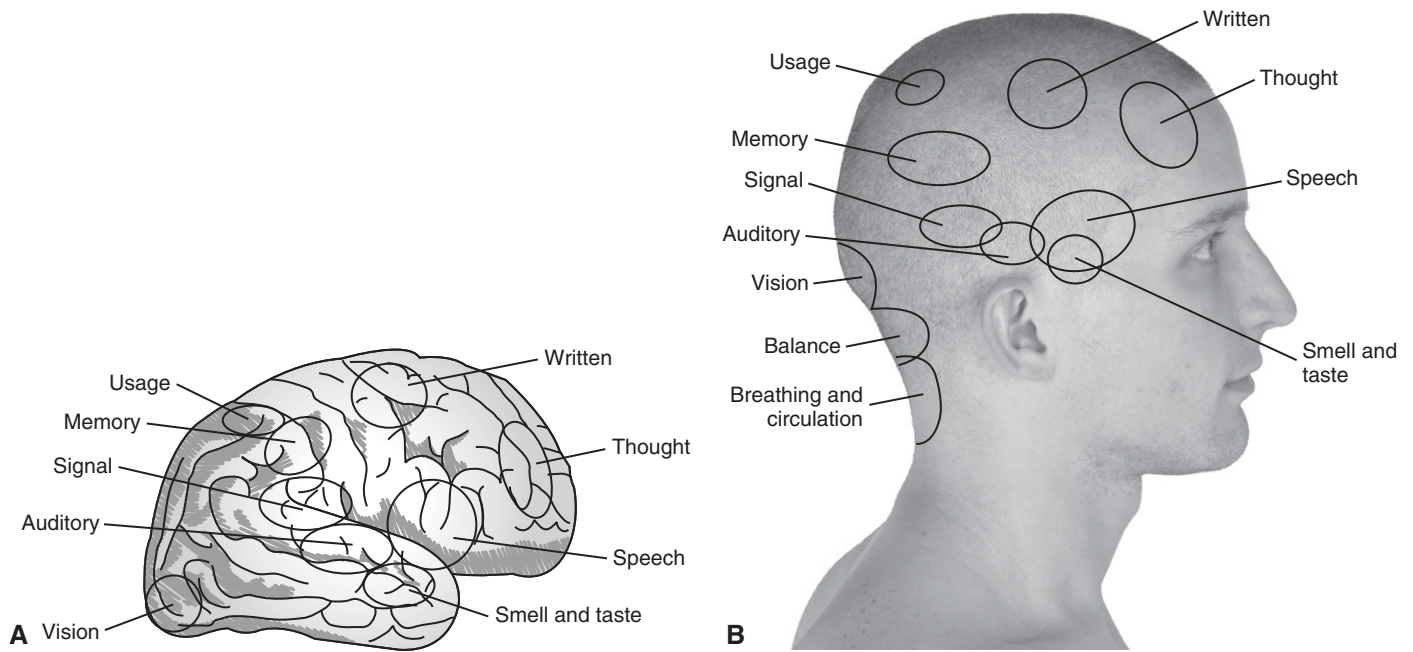


FIGURE 5-16 A, Based on brain functional centers, scalp acupuncture developed many stimulation areas that are used for acupuncture manipulation. **B**, Surface of the scalp reflex area for cerebral functions.

persistence, planning, and concern for others. Use for patients with mental deficiency or poor intellectual development, Down's syndrome, ataxia, hysteria, schizophrenia, hypertension, and insomnia.

B. Speech

Anatomical location: Located on the inferior and anterior part of the precentral gyrus and opercular part, triangular part, and orbital part of the inferior frontal gyrus. It can be found at the greater wing of the sphenoid bone. It occurs on the left side for people who use their right hand but on the right side for people who use their left hand. For some people it occurs on both sides.

Scalp location: At the midpoint between the eyebrow and the apex of the ear.

Indications: The function is to direct the muscles of the tongue, throat, and lips. It can treat motor aphasia, dysphonia, and tremulous tongue.

C. Signal

Anatomical Location: Located at the posterior one-third of the superior temporal gyrus of the temporal lobe abutting the lateral sulcus closer to the auditory association area. Hearing and memories of sounds heard in the past appear to be stored here.

Scalp location: A point is located 3.0 cm above the external occipital protuberance. Connect this point and the ear apex and the signal area is found at the midpoint of this line.

Indications: Nominal aphasia, epilepsy, insomnia, and maldevelopment of the brain.

D. Written

Anatomical location: At the posterior part of the superior frontal gyrus, middle frontal gyrus, and upper part of the precentral gyrus. The functions include controlling learned motor skills of a repetitious or patterned nature and it is the memory bank for skilled motor activities.

Scalp location: It can be located on the scalp by starting at bregma and drawing a line backward at a 45-degree angle with the sagittal suture on both sides. It is 3.0 cm from bregma.

Indications: Dysfunction of writing, hypertension, and tremulous hands.

E. Memory

Anatomical location: The memory center is located on the angular gyrus of the inferior parietal lobule.

Scalp location: It is located on the scalp by drawing a line from lambda in the anterior-inferior direction on the left and right side at a 60-degree angle with the sagittal suture. The point is 7.0 cm from lambda on both sides of the line.

Indications: Dizziness, decreased memory, and sequelae of cerebritis.

F. Auditory

Anatomical location: Located in the superior margin of the temporal lobe abutting the lateral sulcus closer to the primary auditory area.

Scalp location: It can be located on the scalp 1.5 cm directly above the ear apex.

Indications: Nerve deafness, tinnitus, and abdominal distension.

G. Smell and taste

Anatomical location: Smell is located at the hippocampus and dentate gyrus of the limbic lobe. Taste is located at the hippocampus of the limbic lobe and the lower part of the postcentral gyrus.

Scalp location: It is located on the scalp directly above the ear apex 3.0 cm anterior to the ear apex.

Indications: Decrease or loss of taste and smell and acute or chronic sinusitis.

H. Balance

Anatomical location: At the cerebellum, immediately below the occipital lobe.

Scalp location: It is located on the scalp 2.0 cm below the external occipital protuberance and 3.5 cm lateral from the midline.

Indications: Dizziness, ataxia, and nystagmus.

I. Usage

Anatomical location: On the superior parietal lobe.

Scalp location: It can be located on the scalp by starting at the lambda area and drawing a line anterior to the left and right with a 30-degree angle to the lambdoidal suture and 5.0 cm from lambda.

Indications: Apraxia and ataxia.

J. Breathing and Circulation

Anatomical location: At the medulla oblongata.

Scalp location: It is 5.0 cm below and 4.0 cm lateral to the external occipital protuberance.

Indications: Arrhythmia, rheumatoid heart disease, coronary heart disease, asthma, and hypertension.

K. Vision

Anatomical location: At the posterior tip of the occipital pole. The right half of the visual space is represented on the left visual cortex, and the left half is on the right cortex.

Scalp location: It is located on the scalp 2.0 cm above the external occipital protuberance and 1.0 cm lateral.

Indications: Visual disturbances, cortical blindness, and papilledema.

Therapeutic Zone Scalp Acupuncture

ZHU SCALP ACUPUNCTURE: Therapeutic zone scalp acupuncture was developed and based on the Zang Fu meridian theory of traditional Chinese medicine, as well as clinical experience. It was invented by Dr. Ming-Qin Zhu at the Acupuncture and Orthopedic Therapy Institute of Beijing, China. There are eight therapeutic scalp zones. This system uses Du 20 (Bai Hui) as the main point. The Du meridian is the central line for all of the zone distributions. The needling technique focuses on stimulation with forceful thrusting and forceful lifting.

LOCATIONS AND INDICATIONS:

Frontal-vertex zone This zone runs along the Du meridian. It covers a narrow band from Du 24 (Shen Ting) to Du 20 (Bai Hui). The width is 1 cun. The frontal-vertex zone governs the Yin side of the body and is used to treat diseases of the face, chest, and abdomen. This zone is divided into four regions. It belongs to the Du and the foot Taiyang meridians.

Frontal-vertex zone 1

Location: The first quarter of the zone starting at Du 24 (Shen Ting).

Function: Calms the spirit, opens the orifices, brightens the eyes, and benefits the throat.

Indications: Use to treat diseases of the head, face, throat, and tongue.

Frontal-vertex zone 2

Location: The second quarter of the zone.

Function: Opens the chest, regulates Qi, calms the spirit, and stops wheezing.

Indications: Primarily used to treat disorders of the chest region, such as chest pain, fullness of the chest, palpitations, cough, asthma, and spasm of the diaphragm.

Frontal-vertex zone 3

Location: The third quarter of the zone.

Function: Regulates the liver Qi, harmonizes the stomach, drains damp heat, and stops vomiting and diarrhea.

Indications: Use to treat disorders of the middle burner (liver, gallbladder, spleen, pancreas, and stomach), such as abdominal pain, gastritis, stomach ulcers, and dysfunction of the digestive system.

Frontal-vertex zone 4

Location: The last quarter of the zone ending at Du 20 (Bai Hui).

Function: Regulates the menses, strengthens the kidneys, promotes urination, and raises Yang.

Indications: Use to treat lower limb and lower burner diseases (urinary bladder, perineum, and reproductive system), such as kidney stones, incontinence, and prostatitis.

Vertex-occipital zone This zone runs along the Du meridian. It covers a narrow band from Du 20 (Bai Hui) to Du 17 (Nao Hu). The width is 1 cun. The vertex-occipital zone governs the Yang side of the body and is used to treat diseases of the head, neck, back, low back, and perineum. It is divided into four regions, which are equally spaced. This region is mainly used for pain. It belongs to the Du and foot Taiyang meridians.

Vertex-occipital zone 1

Location: The first quarter of the zone starts at Du 20 (Bai Hui).

Function: Opens the Du meridian, stops pain, strengthens the kidneys, and brightens the eyes.

Indications: Problems of the back of the head and neck.

Vertex-occipital zone 2

Location: The second quarter of the zone.

Function: Opens the Du meridian, stops pain, strengthens the kidneys, and brightens the eyes.

Indications: Problems of the upper back from vertebrae C-7 through T-10.

Vertex-occipital zone 3

Location: The third quarter of the zone.

Function: Opens the Du meridian, stops pain, strengthens the kidneys, and brightens the eyes.

Indications: Problems of the middle to lower back from vertebrae T-10 through L-5.

Vertex-Occipital Zone 4

Location: The last quarter of the zone ending at Du 17 (Nao Hu).

Function: Opens the Du meridian, stops pain, strengthens the kidneys, and brightens the eyes.

Indications: Problems of the lower back. It also governs the sacrum and coccyx area.

Frontal Zone This zone consists of short and narrow segments running from the top of the forehead into the hair. This mapping of the body originates from the centerline Du meridian and runs laterally to the side progressing from the head to the middle Jiao to the lower Jiao. It belongs to the foot Shaoyang meridian.

Frontal zone 1

Location: 0.5 cun anterior and posterior from GB 15 (Tou Lin Qi). It is 0.5 cun wide and located bilaterally on the forehead.

Function: Regulates the liver Qi, harmonizes the stomach, and drains damp heat.

Indications: Use to treat diseases of the middle Jiao such as diseases located in the spleen, stomach, liver, and gallbladder.

Frontal zone 2

Location: 0.25 cun lateral from GB 13 (Ben Shen) with 0.5 cun anterior and posterior to this point. It is 0.5 cun wide and located bilaterally on the forehead.

Function: Regulates menstruation, promotes urination, and benefits the kidneys.

Indications: Use to treat diseases of the lower Jiao and diseases located in the kidneys, urinary bladder, and reproductive system.

Anterior vertex zone

Location: This zone is located on a 0.5 cun wide line from Du 20 (Bai Hui) to UB 7 (Tong Tian) point. It belongs to the Du and foot Taiyang meridians.

Function: Opens the meridians and stops pain.

Indications: Use to treat problems in the hip and inguinal area, sciatic nerve pain, and buttock pain.

Posterior vertex zone

Location: This zone is located on a 0.5 cun wide line from Du 20 (Bai Hui) to UB 8 (Luo Que) point. It belongs to the Du and foot Taiyang meridians.

Function: Opens the meridians and stops pain.

Indications: Use to treat problems of the shoulder and neck, above the scapula, and the upper trapezius region.

Vertex-temple zone

Location: The vertex-temple zone runs at an angle from the vertex of the head toward the face. It is located on a 1 cun wide line from Du 21 (Qian Ding) to St 8 (Tou Wei) point. It can be divided into three equal parts. It belongs to the Du, the foot Shaoyang, and the foot Taiyang meridians.

Function: Opens the meridians and stops pain.

Indications: Use to treat motor and sensory disorders, especially central nervous system disorders.

Upper one-third: Governs the lower limbs.

Middle one-third: Governs the upper limbs.

Lower one-third: Governs the head and face.

Anterior temple zone

Location: This zone is located on a 1.0 cun wide line from GB 4 (Han Yan) to GB 6 (Xuan Li), and it belongs to the foot Shaoyang meridian.

Function: Opens the Shaoyang meridian and stops pain.

Indications: Use to treat Shaoyang disorders and problems of the side of the face, as well as menstrual-related migraines.

Posterior temple zone

Location: This zone is located on a 1.0 cun wide line from GB 9 (Tian Chong) to SJ 20 (Jiao Sun) and belongs to the hand and foot Shaoyang meridians.

Function: Opens the Shaoyang meridian, clears the ear, and stops dizziness.

Indications: Mainly use to treat diseases of the ear, migraines, dizziness, deafness, and tinnitus.

Figure 5-17 illustrates the Zhu scalp acupuncture zones.

Yin-Yang Scalp Acupuncture

TANG SCALP ACUPUNCTURE: Yin-Yang scalp acupuncture was invented by Dr. Song-Yan Tang of Shanghai, China, in the 1960s. This system was developed based on the Zang Fu and meridian theory of traditional Chinese medicine. It is believed that the whole body can be mapped out on the forehead and scalp areas, and by using these images on the head, diseases throughout the entire body can be treated. This system is set up with a Yin-Yang point on the top of the head, and from that point the human body is divided into two parts, anterior and posterior. The anterior part of the head belongs to Yin, which reflects an image of a person lying in the face-up position. This area corresponds with the human body's face, upper Jiao, middle Jiao, and lower Jiao, as well as the front part of the arms and the medial part of the legs. The posterior part of the head belongs to Yang, which reflects an image of a person lying in the face-down position. This area corresponds with the human body's occipital area, neck, back, lateral part of the arms, and lateral part of the legs. This technique is more effective with multiple needles that are short and shallowly inserted with longer retention time (Figure 5-18).

STANDARD POINTS, LINES, AND ASPECTS: In the figures, the filled circles are therapeutic points and the open circles represent landmarks to identify different areas (Figure 5-19).

Diametral orbit This is the distance from the inner canthus to the outer canthus of the eye. It is used for measurement.

Anterior-posterior midline This is the line running across the vertex connecting the midpoint between the two eyebrows with the lower border of the tip of the external occipital protuberance.

Anterior-posterior side line This line is located using the diametral orbit. It is one diametral orbit unit lateral to the anterior-posterior midline and runs parallel to the anterior-posterior midline.

All the area locations between the anterior-posterior midline and the anterior-posterior side line use the diametral orbit as

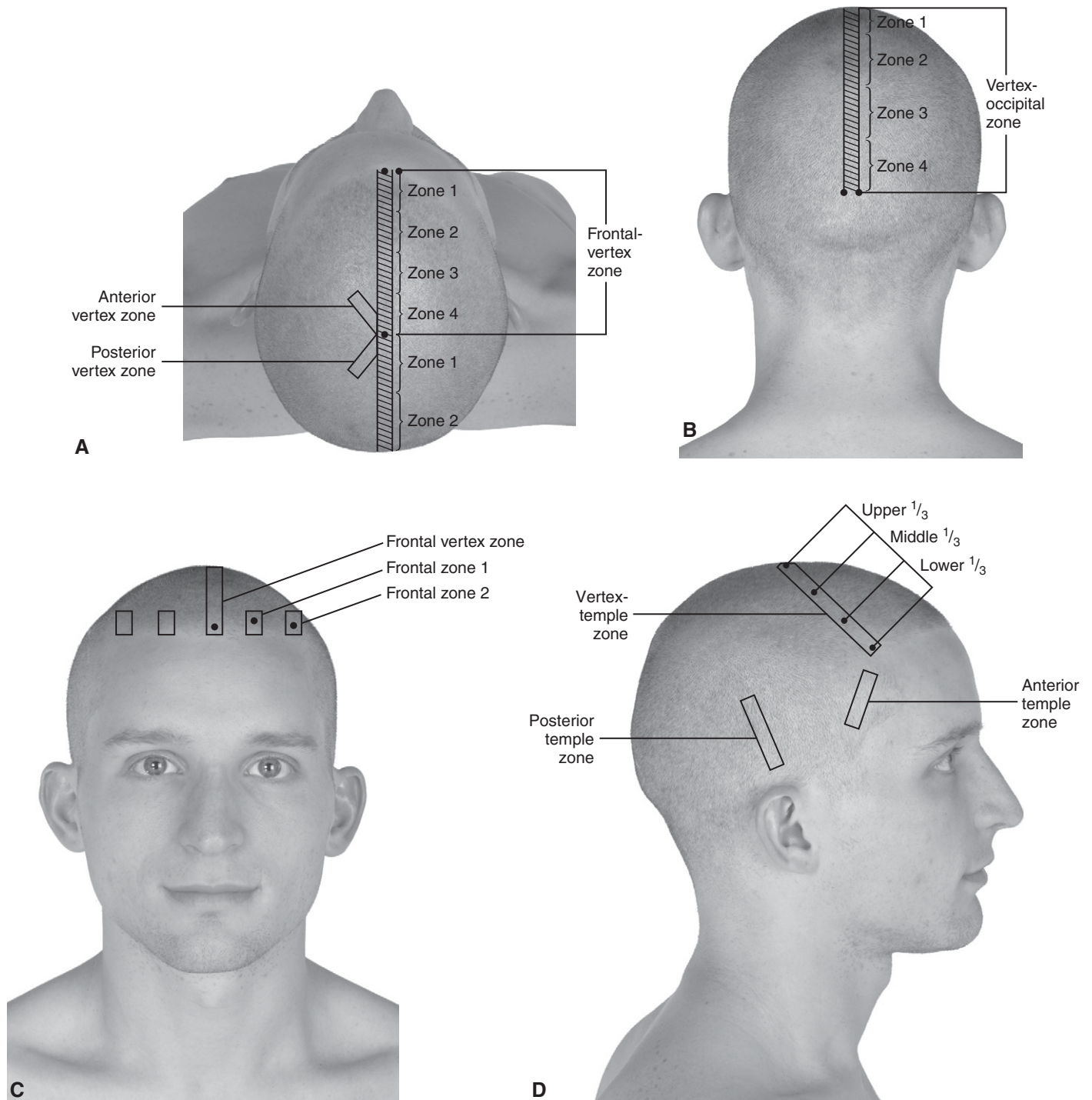


FIGURE 5-17 **A**, The frontal vertex zones of Zhu scalp acupuncture run along the Du meridian, covering a narrow band from Du 24 to Du 20. The frontal-vertex zone governs the Yin side of the body. The zone is further divided into four regions. **B**, The vertex-occipital zone of Zhu scalp acupuncture runs along the Du meridian, covering a narrow band from Du 20 to Du 17. The vertex-occipital zone governs the Yang side of the body. It is divided into four regions. **C**, The frontal zone of Zhu scalp acupuncture consists of short and narrow segments running from the top of the forehead into the hair. **D**, The vertex-temple zone of Zhu scalp acupuncture runs at an angle from the vertex of the head toward the face. It can be divided into the upper one-third, middle one-third, and lower one-third. The anterior temple zone is located on a line from GB 4 to GB 6. The posterior temple zone is located on a line from GB 9 to SJ 20.

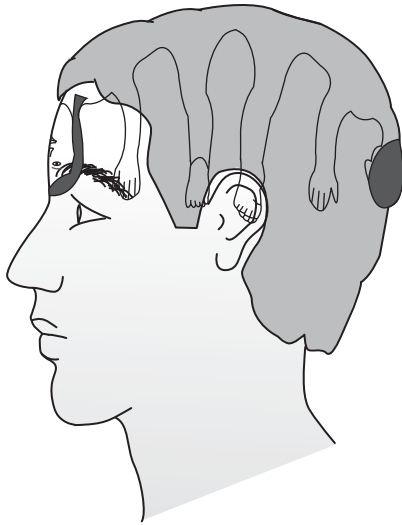


FIGURE 5-18 The Yin and Yang aspects of Tang scalp acupuncture. The anterior part of the head belongs to Yin, and the posterior part of the head belongs to Yang.

the unit of measurement. The distance from the anterior-posterior midline and the anterior-posterior side line is equal to one diametral orbit.

Vertex-ear tragus line This is the line connecting the Yin-Yang point with the tragus.

Outer canthus-occiput line This is the line connecting the outer canthus with the tip of the external occipital protuberance. The vertex-ear tragus line divides this line into two parts. The line between the outer canthus and the vertex-ear tragus line is called the canthus-ear line. The line between the vertex-ear tragus line and the external occipital protuberance is called the ear-occipital line.

Yin Yang point This is the midpoint of the anterior-posterior midline.

Yin Yang side point This is the intersecting point of the anterior-posterior side line with the vertex-ear tragus line.

Yin Tang side point This is the intersection point between the line extending laterally from the Yin Tang point with the anterior-posterior side line.

Occiput side point This is the intersection point between the anterior-posterior side line and the outer canthus-occiput line.

Yin Yang aspect These are the two areas separated by the vertex-ear tragus line. The anterior aspect is the Yin area, and the posterior aspect is the Yang area.

POINTS, LINES, AND ZONES ON THE YIN ASPECT: See Figure 5-20.

Tian Tu point This is the point 0.5 cun directly above the midpoint of the anterior hairline.

Tian Tu side point Draw a line running along the side of the head connecting the Tian Tu point with the lower border of the external occipital protuberance. The Tian Tu side point is located at the intersection of this line with the anterior-posterior side line.

Jian Tu point (Xiphoid Process) This is the anterior one-third point on the line running from the Tian Tu point to the Yin Yang point.

Jian Tu side point This is the anterior one-third point on the line running from the Tian Tu side point to the Yin Yang side point.

Qi point (Umbilicus) This is the posterior one-third point on the line running from the Tian Tu point to the Yin Yang point.

Qi side point This is the posterior one-third point on the line running from the Tian Tu side point to the Yin Yang side point.

Frontal-face area The frontal-face area is the zone enclosed by the Yin Tang point, the Yin Tang side point, the Tian Tu side point, the Tian Tu point, and their connecting lines. This zone is divided into 5 equal portions and includes 10 areas. Use the diametral orbit as the reference of measurement.

a. Vertex area¹

At the fifth portion, one-third diametral orbit from the anterior-posterior midline.

b. Frontal area²

At the fourth portion, one-quarter diametral orbit from the anterior-posterior midline.

c. Temple area³

At the fourth portion, one-half diametral orbit from the anterior-posterior midline.

d. Eye area⁴

At the lower half of the third portion, one-quarter diametral orbit from the anterior-posterior midline.

e. Ear area⁵

At the lower half of the third portion, one-half diametral orbit from the anterior-posterior midline.

f. Nose area⁶

At the upper half of the third portion, one-sixth diametral orbit from the anterior-posterior midline.

g. Mouth area⁷

At the lower half of the second portion, one-sixth diametral orbit from the anterior-posterior midline.

h. Pharynx-larynx area⁸

At the upper half of the second portion, one-sixth diametral orbit from the anterior-posterior midline.

i. Face area⁹

Lateral portion of the nose, mouth, and pharynx-larynx areas, one-half diametral orbit from the anterior-posterior midline.

j. Neck area¹⁰

At the first portion, one-third diametral orbit from the anterior-posterior midline.

Upper Jiao area The upper Jiao area is the zone enclosed by the Tian Tu point, the Tian Tu side point, the Jian Tu point, the Jian Tu side point, and their connecting lines.

a. Heart area¹²

At the middle one-third of the upper Jiao area. Left: 1/4 diametral orbit from the anterior-posterior midline. Right: one-half diametral orbit from the anterior-posterior midline.

b. Axillary area¹³

At the middle one-third of the upper Jiao area, 1/4 diametral orbit from the anterior-posterior side line.

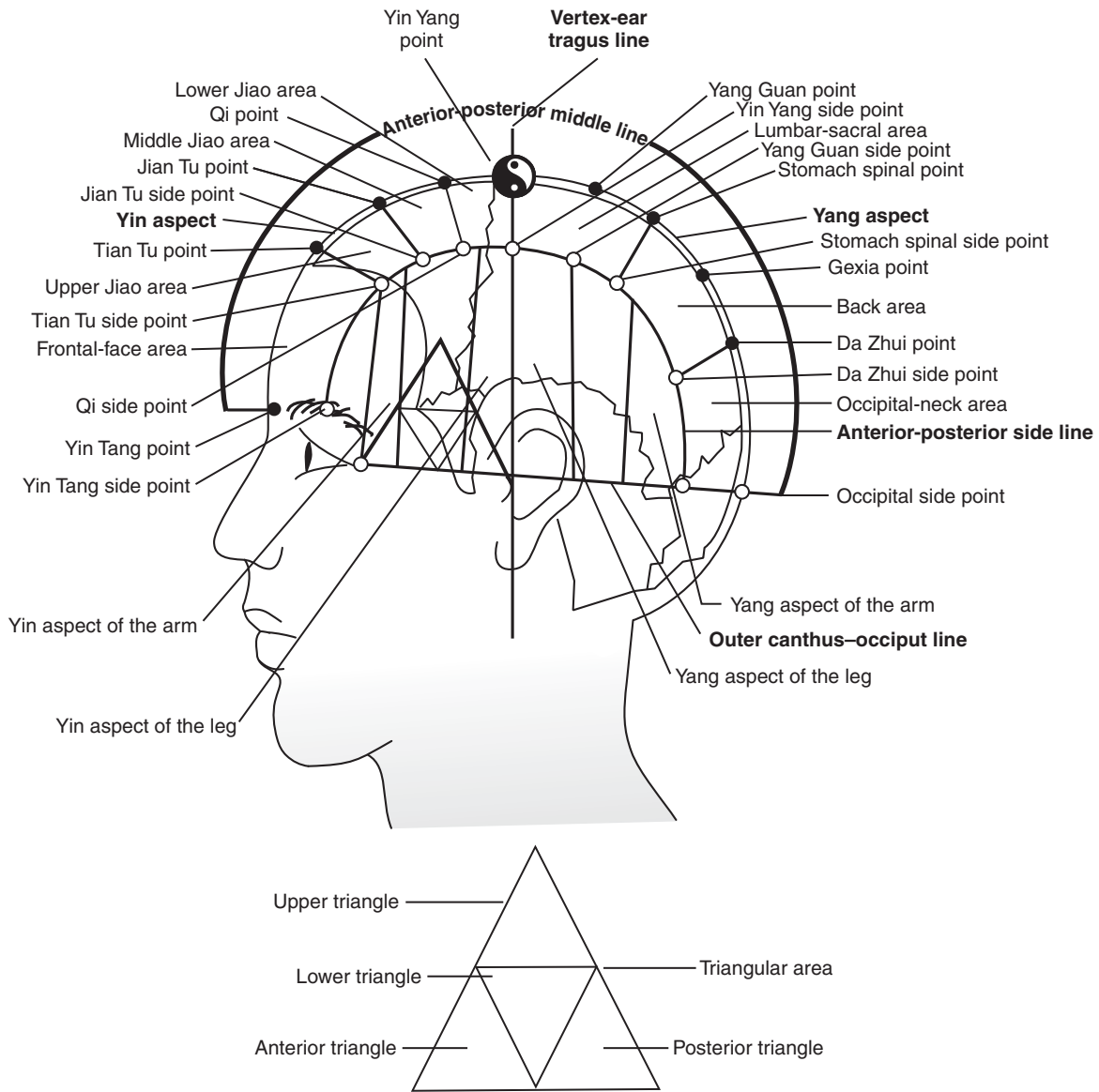


FIGURE 5-19 Tang scalp acupuncture standard points, lines, and areas. In this figure, standard lines and points are used to measure the therapeutic areas.

c. Lung-trachea area¹¹

All of the upper Jiao area except the Heart and Axillary area.

Middle Jiao area The middle Jiao area is the zone enclosed by the Jian Tu point, the Jian Tu side point, the Qi point, the Qi side point, and their connecting lines.

a. Liver and gallbladder¹⁴

The anterior one-third of the middle Jiao area.

b. Spleen and stomach¹⁵

The posterior two-thirds of the middle Jiao area, one-half diametral orbit from the anterior-posterior midline.

Lower Jiao area The lower Jiao area is the zone enclosed by the Qi point, the Qi side point, the Yin-Yang point, the Yin-Yang side point, and their connecting lines.

a. Urogenital area¹⁶

Posterior two-thirds of the lower Jiao area, one-half diametral orbit from the anterior-posterior midline.

Yin aspect of the arm The Yin aspect of the arm is the zone enclosed by the Tian Tu side point, the posterior one-third point of the upper Jiao area of the anterior-posterior side line, the anterior one-third point of the canthus-ear line, the outer canthus, and their connecting lines. This zone is divided into five equal portions with six short lines from superior to inferior.

a. Yin-shoulder line¹⁷

The first line. This is the portion on the anterior-posterior side line.

b. Yin-elbow line¹⁸

The third line between the second portion and the third portion.

c. Yin-wrist line¹⁹

The fifth line between the fourth portion and the fifth portion.

d. Yin-palm-finger line²⁰

The sixth line. This is the portion on the canthus-ear line.

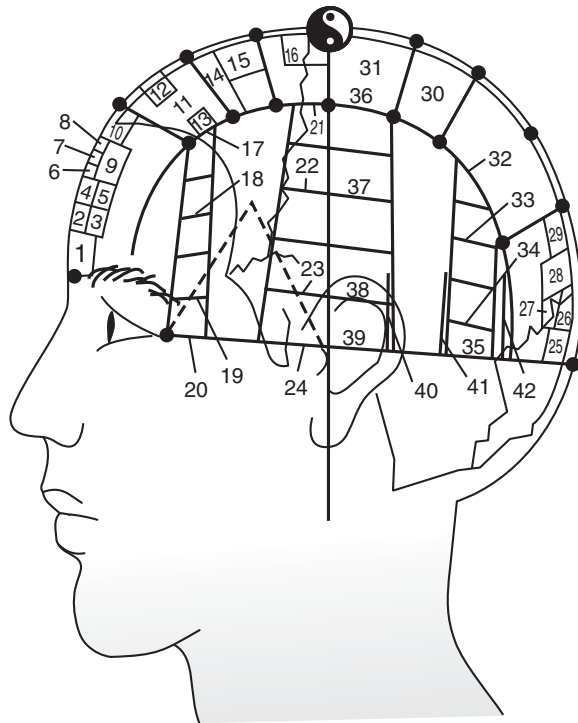


FIGURE 5-20 Tang scalp acupuncture detailed therapeutic areas.

Yin aspect of the leg The Yin aspect of the leg is the zone enclosed by the anterior one-quarter point of the anterior-posterior side line of the lower Jiao portion, the Yin-Yang side point, the intersection point of the vertex-ear tragus line with the outer canthus-occipital line, and the posterior one-third point of the canthus-ear line and their connecting lines. This zone is divided into five equal portions with six short lines from superior to inferior.

a. Yin-upper leg line²¹

The first line. This is the portion on the anterior-posterior side line.

b. Yin-knee line²²

The third line between the second portion and the third portion.

c. Yin-ankle line²³

The fifth line between the fourth portion and the fifth portion.

d. Yin-toes line²⁴

The sixth line on the canthus-ear line.

Triangular area. Measure from the outer canthus to the vertex-ear tragus line; then, based on this line, make an equal triangle. Connect the midpoint from each line to make four equal triangles.

a. Upper triangle

Treats disorders of the teeth and face.

b. Lower triangle

Treats mental and intelligence disorders.

c. Anterior triangle

Treats disorders of the fingers and the palm of the hand.

d. Posterior triangle

Treats disorders of the toes and the bottom of the feet.

POINTS, LINE, AND ZONES ON THE YANG ASPECT:

Stomach-spinal point This point is on the anterior-posterior midline at the anterior one-third point of the line running between the Yin-Yang point and the lower border of the external occipital protuberance.

Stomach-spinal side point This point is on the anterior-posterior side line at the anterior one-third point of the line running between the Yin-Yang side point and the occipital side point.

Da Zhui point This point is on the anterior-posterior midline at the posterior one-third point of the line running between the Yin-Yang point and the lower border of the external occipital protuberance.

Da Zhui side point This is the point on the anterior-posterior side line at the posterior one-third point of the line running between the Yin-Yang side point and the occipital side point.

Yang Guan point This point is on the anterior-posterior midline at the midpoint of the line running between the Yin-Yang point and the stomach-spinal point.

Yang Guan side point This point is on the anterior-posterior side line at the midpoint of the line running between the Yin-Yang side point and the stomach-spinal side point.

Ge Xia point This point is on the anterior-posterior midline at the midpoint of the line running between the stomach-spinal point and the Da Zhui point.

Occipital-neck area The occipital-neck area is the zone enclosed by the lower border of the external occipital protuberance, the Occipital side point, the Da Zhui point, the Da Zhui side point, and their connecting lines. This zone is divided into three equal portions including five areas.

a. Posterior vertex area²⁵

At the lower one-third portion, one-third diametral orbit from the anterior-posterior midline.

b. Jing Ming area²⁶

At the lower two-thirds area of the middle one-third portion, one-quarter diametral orbit from the anterior-posterior midline.

c. Occipital area²⁷

At the lower two-thirds area of the middle one-third portion, one-half diametral orbit from the anterior-posterior midline.

d. Speech-intelligence area²⁸

At the upper one-third area of the middle one-third portion, one-half diametral orbit from the anterior-posterior midline.

e. Back of neck area²⁹

At the upper one-third portion, one-third diametral orbit from the anterior-posterior midline.

Back area The back area is the zone enclosed by the Da Zhui point, the Da Zhui side point, the stomach-spinal point, the stomach-spinal side point, and their connecting lines. This zone is indicated to treat thoracic vertebra 1 through 12.

Lumbar-sacral area The lumbar-sacral area is the zone enclosed by the stomach-spinal point, the stomach-spinal side point, the Yin Yang point, the Yin Yang side point, and their connecting lines, including two portions.

a. Lumbar area³⁰

This area is the posterior one-half portion of the lumbar-sacral area.

b. Sacral area³¹

This area is the anterior one-half portion of the lumbar-sacral area.

Yang aspect of the arm The Yang aspect of the arm is the zone enclosed by the anterior one-quarter point of the back area on the anterior-posterior side line, the Da Zhui side point, the posterior one-third point of the ear-occipital line, the one-half point of the ear-occipital line, and their connecting areas. This zone is divided into five equal portions and six short lines from superior to inferior.

a. Yang-shoulder line³²

The first line. This is the portion on the anterior-posterior side line.

b. Yang-elbow line³³

The third line between the second and third portions.

c. Yang-wrist line³⁴

The fifth line between the fourth and fifth portions.

d. Back of the hand-finger line³⁵

The sixth line. This is the portion on the ear-occipital line.

Yang aspect of the leg The Yang aspect of the leg is the zone enclosed by the Yin-Yang side point, the Yang Guan side point, the anterior one-third point of the ear-occipital line, the intersection point of the vertex-ear tragus line with the outer canthus-occipital line, and their connecting lines. This zone is divided into five equal portions and six short lines from superior to inferior.

a. Yang-upper leg³⁶

At the first line on the anterior-posterior side line of this area.

b. Yang-knee line³⁷

On the third line between the second and third portions.

c. Yang-ankle line³⁸

On the fifth line between the fourth and fifth portions.

d. Back of feet-toes line³⁹

On the sixth line, on the ear-occipital line of this area.

Qian ting area This is the area located at the lower two-fifths of the Yang aspect of the leg area. This area's function is to improve balance.

Quiet line, wind line, and blood line Divide the ear-occipital line into four equal portions, and extend the three dividing points upward to the level of the speech-intelligence area parallel to the vertex-ear tragus line.

a. Quiet line⁴⁰

Anterior dividing point extension line that functions to calm the Shen.

b. Wind line⁴¹

Middle dividing point extension line that functions to expel wind and release the exterior.

c. Blood line⁴²

Posterior dividing point extension line that functions to invigorate blood.

Not all of the functions and indications are listed in this system. You may choose a therapeutic point by the corresponding anatomical area. The superscript numbers can help you locate the point on Figure 5-20.

New Stimulation Area for the Cerebral Cortex Functions

LIN SCALP ACUPUNCTURE: Lin scalp acupuncture was invented by Dr. Xue-Jian Lin at Xin Hua Hospital of Shanghai, Second Medical University of China. This system is not only based on cerebral representative function areas of the brain but also on combined therapy of neurophysiologies, as well as the blood flow of the brain. Based on clinical research, this system has good results for cerebral disease and injury.

LOCATIONS AND INDICATIONS:

Three needles at the temple Draw a standard line from the point that is 3.5 cm posterior and 1.5 cm superior from the outer canthus to the parietal tubercle. The three needles at the temple are based on this standard line.

A. Temple one

This line is 1.0 cm inferior and anterior to the parietal tubercle and 3.0 cm in length backward and parallel to the standard line.

B. Temple two

This line is 2.0 cm above the apex of the ear and 3.0 cm in length backward and parallel to the standard line.

C. Temple three

This line is 1.0 cm superior and 1.0 cm posterior to the ear apex and 3.0 cm in length backward and parallel to the standard line.

All three needles are inserted at 15° to 20° angles from the horizontal line and scalp. They are used to treat paralysis due to cerebral damage, genetic disorders of the brain, and nerve deafness. They function to increase the storage of speech and memory (Figure 5-21).

Five needles at the forehead Locate the needles 2.0 cm posterior from the anterior hairline between the corners of the forehead. Five needles are distributed in the shape of a fan with equal distance between each needle.

They function to increase blood flow in this area, increase attentive response, and increase motivation. Treat hyporeactive disorders, hypomnesia, and disturbance of intelligence. For paralysis from cerebral damage and sequelae of brain damage, use this group of points with the three needles at the temple. The forehead first and fifth points are also close to "Broca's area" and are used to treat aphasia (Figure 5-22).

Anterior motor area This area is a rhomboid-shaped area 3.0 to 4.0 cm anterior to the motor area. Three points are used. The middle point is 5.0 cm anterior from the midpoint of the anterior-posterior midline and 3.0 cm in length posterior. The other two points are located 1.5 cm bilateral to the midpoint. They function to treat paralysis due to cerebral damage, as well as spasm and increased muscle tension due to brain injury.

Additional motor area This area is located at the center of the anterior motor area, 0.5 cm bilateral to the midpoint of the anterior motor area. These points function to treat paralysis due to cerebral damage, sequelae due to brain damage, and nerve deafness, as well as dysfunctions of the cerebral cortex. Stimulate this area to increase thought and body movement (Figure 5-23).

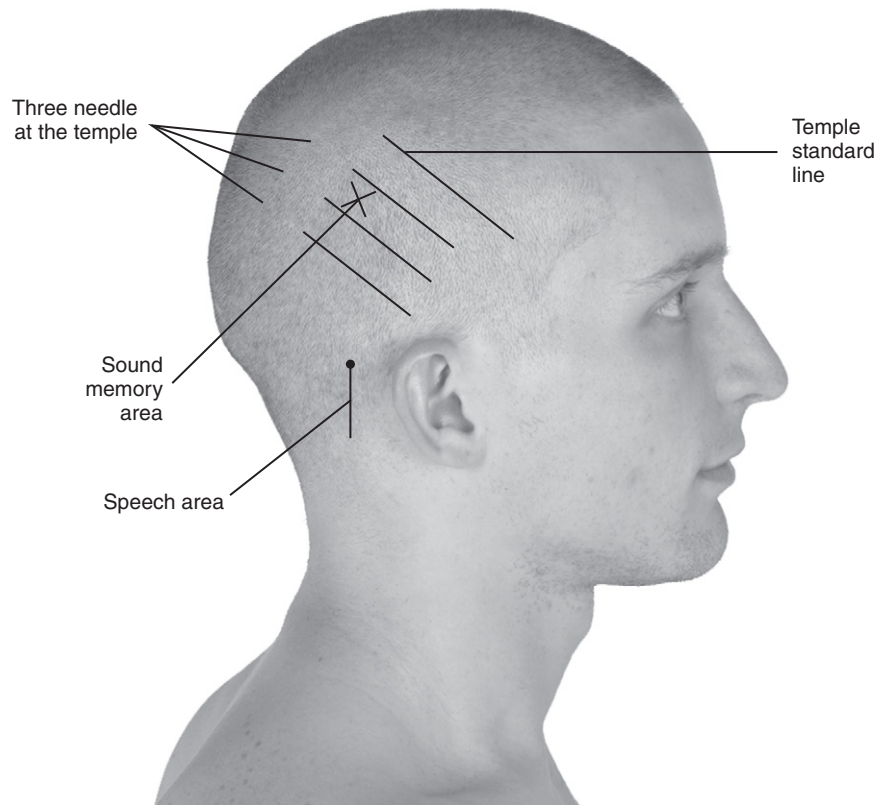


FIGURE 5-21 This figure shows the temporal view of Lin scalp acupuncture. The sound memory area of Lin scalp acupuncture is a wide area that is inferior and posterior to the parietal tubercle. The speech area is a vertical line below the sound memory area that is posterior to the mastoid process 3.0 cm in length. Three needles at the temple are used to treat paralysis due to cerebral damage, genetic disorders of the brain, and nerve deafness.

Sound memory area This is a wide area that is inferior and posterior to the parietal tubercle. Cross the two needles from opposite directions. This area is used to treat nerve deafness.

Speech area This area is a vertical line below the sound memory area that starts at the level of the ear apex and is posterior to the mastoid process 3.0 cm in length. It is used to treat nerve deafness (Figure 5-21).

Experimental Scalp Acupuncture

The development of Western medicine in China, along with further studies of the meridian theory, continued the development of scalp acupuncture therapy. Experimental scalp acupuncture is based on several different branches of scalp acupuncture. Many acupuncturists and health practitioners continue to study and research scalp acupuncture clinically. They continuously find many new points that have special functions to treat a variety of diseases, although a system has not been developed yet. However, good results are occurring in clinical practice. Some of these points are introduced for reference (Figure 5-24).

LOCATIONS AND INDICATIONS:

Calm shen area

Location: 2.0 cm in length extending superiorly from the Yin Tang point.

Indications: Shen disturbance.

First naso-oral pharynx area

Location: 2.0 cm anterior and posterior from the anterior hairline along the anterior-posterior midline.

Indications: Respiratory infections.

Second naso-oral pharynx area

Location: 2.0 cm below the first naso-oral pharynx area.

Indications: Dizziness, nausea, vomiting, and poor appetite.

Head triangle area

Location: Above the inner canthus at the anterior hairline, locate two points on both sides of the head. Starting toward the anterior-posterior midline, draw an equilateral triangle (the “head triangle”). Insert the needles at three corners, 1.0 cm toward the middle.

Indications: Insomnia.

Eye-coordination area

Location: 2.0 cm lateral from the anterior-posterior midline starting at the anterior hairline and 2.0 cm upward.

Indications: Ophthalmologic paralysis.

Consciousness area

Location: 2.0 cm from the anterior hairline on the anterior-posterior midline, transverse insertion 2.0 to 6.0 cm wide and 2.0 cm in length.

Indications: Opens the head orifices.

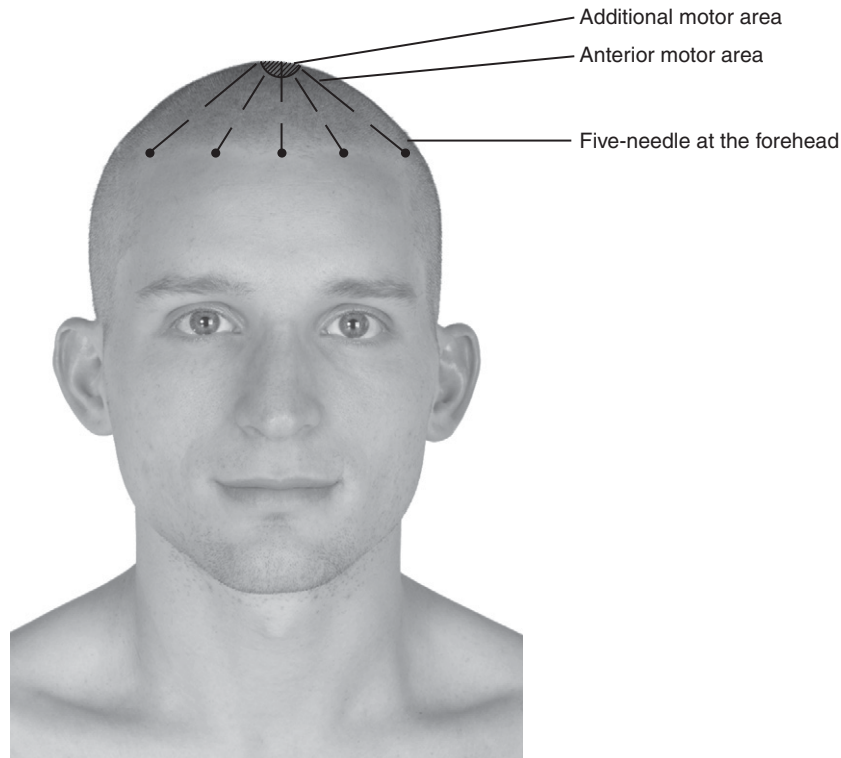


FIGURE 5-22 Frontal view in the Lin scalp acupuncture system. The five needles at the forehead are located 2.0 cm posterior from the anterior hairline between the corners of the forehead. Five needles are distributed in the shape of a fan with an equal distance between each needle using the Qi Chi technique of needle stimulation. The anterior motor area of Lin scalp acupuncture is a rhomboid-shaped area 3.0 to 4.0 cm anterior to the motor area. The additional motor area of Lin scalp acupuncture is located at the center of the anterior motor area.

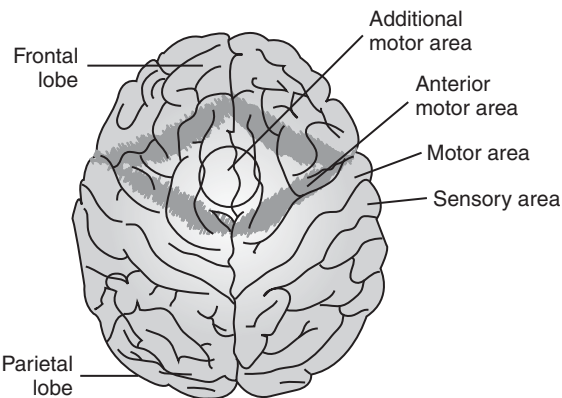


FIGURE 5-23 The anterior motor area and the additional motor area of Lin scalp acupuncture.

Strength area

Location: 3.0 cm in length extending anterior and posterior from Du 20 (Bai Hui).

Indications: Neurosis.

Vertex area

Location: Starting at Du 23 (Shang Xing) toward Du 20 (Bai Hui).

Indications: Anesthesia in surgery.

Vertex side area

Location: 1.5 cm lateral to the anterior-posterior midline starting at UB 5 (Wu Chu) connecting UB 7 (Tong Tian).

Indications: Anesthesia in surgery.

Spirit-emotion area (Epilepsy Control Area)

Location: 2.5 cm anterior to the midpoint of the anterior-posterior midline, 2.0 cm lateral and 2.0 cm in length extending anterior.

Indications: Spirit and emotional dysfunction and seizures.

Acalculia area

Location: 3.0 cm posterior from the upper point of the sensory area and 60 degrees from the anterior-posterior midline extending posterior, lateral, and 5.0 cm in length.

Indications: Decreased capability of recognizing numbers and words.

Madness control area

Location: Starting at Du 17 (Nao Hu), which is located superior to the external occipital protuberance, use a 35-degree angle toward the lateral side of the second cervical vertebra.

Indications: Spirit and emotional disorders.

Lumbar area

Location: 1.5 cm lateral and parallel to the anterior-posterior midline, 4.0 cm above the external occipital protuberance extending 4.0 cm superiorly.

Indications: Low back pain.

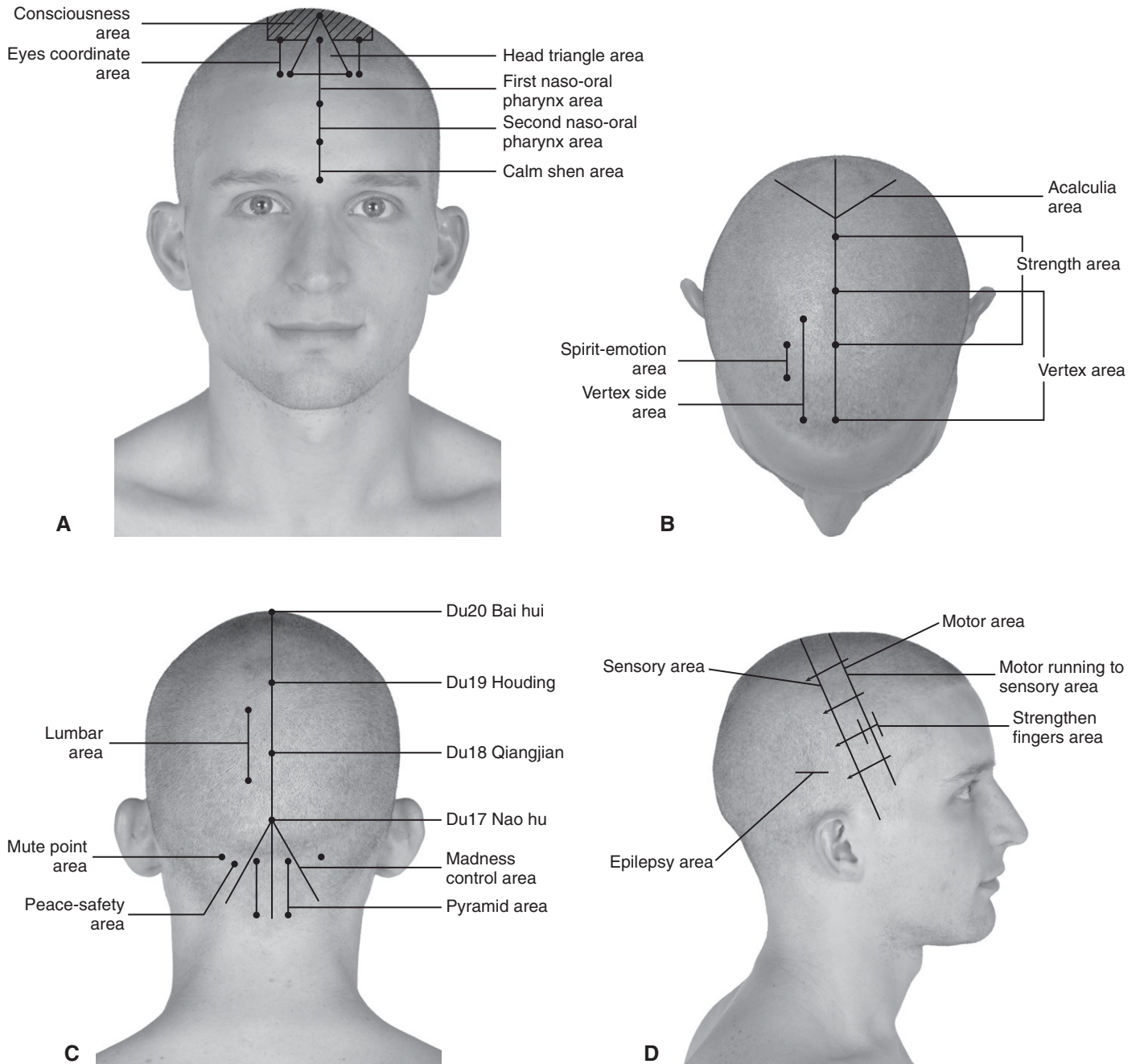


FIGURE 5-24 **A**, Anterior view of the experimental scalp acupuncture areas. **B**, Superior view of the experimental scalp acupuncture areas. Some areas overlap. **C**, Posterior view of the experimental scalp acupuncture areas. For some area locations, use the macro-acupuncture system point locations as a reference. **D**, Lateral view of the experimental scalp acupuncture areas.

Pyramid area

Location: 1.0 cm lateral from the anterior-posterior midline, starting 1.5 cm superior from the second spinous process of the vertebrae extending 3.0 cm downward.

Indications: Motor function impairment.

Peace-safety area

Location: 2.0 cm lateral from the second cervical vertebra.
Indications: Shen disturbance.

Mute point area

Location: 1.0 cm superior to GB 20 (Feng Chi).
Indications: Muteness.

Epilepsy area

Location: 1.0 cm above the vertigo and hearing area.
Indications: Shen disturbance and insomnia.

Strengthen fingers area

Location: Lower portion of the Middle two-fifths of the anterior oblique line of the vertex-temporal (International Standard

Nomenclature) and 1.0 cm lateral from both sides of this line.

Indications: Upper arm motor dysfunction.

Motor running to sensory area

Location: Starting from the motor area, insert at a 90-degree angle running toward the sensory area (Jiao Scalp Acupuncture system). Use transverse insertion from the upper to lower area with five equally spaced needles.

Indications: Paralysis.

Deafness control area

See Figure 5-25.

Locations: Locate 2.0 cm above the ear apex as the end point for the first three points.

Draw a line from the ear apex to the upper border of the eyebrow as a measurement line.

Point 1: 0.5 cm above the midpoint of this measurement line.

Insert the needle at a 45 degree angle and 2.0 cm in length toward the end point.

Point 2: 90 degrees superior to point 1. Insert the needle 2.0 cm in length to the end point.

Point 3: Insert a needle with a 45 degree angle between points 1 and 2 and 2.0 cm length.

Point 4: From the parietal tubercle, parallel to the anterior-posterior midline. Insert 2.0 cm downward.

Point 5: Draw a line from 0.5 cm above the ear apex toward 3.5 cm above the external occipital protuberance. Locate the point in the middle of the line. Insert 2.0 cm in length extending downward.

Indications: Deafness.

Ba Gua Scalp Acupuncture

LIU SCALP ACUPUNCTURE: Ba Gua scalp acupuncture was developed by Professor Bing-Quan Liu at the University of Traditional Chinese Medicine in Guan Zhou, China. This system is based on the book 周易 *Zhou Yi, Ba Gua Theory*, combined with head meridians and points, traditional acupuncture theory, and theories of modern anatomy and physiology. This kind of scalp acupuncture mainly treats conditions of paralysis, stroke, Parkinson's disease, and brain disorders (Figure 5-26).

Figure 5-26 shows the traditional way of making maps in China. That is, north is located on the lower part of the map, and south is located on the upper part of the map. Perhaps this was done because the sun is located toward the southern direction and represents Yang energy, so south was placed on the top of the map, which also represents Yang energy. The left side of the map is east and the right side is west.

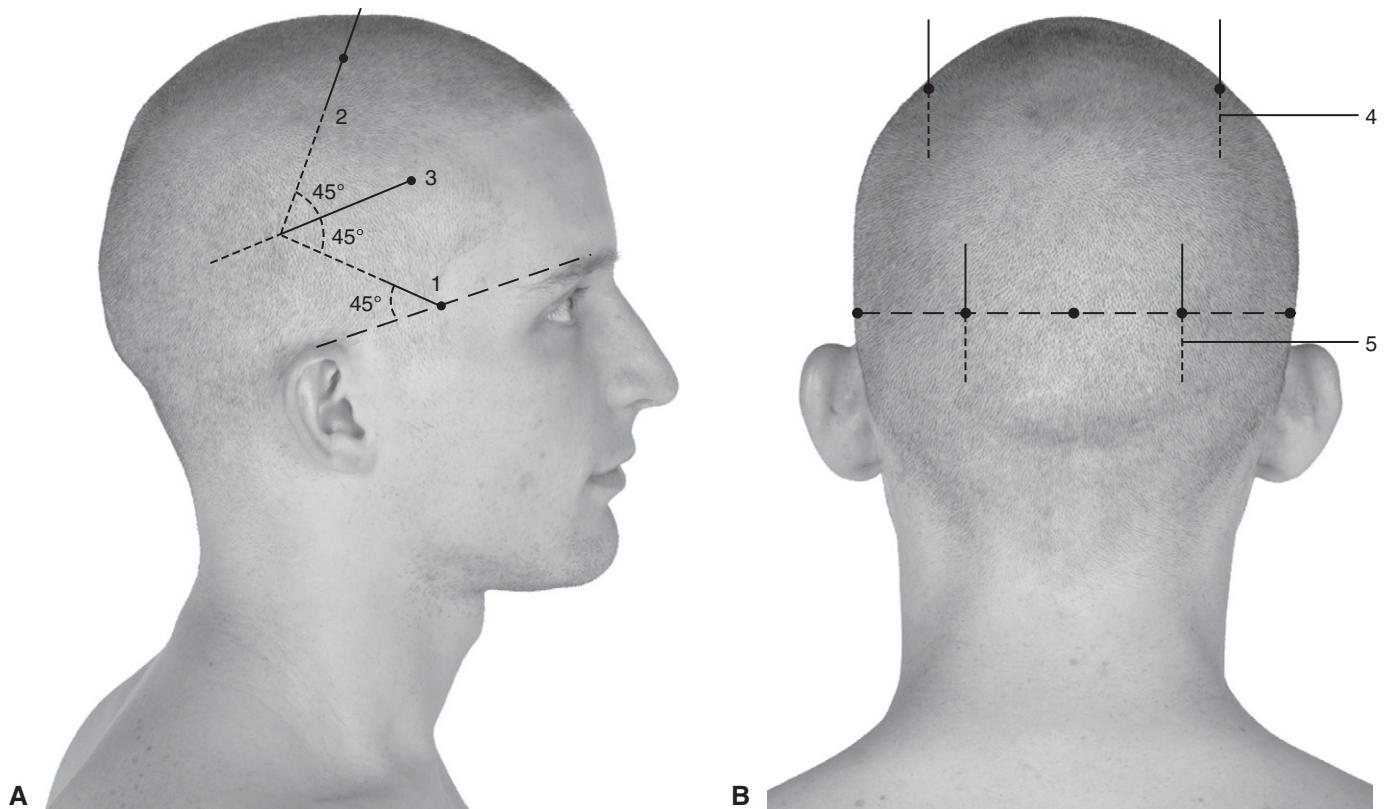


FIGURE 5-25 **A**, The three lateral points of the deafness control area in the experimental scalp acupuncture system. **B**, The two posterior points of the deafness control area in the experimental scalp acupuncture system.

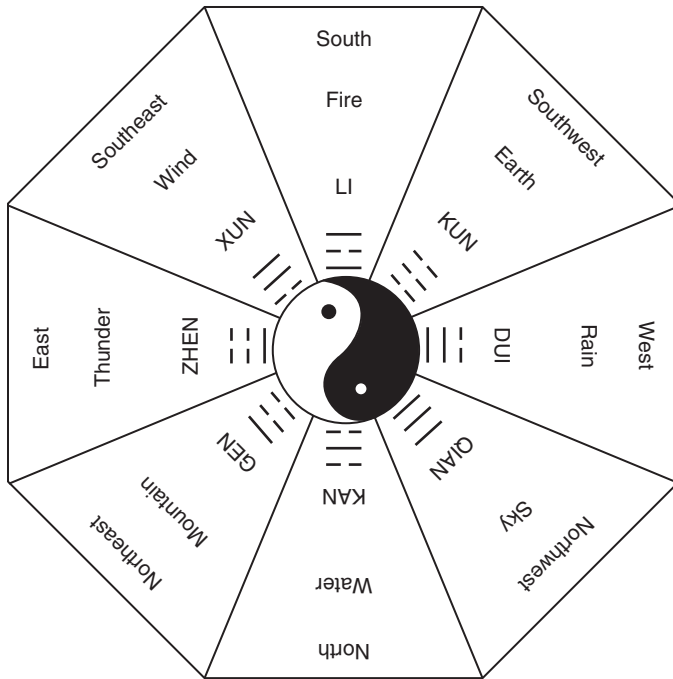


FIGURE 5-26 The Liu system of scalp acupuncture is based on the theory of Ba Gua. This is the symbol of Ba Gua on the scalp.

Ba Gua portions	Character	Nature Relationship	Direction
Li	离	Fire	South
Kan	坎	Water	North
Kun	坤	Earth	Southwest
Dui	兑	Rain	West
Qian	乾	Sky	Northwest
Xun	巽	Wind	Southeast
Zhen	震	Thunder	East
Gen	艮	Mountain	Northeast

LOCATIONS AND INDICATIONS:

Ba Gua 1—Du 20 (Bai Hui) of Small Ba Gua

Location: Choose Du 20 (Bai Hui) as the middle point. This is a group of 8 points 1.0 cun anterior, posterior, left, right, upper-left, upper-right, lower-left, and lower-right from Du 20 (Bai Hui). Each point is 45 degrees from the next. Needle toward the middle point Du 20 (Bai Hui) using the running needle technique.

Indications: Lower limb motor and sensory disorders, chorea, headache, dizziness, seizures, mental disorders, rectal prolapse, uterine prolapse, and insomnia.

Ba Gua 2—Du 20 (Bai Hui) of Middle Ba Gua

Location: Use Du 20 (Bai Hui) as the middle point and 2.0 cun away from Du 20 (Bai Hui) in the same direction as the Du 20 (Bai Hui) of small Ba Gua, with a 45 degree angle between each point, locate the eight points. Needle anterior toward Du 21 (Qian Ding), posterior toward Du 19 (Hou Ding), and sideways toward UB 6 (Cheng Guang) and UB 7 (Tong Tian).

Indications: Upper and lower limb motor and sensory disorders, spleen and stomach disorders, urinary bladder disorders, intestinal disorders, writing difficulty, neck pain, headache, hyperthyroidism, and tinnitus.

Ba gua 3—Du 20 (Bai Hui) of Big Ba Gua

Location: Use Du 20 (Bai Hui) as the center point 3.0 cun away from Du 20 (Bai Hui) and locate the anterior, posterior, left, right, upper-left, upper-right, lower-left, and lower-right points, for a total of eight points. There is a 45 degree angle between each point distributed in the Ba Gua form with running needle toward Du 20 (Bai Hui). Needle Du 22 (Xin Hui), Du 18 (Qiang Jian), UB 8 (Luo Que), GB 18 (Cheng Ling), GB 17 (Zheng Ying), and GB 16 (Mu Chuang). The meridians used in this technique are the Du, Gallbladder, and Urinary Bladder.

Indications: Insomnia, memory disorders, nominal aphasia, motor aphasia, upper and lower limb motor and sensory disorders, paralysis, head and face sensory disorders, migraines, dizziness, tinnitus, deafness, upper Jiao conditions, sore throat, and chest tightness.

The Du 20 (Bai Hui) of small, medium, and big Ba Gua are the most common Ba Gua scalp acupuncture points used to treat paralysis. They achieve good results. Usually choose one or two Ba Gua's according to different conditions, sometimes in combination with other areas of Ba Gua technique to enhance the treatment effect.

Ba gua 4—Du 20 (Bai Hui) of Anterior Ba Gua

Location: 2.0 cun anterior from Du 20 (Bai Hui) or 0.5 fen anterior to Du 21 (Qian Ding) is the middle point. 1 cun away from this middle point, locate eight points in the form of a Ba Gua. Each point will have 45 degrees between. Insert the needles toward the middle point, running through Du 21 (Qian Ding) and Du 22 (Xin Hui).

Indications: Sequelae of wind stroke, seizures, nose diseases, dizziness, frontal headaches, head and neck motor and sensory disorders, difficulty writing, and middle Jiao conditions.

Ba gua 5—Du 20 (Bai Hui) of Posterior Ba Gua

Location: Use 2 cun posterior to Du 20 (Bai Hui), which is 5 fen posterior to Du 19 (Hou Ding), as the middle point; 1 cun away from the middle point, locate eight points in the form of a Ba Gua. Each point will be separated by 45 degrees. Insert the needles toward the middle point, running through Du 19 (Hou Ding) and Du 18 (Qiang Jian).

Indications: Motor disorders of the four extremities, loss of balance, occipital pain, neck stiffness, seizures, vertigo, and vomiting.

Ba gua 6—External Occipital Protuberance Ba Gua

Location: Use the external occipital protuberance as the middle point; 1.0 cun away from this middle point are the eight points in the form of a Ba Gua, with 45 degrees between each point.

Indications: Near-sightedness, cataracts, cerebellar disease, loss of balance, dizziness, lumbar stiffness, motor disorders of the lower limbs, loss of voice, and seizures.

Ba gua 7–SJ 20 (Jiao Sun) of Upper Ba Gua

Location: 2 cun above SJ 20 (Jiao Sun) as the middle point; choose 1 cun away from the middle point to locate the eight Ba Gua points. Use a running needle technique insertion toward the middle point.

Indications: Sensory aphasia, dizziness, tinnitus, deafness, head, neck, and upper limb motor disorders, gallbladder conditions, migraine headaches, gallstones, mental disorders, and sequelae of wind stroke.

Ba gua 8–SJ 20 (Jiao Sun) of Superior-Posterior Ba Gua

Location: 1.5 cun superior and then 1.5 cun posterior from SJ 20 (Jiao Sun) is the middle point; choose 1 cun away from the middle point to make the Ba Gua form and use a running needle toward the middle point.

Indications: Sensory aphasia, nominal aphasia, apraxia, memory disorders, maldevelopment of the brain, hysteria, insomnia, ear problems, and gallbladder conditions.

Ba gua 9–St 8 (Tou Wei) to GB 7 (Qu Bin) Ba Gua

Location: The midpoint between St 8 (Tou Wei) and GB 7 (Qu Bin) is the middle point; choose 1.0 cun away from this middle point to form the Ba Gua and use the running needle technique toward the middle point.

Indications: Facial paralysis, trigeminal neuralgia, motor aphasia, maldevelopment, dysgeusia, salivation, chorea, Parkinson's disease, migraines, eye pain, tooth pain, tinnitus, deafness, motor and sensory disorders, and gallbladder conditions.

Ba gua 10–Du 24 (Shen Ting) Ba Gua

Location: Du 24 (Shen Ting) is the middle point; 1 cun lateral to this point, locate the eight points to form the Ba Gua. Insert 1 cun needles toward the middle point.

Indications: Upper Jiao diseases, intercostal neuralgia, chest pain, allergic rhinitis, nose bleeding, vertigo, intellectual disturbances, schizophrenia, hysteria, neurosis, insomnia, seizures, and headaches.

Ba gua 11–St 8 (Tou Wei) Ba Gua

Location: St 8 (Tou Wei) is the middle point; choose 1 cun away from the middle point to locate the eight points around the middle point with 45 degrees between each point in the shape of the Ba Gua, running the needles toward the middle point.

Indications: Middle and lower Jiao disorders, spleen, stomach, liver, gallbladder, pancreas, urinary bladder, kidney, and reproductive system disorders, as well as indications on the gallbladder, urinary bladder, and Du meridians.

Figure 5-27 illustrates Ba Gua scalp acupuncture.

Yamamoto New Scalp Acupuncture

Yamamoto New Scalp Acupuncture (YNSA) was invented by Dr. Toshikatsu Yamamoto of Japan. He developed this scalp acupuncture system influenced by Chinese acupuncture and Chinese scalp acupuncture, as well as his own clinical experiences. The first reports about YNSA were at the twenty-fifth annual meeting of the Japanese Society of Ryodoraku in Osaka, Japan, in 1973. In order to distinguish Japanese scalp

acupuncture from Chinese scalp acupuncture, this system is called Yamamoto New Scalp Acupuncture (YNSA).

Yamamoto New Scalp Acupuncture should be classified as a somatic representation or micro-system. The YNSA points are divided into the following four groups:

1. Nine basic points
2. Four sensory points
3. Twelve ypsilon points
4. Three brain points

YNSA is a fast-acting, reliable, and time-saving method. Dr. Yamamoto also used abdominal diagnosis and neck diagnosis to achieve better clinical results.

LOCATIONS AND INDICATIONS:

Nine basic points The nine basic points are A, B, C, D, E, F, G, H, and I. YNSA Yin basic points are located mainly along the frontal hairline on the forehead on either side of the midline. All of the Yin basic points are also reflected bilaterally in the posterior scalp around the lambdoidal suture area as Yang basic points, except the basic F point. Forehead Yin basic points include the points A, B, C, D, E, G, H, and I. The basic F point is located behind the ears over the mastoid process, which is only in the occipital Yang area. The basic points H and I are extra lumbar points, and they are situated in a caudally continuous line to the basic B and C points (Figure 5-28).

Basic point representation areas:

- A. Head, cervical spine, shoulder
 - B. Cervical spine, shoulder, shoulder joint, scapular region
 - C. Scapular region, shoulder joint, upper extremities
 - D. Lumbar spine, lower extremities
 - E. Thoracic spine, ribs, lungs, and heart
 - F. Sciatic nerve
 - G. Knee
 - H. Lumbar
 - I. Lumbar
- Basic A point

Location:

Yin basic A point: Approximately 1.0 cm bilateral to the midline at the forehead area and approximately 5.0 cm anterior to the coronal suture. The A point is subdivided into A1 through A8 following a vertical line from anterior to posterior for a total length of 2 cm, with A3 at the anterior hairline. A1 is about 1.0 cm inferior to the hairline. A8 is 1.0 cm above or posterior to the hairline.

Yang basic A point: At the posterior scalp area. It is also 1.0 cm bilateral and subdivided into A1 through A8 with the same indications as the Yin basic A point.

Indications: Pain relief after injury or surgery, headaches, cervical syndrome, whiplash, vertigo, trigeminal neuralgia, facial, neck, or shoulder neuralgia, toothache, cerebral disturbances, and facial paralysis.

Basic B point**Location:**

Yin basic B point: Approximately 1.0 cm bilateral to the basic A point or 2.0 cm bilateral to the midline at the hairline.

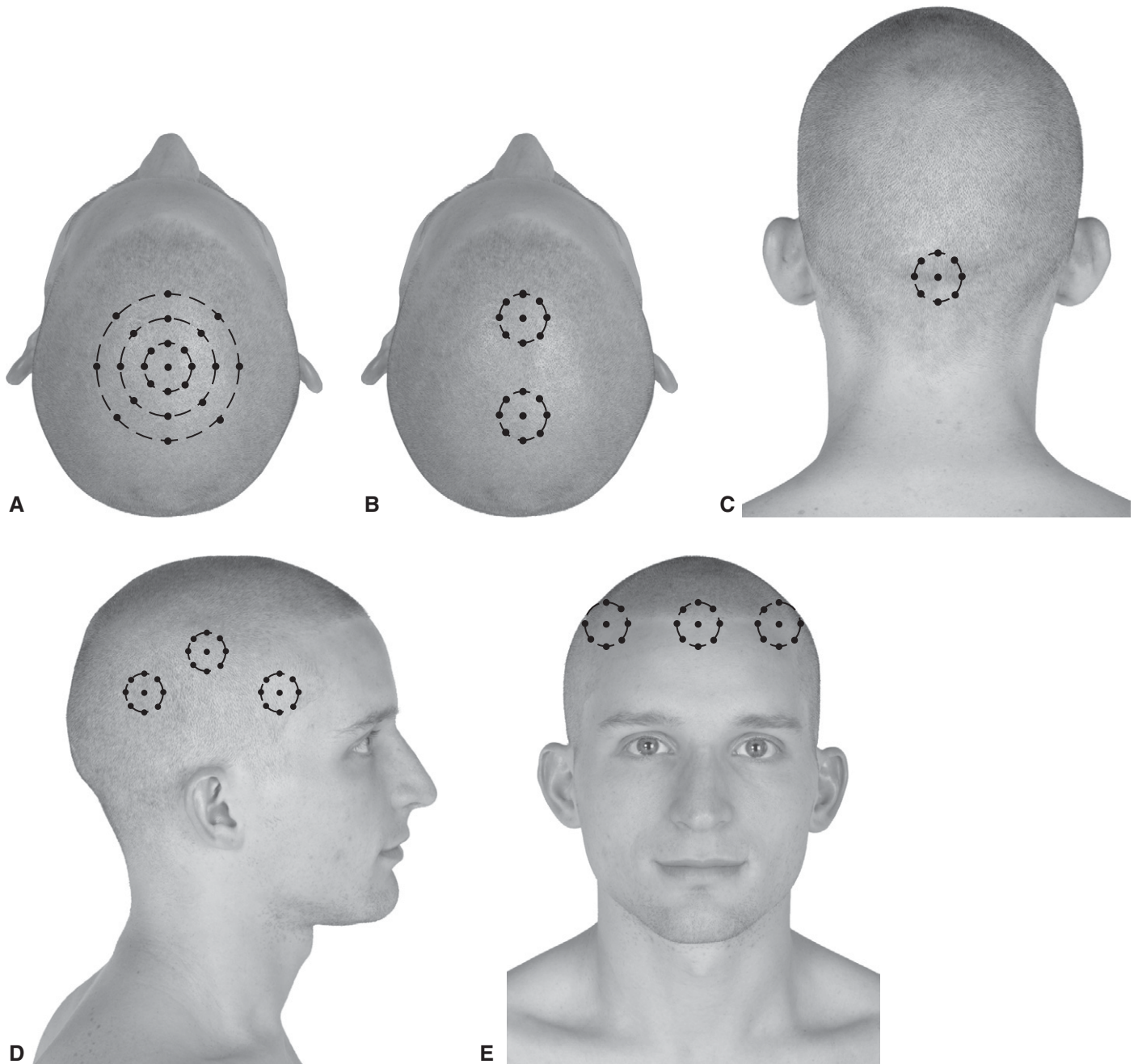


FIGURE 5-27 **A**, The small, medium, and large Ba Gua of Du 20 (Bai Hui) is the most common Ba Gua scalp acupuncture system used to treat paralysis. **B**, Anterior Ba Gua and posterior Ba Gua in the superior view of the scalp. **C**, External occipital protuberance Ba Gua in the occipital view of the scalp. **D**, SJ 20 (Jiao Sun) of superior-posterior Ba Gua, SJ 20 (Jiao Sun) of upper Ba Gua, St 8 (Tou Wei) to GB 7 (Qu Bin) Ba Gua from left to right in this figure. **E**, Du 24 (Shen Ting) Ba Gua in the middle of the forehead and St 8 (Tou Wei) Ba Gua bilaterally on the lateral corners of the forehead.

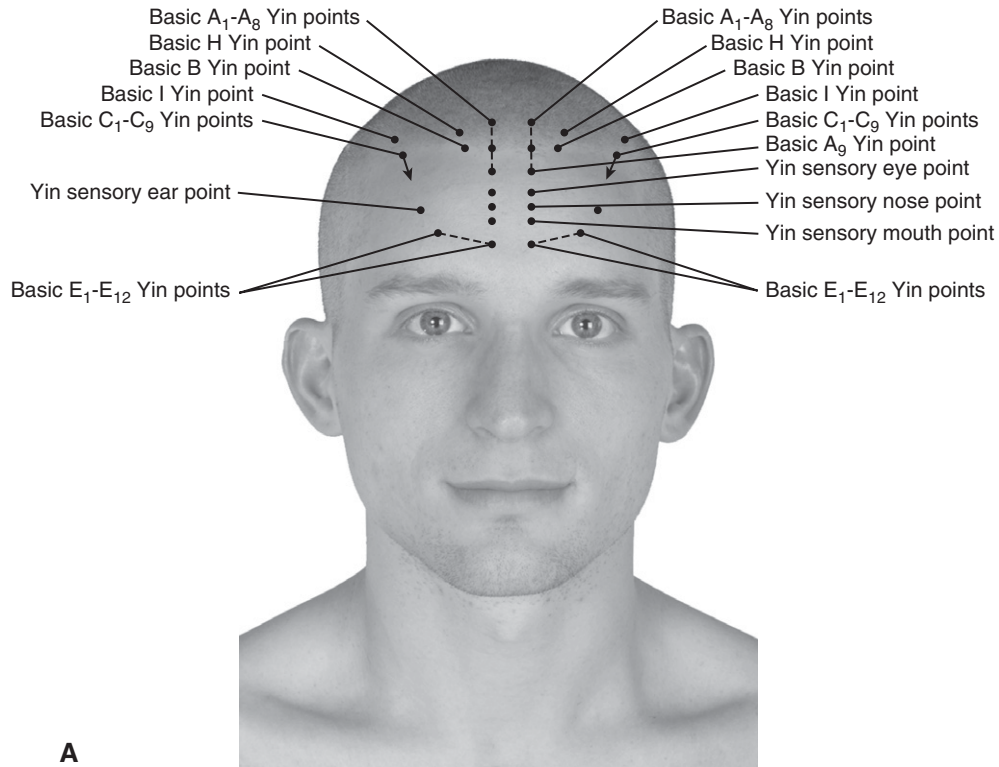
Yang basic B point: Only 0.7 mm lateral to the Yang basic A point due to the smaller area.

Indications: Treats all pain after injury or surgery, neck-shoulder-arm syndrome, shoulder pain due to arm fractures, and hemiplegia.

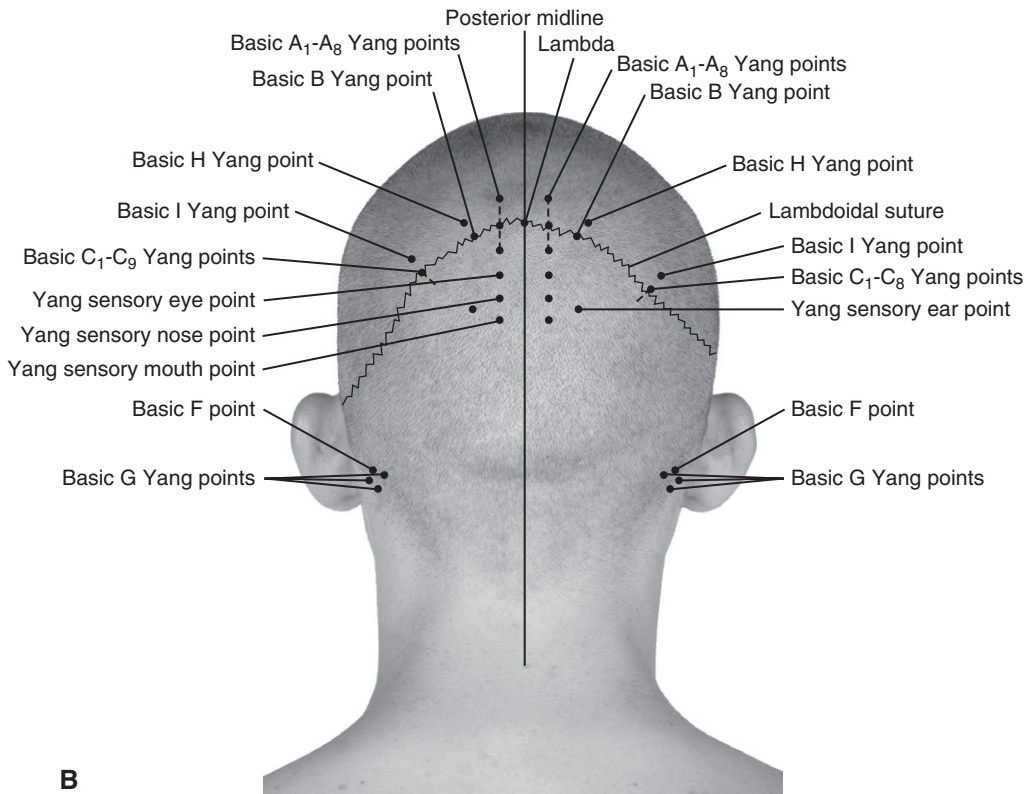
Basic C point

Location:

Yin basic C point: Approximately 2.5 cm bilateral to the basic B point or 4.5 cm bilateral to the midline. The basic C point can be subdivided into nine smaller parts for a line 2.0 cm in length. The basic C point line runs at a 45-degree angle from the bridge of the nose to the corner of the forehead. The basic C point represents the upper extremities followed by the upper arm, elbow, forearm, and hands.



A



B

FIGURE 5-28 A, Yamamoto New Scalp Acupuncture (YNSA) frontal Yin basic points and frontal sensory points. YNSA Yin basic points are located mainly along the frontal hairline on the forehead on either side of the midline. There are four Yin sensory organ points: the eye point, nose point, mouth point, and ear point. **B**, YNSA posterior Yang basic points and posterior sensory points. All of the Yin basic points are also reflected bilaterally in the occipital area as Yang points, except the basic F point. There are four Yang sensory organ points: the eye point, nose point, mouth point, and ear point. (Continued)

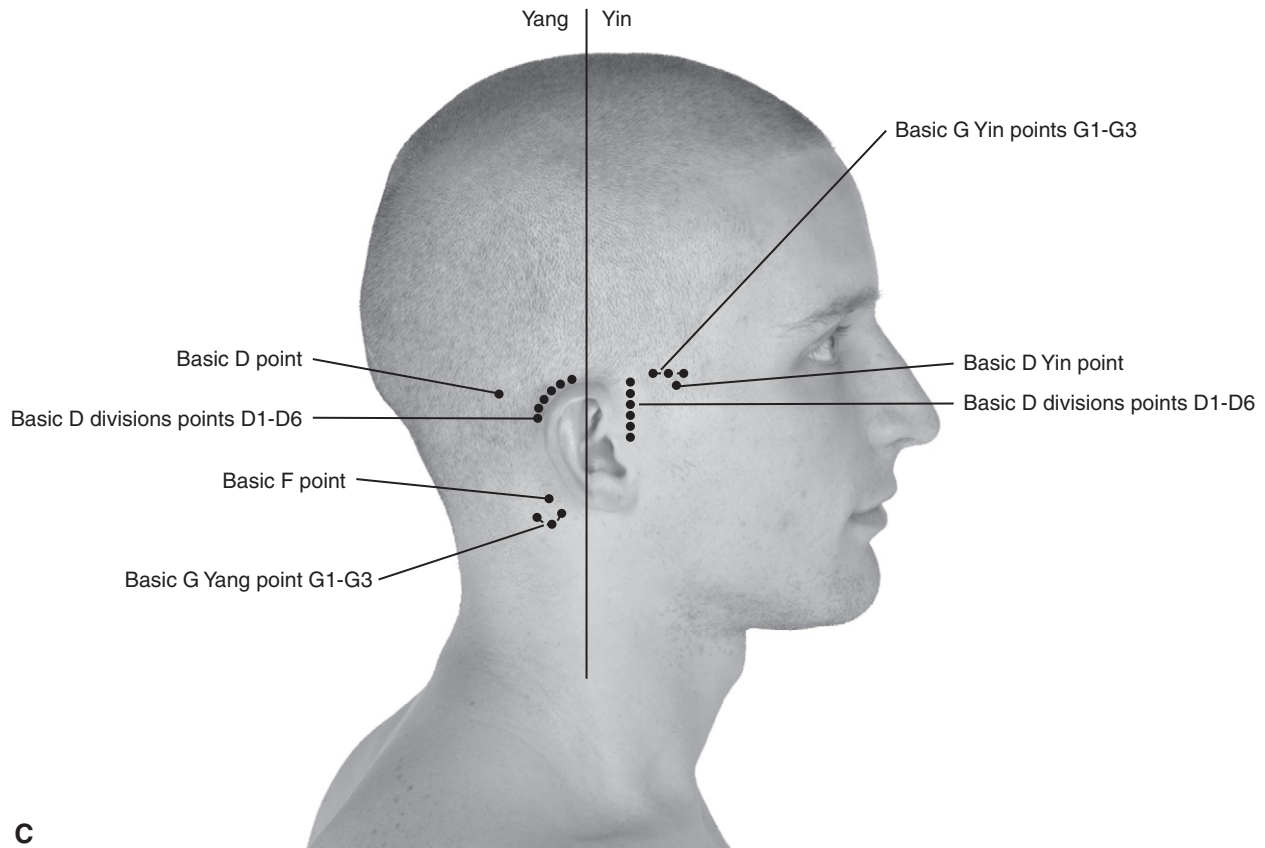


FIGURE 5-28, CONT'D C, YNSA lateral Yin and Yang basic points.

Yang basic C point: At the posterior scalp area with the same order.

Indications: Posttraumatic and postoperative pain, frozen shoulder, dislocation of the shoulder joint, sprained joints, fractures, rheumatoid arthritis, bursitis, tennis elbow, tenosynovitis, hemiplegia, paraplegia, Parkinson's disease, multiple sclerosis, paresthesias, and circulatory disturbances.

Basic D point

Location:

Yin basic D point: In the temporal region approximately 1.0 cm superior to the zygomatic arch and 2.0 cm anterior to the ear. The basic D point is bilateral. The divisions of the basic D point are D1 through D6 and are located similarly to a string of beads in a vertical line about 1.0 cm in length posterior to the basic D point and just anterior to the ear, superior to the temporomandibular joint region. The basic D point represents the entire lower part of the body, including the lumbar vertebrae and lower extremities. The basic D1 through D6 points represent the lumbar spine, sacrum, and coccyx. They are located in the same order as their anatomic positions. The basic D1 point represents the lumbar vertebrae, the basic D2 through D5 points represent lumbar vertebrae 2 through 5, and the basic D6 point represents the sacrum/coccyx area.

Yang basic D point: Located in the same manner over the sphenoid bone toward the edge of the temporal bone. The divisions D1 through D6 are not precisely reflected. These points are in a higher position just behind the ear in a slightly curved, more horizontal line 1.0 to 1.5 cm in length.

Indications: Treats all posttraumatic or postoperative pain and motor disturbances, such as herniated intervertebral disc, Raynaud's syndrome, neuralgia, rheumatism, arthritic muscle cramps, sciatica, hemiplegia, paraplegia, Parkinson's disease, multiple sclerosis, fractures and sprains, gout, and prostatic hypertrophy.

Basic E point

Location:

Yin basic E point: Located superior to the eyebrows starting approximately 1.0 cm lateral to the midline and 2.0 cm long. It is a 15-degree oblique line extending laterally. The basic E points are bilateral. The basic E point has 12 subdivisions and represents the thoracic vertebrae, the ribs and thoracic cavity, and the internal organs innervated by the thoracic nerves. The basic E1 point is the most superior and represents thoracic vertebra 1. The basic E12 point is closest to the nose.

Yang basic E point: Located in the occipital position.

Indications: Treats all posttraumatic or postoperative pain, such as intercostal neuralgia, herpes zoster, fractures, angina pectoralis, palpitations, asthma, dyspnea, and bronchitis.

Basic F point

Location: The Basic F point only has one Yang point, which is located bilaterally in the Yang area over the highest point of the mastoid process.

Indications: Sciatic nerve problems.

Basic G point

Location:

Yin basic G point: Located above the basic D point in the temporal region close to the anterior hairline. The basic G point is divided into three points located in a horizontal line.

Yang basic G point: Located around the mastoid process below the basic F point, and distributed in a triangle form. The basic G1 point is the most anterior, and it represents the medial aspect of the knee. The basic G2 point represents the frontal area of the knee, and the basic G3 point represents the lateral side of the knee.

Indications: Treats all types of posttraumatic pain of the knee joint and patella, such as bursitis, rheumatism, arthritis, patellar fracture, and sprains.

Basic H point

Location: The basic H point is present in the Yin and Yang positions. It is a supplemental point in addition to the basic D point to treat lumbar pain. It is located almost directly above the basic B point.

Indications: Same as the basic D point.

Basic I point

Location: The basic I point is present in the Yin and Yang positions. It is also a supplemental point in addition to the basic D point to treat lumbar pain. It is located 1.0 cm from the basic C point, extending at a 45 degree angle.

Indications: Same as the basic D point.

The nine basic points are mostly used to treat motor nerve dysfunctions, such as paralysis, hemiplegia, paraplegia, dysfunction, and pain caused by injury, surgery, inflammation, and pathological changes, such as tumors or herniated discs, and dysfunction of the internal organs.

Sensory points There are four sensory organ points:

1. Eye point
2. Nose point
3. Mouth point
4. Ear point

Location: Each sensory point represents a particular organ or anatomical structure. They are all located on the forehead below the anterior hairline. The Eye, Nose, and Mouth points are located directly below the basic A point in a vertical line approximately 1.0 cm from each other and 1.0 cm lateral to the midline. The Ear point is about 1.5 cm inferior to the basic C point on a 45-degree line between the basic C point and the bridge of the nose. All sensory points are also repeated in the occipital area as Yang representations.

Indications:

Eye point: All ophthalmic disturbances and pain, such as impaired vision, glaucoma, conjunctivitis, strabismus, and posttraumatic or postoperative pain and discomfort.

Nose point: All conditions affecting the nose, such as allergic conditions, rhinitis, sinusitis, nasal obstruction, nose bleeds, and posttraumatic or postoperative pain.

Mouth point: All conditions affecting the mouth, such as stomatitis, herpes, toothache, and aphasia.

Ear point: All auricular disturbances, such as tinnitus, deafness, and posttraumatic or postoperative pain.

The four sensory points are used to treat dysfunction, pain, injury, postoperative pain, and allergic conditions of the sensory organs.

Brain points There are three Brain points (Figure 5-29):

1. Cerebrum point
2. Cerebellum point
3. Basal Ganglia point

Location: Both the cerebrum and cerebellum points are located bilaterally 1.0 cm lateral to the anterior-posterior midline and directly above the basic A1 point. The basal ganglia point is located between the cerebrum and cerebellum points on the midline. All brain points are also present in the same manner in the occipital Yang area.

Indications: The three brain points can be used to treat many neurological diseases and disturbances, such as motor disturbances, hemiplegia, paraplegia, migraines, trigeminal neuritis, Parkinson's disease, multiple sclerosis, endocrine disturbances, vertigo, disturbed vision, tinnitus, aphasia, epilepsy, insomnia, depression, and psychological disturbances.

The brain points are valuable to acupuncturists as well as neurologists for a variety of conditions. These points are mainly used to treat central nervous system disorders.

Twelve Ypsilon points The 12 YNSA Ypsilon points represent the internal organs:

- Y1 Small Intestine
- Y2 Triple Heater
- Y3 Large Intestine
- Y4 Stomach
- Y5 Liver
- Y6 Spleen/Pancreas
- Y7 Gallbladder
- Y8 Kidney
- Y9 Bladder
- Y10 Lung
- Y11 Pericardium
- Y12 Heart

The Ypsilon points are a dense collection of points located in the temporal region. The foundation of the Ypsilon points theory is based in Oriental medical theory. The Ypsilon points must be determined in each patient and with every treatment by using the new, modified method of YNSA abdominal and neck diagnosis. YNSA Ypsilon points are all present in both the Yin and Yang regions of the temple area of the head. The Yang points are slightly lower than the Yin points. Ypsilon points are

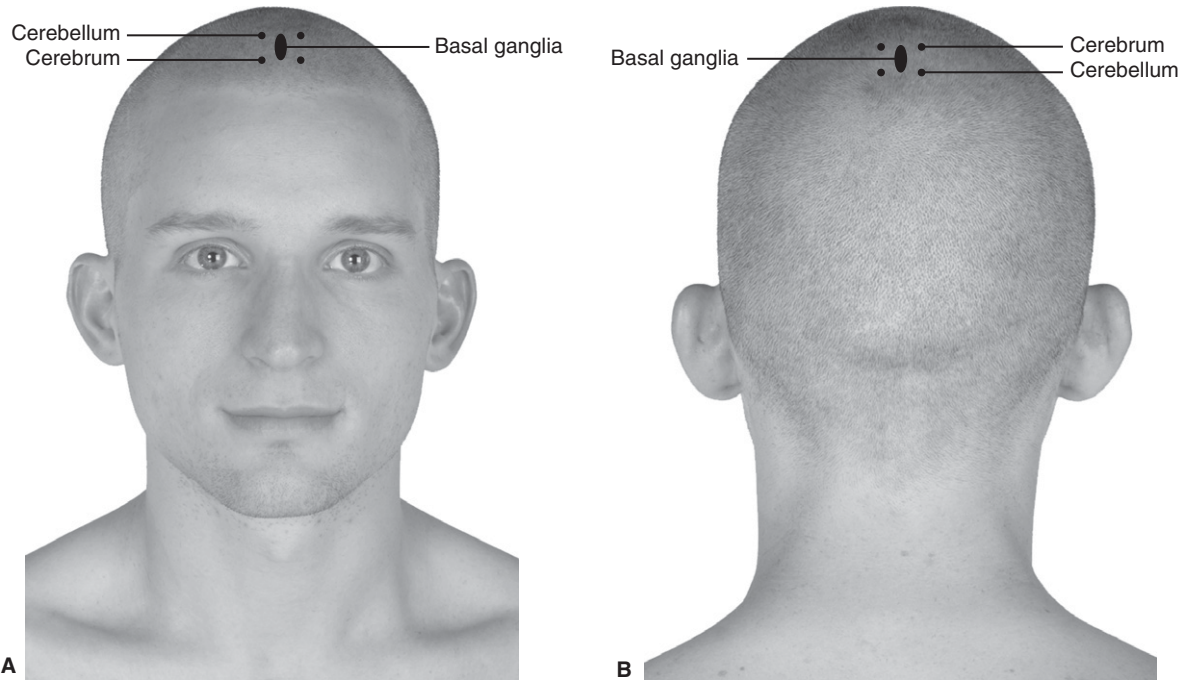


FIGURE 5-29 **A**, YNSA three Yin brain points: the cerebrum point, cerebellum point, and basal ganglia point. **B**, YNSA three Yang brain points: the cerebrum point, cerebellum point, and basal ganglia point.

used to treat dysfunction, disease, or imbalance of the internal organs, as well as motor disorders or disabilities.

Ypsilon point locations: The 12 Ypsilon points are located bilateral to the small area of the temporal region approximately in the region between the anterior and superior auricular muscles. A vertical line from both sides of the ear apex is divided into Y points with the frontal Yin Y points and the posterior Yang Y points. A slightly oblique horizontal line marks the border of the inferior strong Y points and the superior weak Y points in both the Yin and Yang positions, which results in four sections: lower frontal strong Yin, upper frontal weak Yin, lower posterior strong Yang, and upper posterior weak Yang (Figure 5-30).

Indications: Dysfunction of any internal organs, in addition to any motor, functional, or psychological disorders, such as headaches, migraines, trigeminal pain, facial palsy, chest pain, dyspnea, asthma, bronchitis, angina pectoris, and cardiac arrhythmia. Digestive problems, such as diarrhea, constipation, peptic ulcer, hepatitis, pancreatitis, and cholecystitis. Cerebral disturbances, such as hemiplegia, paralysis, cerebral palsy, and multiple sclerosis. Cervical, thoracic, lumbar, and coccygeal pains of various origins, and osteoporosis.

YNSA abdominal or neck diagnosis is essential before determining which Ypsilon point can be treated. Palpate all of the diagnostic areas or zones in the abdomen or neck for any pathological changes, such as tenderness, hardness, or swelling.

For more detailed information about neck and abdominal diagnosis, consult *Yamamoto New Scalp Acupuncture*, by Toshikatsu and Helene Yamamoto.

Head Meridian and Point

As early as the New Stone Age, people were using Bian Shi, a type of stone, to stimulate scalp areas to treat diseases or problems of the body. The *内经* *Nei Jing* has detailed records stating that the head is the intersection area of many meridians. The six Yang meridians of the hands and feet all travel up to the head. The six Yin meridians connect with the head directly or indirectly.

Many meridians and points are distributed on the head, along with being the collection areas for the Zang Fu, Qi, and blood. Therefore, stimulation of points on the head not only treats diseases of the head but also treats whole-body disease associated with the function and meridian connection. This theory directed clinical research and practice until the 1950s as scalp acupuncture therapy gradually developed. Scalp acupuncture is a further development of traditional Chinese medicine (Figure 5-31).

LOCATIONS AND INDICATIONS:

Points on the forehead

Du 24 (Shen Ting)

Location: 0.5 cun directly above the middle point of the anterior hairline.

Functions: Quiets the heart, calms the Shen, expels wind, opens orifices.

Indications: Headache, dizziness, anxiety, insomnia, tearing of the eyes, nasal congestion, sore throat, seizures, convulsions (children).

Du 23 (Shang Xing)

Location: 1 cun directly above the midpoint of the anterior hairline.

Functions: Expels wind, clears heat.

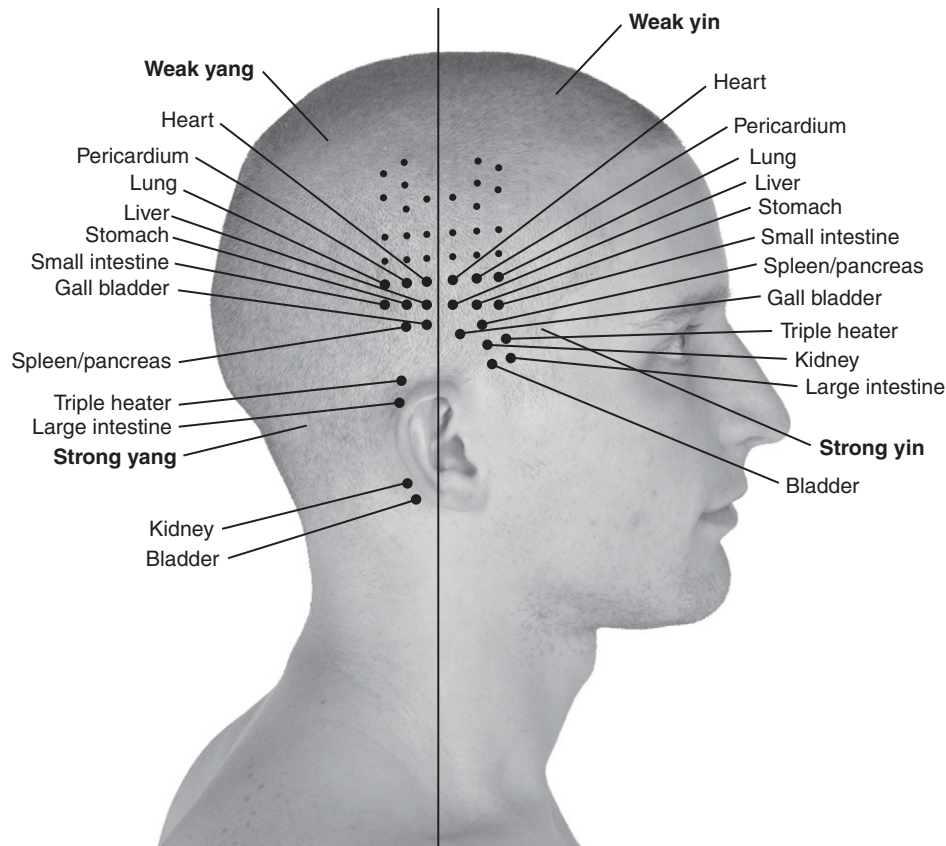


FIGURE 5-30 The Ypsilon points are a dense collection of points located in the temporal region. The Ypsilon points are based on Oriental medicine theory and represent the internal organs.

Indications: Headache, dizziness, eye pain, redness of the eyes, nasal congestion, nose bleeds, seizures, hysteria, convulsions (children), mental disorders.

UB 3 (Mei Chong)

Location: Directly above the medial end of the eyebrow, 0.5 cun within the anterior hairline.

Functions: Expels wind, clears heat.

Indications: Headache, dizziness, nasal congestion, seizures.

UB 4 (Qu Chai)

Location: 1.5 cun lateral to Du 24 (Shen Ting); one-third of the distance from Du 24 (Shen Ting) to St 8 (Tou Wei).

Functions: Expels wind, clears heat.

Indications: Headache, nasal obstruction, nose bleeds, blurred vision, failing vision.

UB 5 (Wu Chu)

Location: 1.5 cun lateral to the midline and 1 cun above the anterior hairline.

Functions: Expels wind, clears heat.

Indications: Headache, dizziness, nasal congestion, blurred vision, failing vision, seizures.

GB 13 (Ben Shen)

Location: 0.5 cun within the hairline of the forehead and 3.0 cun lateral to the midline.

Functions: Expels wind, clears heat, revives the spirit, opens orifices.

Indications: Headache, vertigo, blurred vision, seizures, stroke, paralysis, convulsions (children), hypochondriac area pain.

GB 15 (Tou Lin Qi)

Location: Directly above the pupil 0.5 cun posterior to the anterior hairline at the midpoint of the line connecting Du 24 (Shen Ting) and St 8 (Tou Wei).

Functions: Expels wind, clears heat, revives the spirit, opens orifices.

Indications: Headache, vertigo, painful eyes, seizures, coma, convulsions (children), nasal congestion, tearing eyes.

Points on the top of the head

Du 20 (Bai Hui)

Location: On the midline of the head at the intersection between the midline of the head and the connecting line between the two ear apices at the top of the head.

Functions: Opens orifices, revives the spirit, sedates the liver, extinguishes wind, raises Yang, rescues collapsed Qi.

Indications: Headache, dizziness, tinnitus, deafness, nasal obstruction, coma from stroke, paralysis, mental

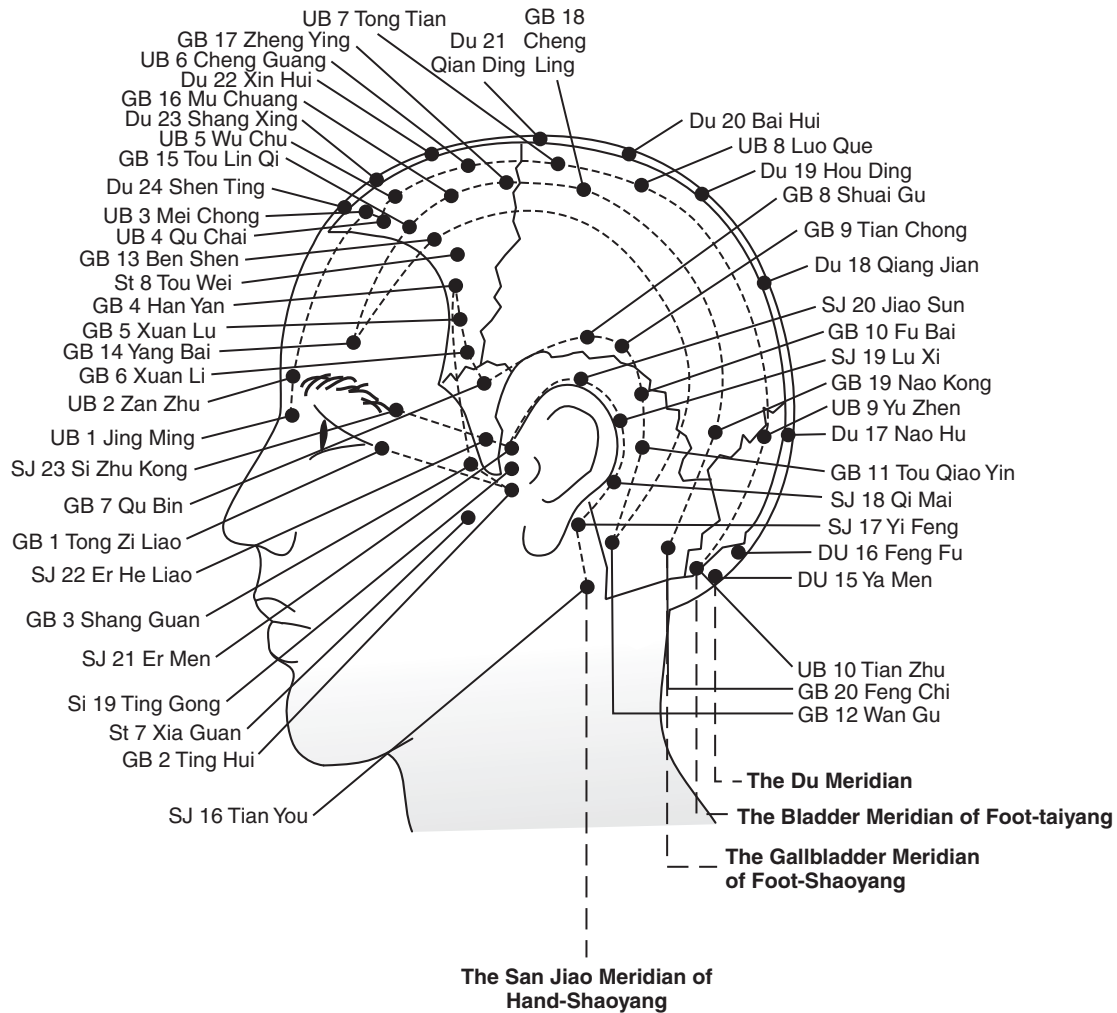


FIGURE 5-31 Macro-acupuncture standard meridians and points distributed on the head.

disorders, seizures, hysteria, insomnia, forgetfulness, rectal and uterine prolapse, incontinence, hemorrhoids, shock.

Du 21 (Qian Ding)

Location: 1.5 cun anterior from Du 20 (Bai Hui) on the midline of the head.

Functions: Expels wind, clears heat.

Indications: Headache, dizziness, nasal congestion, seizures, hysteria, insomnia, convulsions (children), edema.

Du 19 (Hou Ding)

Location: 1.5 cun posterior from Du 20 (Bai Hui) on the midline of the head.

Functions: Expels wind, clears heat.

Indications: Migraines, dizziness, common cold, insomnia, seizures, hysteria.

Si Shen Chong

Location: A group of four points at the vertex 1 cun anterior, posterior, left, and right, respectively, to Du 20 (Bai Hui) Qian Shen Chong, Hou Shen Chong, Zuo Shen Chong, and You Shen Chong.

Functions: Expels wind, clears heat.

Indications: Headache, dizziness, insomnia, seizures, convulsions (children).

Du 22 (Xin Hui)

Location: 1.5 cun anterior from Du 21 (Qian Ding) on the midline of the head.

Functions: Expels wind, clears heat.

Indications: Headache, dizziness, nasal congestion, anosmia, convulsions (children).

UB 7 (Tong Tian)

Location: 1.5 cun lateral and 1 cun anterior from Du 20 (Bai Hui).

Functions: Expels wind, clears heat.

Indications: Headache, dizziness, nasal congestion, nose bleeds, deviation of the mouth and eye, paralysis.

UB 8 (Luo Que)

Location: 1.5 cun posterior to UB 7 (Tong Tian) and 1.5 cun lateral to the Du meridian.

Functions: Expels wind, clears heat.

Indications: Headache, dizziness, nasal congestion, tinnitus, blurred vision.

GB 16 (Mu Chuang)

Location: 1.5 cun posterior to GB 15 (Tou Lin Qi) and on the line connecting GB 15 (Tou Lin Qi) and GB 20 (Feng Chi).

Functions: Expels wind and wind dampness, clears heat.

Indications: Headache, eye pain, nasal congestion, facial edema, convulsions.

GB 17 (Zheng Ying)

Location: 1.5 cun posterior to GB 16 (Mu Chuang) and on the line connecting GB 15 (Tou Lin Qi) and GB 20 (Feng Chi)

Functions: Expels wind, clears heat.

Indications: Headache, stiffness of the neck, vertigo, toothache, vomiting.

GB 18 (Cheng Ling)

Location: 1.5 cun posterior to GB 17 (Zheng Ying) and on the line connecting GB 15 (Tou Lin Qi) and GB 20 (Feng Chi).

Functions: Expels wind, clears heat.

Indications: Headache, dizziness, nasal congestion, nose bleeds, common cold, blurred vision.

Points on the back of the head**Du 15 (Ya Men)**

Location: 0.5 cun directly above the midpoint of the posterior hairline in the depression below the spinous process of the first cervical vertebrae.

Functions: Expels wind, clears heat, revives the spirit, opens orifices.

Indications: Headache, stiffness of the neck, mental disorders, epilepsy, deafness, muteness, sudden hoarseness of the voice, stiffness of the tongue, aphasia, hysteria, paralysis.

Du 16 (Feng Fu)

Location: 1 cun directly above the midpoint of the posterior hairline and directly below the external occipital protuberance.

Functions: Expels phlegm, clears heat, revives spirit, opens orifices.

Indications: Headache, neck rigidity, vertigo, blurred vision, nose bleeds, sore throat, coma, aphasia, hemiplegia, mental disorders, hysteria, convulsions (children).

Du 17 (Nao Hu)

Location: On the midline of the head, 1.5 cun directly above Du 16 (Feng Fu) superior to the external occipital protuberance.

Functions: Expels wind, clears heat.

Indications: Headache, stiffness of the neck, vertigo, insomnia, seizures.

Du 18 (Qiang Jian)

Location: On the midline of the head 1.5 cun directly above Du 17 (Nao Hu) midway between Du 16 (Feng Fu) and Du 20 (Bai Hui).

Functions: Expels wind, clears heat.

Indications: Headache, neck rigidity, blurred vision, seizures.

UB 9 (Yu Zhen)

Location: 1.5 cun lateral to Du 17 (Nao Hu) on the lateral side of the superior border of the external occipital protuberance.

Functions: Expels wind, clears heat.

Indications: Headache, dizziness, blurred vision, nasal obstruction.

UB 10 (Tian Zhu)

Location: 1.3 cun lateral to Du 15 (Ya Men) in the depression on the lateral aspect of the trapezius muscle.

Functions: Expels wind, clears heat.

Indications: Headache, neck rigidity, vertigo, nasal obstruction.

Shang Tian Zhu

Location: Midpoint between Du 16 (Feng Fu) and GB 20 (Feng Chi).

Functions: Softens hardness, releases congestion, brightens the eyes

Indications: Treats hyperthyroid conditions.

GB 9 (Tian Chong)

Location: Directly above the posterior border of the auricle 2 cun within the hairline about 0.5 cun posterior to GB 8 (Shuai Gu).

Functions: Expels wind, clears heat.

Indications: Headache, vertigo, toothache, seizure, hyperthyroid.

GB 10 (Fu Bai)

Location: Posterior and superior to the mastoid process midway on the curved line drawn from GB 9 (Tian Chong) to GB 11 (Tou Qiao Yin).

Functions: Expels wind, clears heat.

Indications: Headache, neck rigidity, tinnitus, deafness, hyperthyroidism.

GB 11 (Tou Qiao Yin)

Location: Posterior and superior to the mastoid process on the line connecting GB 10 (Fu Bai) and GB 12 (Wan Gu).

Functions: Expels wind, clears heat.

Indications: Headache, stiffness of the neck, eye pain, tinnitus, deafness, sore throat, chest and hypochondriac area pain, hypothyroidism.

GB 12 (Wan Gu)

Location: In the depression posterior and inferior to the mastoid process level with Du 16 (Feng Fu).

Functions: Expels wind, clears heat.

Indications: Headache, stiffness of the neck, swelling of the cheek and face, ear pain, tinnitus, deafness, sore throat, toothache, mouth and eye deviation, blurred vision, seizures.

GB 19 (Nao Kong)

Location: Directly above GB 20 (Feng Chi) at the level of Du 17 (Nao Hu).

Functions: Expels wind, clears heat, benefits the ears, brightens the eyes.

Indications: Headache, dizziness, stiffness of the neck, tinnitus, blurred vision, seizures, mental disorders.

GB 20 (Feng Chi)

Location: In the depression between the upper portion of the sternocleidomastoid muscle and the trapezius muscle on the same level as Du 16 (Feng Fu).

Functions: Expels wind, clears heat, benefits the ears, brightens the eyes, strengthens the brain, calms the Shen.

Indications: Headache, dizziness, stiffness of the neck, tinnitus, deafness, nasal obstruction, nose bleeds, cold, insomnia, poor memory, seizures, mental disorders, paralysis.

SJ 18 (Qi Mai)

Location: In the center of the mastoid process at the junction of the middle and lower third of the curve formed by SJ 17 (Yi Feng) and SJ 20 (Jiao Sun) posterior to the helix.

Functions: Expels wind, clears heat.

Indications: Headache, tinnitus, deafness, blurred vision, redness of the eyes, convulsions (infants).

SJ 19 (Lu Xi)

Location: Posterior to the ear at the junction of the upper and middle third of the curve formed by SJ 17 (Yi Feng) and SJ 20 (Jiao Sun) behind the helix.

Functions: Expels wind, clears heat.

Indications: Headache, tinnitus, deafness, ear pain, blurred vision, convulsions (infant).

Points on the temple of the head**ST 8 (Tou Wei)**

Location: 0.5 cun within the anterior hairline at the corner of the forehead 4.5 cun lateral to the midline of the anterior hairline.

Functions: Expels wind, stops pain, clears heat, brightens the eyes.

Indications: Headache, dizziness, deviation of the mouth and eye, facial pain, face muscle spasm, blurred vision, eye pain, seizures.

SJ 20 (Jiao Sun)

Location: Directly superior to the ear apex within the hairline.

Functions: Expels wind, clears heat, brightens the eyes.

Indications: Headache, ear pain, redness and swelling of the ear, toothache, redness of the eyes.

GB 8 (Shuai Gu)

Location: Superior to the apex of the auricle 1.5 cun within the hairline.

Functions: Expels wind, clears heat.

Indications: Migraine, vertigo, tinnitus, deafness, blurred vision.

GB 7 (Qu Bin)

Location: Directly above the posterior border of the pre-auricle hairline about 1 fingerbreadth anterior to SJ 20 (Jiao Sun).

Functions: Expels wind, clears heat.

Indications: Migraine, face pain, deviation of the mouth and eye, tightness of the teeth, tinnitus, pain in the temporal region, convulsions (infants).

GB 6 (Xuan Li)

Location: Within the hairline at the junction of the lower one-quarter and upper three-quarters of the distance between ST 8 (Tou Wei) and GB 7 (Qu Bin).

Functions: Expels wind, clears heat.

Indications: Migraine, face pain, tinnitus, blurred vision, redness and swelling of the eyes, insomnia.

GB 5 (Xuan Lu)

Location: Within the hairline of the temporal region midway between ST 8 (Tou Wei) and GB 7 (Qu Bin).

Functions: Expels wind, clears heat.

Indications: Migraine, toothache, swelling of the face, nose bleeds, blurred vision, redness and swelling of the eyes, insomnia.

GB 4 (Han Yan)

Location: Within the hairline of the temporal region at the junction of the upper one-quarter and the lower three-quarters of the distance between ST 8 (Tou Wei) and GB 7 (Qu Bin).

Functions: Expels wind, clears heat.

Indications: Migraine, vertigo, tinnitus, nasal congestion, nasal obstruction, deviation of the mouth and eye, blurred vision, seizures, convulsions.

Scalp Acupuncture Therapy**Principles of Point Selection**

The principles of point selection are based on the diseased area, the symptoms, and the differential diagnosis.

1. Select a point from the diseased area. This scalp acupuncture prescription is mainly based on the Western medical diagnosis. For example: for an eye disease, choose a point from the vision area; for a stomach problem, choose the stomach area. Based on this principle, scalp acupuncture systems mostly focus on central nerve disorders; therefore the new stimulation area of the cerebral cortex, stimulation area of the cerebral cortex, head imaging scalp acupuncture, or the International Standard of Nomenclature for Scalp Acupuncture can be used. For example:

- A. If the patient has a cerebral disease causing paralysis, we will choose the motor area and the sensory area in the clinic. If using the International Standard of Nomenclature for Scalp Acupuncture, we will focus on the vertex-temporal anterior oblique line and vertex-temporal posterior oblique line.
- B. For the patient who has aphasia caused by a cerebral central nervous system disorder, the disease is usually located on Broca's area, the superior temporal gyrus, or the angular gyrus of the inferior parietal lobule, causing the patient to have motor aphasia, nominal aphasia, or sensory aphasia. Choose the Jiao scalp acupuncture's lower fifth of the motor area, speech 3 and speech 2, in the clinic.
- C. For seizure conditions, choose points based on electroencephalogram (EEG) readings to locate the diseased area and choose the correct scalp stimulation region. For example, if the patient has a seizure due to frontal lobe damage, choose the point on the middle line of the forehead, line 1 lateral to the forehead, line 2 lateral to the forehead, and line 3 lateral to the forehead of the ISNSA system. If the patient's seizures are located on the vertex, choose an area on the vertex middle line or therapeutic zone scalp acupuncture on the section of the vertex line. If the patient's seizures are located in the temporal area, choose the vertex-temporal anterior oblique line and the vertex-temporal posterior oblique line. If the seizures are located in the occipital lobe, choose the upper-middle line of occiput, upper-lateral line of occiput, and lower-lateral line of occiput.

The practitioner can also use a computed tomography (CT) scan or magnetic resonance imaging (MRI) to locate the diseased area and choose scalp acupuncture to stimulate the surface of the scalp. Point selection is not only based on the Western medical diagnosis but also on the brain's function and the relationship to blood circulation. For example, if the patient has paralysis due to a brain disorder, not only choose points on the motor area and sensory area, but also choose

the new stimulation area for the cerebral cortex function and use three needles at the temple, as well as five needles at the forehead. This is because the damage is not only on the precentral gyrus and postcentral gyrus but also on the frontal lobe and temporal lobe of the brain.

2. Select a point based on the differential diagnosis. This scalp acupuncture prescription is based on the patient's symptoms and on an analysis using Chinese meridian theory or the Zang Fu theory of differential diagnosis.

A. Meridian theory: According to the diseased area, find a meridian pathway or a related meridian with a scalp acupuncture stimulation area zone and line. For example, if the patient has acute low back pain, this belongs to the Du meridian and the foot Taiyang meridian, so the prescription will include upper-middle line of occiput and upper-lateral line of occiput. If the patient has heel pain, this is related to the foot Shaoyang meridian, so choose the foot Shaoyang GB 20 (Feng Chi) as the stimulation area. There are many relationships between the meridians, and scalp acupuncture uses the meridian distribution, energy, and blood flow to select points. Therefore, if the patient has a mouth ulcer, it belongs to the hand Shaoyin heart meridian or the foot Shaoyin kidney conditions. For scalp acupuncture, choose the foot Taiyang bladder meridian UB 10 (Tian Zhu) as the treatment point because the foot Shaoyin and Taiyang meridians have an external/internal relationship. The foot Shaoyin kidney meridian also has a branch connecting with the hand Shaoyin heart meridian.

B. Zang Fu function: Choose a point from the scalp acupuncture system based on Zang Fu function. For example, the heart governs the blood vessels and spirit, but also opens to the tongue. So if a disease is associated with the blood vessels, is associated with a mental condition, or is located on the tongue, we will choose a point associated with the heart, such as using Jiao scalp acupuncture, thoracic area; Fang scalp acupuncture, upper Jiao area; Tang scalp acupuncture, heart area; or Zhu scalp acupuncture, front-vertex zone 2 area. In the ISNSA system, choose the forehead lines.

Based on the relationship between the Zang Fu, choose a point on the scalp. For example, kidney water can nourish liver wood, so kidney Yin deficiency can cause liver Yang rising. People will present with dizziness, vertigo, low back pain, and tinnitus. This is mostly seen in patients with a hypertension condition, so choose line 3 lateral to forehead to tonify the kidney and line 2 lateral to forehead (ISNSA) to sedate the liver.

3. Select a point based on the symptoms. Choose a scalp stimulation area that has specific results for specific symptoms. For example, in Zhu scalp acupuncture the posterior vertex zone is a clinical experimental area for treating shoulder pain, and the anterior vertex zone is a clinical experimental area for treating sciatic nerve pain, lumbar pain, and leg pain. Select these points for a patient with hip or sciatic nerve pain or frozen shoulder. For a patient with vertigo, choose the vertigo and hearing area. Choose the chorea and tremor control area for tremors in the Jiao system. In Tang scalp acupuncture, most of the stimulation area names have corresponding

organs, so to select points based on symptoms, choose directly from the disease condition. For example, for sore throat, choose the pharynx-larynx area; for anterior shoulder pain, choose the Yin shoulder line; for posterior shoulder pain, choose the Yang shoulder line; for palpitations, choose the heart; for difficult urination, choose the urogenital area; and for difficulty speaking, choose the speech intelligence area.

4. Select a point on the contralateral side of the head if the disease is unilateral. If the disease is bilateral, needle the points bilaterally. Select the point on both sides of the head if the disease is of the internal organs or for those that are difficult to distinguish.

Indications

Scalp acupuncture is widely used clinically for dysfunctions of the respiratory, vascular, digestive, reproductive, endocrine, immune, and neurological systems in the treatment of over 100 different diseases. It has been proven to be especially useful in the treatment of central nervous system (CNS) disorders, pain control, and acute conditions.

1. Scalp acupuncture can adjust the function of the cerebral cortex, thus improving the circulation of the brain and vascular system. It can improve motor function, improve speech function for rehabilitation, improve associated signs and symptoms, and speed up the healing process. It is used for CNS disorders such as intercerebral hemorrhage, cerebral embolisms, cerebral vascular occlusions, encephalitis, meningitis, cortical incontinence with frequent urination, paralysis, aphasia, sequelae of brain injury, sequelae of encephalitis, seizures, chorea, and Parkinson's disease.
2. Scalp acupuncture can adjust the excitatory state and inhibitory state functions of the cerebral cortex. It can improve mental function, improve symptoms, and recover normal thinking activity of the cerebrum. It is used for schizophrenia, hysteria, depression, menopause, senile dementia, and Down's syndrome.
3. Scalp acupuncture can effectively stop pain and stop itching. It can improve clinical symptoms to help recover normal sensory functions. It is used for pain conditions such as headache, trigeminal neuralgia, neck pain, shoulder pain, lumbar and back pain, sciatic pain, gallbladder pain from infection, stomach pain, and dysmenorrhea. Also, scalp acupuncture can be used for skin conditions such as itchy skin, contact dermatitis, nervous dermatitis, multiple neuritis, and eczema.
4. Scalp acupuncture can adjust functional disorders of corticovisceral syndrome. It is used for high blood pressure, coronary heart disease, seizures, sexual dysfunction, irregular menses, vomiting, irritable bowel syndrome, and alopecia.

Techniques

ACUPUNCTURE NEEDLE THERAPY:

Needle insertion Needles should be 1 to 1.5 cun in length, 30 to 34 gauge filiform needles for most conditions. For a child, use 0.5 cun needles to insert. For people with weakness conditions,

use a 1 cun needle. There are two important steps for needle insertion: the initial insertion and then pushing the needle farther into the scalp tissue.

Rapid insertion Use the thumb and index finger of one hand to hold the needle with a cotton ball 0.5 cm from the needle tip or insert the needle aided by the thumb of the pressing hand. Follow the stimulation area direction. Hold the needle and quickly insert it into the skin to the subaponeurotic tissue with a 15- to 30-degree angle of insertion.

Rapidly pushing the needle in After the needle has been inserted into the scalp or the subaponeurotic tissue, follow the stimulation area, quickly pushing the needle in to the appropriate depth. When pushing in the needle, two methods may be employed:

1. *One hand:* After the needle has been inserted into the subaponeurotic tissue, use the thumb and index finger of one hand to hold the lower part of the needle handle and push the needle in the direction of the stimulation area.
2. *Two hands:* Use the thumb and index finger of one hand to hold the lower part of the needle handle, and use the thumb and index finger of the other hand to gently hold the scalp around the area where the needle was inserted to prevent bending the needle upon insertion and to relieve pain. Hold the needle and quickly push it in to the appropriate depth. If during the needle insertion the patient feels a lot of pain that indicates the needle came in contact with hair follicles, blood vessels, or nerves. Proper needle insertion should be painless for the patient and feel smooth to the practitioner.

Manipulation There are six techniques for manipulation:

Technique of twirling and rotating the needle. This technique consists of twisting the needle but not thrusting and lifting it. The needle can be rotated up to 200 times per minute, for 2 to 3 minutes. During rotation, hold your shoulder, elbow, wrist, and thumb stable and in a relaxed position. Bend your index finger and grasp the needle with the distal interphalangeal joint of the index finger and the thumb. Quickly twist the needle in a forward and backward direction. With manipulation, the patient will usually experience a Qi sensation, which may last for only 5 to 10 minutes. After this time, the manipulation will need to be repeated three to four times to complete a treatment.

Technique of thrusting and lifting. Use your left hand to hold the area you want to stimulate and your right hand to hold the needle. Hold the needle with the thumb and index finger with the needle at a 15° to 30° angle to the scalp for the following techniques.

1. *False lifting:* With this technique, you will tug on the needle as if to pull it outward, but the tension of the scalp will prevent the needle from moving more than 1 fen (0.1 cun). Repeat several times until a tight sensation is felt under your fingers.
2. *False thrusting:* With this technique, you gently push the needle, as if to thrust it in farther, but the resistance of the scalp prevents the needle from moving forward more than 1 fen (0.1 cun). Repeat this technique until a tight sensation is felt under your fingers.

After attaining the Qi sensation, manipulate the needles for 3 to 5 minutes, and retain needles for 24 to 48 hours if necessary.

Technique of reinforcing and reducing with direction of needle tip. To reinforce, the needle should be inserted in the direction of the line or Meridian as in the macro acupuncture system. To sedate, insert the needle against the direction of the line or meridian. For example:

1. For the frontal midline, remember that the Du meridian flows from the spine to the vertex and ends at the nose. To tonify, insert the needle at Du 24 (Shen Ting), pushing the needle down to the forehead following the meridian direction. To sedate, insert from the anterior hairline, pushing the needle up to the vertex against the meridian.
2. For the vertex midline, the line meets the Du meridian at the vertex area and the Du meridian flows from the spine to the vertex and ends at the nose. To tonify, insert the needle from Du 20 (Bai Hui) forward to Du 21 (Qian Ding), pushing the needle along the meridian. To sedate, insert the needle from Du 21 (Qian Ding) backward to Du 20 (Bai Hui), pushing the needle against the direction of the meridian.

This technique can also be used on ISNSA and Zhu scalp acupuncture systems. It is important to decide which direction along the meridian to direct the needle.

Technique of reinforcing and reducing with slow or rapid insertion. This method is adapted from the macro-acupuncture technique that uses slow or rapid insertion with heavy or gentle manipulation and withdrawal.

1. *Tonification:* Slowly but forcefully insert the needle into the subaponeurotic tissue with heavy pressure on the scalp point. Divide the therapeutic area into three portions. Use heavy pressure and gentle lifting technique on the first portion until Qi arrives. Then, push the needle into the second and third portions using the same manipulation as in the first step. Withdraw the needle quickly and close the hole with a cotton ball. This technique can be repeated several times.
2. *Sedation:* Divide the therapeutic area into three portions. Quickly insert the needle to the last depth of the subaponeurotic tissue and then slowly and forcefully lift the needle up so that the needle-point area on the scalp will visibly become a small bump due to the needle lifting up. Lift the needle to the second and first portion and manipulate the same way. The technique can be repeated several times before the needle is withdrawn completely. For the sedation technique, the needle should be withdrawn with the needle hole left open.

Technique of vibration. For this technique, insert the needle into the scalp and push the needle into the subaponeurotic tissue to 1 cun deep. Manipulate the needle to elicit Qi, and retain for 1 minute. Then lift the needle up one-third and use gentle rotation with lifting and thrusting. Manipulate the needle with vibration nine times. Manipulate the needles every 3 to 5 minutes.

Techniques of comprehensive tonification and sedation. This technique is a combination of lifting and thrusting techniques. Insert the needle slow or fast. Insert the needle with the point against the meridian or follow the meridian. Insert and withdraw the needle with the scalp point hole open or closed.

1. *Comprehensive tonification:* Insert the needle into the scalp and push the needle to subaponeurotic tissue and then

divide this layer into three distances. Every part will be an average of 4 fen, and every part will use the heavy pressure and gentle lifting technique up to nine times. This technique can be repeated several times. Then, retain the needle for 30 minutes, withdraw the needle quickly, and close the needle hole.

2. **Comprehensive sedation:** Insert the needle into the scalp from anterior to posterior or superior to inferior direction. Quickly push the needle into subaponeurotic tissue and then divide into three portions. Every part will be 0.3 to 0.5 cun and use the heavy lifting and gentle pressure technique six times. Then retain the needle for 30 minutes in the last 0.4 cun distance. This technique can be repeated several times. Withdraw the needle and keep the hole open. In addition, during the period when the needle is being retained, you can use six auxiliary techniques to increase the meridian energy, such as vibration, shaking, and pressure techniques.

Multiple needle insertions Multiple needle insertions require needling the stimulation point or area on the scalp using two or more needles.

Scalp acupuncture against insertion technique. This is performed with opposite insertion from up to down or anterior to posterior using two needles. For example:

Up and down against insertion. This technique is mostly used on the forehead area. On the frontal midline, insert the needle on Du 24 (Shen Ting), pushing from up to down, and with another needle inserted from the anterior hairline, push from down to up. The two needles are inserted in opposite directions. Line 1 lateral to the forehead, line 2 lateral to the forehead, and line 3 lateral to the forehead can all be used with this technique (Figure 5-32).

Anterior and posterior against insertion. To insert on the midline of the vertex, insert a needle from Du 21 (Qian Ding) and push backward to Du 20 (Bai Hui), and insert another needle from Du 20 (Bai Hui), pushing forward to Du 21 (Qian Ding). The two needles are pushed toward each other. Line 1 lateral to the

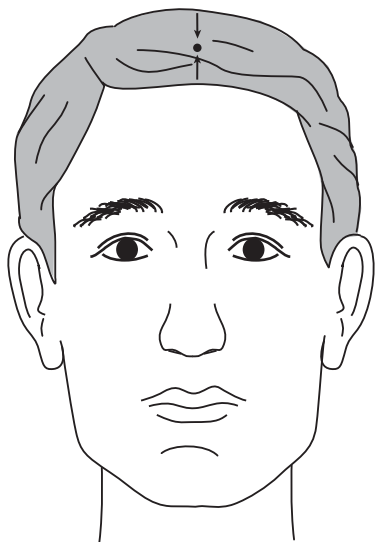


FIGURE 5-32 Scalp acupuncture up and down against insertion technique.

vertex and line 2 lateral to the vertex can also be used with this technique (Figure 5-33).

The principle of scalp needle against insertion is that the two needles are inserted toward each other, but it is not required that the needle tips touch.

Y Shape Needle Insertion. Use three needles to form the shape of a Y. One needle is inserted toward Du 20 (Bai Hui) from back to front. Two additional needles are inserted 1 cun anterior and 0.5 cun lateral to Du 20 (Bai Hui). Insert toward Du 20 (Bai Hui). The three needles will look like the letter “Y.” The purpose is to increase needle sensation (Figure 5-34).

Across needle insertion

Across needle insertion means insert two needles in two different meridians.

Across insertion from the midline of the vertex and the anterior oblique line of the vertex-temporal. Use two needles across insertion. With one needle, insert from Du 21 (Qian Ding), pushing backward to Du 20 (Bai Hui). Another needle should be inserted from the point of Qian Shen Chong, pushing along the anterior oblique line of the vertex-temporal. These two needles will form a cross on the scalp (Figure 5-35).

Across insertion from the anterior oblique line of the vertex-temporal to the posterior oblique line of the vertex-temporal. This technique uses four needles to work with these two lines. Starting at Qian Shen Chong, insert the first needle into Du 20 (Bai Hui). Then along the anterior oblique line of the vertex-temporal, locate the upper one-third

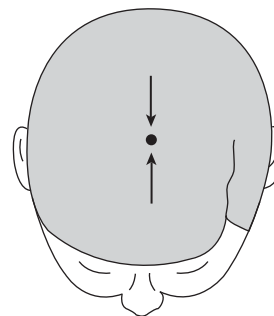


FIGURE 5-33 Scalp acupuncture anterior and posterior against insertion technique.

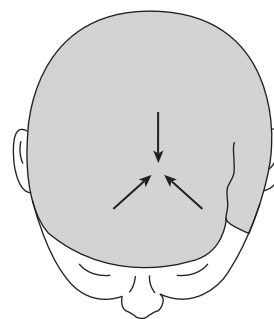


FIGURE 5-34 Scalp acupuncture Y shape insertion.

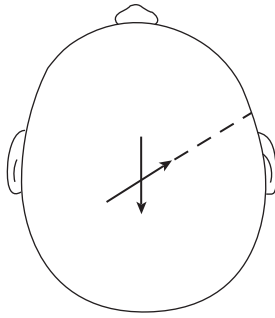


FIGURE 5-35 Scalp acupuncture across insertion technique from the midline of the vertex to the anterior oblique line of the vertex-temporal.

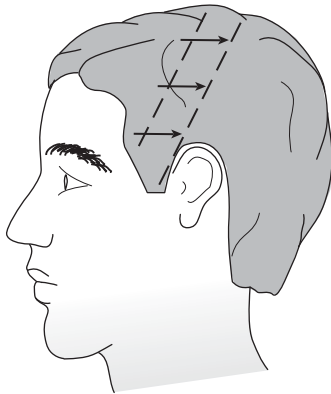


FIGURE 5-36 Scalp acupuncture across insertion technique from the anterior oblique line of the vertex-temporal to the posterior oblique line of the vertex-temporal.

point on this line. Insert the second needle starting at the upper one-third point to the posterior oblique line of the vertex-temporal. Then insert the third needle, from the midpoint on the anterior oblique line of the vertex-temporal posterior toward the posterior oblique line of the vertex-temporal. The last needle will be inserted from the lower two-thirds point on the anterior oblique line of the vertex-temporal posterior toward the posterior oblique line of the vertex-temporal (Figure 5-36).

Connecting power insertion. This technique is used on the anterior oblique line of the vertex-temporal and the posterior oblique line of the vertex-temporal and uses multiple-needle insertions. It can also be used on Jiao scalp acupuncture systems. Use three same-sized filiform needles and insert from the starting point of the line, such as from Du 21 (Qian Ding), and divide the whole area into three equal parts. Insert the needles from the starting point of the first and second one-third points, and push the needles from up to down to connect with each other for the purpose of connecting power to increase local energy (Figure 5-37).

Needle group insertion. Needle group insertion is divided into two parts: the Qi Ci technique and the Yang Ci technique.

Qi Ci technique. Use three needles with close insertion to the same scalp point or treatment line. Use for the middle line of



FIGURE 5-37 Scalp acupuncture connecting power insertion technique used on the anterior oblique line of the vertex-temporal and the posterior oblique line of the vertex-temporal with multiple needle connecting power insertions.

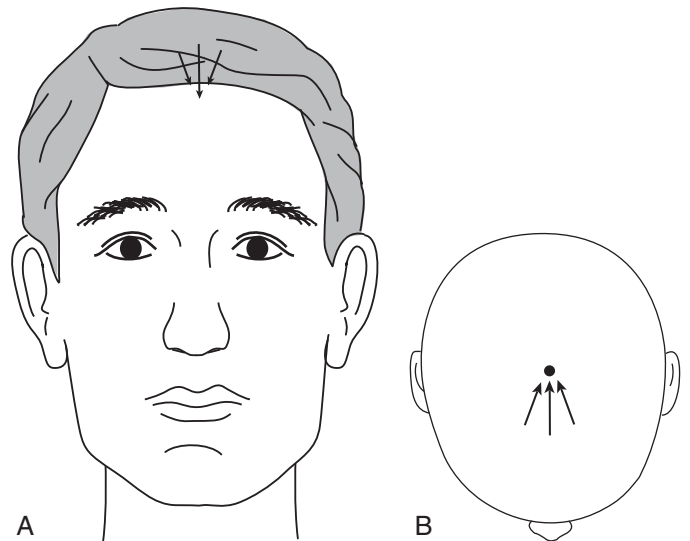


FIGURE 5-38 A, The Qi Ci technique uses three needles with close insertion to the same scalp point or treatment line. Frontal view of the scalp. **B,** The Qi Ci technique using needle group insertion. Superior view of the scalp.

the forehead, the middle line of the vertex, and the upper middle line of the occiput. For example, on the middle line of the forehead, insert the needles at Du 24 (Shen Ting), and then insert a second and third needle 0.5 cun lateral to Du 24 (Shen Ting) toward the middle line (the Du meridian). Therefore the three needles are all inserted on the anterior hairline using the running needle technique. For the middle line of the vertex, insert a needle on Du 21 (Qian Ding) and push backward to Du 20 (Bai Hui), and then select two more needles and insert them 0.5 cun lateral from Du 21 (Qian Ding) and needle toward Du 20 (Bai Hui). For the upper middle line of the occiput, insert the first needle in Du 18 (Qiang Jian) toward Du 17 (Nao Hu), then use two more needles inserted 0.5 cun lateral from Du 18 (Qiang Jian) with an oblique insertion angled toward Du 17 (Nao Hu) (Figure 5-38).

Yang Ci technique. Yang Ci technique is a group of needles inserted into one specific area. It is mostly used on Du 20

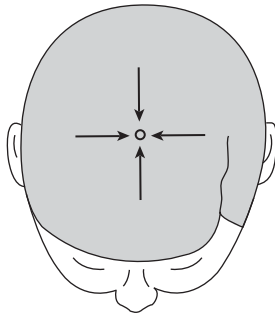


FIGURE 5-39 Yang Ci technique using needle group insertion. Four needles are inserted from four different directions pointing toward the center point. This is mostly used on Du 20 (Bai Hui) or the Shi Shen Chong point.

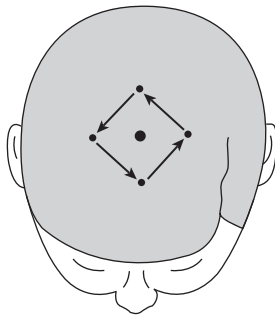


FIGURE 5-40 Special square insertion technique is used on the Si Shen Chong point.

(Bai Hui) or on a cyst. Insert the first needle in Du 20 (Bai Hui) or on the center of the cyst. Then insert the other four needles obliquely or perpendicularly around Du 20 or the cyst. This is also used as a centralized stimulation technique and mostly used on Du 20 (Bai Hui) or the Si Shen Chong points. Insert a needle on Si Shen Chong, which is the following four points: Qian Shen Chong, Hou Shen Chong, Zhou Shen Chong, and You Shen Chong. Insert toward Du 20 (Bai Hui) for a total of four needles, or insert four needles from Du 20 (Bai Hui) toward the posterior, anterior, left, and right directions to the Si Shen Chong points (Figure 5-39).

Special square insertion. This technique is used on the Si Shen Chong points. Insert the needles on Qian Shen Chong (anterior Shen Chong) running left to Zhuo Shen Chong (left Shen Chong). From Zhuo Shen Chong, insert running backward to Hou Shen Chong (posterior Shen Chong). Then from Hou Shen Chong, insert the needle forward to You Shen Chong (right Shen Chong). Finally, from You Shen Chong, insert the needle forward to Qian Shen Chong. The four needles, when inserted, form a square (Figure 5-40).

Fan insertion. Use this technique for Lin's scalp acupuncture with five needles at the forehead. Insert 2.0 cm from the anterior hairline between the corners of the forehead. Five needles are distributed in the shape of a fan, with an equal distance between each needle (Figure 5-41).

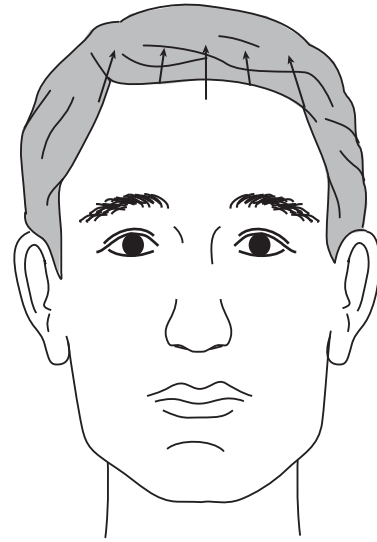


FIGURE 5-41 Fan insertion technique. Several equally spaced needles are distributed in the shape of a fan.

Needle cross insertion. This is a special technique for the St 8 (Tou Wei) point. Use two needles, one needle pointing from up to down and one needle from anterior to posterior, to form a cross on the middle of the point (see Figure 2-6).

Removing needles It is important when removing needles to close the hole with a clean cotton ball. Because scalp points frequently bleed on needle withdrawal, it is important to check for bleeding and apply pressure for as long as necessary to ensure that bleeding has stopped.

Length and frequency of treatments The treatment course is based on the patient's individual condition, as well as how the patient tolerates the treatment. Generally, the treatment will be designed according to the disease condition, the severity of the disease, and the duration of the disease. Use a short length of time for retention for infants, patients with weakness, and patients with a psychological condition, or a mild condition.

For patients with severe symptoms and an acute condition, the treatment course will be a little shorter, and the patient can be treated once daily. For some conditions, the needles can be retained longer, and the practitioner can continue the manipulation of the needles or intermittently manipulate the needles to ensure that there is enough stimulation in a short time to improve the symptoms. Treatment length is usually 3 to 5 days for a course, extending to 7 to 10 days to maintain the effect.

The treatment course will be a little longer for patients with mild symptoms, but a long history of disease. Treat every other day or 1 to 2 times per week, with 10 to 12 treatments per course. For some chronic and difficult conditions, base the treatment on the patient's constitution and treat once daily for 7 to 10 days per course, or combine scalp acupuncture with macro-acupuncture. The patient can be treated once a week or every other week, and the treatments should last 2 to 3 courses.

Use caution because scalp acupuncture can cause strong sensations. Patients with a brain disorder or any cardiovascular condition should be needled carefully.

ELECTRO-ACUPUNCTURE THERAPY: Electro-acupuncture therapy is a technique that is done by inserting the acupuncture needles in the scalp and then connecting the electro-machine to stimulate the point. Use electro-stimulation instead of hand stimulation to treat disease. The electro-machine can perform fast rotation, stabilize the treatment, and control the stimulation. Select two or more points at the time of stimulation. The current level should be chosen based on the amount the patient can handle. Usually choose a small amount of current to stimulate the point for 1 to 2 minutes, and once the patient becomes accustomed to the stimulation, increase the current. Treatment time for electro-acupuncture therapy should be 10 to 20 minutes. Use electro-acupuncture for conditions such as headache, dizziness, tinnitus, deafness, seizures, chorea, facial spasm, hysteria, stroke, or aphasia. Treat the patient once daily or every other day for 10 treatments per course with 7 to 10 days between courses. Electro-acupuncture therapy should be used with caution for the following conditions:

- Points close to the medulla such as Du 15 (Ya Men) and Du 16 (Feng Fu).
- On the lower lateral line of the occipital area, use caution with the intensity of current used. Choose the right amount of current so that the patients feel comfortable. Take care not to increase the current suddenly or in large amounts, because there is a dangerous possibility that it can cause the heartbeat or breathing to stop.
- Electro-acupuncture is contraindicated for patients with cancer or severe heart disease.
- During the treatment, the practitioner should be careful not to bend or break the needles.

THREE-EDGE NEEDLE THERAPY: A three-edge needle is used for shallow stimulation of the scalp points to treat acute conditions. It will release a small amount of blood. Bloodletting functions to invigorate blood, clear heat, sedate fire, and calm the Shen.

Technique Hold the three-edge needle on the surface of the area that is going to be bled or has superficial vessels. Quickly poke into the skin about 0.5 to 1 fen to cause bleeding. Let the blood flow for a short time or until blood changes from dark red to bright red, and then apply pressure to the puncture area with a sterile cotton ball to stop the bleeding. Use the three-edge needle to treat points on the forehead, vertex, and temporal area. Normally, do not use three-edge needles on the occipital area. The three-edge needle is used for acute headaches, eye or ear infection, coma from stroke, or convulsions with high fever. With three-edge needle therapy, you should use caution not to insert the needle too deeply and should follow clean needle technique to avoid infection. For patients who have a disease causing thin blood and a tendency to bleed, do not use the three-edge needle. People who are weak, pregnant, or elderly require caution when using this method. Normally, use the three-edge needle to treat once every other day, with 1 to 3 treatments per course, and get 3 to 5 drops of blood on each point at the time of the treatment.

INTRADERMAL NEEDLE THERAPY: Intradermal needle therapy was developed for conditions where the patient needed to retain the needles for longer than 1 day. Two types of intradermal needles are used: thumbtack needles and grain-like needles. Use routine clean needle technique on the scalp before inserting the needle. Insert the grain-like needles along the scalp, and then affix with adhesive tape over the needle. When inserting thumbtack needles, the practitioner should tighten the skin with the left hand and insert with the right hand using a vertical insertion and apply adhesive tape to affix the needle. For the intradermal needle therapy, it is critical to follow clean needle technique. In the meantime, check all the needle tips for quality and cleanliness. Be concerned about the convenience of the point for the patient when he or she sleeps. For example, the temple and occipital areas usually do not use intradermal therapy. In the summertime, the intradermal needles should only be retained up to 3 days. Limit 1 to 3 needles for each treatment. Due to intradermal needles becoming easily lost in the hair and hair growth, they are not commonly used on the scalp.

CUTANEOUS NEEDLE THERAPY: Cutaneous needle therapy is also called plum blossom needle therapy. Stimulate the surface of the scalp until petechiae form, but do not allow bloodletting. Cutaneous needle therapy functions to invigorate blood, clear heat, sedate fire, and calm the Shen. The area must first be sterilized with alcohol. Hold the distal part of the handle with the index finger on the anterior part of the handle. Hold the cutaneous needle about 3.0 to 5.0 cm above the surface of the skin. Rapidly tap on the prescribed area of the skin with a light, flexible movement of the wrist. There are three types of tapping:
Mild tapping: Tap mildly on the skin until the skin becomes slightly red with very mild pain. Use for deficient patients, elderly, children, or patients with long-term illness.
Moderate tapping: Tap lightly until the skin becomes slightly red and the patient experiences some mild pain. The local area of the skin will be red with small pimples but without bleeding. Use for average patients.

Strong tapping: Heavy tapping until the skin becomes red and moist with slight bleeding and pain. The patient will have obvious pain that is tolerable. Use strong tapping for excess conditions and new diseases. To be used on patients with a strong constitution or patients with a slow sensory reaction.

Use cutaneous needle therapy to treat the patient once every other day, with 10 to 15 treatments per course and 2 to 3 weeks between courses. Cutaneous needle therapy is commonly used on the forehead, vertex, temporal, and occipital areas. For important points, tap repeatedly with strong stimulation and use in combination with face, neck, back, and sacral area body points. Cutaneous needle therapy is used for patients with dizziness, headaches, alopecia, insomnia, tinnitus, chronic eye diseases, nose bleeds, hysteria, and stroke.

MOXIBUSTION THERAPY: Moxibustion therapy uses moxa cones or moxa rolls to warm the surface of the scalp in order to move Qi and blood to prevent and treat disease.

Moxa roll technique This technique uses warming moxibustion, rotation moxibustion, and moxibustion along the area and

zone on the scalp. With scalp acupuncture, most points are distributed on a line or zone, so moxa rolls are to be used along the treatment zone from up to down or from the back to the front of the scalp. In performing warming moxibustion, the emphasis is on the starting zone or ending zone area. Each point will be warmed along the zone, up to down, and back and front for 5 to 7 minutes. The moxa roll is held 5 fen to 1 cun above the skin.

Moxa Cones Moxa cones can also be used with scalp acupuncture to treat conditions. Use direct moxa and indirect moxa.

Moxibustion with scalp acupuncture therapy is used for patients with headaches, dizziness, stroke, insomnia, seizures, hair loss, anal prolapse, eye conditions, and sequelae of disease

after injury. Use a moxa roll once daily and a moxa cone to treat once every other day with 3 to 7 days per course and 5 to 7 days of rest between each course.

HERBAL INJECTION THERAPY Herbal injection therapy is the injection of herbs into an acupuncture point. The combined stimulation of the point with herbs and acupuncture can adjust the body's function and change the pathology to treat disease. Depending on the disease, anything that can be injected into the muscle can be injected into the scalp. The most common herbs used for injection are Hong Hua 红花, Dan Shen 丹参, and vitamins B₁ and B₁₂. Use routine clean needle technique to clean the surface of the skin. Insert the needle into the point until the patient feels soreness and a distending sensation. Withdraw slightly to see if any blood appears.

BOX 5-1

Scalp Acupuncture: What to Expect

1. When inserting a needle into the scalp, it is very important to avoid inserting the needle into a hair follicle, a scar, or an infected area.
2. Usually, the area located around the frontal and temporal areas will react more to needle sensations, so the practitioner can advise the patient to hold his or her breath when the practitioner is needling, to decrease the needle sensation.
3. The angle of insertion should be 15° to 30° to the scalp to ensure that the needle is inserted into the right layer and to avoid touching the needle to the periosteum, which will cause pain.
4. When pushing the needle in during insertion, if the patient complains of pain or the practitioner feels resistance, the practitioner should stop pushing and back the needle up a little bit, adjust the angle, and continue pushing.
5. The "sandwich sensation" usually indicates successful insertion. The patient will have minimal pain if the practitioner feels a "sandwich sensation."
6. The practitioner may feel a "suction" sensation when the patient feels the Qi come. It appears to grasp, but it is not tight and choppy; rather it is soft, but not loose. In the clinic, when the practitioner feels this "suction" sensation, it usually indicates that the patient will have a better result. If, underneath the fingertips, the practitioner feels a very smooth, light sensation without resistance, as if inserting the needle into tofu, then the patient will have less result. The "suction" sensation only occurs in some patients, but a good technique will make this sensation happen. Continuously moving the needle with rotation and withdrawal can lead the "suction" sensation to come faster or to stabilize.
7. Patients may experience the sensations of warmth, heat, or numbness, or a radiating sensation, in response to needling, which indicates that Qi has been accessed and stimulated. Most patients report a hot, radiating feeling. Some report sensations of numbness, cold, and pain, which is often reduced in severity or completely resolved after the treatment. This sensation may appear for several seconds to a few minutes after insertion and then gradually lessen. Some patients may feel the needle sensation after withdrawal.
8. The Qi sensation may be distributed in a wide area and may appear in a limb on the same side of the body, on the opposite side of the body, or on the whole body. Some sensations are only localized at certain joints or muscles. Some patients experience the Qi sensation as a "belt" with a width of 1.5 cm. The direction of this belt is distributed similarly to meridian distribution to which the therapy is applied, such as the urinary bladder, liver, or stomach meridians.
9. For a longer treatment, needles can be retained for 24 hours and be stimulated during that time. The Qi sensation will last longer with each stimulation, averaging from 30 to 60 minutes, and it may last for as long as 2 hours to 2 days. Patient should avoid taking a shower, swimming, sweating, or exposure to dirty conditions during this time.
10. The needle sensation has a relationship with hand manipulation. Normally, when using the scalp acupuncture technique, apply different techniques and the patient will get a different needle sensation. Mostly use the fast rotation technique, which will have a better and stronger needle sensation.
11. Needle sensation is related to the needle position. On the scalp points, most points have soreness, extending, numbness, itching, and pain. There is a relationship with the needle position, and inserting needles on the vessels or on the bone can cause burning pain locally. Du 20 (Bai Hui), Du 21 (Qian Ding), Du 19 (Hou Ding), and St 8 (Tou Wei) points can usually cause local extending pain. UB 10 (Tian Zhu) or GB 20 (Feng Chi) can cause soreness or an extending sensation. If retaining the needles for a long period of time, some patients will feel heaviness of the head, itching, and extending and moving sensations. The needle sensation on the scalp is usually a little different than on the four extremities.
12. Needle sensation varies with the individual. The appearance and disappearance of the needle sensation has a relationship with the stimulation method and the individual. Commonly, after manipulation, the patient will feel the needle sensation within a few minutes, but in some people, such as those with brain stroke or slow reflexes, the needle sensation will sometimes occur after a few hours. The needle sensation usually lasts about 3 to 10 minutes and gradually decreases and disappears. Some patients have this sensation after a few hours or a few days.
13. Needle sensations are related to the needle position in different layers of the scalp. Needles need to be inserted into the layer of the subaponeurotic tissue. If the needle is inserted into the layer of the skin or in a hair follicle, the patient will experience pain and possibly bleeding. If the needle is inserted into the layer of the galea aponeurotica, not only will the patient feel pain, but the practitioner will also find it very difficult to insert and manipulate. If the needle is inserted into the layer of the subcutaneous tissue, the patient will experience pain and easily form hematomas.
14. During the treatment, some patients will have no needle sensation at the local area or in the whole body. The sensation may also be very mild but the patient's clinical symptoms and signs have improved; for example, pain, numbness, and itching have decreased or disappeared. The patient's bodily functions also have improved. We still consider that the patient is getting Qi and has good needle sensation.
15. Some patients are overly sensitive on the scalp. Even if no type of manipulation is used, the patient can still feel local scalp pain. In this condition, the practitioner should use a gentle technique or use another type of technique such as moxibustion, massage, a subcutaneous needle, or magnet. Regardless of which technique is used, effectively eliciting Qi is important in achieving clinical results.

If no blood appears, start pushing the herb into the scalp. On the scalp points, push the herbs in very slowly. The angle of the needle should be oblique or transverse. Usually the needle tip is 5 fen deep. In each point, inject 0.25 to 0.5 ml and choose 3 to 5 points. Treat every other day, with 7 to 10 treatments per course and 3 to 5 days between courses. Herbal injection therapy is used for headache, high blood pressure, dizziness, hysteria, maldevelopment of the brain, and sequelae of brain injury. Herbal injection therapy should be used with caution in the following conditions:

1. Use substances that are within the correct scope of practice.
2. Follow clean needle techniques.
3. Select the correct substance dosage, avoid overdosing.
4. Select the correct combination of substances.
5. Perform allergy tests, if necessary.
6. Use proper direction and depth on the scalp.
7. Use with caution in elderly patients, pregnant patients, weak patients, and new patients.

MAGNET THERAPY: Magnet therapy uses a magnetic plate on the surface of the point or around the meridians to treat disease. Methods used in scalp acupuncture use a magnet touching the surface of the scalp, a magnet combined with the needles, or electricity. Using small magnetic balls or a plate, apply the magnet to the surface of the scalp and cover with tape. Usually, choose a magnet 3 mm thick and leave it on the surface for 5 to 10 days. Change magnets for 12 treatments per course. Magnets can also be used with a hat. The patient should have the magnet touch Du 20 (Bai Hui). The hat magnet is used for 10 to 12 hours per day for 1 to 2 months per course. This technique is mostly used for patients who have high blood pressure and headaches. Also, the magnet can be combined with needles; the magnet may be applied over embedded intradermal needles. The needles with the magnets are used for patients with high blood pressure, headaches, stroke, sequelae of brain injury, and seizures. Use a small magnet in the beginning of the

treatment. If there is no obvious result and no side effects, gradually increase magnet strength and treatment length. Magnet treatment is relatively safe. Some patients may experience dizziness, low energy, palpitation, nausea, and vomiting. Side effects can include a decrease in blood pressure, or local skin areas can become itchy, burning, and painful; however, side effects only happen in a very small percentage of cases.

Box 5-1 describes what to expect during scalp acupuncture.

Cautions and Contraindications

The following is a list of situations in which scalp acupuncture is strongly advised against or used only with extreme caution.

1. Infants less than 1 year old or children with fontanels not fully closed are contraindicated for this therapy.
2. Patients with open head wounds are contraindicated for use of scalp acupuncture.
3. Patients who display anxiety or nervousness, who are hungry and have not eaten, or who are overworked and fatigued are recommended for scalp acupuncture only with caution.
4. Patients with intracerebral hemorrhage causing fever, coma, and hypertension are not recommended for scalp acupuncture until their condition has stabilized.
5. Pregnant women are not recommended for this therapy.
6. Patients with high fever, acute inflammation, or heart failure are not recommended for this therapy.
7. Correct diagnosis, accurate point selection, and accurate location are crucial for maximum benefits of this therapy. The patient must be positioned in a sitting or lying position in order to avoid fainting.
8. If the patient experiences symptoms of headache, dizziness, nausea, vomiting, or cold hands with profuse sweating, remove the needles and have the patient rest and drink warm water. Needling Du 26 (Ren Zhong) and Du 20 (Bai Hui) points may be helpful to relax the patient.

Introduction

Face acupuncture is used to treat a variety of diseases, including acupuncture anesthesia. It was developed in the 1970s when Chinese doctors used acupuncture to induce anesthesia during operations. Clinical experience indicates that it is convenient, safe, easy to use, and effective. Face acupuncture theory is based on the traditional Chinese medical practice of Facial Diagnosis.

Facial Diagnosis is an important aspect of diagnosis in traditional Chinese medicine. The Chinese physicians realized the close relationship between the external areas of the body, especially the face, eyes, tongue, and the internal organs. The 12 regular meridians connect internally with the internal organs and externally with the joints, limbs, and other superficial tissues of the body. Many of the meridians and divergent meridians of the body rise upward and connect with the face and head. Therefore any pathology will be reflected in the facial area, and acupuncture stimulation of these points can treat internal disease. Stimulation of facial points will open the meridians, harmonize Qi and blood, and reestablish balance in the body.

A great deal of clinical research has been conducted in China on the effect of facial acupuncture therapy by using electrical resistance, skin temperature, radioactive waves, and electrocardiogram (ECG). Many positive results have been found. Research using electrical skin resistance detectors has observed facial alterations. Research has found that the face has sensitive points that can reflect an area of disease. These areas have been found to vary between healthy and ill persons and change after acupuncture treatments. In one study, an X-ray was taken of patients with stomach problems before and after needling the Spleen and Stomach points on the face. In 70% of the patients, stomach movement increased. In another study, an ECG was used to show that both the heart rate and blood pressure were reduced after needling the Heart point on the face. Other research has found that needling facial points can increase the white blood cell count. Face acupuncture has been proven to have a positive impact on the immune system, to reduce pathology, and to improve the physiologic foundation of the body.

Face Anatomy

Skeleton

The face is formed by the underlying frontal bone, zygomatic bone, nasal bone, maxilla bone, and mandible bone (Figure 6-1).

Soft Tissues

The subcutaneous connective tissue of the face blends with the deeper fascia surrounding the muscles. The skin of the face is mobile, varies in thickness, and is exceedingly thin in the eyelids. The skin around the lips, the external openings of the nose, and the margins of the eyelids is continuous with the mucous membranes. Most of the facial muscles are thin and flat, with different shapes and attachments. They are named primarily for their actions.

Blood Supply

The chief vessels of the face are the facial artery and vein. Other blood vessels also help supply blood to the face.

Nerves and Lymphatic Vessels

The nerves distributed on the face are branches of the facial nerve. They are the temporal, zygomatic, buccal, marginal, mandibular, and cervical branches. The pattern of the facial nerves varies. The trigeminal, or fifth cranial nerve, provides the sensory supply to the skin of most of the face except some parts of the skin around the ear and the angle of the jaw.

The lymphatics of the face and scalp are simple. Use caution in face acupuncture to avoid bruising, which may lead to facial or trigeminal nerve damage, causing facial weakness or oversensitivity.

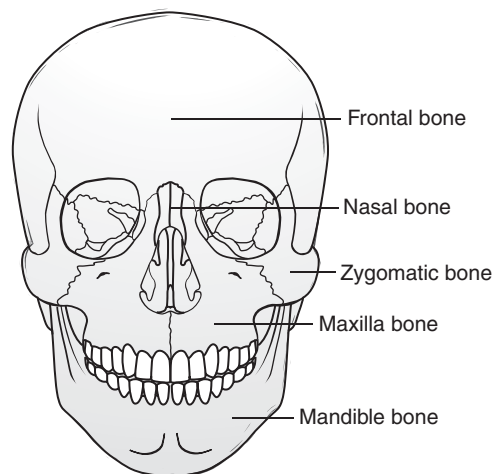
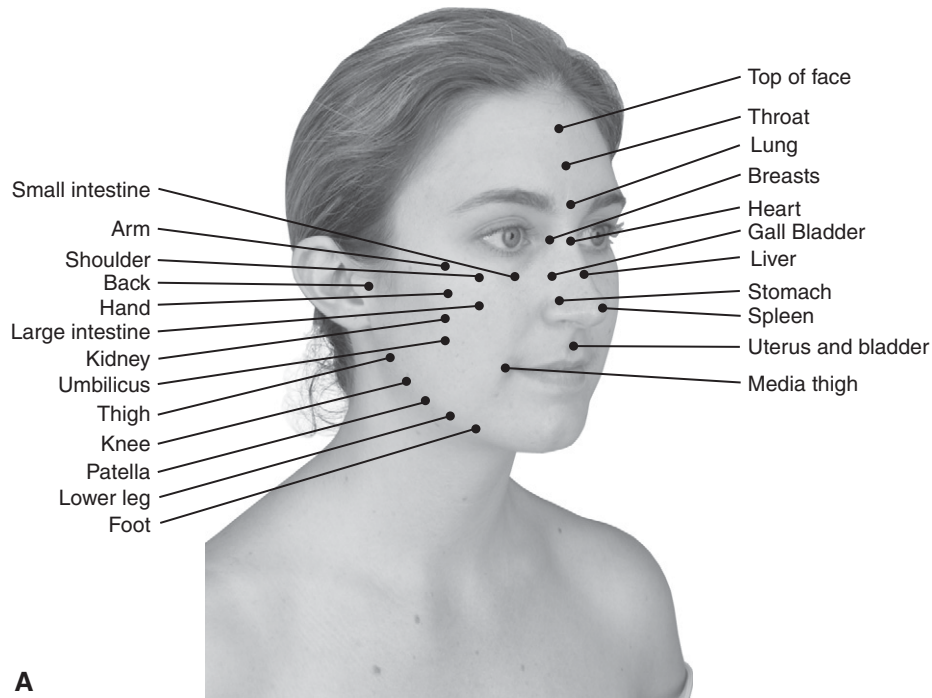
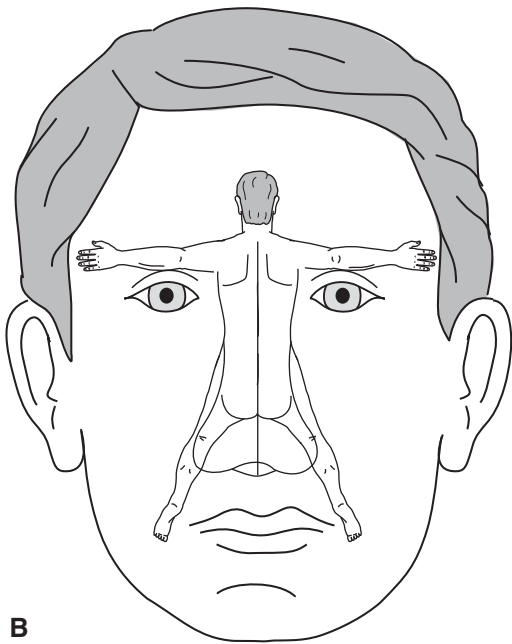


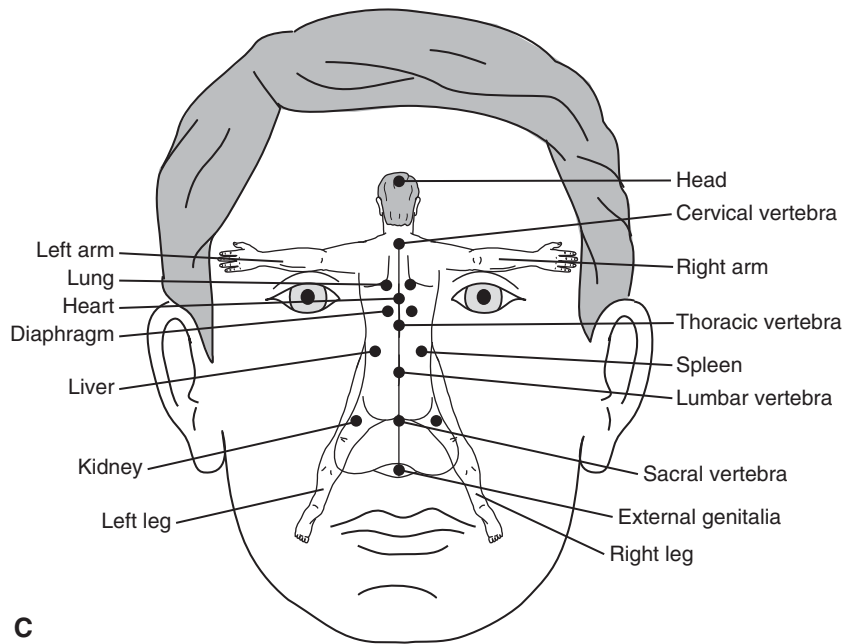
FIGURE 6-1 The skeletal bones of the face.



A



B



C

FIGURE 6-2 A, Side view of the five areas with twenty-four points used in facial acupuncture. B, In new face acupuncture, the human body is overlaid on the face with the arms over the eyebrows and the legs over the nasolabial groove. C, New face acupuncture therapy point distributions.

Face Acupuncture System

Two different face acupuncture systems exist:

1. Face acupuncture
2. New face acupuncture

Face Acupuncture

LOCATIONS AND INDICATIONS: Facial acupuncture involves 5 areas with a total of 24 points. From the forehead to the upper lip are 7 single points, and on the side of the nose, eye, mouth, cheeks, and jaw are 17 paired points (Figure 6-2, A).

Area		Location	Indications
	Shoulder	Directly below the outer canthus, level with the Small Intestine point.	Shoulder, arm, and face pain
	Large intestine	At the inferior margin of the zygomatic bone, directly below the outer canthus of the eye; same as the point SI-18 (Quan Liao).	Constipation, abdominal pain, facial paralysis, and diarrhea
	Kidney	Located at the intersection of two lines. A horizontal line drawn through the midpoint of the ala nasi and a vertical line drawn downward from the extra point "Tai Yang."	Retention of urine and painful urination
	Umbilicus	Directly below the Kidney point, level with Du 26 (Ren Zhong).	Abdominal pain
	Arm	Located posterior and superior to the zygomatic bone, lateral to the Shoulder point.	Pain of the shoulder and upper back, headache, and tooth pain
	Hand	On the inferior margin of the zygomatic arch, directly below the Arm point.	Hand pain and swelling
Front of ear and jaw area	Back	In front of the tragus of the ear, between the anterior aspect of the tragus and the temporomandibular joint; same as the point SI-19 (Ting Gong).	Back and lower back pain
	Thigh	Upper one third of the distance from the earlobe to the angle of the mandible.	Leg sprain
	Knee	Lower one third of the distance from the earlobe to the angle of the mandible.	Knee swelling and pain
	Patella	Anterior and superior to the angle of the mandible, where the masseter muscle attaches, at the prominence of the muscle; same as the point St 6 (Jia Che).	injury of the patella or knee joint.
	Lower leg	On the superior margin of the mandible, anterior to the angle of the mandible and anterior to the Patella point.	Ankle sprain, systemma
	Foot	On the superior margin of the mandible, directly below the outer canthus and anterior to the Lower Leg point.	Pain and injury of the foot

Area		Location	Indications
Forehead area	Top of face	On the midline of the forehead, upper one third of the distance from the natural hairline to a point midway between the eyebrows.	Headache and dizziness
	Throat	On the midline of the forehead, at the lower one third of the distance from the natural hairline to a point midway between the eyebrows.	Sore throat
Nose area	Lung	At the midpoint between the two eyebrows.	Cough, asthma, and insomnia
	Heart	At the lowest point on the bridge of the nose, midway between the inner canthus of the two eyes.	Palpitations
	Liver	Just below the highest point of the nasal bone, where the nasal bone and cartilage intersect; or locate the intersecting point between the highest areas of the two zygomatic bones with the midline of the nose.	Hypochondriac pain and chest pain
	Spleen	On the midline at the tip of the nose.	Poor appetite and indigestion
	Gallbladder	At the sides of the nose, directly below the inner canthus at the inferior margin of the nasal bone, level with the Liver point.	Nausea and vomiting
	Stomach	Above the middle of the ala nasi, level with the Spleen point and directly below.	Stomach pain
	Breast	Midway between the Heart point and inner canthus.	Insufficient lactation and fullness of the breast
Mouth area	Uterus and bladder	Midway between the base of the nose and the top of the upper lip in the philtrum.	Painful menstruation
	Medial thigh	0.5 fen lateral to the corner of the mouth.	Pain in the medial thigh and facial paralysis
Zygomatic area	Small intestine	At the medial region of the zygomatic bone, level with the Liver and Gallbladder points directly below the eye.	Diarrhea

New Face Acupuncture

New face acupuncture therapy is a new micro-system developed within the last few years. Despite its recent development, it has proven to be an effective therapy through numerous clinical experiences. The advantages of new face acupuncture therapy

are that it is easy to learn, simple, and convenient to use, as well as good at achieving results. It is especially effective because patients can use this therapy for self-treatment by using massage and different electro-vibration tools in order to treat the disease and improve their health. The point distribution is

different from face acupuncture and therefore is called new face acupuncture therapy.

The theory of new face acupuncture therapy is based on bioholographic theory, which states that any part of the human body is a holographic unit, also called Embryo Containing the Information of the Whole Organism (ECIWO). In the human body, this unit is used throughout many parts of the body and contains similar biological information. Traditional Chinese medicine believes that each local area of the body has a close relationship with the whole body. The pathological changes at the local area contain the whole-body Zang Fu, Qi, blood, Yin, and Yang information. The facial area is more than just individual structures of tissues; it has a close relationship with meridians and the Zang Fu. Based on holographic theory, the relationship between the face and the whole-body physiology and pathology is represented by a human body in prone position overlaid on the central part of the face. Through the stimulation of the related parts of the body with sensitive points on the face, this therapy is able to treat disease.

POINT LOCATIONS AND INDICATIONS: (Figure 6-2, B, C): The point distribution for new face acupuncture therapy is mostly named according to a specific part of the human body. Each point will treat the corresponding part of the body and Zang Fu. From clinical experience, the therapy has effective results for patients suffering from stroke, digestive system conditions, such as belching, gallbladder conditions, and pain.

Location

Head	Midline of the forehead, midway between the anterior natural hairline and the midpoint between the two eyebrows
Cervical vertebrae	Midpoint between the two eyebrows
Thoracic vertebrae	Midline of the nose, between the root of the nose and the lower free edge of the nasal bone
Lumbar vertebrae	Midline of the nose, between the lower free edge of the nasal bone and the upper knob at the tip of the nose
Sacral vertebrae	Knob at the tip of the nose
Left arm	Right eyebrow
Right arm	Left eyebrow
Left leg	Right nasolabial groove
Right leg	Left nasolabial groove
Lung	Both sides of the upper part of the nasal bone
Heart	Middle area of the nasal bone, slightly toward the right side of the face.
Diaphragm	Both sides of the lower free edge of the nasal bone
Liver	Right side of the nose between the lower free edge of the nasal bone and upper flared portion of the nose
Spleen	Left side of the nose between the lower free edge of the nasal bone and the upper flared portion of the nose
Kidney	Both sides of the flared portion of the nose
External genitalia	Upper part of the philtrum

Face Acupuncture Therapy

PRINCIPLES OF POINT SELECTION:

1. Points can be selected for the area of the body where the disease is manifesting. For example, the Hand point may be

selected to treat hand pain; the Heart point may be used for palpitations; and the Throat point can be used to treat a sore throat.

- Points may be selected for areas of the body according to traditional Chinese medical theory. For example, in traditional Chinese medical theory the lung opens to the nose, so to treat a nose disease select the Lung point. The heart opens to the tongue, so the Heart point may be used to treat diseases of the tongue, such as swollen tongue.
- Points may be selected according to the five-element cycle. For example, for a patient with dizziness and headache due to a kidney deficiency with liver Yang rising, select not only the Liver point to help work on the wood, but also select the Kidney point to tonify water and nourish wood.
- Points may be selected because an area has become spontaneously tender or sensitive to the patient with a disease in a specific area of the body. We can test the sensitive areas to determine the location of the disease. For example, if, on palpation, the Lung point is tender, we may consider treating the lung if the pulse, tongue, and other symptoms indicate a lung pathology.

INDICATIONS: Face acupuncture treats disease of the whole body and is especially effective for pain control. Using face acupuncture for anesthesia has good results when performing surgery (Tables 6-1 and 6-2).

TECHNIQUES: A 32 to 34 gauge filiform needle 0.5 to 1.5 cun in length is ordinarily used. Before needling, select the area to be needled and use the handle of the needle to test if the area is sensitive. Insert the needle slowly. The angle of the needle (perpendicular, oblique, or horizontal) will depend on the area being needled. The skin on the nose is thin, so only the horizontal technique should be used. The forehead, side of the nose, and mouth should be needled obliquely. Use a perpendicular technique for the cheek area. Needles can be manipulated every 5 to 10 minutes. Needles can be retained for 10 to 30 minutes after Qi arrives at the point. For more serious conditions, thumbtack or grain-like needles can be retained in the subcutaneous level for 1 to 5 days. To withdraw the needles,

TABLE 6-1

Face Acupuncture: Acupuncture Anesthesia

Surgery	Points
Gastrectomy	The Heart, Lung, and Stomach points are used, combined with the Spleen point.
Cholecystectomy	Use the Lung, Heart, and Gallbladder points, combined with the Liver point.
Hysterectomy	Use Lung, Heart, Uterus, or Kidney points, combined with the Stomach or Umbilicus points.
Appendectomy	The Lung, Heart, and Large Intestine points are used, combined with the Stomach and Umbilicus points.
Surgery for inguinal hernia	Use Lung, Heart, Small Intestine, and Umbilicus points, combined with the Gallbladder point.

TABLE 6-2

Face Acupuncture: Treatment Protocols

Indication	Protocol
Headaches	Use the Face, Liver, and Kidney points.
Sore throat	Use the Throat point.
Hypochondriac pain	Use the Liver and Gallbladder points.
Dysmenorrhea	Use the Uterus and Bladder points.
Stomach pain	Use the Stomach point.
Abdominal pain	Use the Large Intestine, Small Intestine, and Umbilicus points.
Back and low back pain	Use the Back, Thigh, and Kidney points.
Shoulder pain	Use the Shoulder and Arm points.
Medial side leg pain	Use the Medial Thigh and Thigh points.
Knee pain	Use the Knee and Patella points.
Swelling of the feet	Use the Foot point.
Prolapse of the stomach	Use the Stomach, Spleen, Liver, and Gallbladder points.
Insufficient lactation	Use the Breast point.

use the left hand to hold a cotton ball and apply gentle pressure on the skin, and slowly remove the needle with the right hand. Apply gentle pressure to the point to prevent bleeding.

Cautions and Contraindications

1. Before acupuncture, follow the clean needle technique guidelines to prevent infection. Do not insert needles around scar tissue or pimples to prevent infection.

Face Acupuncture: What to Expect

1. Observing the face for diagnosis is an important procedure for face acupuncture. The facial color and skin conditions can provide information regarding duration of the disease, seriousness of the disease, and whether it is an excess or a deficiency condition. Facial observation is important for the treatment plan.
2. When inserting the needle on the face, be aware of the needle angle and direction. Use oblique or transverse insertion for areas close to the forehead, nose, or mouth. The cheek area is unusual because perpendicular insertion is used.
3. When doing facial anesthesia for surgery, the continuous rotation technique usually is used. This continuous rotation stimulation can help the surgery go smoothly.
4. Most patients will experience numbness, soreness, distending sensation, or pain on the local point. A burning sensation or a sensation of warmth in the body usually indicates better results.
5. When inserting needles on the face, if the patient experiences internal organ warmth sensations or increases in intestinal movement, this usually indicates that Qi is moving toward the target area. This will achieve a good result.
6. Activating Qi techniques, such as massage, deep breathing, and hold and release of the perineum area, along with face acupuncture, can obtain better results.
7. The face is a sensitive area of the body, so needle technique should focus on gentle and skilled insertion to prevent a hematoma.

2. Facial points contain many blood vessels; therefore it is important to apply adequate pressure to the points on withdrawal of the needles to avoid bleeding and bruising of the face.

Introduction

Ear acupuncture therapy is used in the treatment and prevention of disease by stimulating certain points on the auricle with needles or other devices. This therapy is characterized by easy manipulation, broad indications, and few side effects, while being economical and providing good results.

Using the ear to treat disease has been recognized in China for millennia. More than 2,100 years ago, the text *Bo-Shu, Jing Mai* (帛书经脉) recorded the relationship between the ear meridians and the upper arms, eyes, cheeks, and throat. *Huang Di Nei Jing* was published around the time of the Qin and Han dynasty, linking the ear meridian to the hand Shao Yang San Jiao meridian. That text also recorded the relationship of the ear with meridians, Zang Fu, and human body physiology and pathologies.

In terms of physiology, the *Nei Jing* (皇帝内经) recorded the close relationship of the ear with the meridians. From the cyclical flow of the 12 regular meridians, the 6 Yang meridians either enter through the ear or distribute to areas surrounding the ear. The six Yin meridians connect with the ear through the Luo meridians or flow with Yang meridians indirectly to the ear. From clinical observation, some patients will have minor “electric” sensations or warm watery sensations that travel from the ear along the meridians extending throughout the body. The pathways of sensations are similar to the 14 traditional meridians.

In addition to the ear’s close relationship with the meridians, it has a close relationship with the Zang Fu organs. In the *Nei Jing* (内经) there is a detailed description of the relationship of the ear to the five Zang and six Fu organs. They influence each other through physiology and pathologies. For example, the kidney connects with the ear; thus when people have healthy kidneys their hearing will be better. Ancient health practitioners believed that the ear is not only the organ of hearing but that it also has a close relationship with Zang Fu and meridian pathology. Disease happens on the inside of the body but shows on the outside. Local diseases can also affect the whole body. If the patient’s Zang Fu, meridians, Qi, blood, and Yin and Yang have pathological changes, they will reflect on the sensory organs and the four extremities of the body. Internal organ disorders will reflect on the external ear through the meridians. Acupuncture on these points is able to treat Zang Fu disease.

Traditional Chinese medicine’s use of the ear to treat disease has a long history in addition to abundant clinical experience and observation. In the *Nei Jing* (内经) it is recorded that bleeding the ear treats hot diseases, headaches, hypochondriac

area pain and blood stasis, painful menstruation, and Jue syndrome. In the Tang dynasty, moxa was used on the ear to treat deviation of the mouth and eye. Several ear points such as Er Zhong and Chuang Long were recorded in the *Nei Jing* (内经). Later health practitioners continued to discover and develop ear locations and indications. Some of these points, such as Yang Wei, Er Jian, Zhu Ding, and more than 10 other ear points, are still used in modern times. In ancient Egypt, Greece, and Rome, practitioners documented using needles on the ear; wearing gold earrings; and cutting of the veins behind the ear for the purpose of birth control, to facilitate ejaculation, and to reduce impotency problems and sciatic nerve problems.

Chinese medicine was introduced to Europe from the 1600s to 1800s, and there is record of using acupuncture and moxibustion on the body or ear to treat sciatic nerve pain and arthritis of the hips.

In 1946, the American doctor Edith L. Potter reported the relationship between the shape of the ear and genetic problems of the kidney. In 1956, acute tonsillitis was documented using three ear acupuncture points at Shan-Dong Providence Hospital in Laixi County, China.

Ear acupuncture has its roots in traditional Chinese medicine and was systematized in modern times by the French neurologist, Paul Nogier, who developed the modern understanding based on the ear’s anatomy and physiology. He discovered the somatotopic properties of the external ear and published the world’s first embryological ear map in 1957. He presented his theory of three somatotopic phases on the ear and later developed the ear acupuncture therapies.

Based on the influence of Nogier’s embryological theory, extensive research and studies were initiated by China’s health organizations and practitioners. The Chinese government then authorized a committee to standardize the names and locations of auricular points. The committee not only proved Nogier’s embryological theory from clinical experience, but also further studied and researched Chinese medicine and Western medicine. In 1987, the standard auricular nomenclature with 90 points was recognized by the Chinese Department of Health and was submitted to a World Health Organization (WHO) working group for finalization as an international standard for auricular nomenclature.

Many years of academic exchange between China and Europe produced the two most popular ear maps in the world. Ear acupuncture is thus based on traditional Chinese medicine but also combines anatomy and physiology of modern medicine. It is not only based on root and branch, Zang Fu, and Qi Xue,

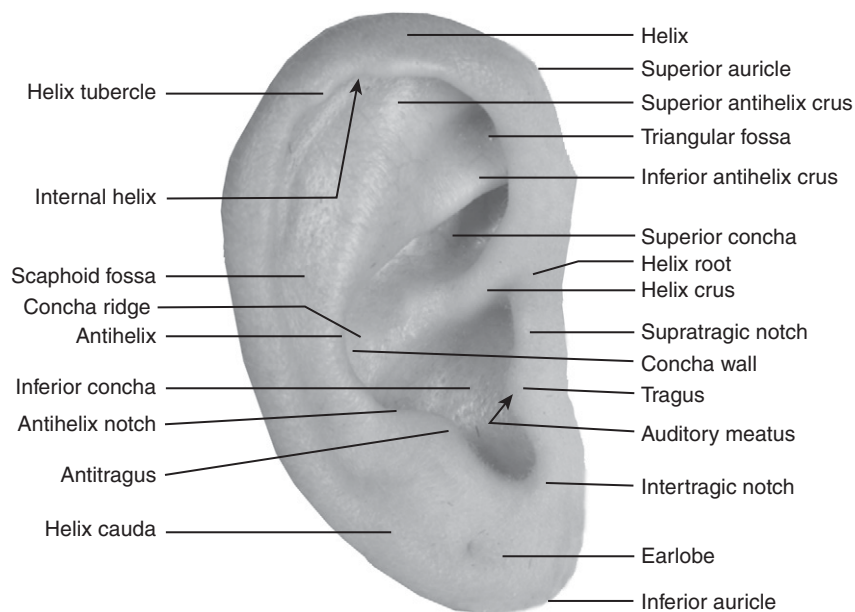


FIGURE 7-1 Anatomy of the front of the auricle surface.

but also combines modern medical theories of neurohumoralism and biobio-graphic systems.

The ear is a complete biobio-graphic unit. In fact, it is the most detailed biobio-graphic image. The ear is analogous to a fetus upside down in the mother's uterus. All the Zang Fu and four extremities of the human body have regional imaging on the ear. The WHO General Working Group meeting recognized that auricular acupuncture is well developed and the best scientifically documented of all the micro-systems of acupuncture. It is also the most practical and widely used.

To facilitate teaching, research, and clinical practice, the WHO has made an effort to have working groups and regional consultations to work on standardizing acupuncture nomenclature. The third WHO Working Group met in Seoul, Korea, in 1987 and adopted 42 auricular points. Of the 90 points submitted as the International Standard Auricular Nomenclature, 36 ear points were not considered. The final WHO General Working Group on Auricular Acupuncture Nomenclature met in Lyons, France, in 1990. A plan was made for future development of a standard reference chart of the ear to use in auricular acupuncture. The chart should cover the following:

1. Correct anatomic illustrations of the ear
2. Appropriate anatomic map of the topographic area to be decided on in consultations with experts in anatomy and auricular acupuncture
3. Illustrations of correct zones in relation to auricular acupuncture and research
4. Actual delineation and localization of points where possible

Two different ear acupuncture systems exist:

1. Chinese ear acupuncture
2. European ear acupuncture

Anatomy of the Auricle Surface

Frontal Surface of the Auricle

See Figure 7-1 and Table 7-1.

Dorsal Surface of the Auricle

The dorsal surface of the auricle can be divided into three areas, four grooves, and four prominences.

See Figure 7-2 and Table 7-2.

Auricular Zones

In order to provide a systematic method for locating the proportional position of a point on the ear, a zone system was developed. A set of two letters and a number represents each ear zone based on the recommendations of the 1990 WHO nomenclature committee.

The two most popular ear diagrams are the French Nogier system ear acupuncture chart and the Chinese ear acupuncture chart.

Chinese Auricular Zone System

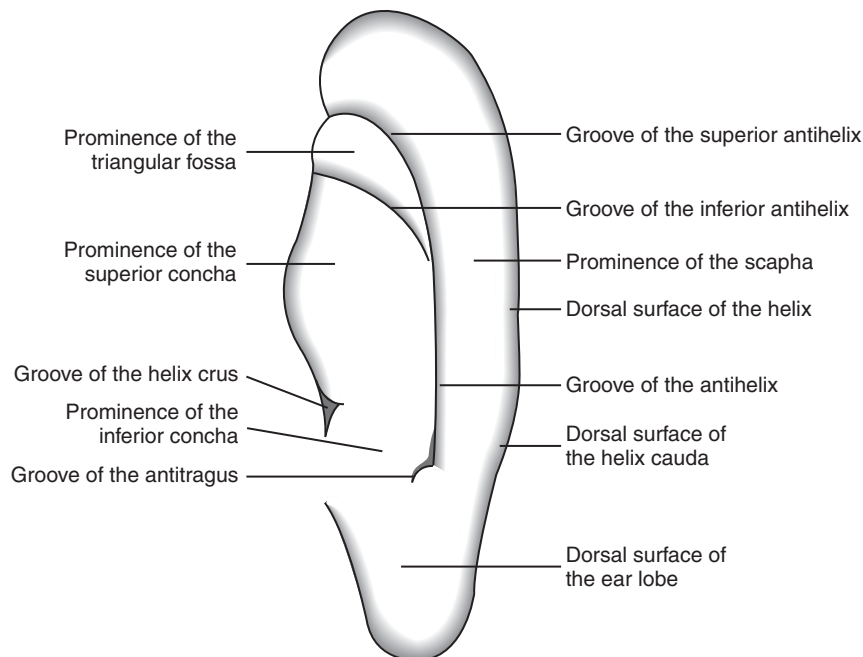
Standard Auricular Line and Measure Points

See Figure 7-3.

The auricular lines and points are used to help identify the auricular zones. There are four basic points, and three lines are used.

TABLE 7-1**Ear Acupuncture: Anatomy of Frontal Auricle Surface**

Helix	The curling brim of the auricle.
Helix tubercle	A small bulge at the posterior-superior aspect of the helix.
Helix crus	A transverse ridge of the helix continuing backward into the ear cavity in the center of the ear.
Helix root	The beginning area of the helix crus where the helix meets the top part of the tragus.
Helix cauda	The inferior part of the helix that forms the junction of the helix and the earlobe.
Antihelix	The elevated ridge anterior and parallel to the helix. The Y-shaped ridge located at the upper part of the antihelix. The upper arm (the superior antihelix crus) is a vertical extension of the antihelix. The lower arm (the inferior antihelix crus) is the horizontal extension of the antihelix.
Triangular fossa	The triangular depression circumscribed by the superior antihelix crus, the inferior antihelix crus, and the anterior portion of the helix.
Scaphoid fossa	The narrow, longitudinal curved depression between the helix and the antihelix.
Tragus	A curved flap anterior to the auricle and joins the ear to the face.
Supratragic notch	The depression between the upper border of the tragus and the helix crus.
Antitragus	A small tubercle opposite the tragus and directly superior to the earlobe.
Intertragic notch	The U-shaped curve between the tragus and the antitragus.
Antihelix notch	The shallow depression between the antitragus and the antihelix.
Earlobe	The lowest part of the auricle where there is soft and fleshy tissue with no cartilage.
Superior concha	The depression in the center of the ear superior to the helix crus.
Inferior concha	The depression in the center of the ear inferior to the helix crus.
Concha ridge	The distance between the end of the helix crus to the antihelix wall.
Auditory meatus	The opening to the ear canal in the inferior concha area.
Concha wall	The hidden vertical surface that rises from the floor of the concha up to the antihelix ridge.
Internal helix	The hidden, underside portion of the brim of the helix.
Superior auricle	The connecting area between the anterior, superior aspect of the auricle and the scalp.
Inferior auricle	The connecting area between the earlobe and the cheek.

**FIGURE 7-2** Anatomy of the posterior auricle surface.**TABLE 7-2A****Anatomy of the Three Areas on the Dorsal Surface of the Auricle**

Dorsal surface of the helix	The curling rim of the auricle on the lateral side of the helix running toward the anterior lateral side.
Dorsal surface of the helix cauda	The flat area between the prominence of the scapha and the earlobe.
Dorsal surface of the earlobe	The flat area of the dorsal surface of the earlobe.

TABLE 7-2B

Ear Acupuncture: Anatomy of the Four Grooves on the Dorsal Surface of the Auricle

Groove of the antihelix	The groove on the dorsal surface of the antihelix.
Groove of the inferior antihelix	The dorsal surface of the inferior antihelix, the groove that runs from the inferior medial side to the inferior lateral side.
Groove of the superior antihelix	The dorsal surface of the superior antihelix. The groove that runs from the superior medial side to the inferior lateral side and merges with the groove of the inferior antihelix.
Groove of the helix crus	The depression on the dorsal surface of the helix crus.
Groove of the antitragus	The depression on the dorsal surface of the tubercle of the antitragus.

TABLE 7-2C

Ear Acupuncture: Anatomy of the Four Prominences on the Dorsal Surface of the Auricle

Prominence of the scapha	On the dorsal surface of the scapha.
Prominence of the triangular fossa	On the dorsal surface of the triangular fossa.
Prominence of the superior concha	On the dorsal surface of the superior concha.
Prominence of the inferior concha	On the dorsal side of the inferior concha.

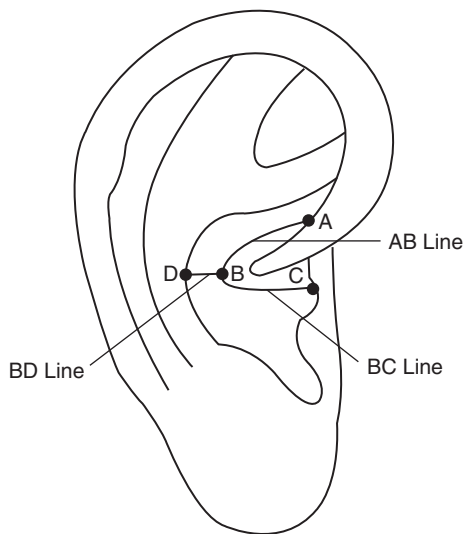


FIGURE 7-3 The Chinese standard auricular lines and points that are used to help identify the auricular zones.

Points

A POINT: Located at the helix, midway between the starting area of the helix crus and the inferior antihelix crus.

D POINT: Draw a line from the terminating point of the helix crus to the antihelix. The intersecting point is the D point.

B POINT: Lateral one-third connecting point between the terminating point of the helix crus and the D point.

C POINT: On the suprtragic notch immediately above the upper border of the tragus.

Lines

AB LINE: Draw a line connecting the A point and the B point, with the same curve as the antihelix.

BC LINE: Draw a line connecting the B point with the C point, with the same curve as the helix crus.

DB LINE: Draw a line connecting the D point with the B point.

Chinese Auricular Zones

See Figure 7-4.

HELIX: Helix 1 is located at the helix crus. The region from the helix crus notch to the upper border of the inferior antihelix crus is divided into three equal parts named helix 2, helix 3, and helix 4. The area between the upper border of the inferior antihelix crus to the lower border of the superior antihelix crus is helix 5. The number rises higher to the apex of the auricle at helix 6. Helix 7 is between the ear apex and the upper border of the helix tubercle. Helix 8 is between the upper border of the helix tubercle and the lower border of the helix tubercle. The area from the lower border of the helix tubercle to the helix cauda is divided into four equal parts—helix 9, helix 10, helix 11, and helix 12.

SCAPHOID FOSSA: The zones for the scaphoid fossa rise from SF6 near the earlobe to SF1 toward the top of the ear and are equally divided into six portions (SF6, SF5, SF4, SF3, SF2, and SF1).

ANTIHELIX: The superior antihelix crus is divided into three zones. The upper one third is divided into two parts. The front of the upper part of this area is AH1, and the posterior of the upper part is AH2. The next lower part is AH3. The middle one-third zone area is AH4, and the lower one-third zone area is AH5.

The inferior antihelix crus is divided into three equal parts, the anterior, middle, and posterior. The anterior and middle area is AH6, and the posterior is AH7.

The lower part of the antihelix, which runs from the antihelix notch to the bifurcation of the superior and inferior antihelix crura, is divided into five equal parts. Using the edge between the scapha and concha, divide the antihelix into anterior and posterior. The upper anterior two-fifths is AH8, and the upper posterior two-fifths is AH9. The middle anterior two-fifths is AH10, and the middle posterior is AH11. The lower anterior one-fifth is AH12, and the lower posterior one-fifth is AH13.

TRIANGULAR FOSSA: From the inner curling rim of the helix to the bifurcations of the superior and inferior antihelix crura

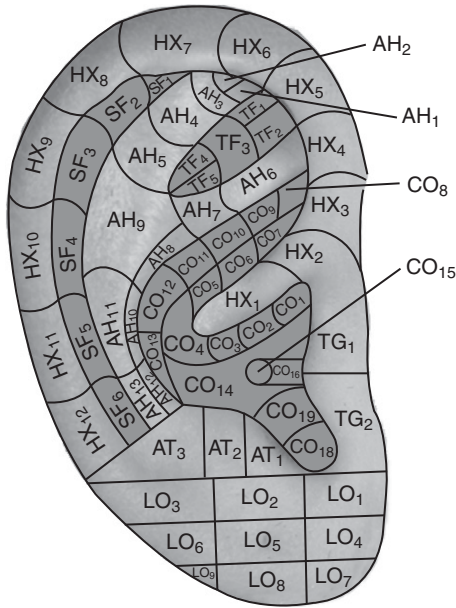


FIGURE 7-4 The ear is divided into auricular zones based on the Chinese system: helix (HX), scaphoid fossa (SF), antihelix (AH), triangular fossa (TA), tragus (TG), antitragus (AT), concha (CO), and earlobe (LO). Use the auricular zones to help locate the points.

of the triangular fossa, divide into three equal parts. The middle one-third is TF3. Divide the anterior one-third into upper, middle, and lower areas. The upper area is TF1. The middle and lower area is TF2. Then divide the posterior part into upper and lower parts; the upper part is TF4 and the lower part is TF5.

TRAGUS: Divide the ear tragus into upper and lower parts with medial and lateral areas. The lateral upper part is TG1, the lateral lower part is TG2, the medial upper part is TG3, and the medial lower part is TG4.

ANTITRAGUS: Make two vertical lines from the tip of the antitragus and midway from the tip of the antitragus to the helix notch. The antitragus is divided into three zones beginning with AT1 from the intertragic notch. The middle part is AT2, and the posterior part is AT3. The medial side of the antitragus is AT4.

CONCHA: Connect the A, B, and C point with a line to locate the zones from CO1 to CO7.

Divide the lower part of the helix crus of the concha area into three equal parts. The anterior one-third is CO1, the middle one-third is CO2, and the posterior one-third is CO3. At the terminal end of the helix crus of the concha is CO4. Divide the upper part of the helix crus of the concha area into three equal parts. The posterior one-third is CO5, the middle one-third is CO6, and the anterior one-third is CO7.

The upper medial part from the A point is CO8. From the A point to the B point, the concha area below the inferior antihelix crus is divided into four parts (CO9, CO10, CO11, and CO12). The lower part of the concha from the BD line is CO13. The central depression of the inferior concha is CO15. The zone area between CO15 and the external auditory orifice is CO16. The surrounding area of CO15 and CO16 is CO14.

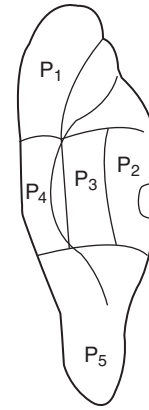


FIGURE 7-5 The Chinese system zones of the posterior surface of the ear.

Connect a line from the lower part of the external orifice to the tip of the antitragus. The concha area below this line is divided into two parts. The upper part is CO17, and the lower part is CO18.

EARLOBE: Draw a horizontal line below the intertragic notch and another two parallel lines from the first line to the lowest part of the earlobe, and divide them at an equal distance. Then draw two vertical lines parallel to each other on the earlobe. The earlobe is divided into nine zones. From upper medial to lateral is LO1, LO2, and LO3. From middle medial to lateral is LO4, LO5, and LO6. From lower medial to lateral is LO7, LO8, and LO9.

DORSAL SURFACE OF THE AURICLE (Figure 7-5): Draw two horizontal, parallel lines from the opposite part of the bifurcation of the antihelix and the opposite part of the antihelix notch. The dorsal surface of the auricle is divided into upper, middle, and lower parts. The upper part is P1, and the lower part is P5. The middle part of the ear is divided into medial middle and lateral parts. The medial part is P2, the middle part is P3, and the lateral part is P4.

European Auricular Zone

SYSTEM AURICULAR LANDMARKS (Figure 7-6): The auricular landmarks are used to help identify the auricular zones. These landmarks are distinguished by the beginning or the end of the different subsections of the external ear. The name and numbering of 18 landmarks are located on the ear, from LM0 to LM17:

- LM0—Also called the ear center. Located at the helix root, which rises up from the concha ridge.
- LM1—Located at the helix root where the helix crosses the inferior crus of the antihelix and the helix root separates from the face.
- LM2—This is the apex of the helix. The most superior point of the ear, also vertically above LM0.
- LM3—The upper boundary of Darwin’s tubercle (helix tubercle).
- LM4—The lower boundary of Darwin’s tubercle (helix tubercle).
- LM5—The helix tail curves centrally and inferiorly toward the lobe.
- LM6—This is found where the cartilaginous tissue of the inferior helix tail meets the soft earlobe.

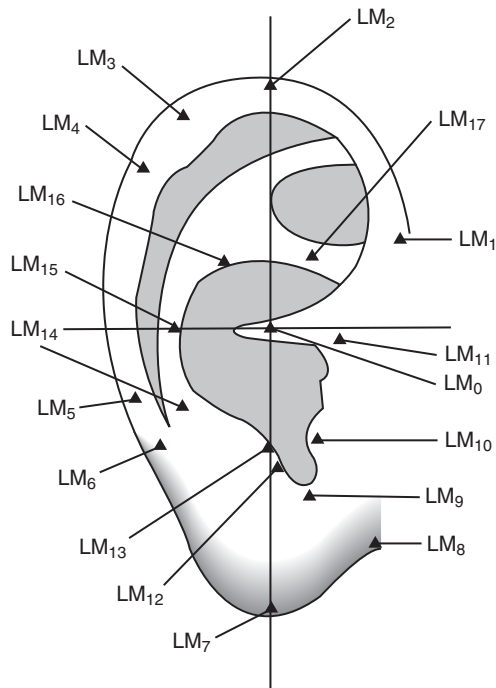


FIGURE 7-6 The name and numbering of 18 European auricular landmarks are used to help identify the auricular zones.

LM7—The most inferior part of the earlobe and vertically below LM0.

LM8—The most inferior point of the lobe that attaches to the jaw.

LM9—The depression between the tragus and antitragus.

LM10—The lower tubercle on the tragus.

LM11—The upper tubercle on the tragus.

LM12—The protruding knob at the base of the curving ridge of the antitragus.

LM13—This is the apex of the antitragus at the top of the curving ridge of the antitragus.

LM14—A round knob at the base of the antihelix tail.

LM15—This is located level with the concha ridge and horizontally across from LM0.

LM16—At the beginning of the flat ledge-shaped inferior crus of the antihelix from the antihelix body.

LM17—The midpoint of the inferior antihelix crus that divides the inferior crus into two halves.

The auricular quadrants can be formed by two interconnecting straight lines. It can be drawn as a cross dividing the ear into four equal quadrants, with the cross point passing through LM0 as its center. A vertical line connects landmarks LM2, LM0, LM13, and LM7. A horizontal line connects the landmarks LM0 and LM15, and is close to LM11.

The auricular grid coordinates are subdivisions of the ear quadrants. They are approximately 1.0 cm square and divide the external ear into 9 columns labeled 1 through 9 and 14 rows labeled A through N. The width and length of an ear are 0 to 45 cm across from medial to peripheral regions and 0 to 70 cm down from superior to inferior areas of the external ear (Figure 7-7).

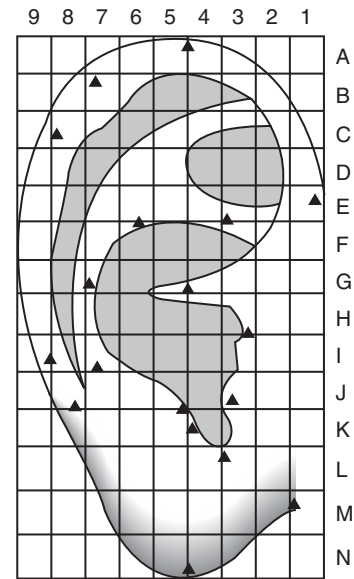


FIGURE 7-7 The auricular grid coordinates are subdivisions of the ear quadrants.

European Auricular Zones (Figure 7-8)

Each auricular zone is based on the proportional subdivision of anatomic regions, unlike the Chinese ear chart system. The lower numbers for each auricular area begin at the most inferior and most central zone of that anatomic region. The auricular landmarks are used to distinguish where some zones end and the next zone begins. The shaded portion in Figure 7-8, B, represents the hidden portion of the ear.

HELIX: Helix 1 is located at the helix crus and begins at landmark LM0. From LM0 to LM1 the region of the helix is divided into four equal parts, which proceed to higher numbers (HX2, HX3, and HX4). Starting at LM1 to LM2, the zones HX5, HX6, and HX7 are located with HX7 at the apex of the helix. From LM2 to LM6, there are eight parts (HX8, HX9, HX10, HX11, HX12, HX13, HX14, and HX15).

SCAPHOID FOSSA: The zones for the scaphoid fossa rise from SF1 near the earlobe to SF6 toward the top of the ear with the names SF1, SF2, SF3, SF4, SF5, and SF6.

ANTIHILIX: The first zone of the antihelix, AH1, begins on the central side of the bottom of the antihelix tail at LM14 and then rises to the antihelix body at LM15. Then it curves around to the inferior crus at LM16, where the antihelix number rises from AH1 to AH4 to the end. From LM16 of the inferior antihelix, the antihelix number continues from AH5 to AH7. The antihelix numbers continue again on the peripheral side of the antihelix tail at AH8, progressing to higher numbers as one ascends higher, and divided centrally and peripherally from the beginning of the AH13 and AH14 of the superior helix crura and ending at AH18.

TRIANGULAR FOSSA: From the inner curling rim of the helix to the bifurcation of the superior and inferior antihelix crura of

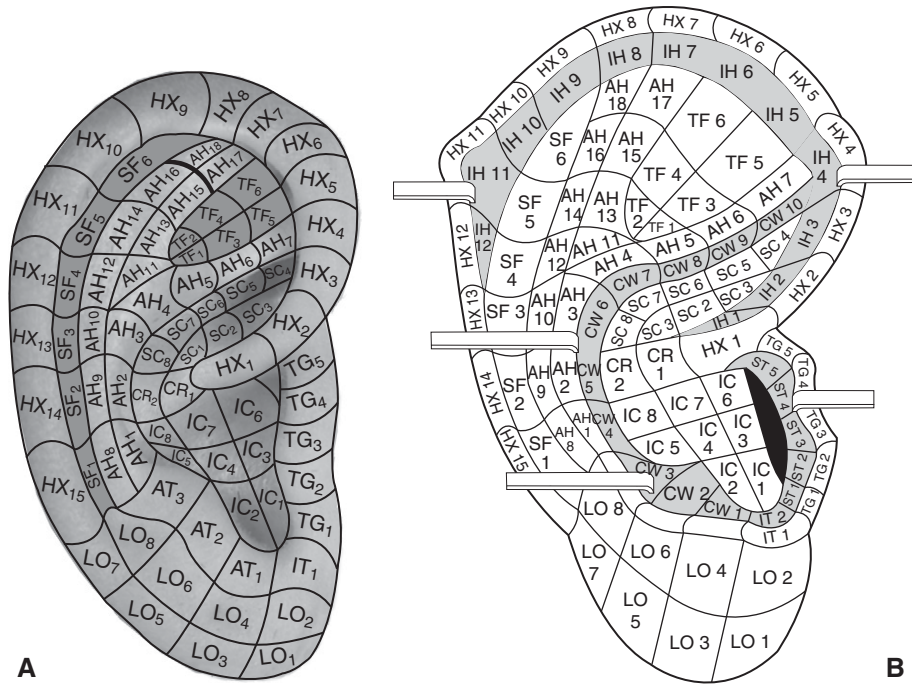


FIGURE 7-8 A, The ear is divided into auricular zones based on the proportional subdivision of anatomic regions in the European system: helix (HX), scaphoid fossa (SF), antihelix (AH), triangular fossa (TF), tragus (TG), antitragus (AT), superior concha (SC), inferior concha (IC), concha ridge (CR), intertragic notch (IT), and earlobe (LO). Use the auricular zones to help locate the points. **B**, In addition to the auricular zones, the European system indicates a hidden view of auricular zones. The hidden auricular zones include the concha wall (CW), subtragus (ST), and internal helix (IH).

the triangular fossa and divided into three equal parts, it is then divided into upper and lower parts by drawing a line at the middle. The triangular fossa increases from TF1 at the lower tip of the triangular fossa to TF6 toward the top of the ear.

TRAGUS: A series of vertical zones divides the tragus rising from TG1 near the intertragic notch to TG5, where the tragus meets the helix root. The landmark LM10 separates TG2 from TG3, and landmark LM11 divides TG3 from TG4.

ANTITRAGUS: The antitragus is divided into three zones beginning with AT1 at the intertragic notch, rising in number to AT2 and peripherally at AT3.

INTERTRAGIC NOTCH: There are two zones for the intertragic notch. The zone IT1 is found higher toward the surface of the auricle and IT2 on the wall of the intertragic notch.

INFERIOR CONCHA: The inferior concha is a depression inferior to the helix crus where zones IC1 to IC8 are located. There are three concha rows at the inferior concha area. It begins at IC1 and IC2 at the intertragic notch at the first row. The zone numbers then rise on a second concha row from IC3 and continue peripherally to IC5 near the concha wall. The third row begins at IC6 below the helix crus and progresses peripherally to IC8.

SUPERIOR CONCHA: The superior concha is a depression area superior to the helix crus. The zone for the superior concha begins with SC1 above the central concha ridge, ascends to higher concha regions at SC4, and then circles peripherally to SC8.

CONCHA RIDGE: This area runs peripherally to the helix crus. The concha ridge is divided into two zones, the central zone (CR1) and the peripheral zone (CR2).

EARLOBE: The earlobe is divided into eight parts beginning at the lower medial area and extending to the upper peripheral area (LO1, LO2, LO3, LO4, LO5, LO6, LO7, and LO8).

DORSAL SURFACE OF THE AURICLE (Figure 7-9): Each posterior auricle zone begins with the letter P. These zones rise from lower to higher numbers. PL is the posterior part of the earlobe. PC indicates the posterior concha. PP indicates the posterior periphery. PG indicates the posterior antihelix ridge. PT indicates the posterior part of the triangle.

Auricular Acupuncture System

International Standard of Auricular Nomenclature

The fourth WHO General Working Group on Auricular Acupuncture Nomenclature met in Lyons, France, in 1990. The following information is from their report:

Beginning in 1982, the World Health Organization (WHO) has been making concerted efforts to achieve international agreement on a common acupuncture language as a means to facilitate the

teaching, research, and clinical practice of acupuncture, i.e. a standardized acupuncture nomenclature. These efforts have included working groups and regional consultations convened by the WHO Regional office for the Western Pacific, and the meeting of a WHO Scientific Group. This last activity resulted in the unanimous adoption of a proposed standard acupuncture nomenclature for international use. The main features of the recommended nomenclature are the use of the English translation of the name of each meridian and an alphanumeric code derived from the English name, and the use of the Chinese phonetic alphabet (Pinyin) names and the Han character names of the meridians and acupuncture points.

One of the recommendations made by the Scientific Group was the completion of the standardization of the auricular acupuncture points of proven therapeutic value, the location of which is generally accepted. This was the basis for organizing this Working Group meeting. Auricular acupuncture is a rapidly evolving therapy, one that generates new knowledge that is being widely disseminated throughout the world. As with the introduction of any new body of knowledge, there is likely to be some confusion or misunderstanding at the outset. This was an additional consideration for organizing the meeting.

A standard of the nomenclature was adopted according to three main criteria: (1) points that had international and common names in use, (2) points whose therapeutic values were well proven, and (3) points whose location in the auricular area appeared to be generally accepted.

The following 39 auricular points were discussed and adopted by the Working Group. All items marked with an asterisk (*) are

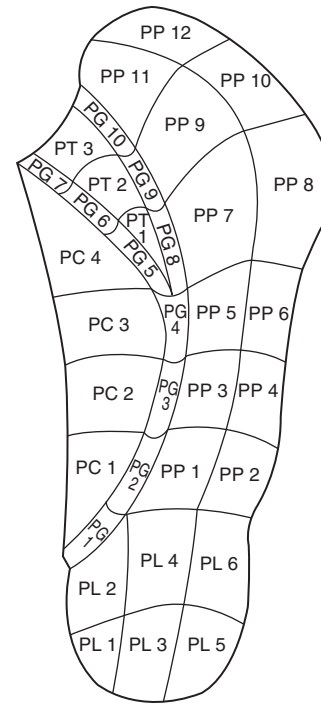


FIGURE 7-9 The posterior auricle zones of the European system. All of the posterior zones begin with the letter P: posterior lobe (PL), posterior groove (PG), posterior triangle (PT), posterior concha (PC), and posterior periphery (PP).

Helix	MA-HX1	Er Zhong	耳中	Ear center
	MA-HX2	Niao Dao	尿道	Urethra
	MA-HX3	Wai Sheng Zhi Qi	外生殖器	External genitalia
	MA-HX4	Gang Men	肛门	Anus
	MA-HX5	Er Jian	耳尖	Ear apex
Scaphoid fossa	MA-SF1	Zhi	指	Fingers
	MA-SF2	Wan	腕	Wrist
	MA-SF3	Zhou	肘	Elbow
	MA-SF4	Jian	肩	Shoulder girdle
Antihelix	MA-AH1	Gen	跟	Heel
	MA-AH2	Huai	踝	Ankle
	MA-AH3	Xi	膝	Knee
	MA-AH4	Tun Kuan	臀 髌	Pelvic girdle
	MA-AH5	Zuo Gu Shen Jing	坐骨神经	Sciatic point
	MA-AH6	Jiao Gan	交感	Autonomic point
	MA-AH7	Jing Zhui	颈 椎	Cervical spine
	MA-AH8	Xiong Zhui	胸 椎	Thoracic spine
	MA-AH9	Jing	颈	Neck
	MA-AH10	Xiong	胸	Thorax
Triangular fossa	MA-TF1	Er Shen Men	耳神门	Ear Shen Men
Tragus	MA-TG1	Wai Bi	外 鼻	External nose
	MA-TG2	Ping Jian	屏 尖	Apex of tragus
	MA-TG3	Yan Hou	咽 喉	Pharynx and larynx
Inferior concha	MA-IC1	Fei	肺	Lung

CONT'D

	MA-IC2	Qi Guan	气 管	Trachea
	MA-IC3	Nei Fen Mi	内 分 泌	Hypothalamo-hypophyseal axis
	MA-IC4	San Jiao	三 焦	Triple energizer
	MA-IC5	Kou	口	Mouth
	MA-IC6	Shi Dao	食 道	Esophagus
	MA-IC7	Ben Men	贲 门	Cardia
Superior concha	MA-SC1	Shi Er Zhi Chang	十二指肠	Duodenum
	MA-SC2	Xiao Chang	小 肠	Small intestine*
	MA-SC3	Mang Chang Lan Wei	盲肠阑尾	Ceco-appendix
	MA-SC4	Da Chang	大 肠	Large intestine*
	MA-SC5	Gan	肝	Liver*
	MA-SC6	Yi Dan	胰 胆	Pancreas-gallbladder*
	MA-SC7	Shu Niao Guan	输 尿 管	Ureter
	MA-SC8	Pang Guang	膀 胱	Bladder
Lobule	MA-L01	Mu	目	Eye

traditional Chinese medicine terms that do not necessarily represent an anatomic site as understood in modern medicine.

The Working Group decided that the following 36 points did not meet the three main criteria, as agreed on, and therefore were not discussed and adopted. All items marked with an asterisk (*) are traditional Chinese medicine terms that do not necessarily represent an anatomic site as understood in modern medicine.

Feng Xi	风 溪	Wind stream
Zu Zhi	足 趾	Toe
Yao Di Zhui	腰 骶 椎	Lumbosacral spine
Fu	腹	Abdomen
Pen Qiang	盆 腔	Pelvis
Jiao Wo Zhong	角 窝 中	Superior triangular fossa
Shen Shang Xian	肾 上 腺	Adrenal gland
Dui Ping Jian	对 屏 尖	Apex of antitragus
Yuan Zhong	缘 中	Central rim
Zhen	枕	Occiput
Nie	颞 髻	Temple
E	额	Forehead
Xin	心	Heart*
Pi	脾	Spleen*
Wei	胃	Stomach*
Shen	肾	Kidney*
Ting Jiao	艇 角	Angle of superior concha
Ya	牙	Tooth
She	舌	Tongue
He	颌	Jaw
Chui Qian	垂 前	Anterior earlobe
Yan	眼	Eye

Nei Er	内 耳	Internal ear
Mian Jia	面 颊	Cheek
Bian Tao Ti	扁 桃 体	Tonsil
Shang Er Gen	上 耳 根	Upper ear root
Er Mi Gen	耳 迷 根	Root of ear vagus
Xia Er Gen	下 耳 根	Lower ear root
Er Bei Gou	耳 背 根	Groove of posterior surface
Er Bei Xin	耳 背 心	Heart* of posterior surface
Er Bei Pi	耳 背 脾	Spleen* of posterior surface
Er Bei Gan	耳 背 肝	Liver* of posterior surface
Er Bei Fei	耳 背 肺	Lung* of posterior surface
Er Bei Shen	耳 背 肾	Kidney* of posterior surface

Chinese Ear Acupuncture System

Based on extensive clinical experience and research, the Chinese Auricular Committees met four times from 1982 to 1987 to discuss and standardize the auricular system. They also published an auricular standard nomenclature and the Chinese auricular chart in 1987. The Chinese auricular system not only proved the Nogier embryo theory, but also combined it with Zang Fu and meridian theories (e.g., the lung controls the skin, the liver opens to the eyes, and the heart and small intestine external-internal relationship). Chinese auricular system is a theory that combines traditional Chinese medicine with Western medicine. There are three main points of Chinese auricular therapy that are different from Western auricular therapy:

1. It uses auricular points to diagnosis disease.
2. It is widely used for acupuncture anesthesia.
3. It combines the theory of Chinese medicine with Western medicine.

The auricle can be viewed as being shaped like a fetus with the head facing downward and the feet upward (Figure 7-10). The distributions of the auricular points are as follows. The points located on the lobe are related to the facial region. The points located on the scapha correspond to the upper limbs, while the points on the antihelix, including the superior and inferior antihelix crus, relate to the trunk and the lower limbs. The points located in the superior and inferior concha relate to the internal organs. The points around the rim of the helix crus correspond with the digestive tract. The brain and the head are located on the antitragus, the adrenal and nose are located on the tragus, the endocrine system is located around the intertragic area, and the lower abdominal cavity is located in the triangular fossa. The brainstem is located in the helix notch. There are some differences between the Chinese and Nogier auricular systems; these will be discussed in greater detail later.

The internal organ that has a reflex on the ear surface is very similar to the body organ itself, such as the following:

ESOPHAGUS: The esophagus is the part of the digestive system. Its reflex area on the ear is located on the inferior of the helix crus. The reflex area is divided into three parts (from central to peripheral areas) and indicate the upper, middle, and lower sections of the esophagus.

STOMACH: The reflex area of the stomach is located around the area where the helix crus is terminated. The area where the helix crus terminates is the lesser curvature of the stomach. The area that points to the antihelix is the greater curvature of stomach.

LIVER: The reflex area of the liver is located on the peripheral superior part of the superior concha. The liver has a right lobe and a left lobe. The left ear will indicate the left lobe of the liver, and the right ear will indicate the right lobe of the liver.

HEART: The reflex area of the heart is located at the central depression of the inferior concha. It is about 0.25 cm in diame-

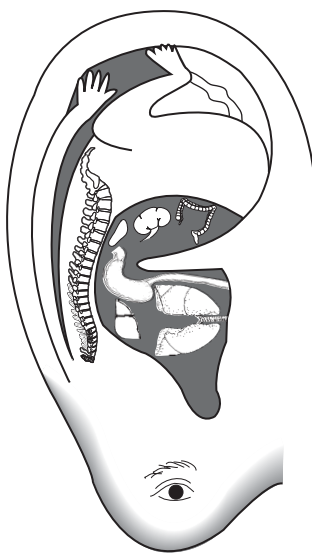


FIGURE 7-10 The somatotopic map of the ear. The auricle can be viewed as being shaped like a fetus with the head facing downward and the feet upward.

ter. The shape is similar to that of the heart itself. The base of the heart is toward the antihelix. The cardiac apex points to the auditory orifice. On the left ear the cardiac apex is pointed down, and on the right ear the cardiac apex is pointed up.

LUNG: The reflex of the lung is around the inferior concha. Separated by the heart, the lung divides into upper and lower parts. The upper part indicates the contralateral side of the lung. The lower lung indicates the homolateral side of the lung. Close to the auditory orifice is the apex of the lung. The part toward the helix is the base of the lung.

TRACHEA AND BRONCHUS: The reflex area of the trachea is between the auditory orifice and the heart. The bronchus reflex area is between the trachea and the lung.

URETER: The reflex area of the ureter is located in the middle of the border of the inferior antihelix crus. From the center to the peripheral area, this area is divided into three parts. It indicates the upper, middle, and lower parts of the ureters (Figure 7-11).

Location and Indications

POINTS OF THE FRONTAL SURFACE OF THE EAR

The helix crus and helix

EAR CENTER

Location: C. HX1. Located at the middle of the helix crus.

Indications: Hiccups, jaundice, diseases of the digestive tract, dermatitis, infantile enuresis, and hemoptysis.

RECTUM

Location: C. HX2. On the end of the helix proximal to the superior tragic notch.

Indications: Constipation, diarrhea, rectal prolapse, and hemorrhoids.

URETHRA

Location: C. HX3. On the helix at the level with the lower border of the inferior antihelix crus.

Indications: Enuresis; frequency, urgency, and pain of urination; and urinary retention.

EXTERNAL GENITALIA

Location: C. HX4. On the helix at the level of the upper border of the inferior antihelix crus.

Indications: Impotence, testitis, and pruritus of the vulva.

ANUS

Location: C. HX5. On the helix level with the lower border of the superior antihelix crus.

Indications: Hemorrhoids.

EAR APEX

Location: Intersection of C. HX6 and C. HX7. At the tip of the helix.

Indications: Fever, hypertension, and acute conjunctivitis.

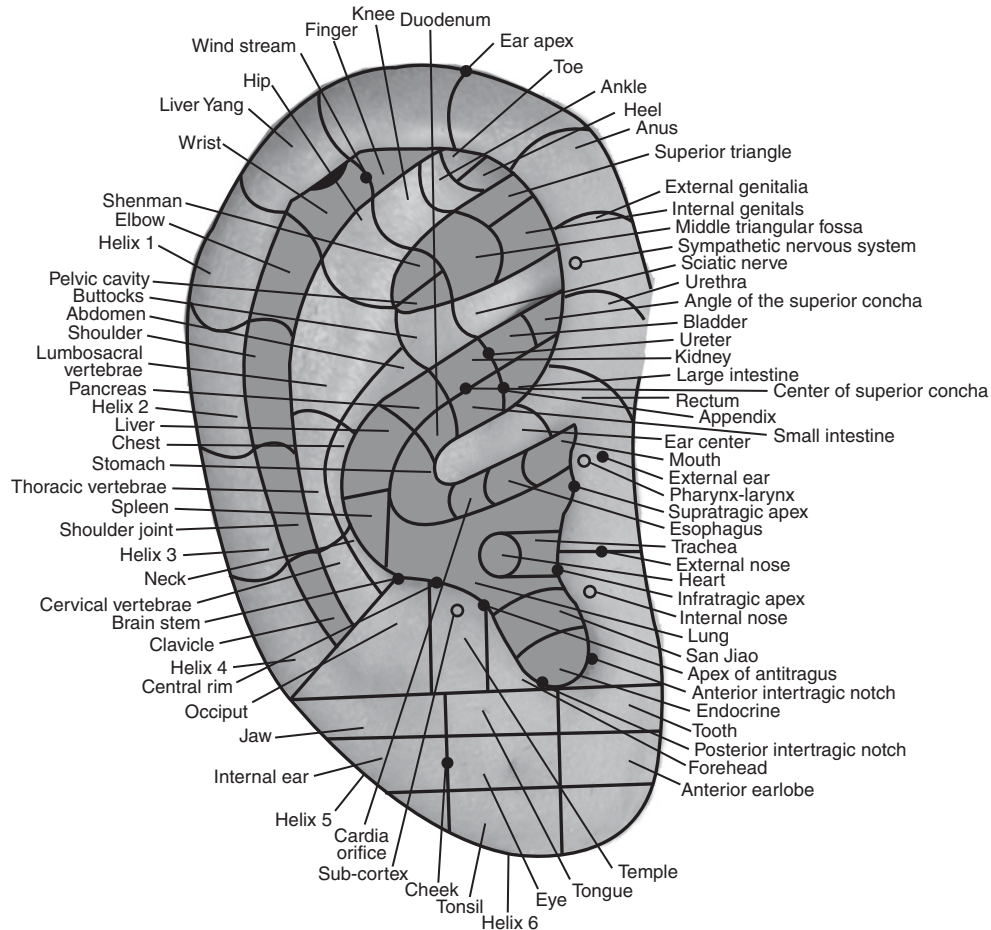


FIGURE 7-11 The Chinese auricular system points and areas on the front of the ear.

LIVER YANG

Location: C. HX8. On the helix at the auricular tubercle.

Indications: Headache, dizziness, and hypertension.

HELIX 1 THROUGH HELIX 6

Location: H1 located at C. HX9. H2 located at C. HX10. H3 located at C. HX11. H4 located at C. HX12. H5 located at edge of C. LO6. H6 located at edge of C. LO8. On the helix, the region from the lower border of the auricular tubercle to the midpoint of the lower border of the earlobe, divide the region into five equal parts for a total of six points numbered H1 through H6.

Indications: Tonsillitis, fever, and upper respiratory infections.

The scaphoid fossa

FINGER

Location: C. SF1. At the top of the scaphoid fossa.

Indications: Finger pain, numbness, and paronychia.

CLAVICLE

Location: C. SF6. On the scapha level with the helix notch.

Indications: Peripheral arthritis of the shoulder.

WRIST, ELBOW, SHOULDER, AND SHOULDER JOINT

Location: Wrist at C. SF2. Elbow at C. SF3. Shoulder at C. SF4. Shoulder joint at C. SF5. On the scaphoid fossa, the distance from the finger to clavicle points is divided into five equal parts: wrist, elbow, shoulder, and shoulder joint, respectively, from superior to inferior.

Indications: For diseases of the corresponding areas of the body.

WIND STREAM

Location: Intersection of C. SF1 and C. SF2. On the scaphoid fossa, the midpoint between finger and wrist.

Indications: Urticaria, cutaneous pruritis, asthma, and allergic rhinitis.

The superior antihelix crus**HEEL**

Location: C. AH1. At the medial and superior angle of the superior antihelix crus.

Indications: Heel pain.

TOE

Location: C. AH2. At the lateral and superior angle of the superior antihelix crus.

Indications: Pain of the toe and paronychia.

ANKLE

Location: C. AH3. Below the Toe and Heel points and midway between the Heel and Knee points.

Indications: Ankle sprain.

KNEE

Location: C. AH4. The middle portion of the superior antihelix crus.

Indications: Swelling and pain of the knee joint.

HIP

Location: C. AH5. At the inferior one-third of the superior antihelix crus.

Indications: Pain of the hip joint and sciatica.

Inferior antihelix crus**BUTTOCKS**

Location: C. AH7. At the lateral one third of the inferior antihelix crus.

Indications: Pain in the corresponding area, pain of the lumbosacral region, and sciatica.

SCIATIC NERVE

Location: C. AH6. At the middle of the inferior antihelix crus.

Indications: Sciatica.

SYMPATHETIC NERVOUS SYSTEM

Location: Anterior part of C. AH6. At the terminal end of the inferior antihelix crus.

Indications: Functional disorders of the autonomic nervous system, gastrointestinal pain and spasm, angina, and urethral stone.

The antihelix**CERVICAL VERTEBRAE**

Location: C. AH13. The lower one-fifth of the antihelix curved line, which runs from the helix notch to the bifurcation of the superior and inferior antihelix crura. Divide this line into five equal parts.

Indications: Stiff neck and cervical spondylopathy.

THORACIC VERTEBRAE

Location: C. AH11. The middle two-fifths of the line described above.

Indications: Pain in the thoracic and hypochondriac regions, mastitis, insufficient lactation, and premenstrual mammary distension and pain.

LUMBOSACRAL VERTEBRAE

Location: C. AH9. The upper two-fifths of the line described above.

Indications: Pain at the corresponding part of the body, abdominal pain, and pain of the lower back and legs.

NECK

Location: C. AH12. On the lower one-fifth of the antihelix on the border of the inferior concha.

Indications: Stiff neck, wryneck, and swelling and pain of the neck.

CHEST

Location: C. AH10. On the middle two-fifths of the antihelix on the border of the inferior concha.

Indications: Pain and fullness of the chest and insufficient lactation.

ABDOMEN

Location: C. AH8. On the upper two-fifths of the antihelix on the border of the inferior concha, level with the lumbar vertebrae.

Indications: Abdominal pain and distension, diarrhea, and acute lumbar sprain.

The triangular fossa**SUPERIOR TRIANGLE**

Location: C. TF1. In the upper part of the medial one-third of the triangular fossa.

Indications: Hypertension and headache.

INTERNAL GENITALS

Location: C. TF2. In the lower part of the medial one-third of the triangular fossa.

Indications: Irregular menstruation, dysmenorrhea, leukorrhea, dysfunctional uterine bleeding, nocturnal emissions, and prostatitis.

MIDDLE TRIANGULAR FOSSA

Location: C. TF3. In the middle one-third of the triangular fossa.

Indications: Asthma.

SHENMEN

Location: C. TF4. The upper half of the lateral one-third of the triangular fossa.

Indications: Insomnia, dream-disturbed sleep, pain, and withdrawal symptoms.

PELVIC CAVITY

Location: C. TF5. In the lower half of the lateral one-third of the triangular fossa, near the intersection of the Superior and Inferior Antihelix Crus.

Indications: Pelvic cavity inflammation and painful menstruation.

The tragus

EXTERNAL EAR

Location: C. TG1. On the supratragic notch close to the helix.

Indications: Inflammation of the external auditory canal, otitis media, tinnitus, and dizziness.

EXTERNAL NOSE

Location: C. TG1-2. In the center of the tragus between tragus zone 1 and 2.

Indications: Vestibulitis, nasal obstruction, sinusitis, and rhinitis.

SUPRATRAGIC APEX

Location: C. TG1. At the tip of the upper ear protuberance, on the border of the tragus.

Indications: Fever, pain, and toothache.

INFRATRAGIC APEX (ADRENAL)

Location: C. TG2. At the tip of the lower ear tubercle on the border of the tragus.

Indications: Rheumatoid arthritis, mumps, mandibular lymphnoditis, pruritis, dizziness, pain, and low blood pressure.

PHARYNX-LARYNX

Location: C. TG3. At the upper half of the medial aspect of the tragus.

Indications: Hoarseness, acute and chronic pharyngitis, and tonsillitis.

INTERNAL NOSE

Location: C. TG4. At the lower half of the medial aspect of the tragus.

Indications: Rhinitis, paranasal sinusitis, and epistaxis.

The antitragus

APEX OF ANTITRAGUS

Location: Intersection of C. AT1, 2, 4. At the tip of the antitragus at the intersection of antitragus zones 1, 2, and 4.

Indications: Asthma, bronchitis, mumps, cutaneous pruritis, and epididymitis.

CENTRAL RIM

Location: Intersection of C. AT2, 3, 4. Midpoint between the antitragus apex and the helix notch.

Indications: Oligophrenia, enuresis, auditory vertigo, and headache.

Brain stem

Location: Intersection of C. AT 3,4. At the helix notch.

Indications: Insomnia and dizziness.

OCCIPUT

Location: C. AT3. At the posterior of the lateral aspect of the antitragus.

Indications: Dizziness, vertigo, headache, insomnia, bronchial asthma, epilepsy, and neurasthenia.

TEMPLE

Location: C. AT2. At the midpoint of the lateral aspect of the antitragus.

Indications: Migraine.

FOREHEAD

Location: C. AT1. At the anterior of the lateral aspect of the antitragus.

Indications: Headache, dizziness, insomnia, and dream-disturbed sleep.

SUBCORTEX

Location: C. AT4. On the medial aspect of the antitragus.

Indications: Oligophrenia, insomnia, dream-disturbed sleep, pseudomyopia, and neurasthenia.

The inferior concha

MOUTH

Location: C. CO1. At the anterior one-third of the lower border of the helix crus.

Indications: Facial paralysis, stomatitis, cholecystitis, cholelithiasis, and withdrawal symptoms.

ESOPHAGUS

Location: C. CO2. At the middle one-third of the inferior aspect of the helix crus.

Indications: Esophagitis, esophagismus, and plum pit Qi.

CARDIA ORIFICE

Location: C. CO3. At the lateral one-third of the inferior aspect of the helix crus.

Indications: Cardiospasm and nervous vomiting.

STOMACH

Location: C. CO4. Around the area where the helix crus terminates.

Indications: Gastrosplasm, gastritis, gastric ulcer, insomnia, toothache, and indigestion.

HEART

Location: C. CO15. In the central depression of the inferior concha.

Indications: Palpitations, insomnia, hysteria, angina pectoris, arrhythmia, neurasthenia, and stomatitis.

LUNG

Location: C. CO14. Around the central depression of the inferior concha.

Indications: Cough, chest stuffiness, cutaneous pruritis, constipation, obesity, withdrawal symptoms, constipation, and skin rash.

TRACHEA

Location: C. CO16. Between the orifice of the external auditory meatus and the Heart point.

Indications: Cough and asthma.

SPLEEN

Location: C. CO13. At the lateral and superior aspect of the inferior concha, just below D-B line.

Indications: Abdominal distension, chronic diarrhea, indigestion, irregular menstruation, anorexia, dysfunctional uterine bleeding, and leukorrhagia.

ENDOCRINE

Location: C. CO18. At the base of the inferior concha, in the intertragic notch.

Indications: Dysmenorrhea, impotence, irregular menstruation, menopause syndrome, and endocrine disorders.

SAN JIAO

Location: C. CO17. At the base of the inferior concha, superior to the intertragic notch between the Lung and Endocrine points.

Indications: Constipation, edema, abdominal distension, pain of the lateral aspect of the hand and arm, and obesity.

The superior concha**DUODENUM**

Location: C. CO5. At the lateral one-third of the superior aspect of the helix crus.

Indications: Duodenal ulcer, pylorospasm, cholecystitis, and cholelithiasis.

SMALL INTESTINE

Location: C. CO6. At the middle one-third of the superior aspect of the helix crus.

Indications: Indigestion, palpitations, abdominal pain, and arrhythmia.

LARGE INTESTINE

Location: C. CO7. At the medial one-third of the superior aspect of the helix crus.

Indications: Diarrhea, constipation, cough, and acne.

APPENDIX

Location: Intersection of C. CO6 and C. CO7. Between the Small Intestine and Large Intestine points.

Indications: Appendicitis and diarrhea.

ANGLE OF THE SUPERIOR CONCHA

Location: C. CO8. At the medial superior angle of the superior concha immediately below the inferior antihelix crus.

Indications: Prostatitis and urethritis.

KIDNEY

Location: C. CO10. On the lower border of the inferior antihelix crus, directly above the Small Intestine point.

Indications: Diseases of the urinary and genital systems, gynecopathy, lumbar pain, tinnitus, insomnia, dizziness, and testiculitis.

BLADDER

Location: C. CO9. On the middle of the border of the inferior antihelix crus, between the angle of the superior concha and the Kidney point.

Indications: Cystitis, urinary retention, back pain, occipital pain, enuresis, and sciatic nerve pain.

URETER

Location: Intersection of C. CO9 and C. CO10. Between the Kidney and Bladder points.

Indications: Colic pain of the ureter calculus.

LIVER

Location: C. CO12. On the lateral superior border of the superior concha.

Indications: Hypochondriac pain, dizziness, irregular menstruation, dysmenorrhea, hypertension, and diseases of the eye.

CENTER OF SUPERIOR CONCHA

Location: Between C. CO6 and C. CO10. At the superior concha between the Small Intestine and Kidney points.

Indications: Abdominal pain, abdominal distension, and parasitic disease of the biliary tract.

PANCREAS AND BILIARY TRACT

Location: C. CO11. Between the Liver and Kidney points. The pancreas is found on the left ear, and the biliary tract on the right.

Indications: Cholecystitis, cholelithiasis, parasitic disease of the biliary tract, migraine, herpes zoster, pancreatitis, tinnitus, and decreased hearing.

The ear lobule**ANTERIOR INTERTRAGIC NOTCH**

Location: C. TG2. On the medial and inferior area of the intertragic notch.

Indications: Glaucoma and pseudomyopia.

POSTERIOR INTERTRAGIC NOTCH

Location: C. AT1. On the lateral and inferior area of the intertragic notch.

Indications: Ametropia and pseudomyopia.

TOOTH

Location: C. LO1. First section of the ear lobule.

Indications: Toothache and low blood pressure.

TONGUE

Location: C. LO2. Second section of the ear lobule.

Indications: Stomatitis.

JAW

Location: C. LO3. Third section of the ear lobule.

Indications: Toothache and dysfunction of the temporomandibular (TMJ) joint.

ANTERIOR EARLOBE

Location: C. LO4. Fourth section of the ear lobule.

Indications: Toothache and neurasthenia.

EYE

Location: C. LO5. Fifth section of the ear lobule.

Indications: Acute conjunctivitis and pseudomyopia.

INTERNAL EAR

Location: C. LO6. Sixth section of the ear lobule.

Indications: Vertigo, tinnitus, hearing loss, and Meniere's syndrome.

CHEEK

Location: Intersection C. LO5 and C. LO6. Around the borderline of the fifth and sixth sections.

Indications: Peripheral facial paralysis, trigeminal neuralgia, and acne.

TONSIL

Location: C. LO7, 8, 9. At the lower part of the earlobe.

Indications: Stomatitis and tonsillitis.

See Figure 7-12.

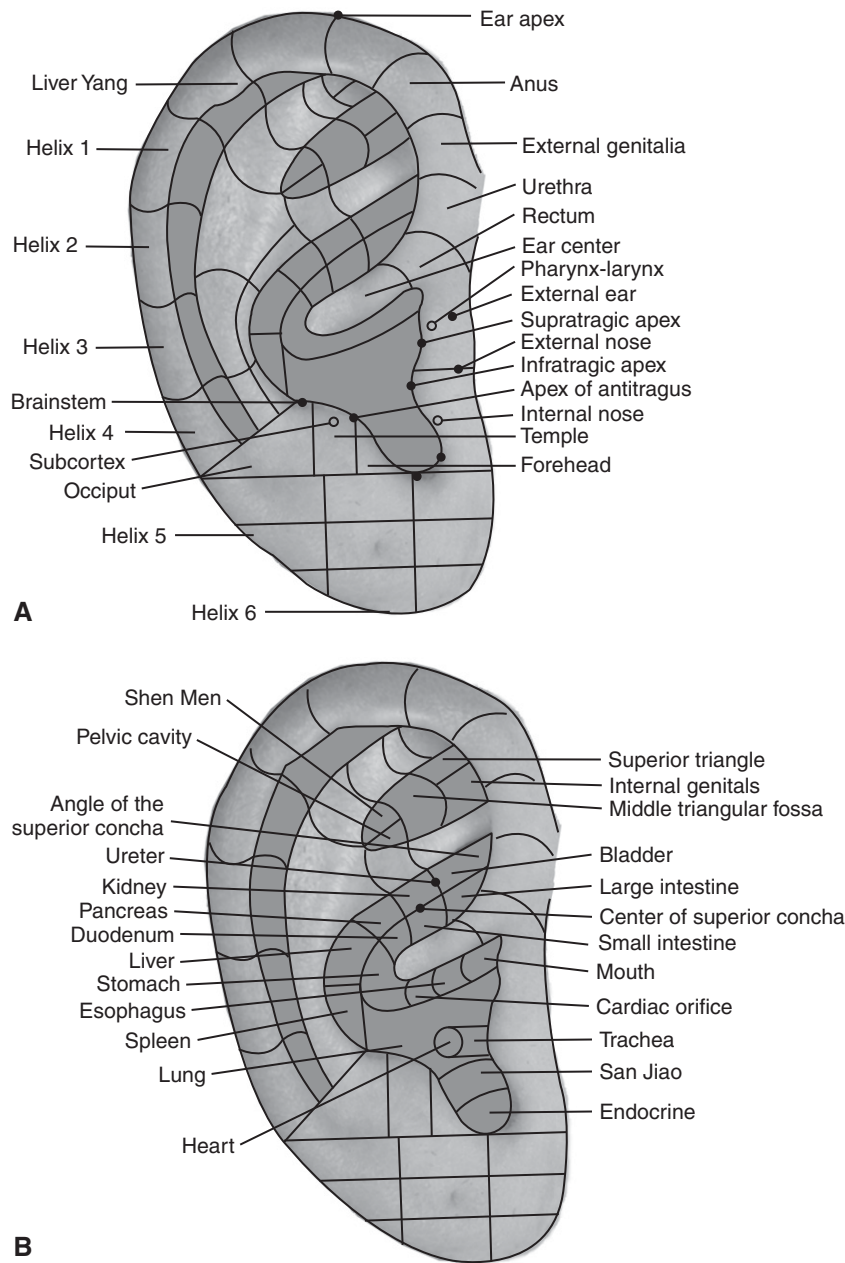


FIGURE 7-12 A, Chinese auricular points located on the helix, tragus, and antitragus. **B,** Chinese auricular points located on the triangular fossa, inferior concha, and superior concha. (Continued)

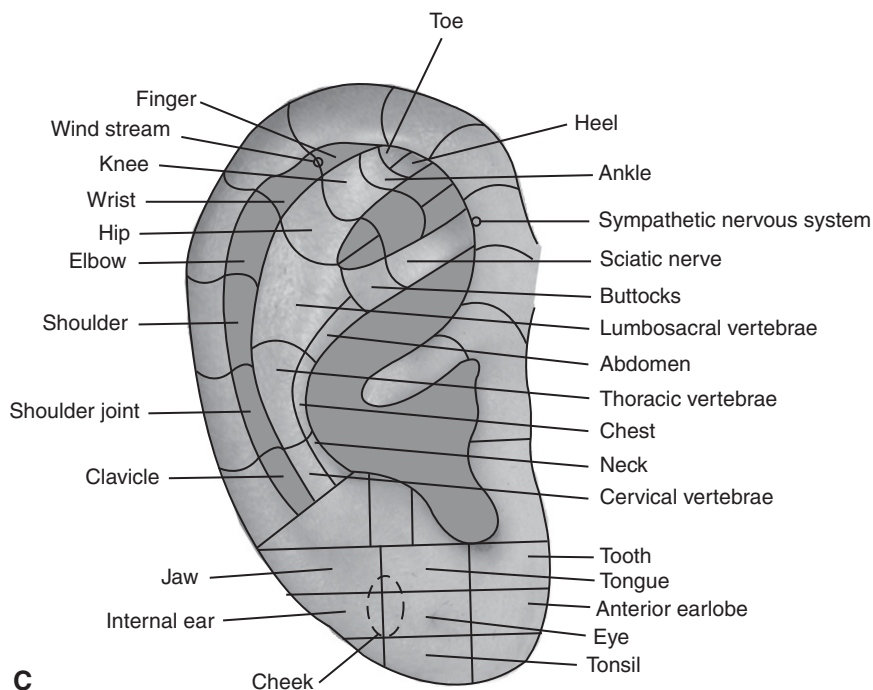


FIGURE 7-12, CONT'D C, Chinese auricular points located on the scaphoid fossa, antihelix, and earlobe.

EAR POINTS OF THE DORSAL SURFACE OF THE EAR

UPPER EAR ROOT

Location: C. R1. At the intersection of the superior border of the auricle with the skin of the head.

Indications: Nosebleed.

ROOT OF EAR VAGUS

Location: C. R2. At the intersection of the back of the auricle with the mastoid process. Opposite the helix crus.

Indications: Cholecystitis, cholelithiasis, parasitic disease of the biliary tract, nasal obstruction, tinnitus, tachycardia, abdominal pain, and diarrhea.

LOWER EAR ROOT

Location: C. R5. At the intersection of the inferior border of the auricle with the skin of the head.

Indications: Low blood pressure.

GROOVE OF POSTERIOR SURFACE

Location: C. PS. (groove of posterior surface) At the back of the superior and inferior antihelix on the back of the ear groove resembling the letter “Y.”

Indications: Hypertension and skin itching.

HEART OF POSTERIOR SURFACE

Location: C. P1. At the superior part of the back of the auricle opposite the upper part of the scapha.

Indications: Palpitations, insomnia, and dream-disturbed sleep.

SPLEEN OF POSTERIOR SURFACE

Location: C. P3. At the end of the helix crus, which is the center of the back of the auricle.

Indications: Stomach pain, indigestion, and poor appetite.

LIVER OF POSTERIOR SURFACE

Location: C. P4. At the back of the auricle on the lateral side of the spleen of the posterior surface on the helix.

Indications: Cholecystitis, cholelithiasis, and hypochondriac pain.

LUNG OF POSTERIOR SURFACE

Location: C. P2. At the back of the auricle on the medial side of the spleen of the posterior surface on the helix crus.

Indications: Asthma, cough, and skin rash.

KIDNEY OF POSTERIOR SURFACE

Location: C. P5. At the lower part of the back of the auricle at the intersection between the lower cartilaginous prominence and the earlobe.

Indications: Headache, dizziness, and neurosis.

See Figure 7-13.

SPECIAL EFFECT POINTS

VERTIGO

Location: On the end of the helix at the intersection between the helix crus and the skin of the face.

Indications: Vertigo.

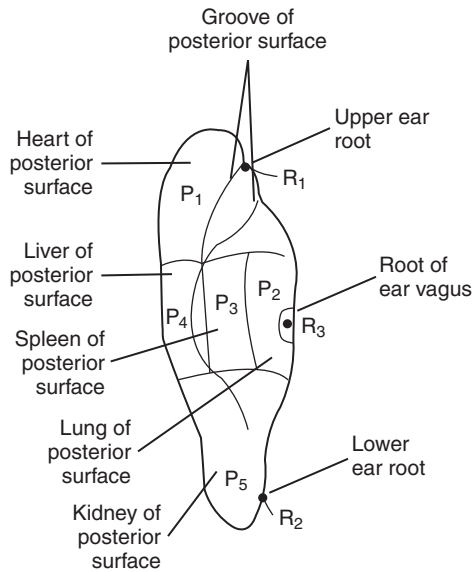


FIGURE 7-13 Chinese auricular points on the posterior surface of the ear.

HEMORRHOIDAL NUCLEUS

Location: On the helix, level with the lower border of the superior antihelix crus.

Indications: Hemorrhoids and proctoptosis.

COLD

Location: On the helix, slightly anterior to the upper border of the superior antihelix.

Indications: Common cold and influenza.

TUMOR 1

Location: On the tragus, level with the infratragic apex (adrenal point) at the intersection between the tragus cartilage and the skin of the face.

Indications: Reference point to diagnose tumors.

TUMOR 2

Location: On the helix at the upper one-half distance from helix 4 to helix 5.

Indications: Reference point to diagnose tumors.

TUMOR 3

Location: On the back of the auricle, 0.2 cm opposite and inferior to tumor 2.

Indications: Reference point to diagnose tumors.

TUMOR DISTINCTIVE AREA 1

Location: On the lower part of the helix, choose the upper two-thirds of the area between helix 5 and helix 6.

Indications: Reference point to diagnose tumors.

TUMOR DISTINCTIVE AREA 2

Location: Middle part of the helix on the upper two-thirds of the area between helix 3 and helix 4.

Indications: Reference point to diagnose digestive system tumors.

TUMOR DISTINCTIVE AREA 3

Location: On the back of the auricle, opposite tumor distinctive area 1.

Indications: Reference point to diagnose tumors.

PILLOW LITTLE NERVE

Location: On the upper part of the ear helix, 0.2 cm superior to the helix tubercle.

Indications: Headache, dizziness, and numbness of the head.

NEPHRITIS

Location: Lateral and inferior to the Clavicle point in the depression on the lower margin of the scapha.

Indications: Nephritis and pyelonephritis.

SHOULDER JOINT

Location: On the scapha, midway between the Shoulder and Clavicle points.

Indications: Periarthritis of the shoulder.

CALCULUS AREA

Location: On the antihelix, a triangular area between the pelvic cavity, kidneys, and lower abdomen.

Indications: Kidney stones.

GLANDS MAMMARY

Location: On the middle area of the antihelix, two points above the thoracic vertebrae; they form a triangle with the thoracic vertebrae.

Indications: Mastitis, lumps in the breast, and hypogalactia.

THYROID

Location: On the lateral margin of the antihelix below the cervical vertebrae.

Indications: Thyropathy.

HEPATITIS

Location: In the triangular fossa, on the upper one-third between the superior triangle and the Pelvic Cavity point.

Indications: Liver and gallbladder disease and acute and chronic hepatitis.

CONSTIPATION

Location: In the lower margin of the triangular fossa, immediately above the sciatic nerve.

Indications: Constipation.

THIRST

Location: The midpoint between the external nose and the tip of the tragus.

Indications: Thirst, diabetes, and polyuria.

HUNGER

Location: On the tragus. The midpoint between the External Nose point and the Adrenal point.

Indications: Relieves hunger, diabetes, obesity, hyperthyroid conditions, and diarrhea.

HEART

Location: Close to the supratragic notch, midway between the Thirst and External Ear points.

Indications: Atrial fibrillation.

BRAINSTEM

Location: Intersection of C. AT 3,4. At the helix notch

Indications: Headache, incomplete development of the brain, and allergic rhinitis.

TESTICLE

Location: On the superior part of the inner wall of the antitragus.

Indications: Irregular menses and sexual dysfunction.

OVARY

Location: On the inferior part of the inner wall of the antitragus.

Indications: Irregular menstruation, sexual dysfunction, painful menstruation, and infertility.

NEW EYE

Location: At the inferior concha between and below the Esophagus point and the Cardia Orifice point.

Indications: Myopia, hyperopia, and eye disease.

PANCREATITIS

Location: In the superior concha, between the Pancreas point and the Duodenum point.

Indications: Pancreatitis and diabetes.

BILIARY TRACT

Location: In the superior concha, between the Pancreas point and the Liver point.

Indications: Cholecystitis and cholelithiasis.

ELEVATING BLOOD PRESSURE

Location: On the inferior aspect of the intertragic notch.

Indications: Hypotension and collapse.

BACK EYE

Location: At the posterior aspect of the auricle at the lower end of the antihelix groove.

Indications: Eye disease.

INSOMNIA

Location: At the posterior aspect of the auricle at the end of the helix groove.

Indications: Insomnia.

See Figure 7-14.

European Ear Acupuncture System

Although there are many different ideas and practices in the West on auricular therapy, Nogier's inverted fetus theory, three-phase model, and energetic explanation of healing is the most standard and recognized in the world. He developed the three somatotopic phases on the ear to represent different tissues of the endoderm, mesoderm, and ectoderm with several nerves supporting each part of an embryo. He theorized that

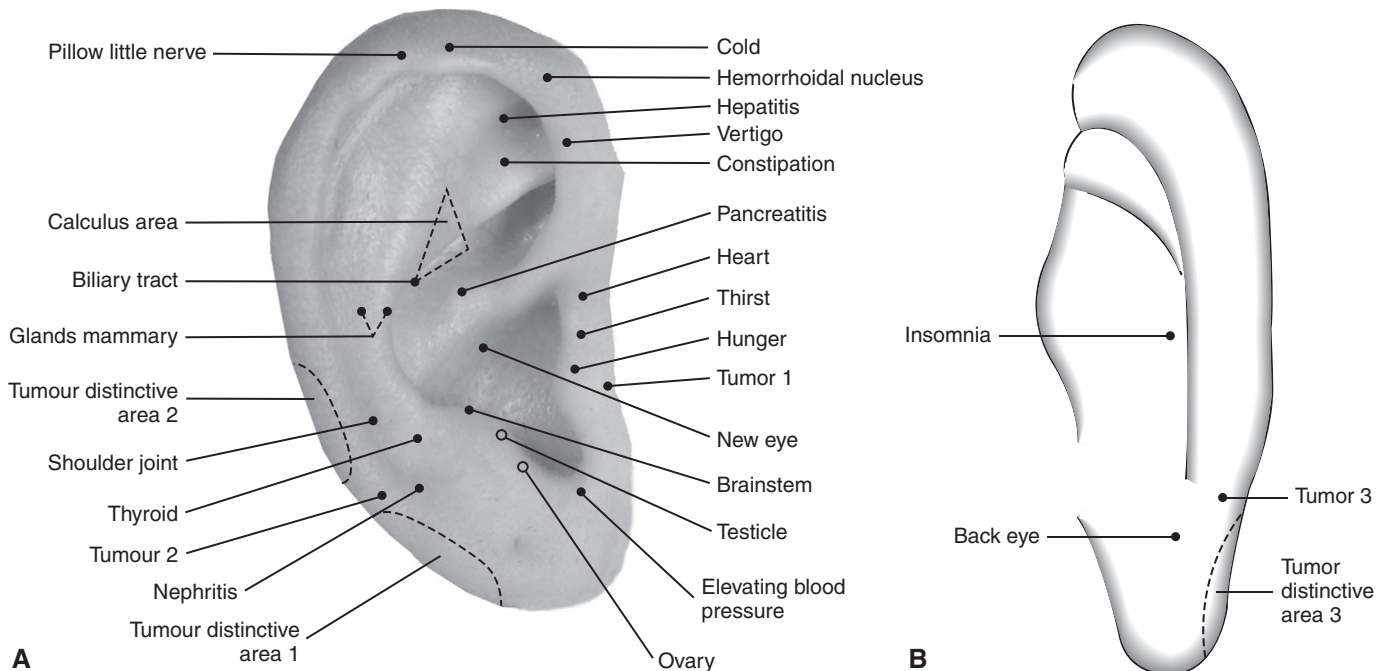


FIGURE 7-14 A, Chinese auricular special effect points on the front of the ear. B, Chinese auricular special effect points on the posterior surface of the ear.

the distribution of the three cranial nerves, which supply different auricular regions, are related to three embryological functions. In this theory, the functions of three phases show the differences according to research and clinical results. The phase I points are more associated with acute somatic reactions. The phase II points are more representative of chronic, degenerative conditions. The phase III points reflect subacute syndromes. The three somatotopic phases, which result in some points on different locations and focus on neurologic explanations, are the major difference between the Chinese and Western auricular systems.

The following is an example of different somatotopic phases on the ear to represent different tissues of the endoderm, mesoderm, and ectoderm.

1. Phases for mesoderm vertebral spine, limbs, and internal organs

Phases for mesodermal vertebral spine

- F1 Very similar to the Chinese system
- F2 Extending from the antihelix crus
- F3 Along with the tragus
- F4 On the back of the groove of the antihelix

Phases for mesodermal upper limb points

- F1 Same as the Chinese on the scapha area
- F2 At the superior concha on the lower border of the inferior antihelix crus
- F3 At the lower part of the earlobe
- F4 On the dorsal surface of the auricle of the posterior peripheral area

Phases for mesodermal lower limb points

- F1 On the triangular fossa
- F2 At the inferior concha on the upper border of the antitragus and medial to the lower part of the antihelix body
- F3 At the junction between the antitragus and the earlobe
- F4 On the dorsal surface of the auricle on the posterior triangle area

Phases for the mesodermal internal organs

HEART:

- F1 On the E AH4 of the antihelix body
- F2 On the E SC7 of the superior concha
- F3 On the E LO8 of the peripheral earlobe
- F4 On the E PP5 of the dorsal surface of the auricle of the posterior periphery

LUNG:

- F1 located at the inferior concha
- F2 On the E LO7 of the peripheral regions of the earlobe
- F3 On the E SP2 of the scaphoid fossa

SPLEEN:

- F1 On the E CW9 of the concha wall
- F2 On the E SC8 of the superior concha
- F3 On the E LO8 of the peripheral earlobe
- F4 On the E PC3 of the dorsal surface of the posterior concha

LIVER:

- F1 Same as the Chinese Liver point located at the E CR2 of the concha ridge

- F2 On the E LO7 of the peripheral lobe
- F3 On the E SF4 of the superior scaphoid fossa

KIDNEY:

- F1 On the E IH5 of the medial internal helix
- F2 On the E IC8 of the inferior concha
- F3 On the E SF1 between the tail of the antihelix and the lower part of the scapha
- F4 On the E PP10 of the dorsal surface of the auricle of the posterior periphery

2. Phases for the endodermal internal organs

STOMACH:

- F1 On the E CR1 of the concha ridge
- F2 On the E LO3 of the lobe
- F3 On the E HX2-5 of the helix
- F4 On the E PC2 of the posterior concha

SMALL INTESTINE:

- F1 On the E SC1-2 of the superior concha
- F2 On the E LO4 of the lobe
- F3 On the E IH3-9 of the internal helix
- F4 On the E PC3 of the posterior concha

LARGE INTESTINE:

- F1 On the E SC3.4 of the superior concha
- F2 On the E AT1-3 of the antitragus
- F3 On the E HX 10-14 of the helix
- F4 On the E PC4 of the posterior concha

THYROID:

- F1 On the E IC2 of the inferior concha
- F2 On the E AH1, 8 of the antihelix
- F3 On the E AH2 of the antihelix
- F4 On the E PG3 of the posterior groove

URETHRA:

- F1 On the E SC4 of the superior concha
- F2 On the E LO of the lobe
- F3 On the E TF6 of the triangular fossa
- F4 On the E PC3 of the posterior concha

3. Phases for the ectodermal neuro-endocrine tissue

SYMPATHETIC NERVE:

- F1 On the E CW2 of the concha wall
- F2 On the E HX13-14 of the helix
- F3 On the E CR1-2 of the concha ridge
- F4 On the E PG3-6 of the posterior groove

BRAINSTEM MEDULLA OBLONGATA:

- F1 On the E LO7 of the lobe
- F2 On the E HX1-3 of the helix
- F3 On the E SC1 of the superior concha
- F4 On the E PP2 of the posterior periphery

THALAMUS (SUBCORTEX):

- F1 On the E AT2-3 of the antitragus
- F2 On the E AH11 of the antihelix
- F3 On the E CW1-3 of the concha wall
- F4 On the E PG1 of the posterior groove

CEREBELLUM:

- F1 On the E AT3 of the antitragus
- F2 On the E HX4-6 of the helix
- F3 On the E SC8 of the superior concha
- F4 On the E PP1 of the posterior periphery

EXTERNAL EAR:

F1 On the E LO1 of the lobe

F2 On the E TG5 of the tragus

F3 On the E SC6 of the superior concha

The following point locations and indications are more focused on universal European and Nogier's phase I ear reflex points. For more information regarding other phases, consult other sources for further details.

Location and Indication**SURFACE VIEW OF THE AURICULAR ZONES*****The helix crus and helix*****POINT ZERO**

Location: E. HX1. Located at the middle of the helix crus.

Indications: Balance of energy, hormones, and brain activity.

SOLAR PLEXUS

Location: E. HX1. Located at the middle of the helix crus medial to point zero.

Indications: For abdominal dysfunctions, gastrointestinal spasms, and upper abdominal organ problems in the stomach, liver, spleen, and pancreas.

SEXUAL DESIRE

Location: E. HX1. Located at the middle of the helix crus medial to the solar plexus.

Indications: Decreased libido and sexual function, groin pain, premature ejaculation, scrotal rashes, impotence, and low back pain.

WEATHER

Location: E. HX3. Located on the helix at the level of the lower border of the inferior antihelix crus.

Indications: Disorders that change with the weather.

OMEGA 2

Location: E. HX6. Located on the helix, level with the lower border of the superior antihelix crus.

Indications: Stress, rheumatoid arthritis, and inflammation of the limbs.

DARWIN'S POINT

Location: E. HX11. Located on the helix at the auricular tubercle.

Indications: Low back and leg pain.

ALERTNESS

Location: E. HX12. Located on the helix at the inferior Darwin's tubercle.

Indications: Induces sensitivities, arousal, activation, and alertness.

LUMBOSACRAL SPINAL CORD

Location: E. HX12. Located on the helix at the inferior Darwin's tubercle below the Alertness point. At the landmark LM4.

Indications: Peripheral neuralgia of the legs and feet, neuropathy of the feet due to medications or diabetes.

THORACIC SPINAL CORD

Location: E. HX13. Located on the helix. Lateral to the concha ridge.

Indications: Pain, such as herpes, sunburn, and skin infections on the body or arms.

CERVICAL SPINAL CORD

Location: E. HX14. Located on the helix. Inferior helix tail.

Indications: Pain in the neck area due to sunburn, neuralgias, or herpes zoster.

SEXUAL COMPULSION

Location: E. HX15. Located on the helix close to the center edge.

Indications: Increased libido, heightened sexuality, and insomnia.

MEDULLA OBLONGATA

Location: E. HX15. Located on the helix tail between LM5 and LM6.

Indications: Dysfunction in body temperature, respiration, and cardiac regulation.

The scapha**MASTER SHOULDER**

Location: E. SF1. Located in the inferior part of the scaphoid fossa.

Indications: Pain, tenderness, strain, and swelling in the shoulder.

SHOULDER

Location: E. SF2. Located in the scaphoid fossa. Peripheral to the helix crus.

Indications: Pain, tenderness, strain, and swelling in the shoulder.

ARM

Location: E. SF3. Located in the scaphoid fossa. Middle part of the scaphoid fossa.

Indications: Pain and muscle spasm in the arm.

ELBOW

Location: E. SF4. Located in the scaphoid fossa. Directly peripheral to the inferior antihelix crus.

Indications: Pain, tenderness, strain, and swelling in the elbow joint; tennis elbow.

FOREARM

Location: E. SF4. Located in the superior scaphoid fossa.

Indications: Pain and muscle spasm of the forearm.

INSOMNIA

Location: E.SF5. Located in the scaphoid fossa above the Forearm point.

Indications: Insomnia, nervousness, and depression.

WRIST

Location: E. SF5. Located in the scaphoid fossa. Central to LM4 of Darwin's tubercle.

Indications: Pain, tenderness, strain, and swelling in the wrist; carpal tunnel syndrome.

HAND AND FINGERS

Location: E. SF6. Located in the uppermost scaphoid fossa.

Indications: Pain and swelling in the hand and peripheral neuralgia.

The antihelix**CEREBELLUM**

Location: E. AH1. Located on the inferior antihelix tail.

Indications: Tremors, spasm, decreased coordination of movement, cortical movements, vertigo, and depression.

CERVICAL SPINE

Location: E. AH1. Located on the concha side of the lower part of the antihelix tail above the Cerebellum point between LM14 and LM15.

Indications: Neck spasm, pain, torticollis, and headaches.

HEART

Location: E. AH3. Located on the central side of the antihelix.

Indications: Heart dysfunction, hypertension, palpitations, irregular heartbeat, and poor blood circulation.

THORACIC SPINE

Location: E. AH 3, 4. Located on the concha side of the middle part of the antihelix body between LM15 and LM16.

Indications: Upper back pain, shoulder pain, low back pain, and arthritis.

BUTTOCKS

E.AH5. Located on the peripheral side of the inferior antihelix crus. Near LM 16.

Indications: Low back pain, pain in the buttock muscles, hip pain, and sciatica.

LUMBAR SPINE

Location: E. AH5, 6. Located on the inferior antihelix crus peripheral side of crus between LM16 and LM17.

Indications: Low back and leg pain, sciatic pain, back strain, and disc degeneration.

SCIATIC NERVE

Location: E.AH6. Located on the midpoint of the inferior antihelix crus.

Indications: Sciatic neuralgia, lower limb paralysis, and post-polio syndrome.

SACRAL SPINE

Location: E. AH7. Located on the inferior antihelix crus central side of crus. Between LM17 and LM1.

Indications: Low back pain and sciatica pain.

SYMPATHETIC AUTONOMIC POINT

Location: E. AH7/IH4. Located on the inferior antihelix crus directly below LM1.

Indications: Imbalance of the sympathetic and parasympathetic nervous systems, pain, poor blood circulation; irregular rapid heartbeat, chest pain, muscle spasm, kidney stones, gallstones, digestive problems, and dysfunction of the autonomic nervous system.

NECK

Location: E. AH8, 9. Located on the peripheral side of the lower part of the antihelix tail.

Indications: Tension and soreness of the neck, sore throat, torticollis, and hyperthyroidism.

CLAVICLE

Location: E. AH9. Located on the peripheral side of the middle part of the antihelix body.

Indications: Clavicle fracture, shoulder pain, arthritis of the shoulder, and upper back pain.

BREAST

Location: E. AH10. Located on the peripheral side of the middle part of the antihelix body just below the Chest point.

Indications: Breast cancer and premenstrual breast tenderness.

CHEST

Location: E. AH10. Located on the peripheral side of the middle part of the antihelix body.

Indications: Heaviness, fullness, and pain in the chest, intercostal pain, cough, asthma, and hiccups.

ABDOMEN

Location: E. AH11, 12. Located on the peripheral side of the upper part of the antihelix body.

Indications: Abdominal pain, low back pain, and hernias.

THUMB

Location: E.AH16.18 Located on the superior antihelix crus close to the scaphoid fossa.

Indications: Relieves pain of sprained thumb.

The triangular fossa**HIP**

Location: E. TF1. Located in the inferior lateral one-third of the triangular fossa.

Indications: Low back and hip pain.

PELVIC GIRDLE

Location: E.TF2. Located in the tip of the triangular fossa below the Shen Men point.

Indications: Relieves groin pain, low back pain, hernias, and digestive disorders.

THIGH

Location: E. TF3. Located in the lower part of the middle one-third of the triangular fossa.

Indications: Leg pain and pulled hamstring muscles.

KNEE

Location: E. TF4. Located in the superior middle one-third of the triangular fossa.

Indications: Strained or broken knee and arthritic knee pain.

CALF

Location: E. TF5. Located in the lower part of the medial one-third of the triangular fossa.

Indications: Lower leg pain.

ANKLE

Location: E. TF5. Located lateral to the Foot point in the medial one-third of the triangular fossa.

Indications: Strained, swollen, and painful ankles.

HEEL

Location: E. TF5. Located in the lower part of the medial one-third of the triangular fossa.

Indications: Heel and foot pain.

FOOT

Location: E. TF5. Located in the medial one-third of the triangular fossa at the upper part of the TF5 area. Covered by the helix brim.

Indications: Foot pain and peripheral neuralgia.

TOES

Location: E. TF6. Located in the upper part of the medial one-third of the triangular fossa. Close to the top of the superior antihelix crus.

Indications: Strained and inflamed toes and peripheral neuralgia in the feet.

The tragus**PINEAL GLAND**

Location: E. TG1. Located on the lower part of the tragus.

Indications: Jet lag, irregular sleep patterns, insomnia, and depression.

MANIA POINT

Location: E. TG2. Located on the tip of the lower ear tubercle of the tragus slightly below the Nicotine point.

Indications: Hyperactive manic behavior.

NICOTINE POINT

Location: E. TG2. Located on the tip of the lower ear tubercle of the tragus.

Indications: Nicotine cravings to stop smoking.

TRANQUILIZER POINT

Location: E. TG2. Located on the lower ear tubercle of the tragus, between LM9 and LM10.

Indications: Anxiety, high blood pressure, and chronic stress.

CORPUS CALLOSUM

Location: E. TG4. Located on the upper part of the tragus.

Indications: Diminished consciousness, conclusion, analysis, comprehension, language skills, calculation, emotions, and memories.

VITALITY POINT

Location: Intersection E. TG4 and E. TG5. Located on the upper part of the tragus.

Indications: Immune system disorders, acquired immunodeficiency syndrome (AIDS), and cancer.

APEX OF TRAGUS

Location: E. TG5. Located on the supratragic notch close to the helix.

Indications: Inflammation, fever, swelling, and arthritic pain.

EXTERNAL EAR

Location: E. TG5. Located on the supratragic notch close to the helix.

Indications: Pain and infections of the external ear, deafness, tinnitus, and ear infections.

The subtragus zones**INTERNAL EAR**

Location: E. ST3. Located on the middle part of the medial aspect of the tragus.

Indications: Deafness, hearing impairment, tinnitus, dizziness, vertigo, and Meniere's disease.

AUDITORY NERVE

Location: E. ST3. Located on the medial aspect of the tragus slightly below the Internal Ear point.

Indications: Hearing disorders, deafness, tinnitus, and poor balance.

RETICULAR FORMATION

Location: E. ST3. Located on the medial aspect of the tragus.

Indications: Affects brain laterality, attention, and alertness.

MASTER OSCILLATION

Location: E. ST2. Located on the medial aspect of the tragus.

Indications: Laterality disorders of the left and right cerebral hemispheres; dyslexia, learning disabilities, attention-deficit disorder, and autoimmune problems.

The antitragus zones**FOREHEAD**

Location: E. AT1. Located on the anterior inferior part of the antitragus.

Indications: Frontal headaches, sinusitis, dizziness, impaired vision, insomnia, neurasthenia, anxiety, worry, depression, disturbing dreams, and hypertension.

TEMPLE

Location: E. AT2. Located on the middle area of the antitragus.

Indications: Migraine, headache, temporal headaches, and tinnitus.

OCCIPUT

Location: E. AT3. Located on the posterior superior part of the antitragus.

Indications: Occipital headaches, tension headaches, facial spasms, stiff neck, convulsion, seizures, dizziness, motion sickness, vertigo, impaired vision, and insomnia.

The concha wall zones**GONADOTROPINS**

Location: E. CW1. Located on the concha wall near the intertragic notch.

Indications: Sexual dysfunction, low sex drive, infertility, irregular menstruation, premenstrual syndrome, and testitis.

THALAMUS POINT (SUBCORTEX)

Location: E. CW2/IC4. Located on the concha wall behind the antitragus where the concha wall meets the floor of the inferior concha.

Indications: Affects all the functions of the thalamus relay connections to the cerebral cortex, as well as hypothalamic regulation of autonomic nerves and endocrine glands. For pain disorders, neurasthenia, mental disorders, cardiovascular disorders, and internal organ imbalance.

CIRCULATORY SYSTEM

Location: E. CW2-CW9. Located along the concha wall below the antihelix and the antitragus ridge.

Indications: Heart attack, heart disease, hypertension, circulatory problems, and cold hands and feet.

DIZZINESS

Location: E. CW3. Located on the concha wall below the Occiput point.

Indications: Dizziness and vertigo.

PARATHYROID GLAND

Location: E. CW4. Located on the concha wall inferior to the Thyroid Gland point.

Indications: Calcium metabolism dysfunction, muscle cramps, and muscle spasms.

THYROID GLAND

Location: E. CW5. Located on the concha wall above the junction of the concha ridge and the inferior concha, below the Circulatory System point.

Indications: Affects metabolic rate; treats hyperthyroidism, hypothyroidism, goiter, and sore throat.

INFERIOR CERVICAL GANGLIA

Location: E. CW5. Located at the junction area of the inferior concha ridge and concha wall.

Indications: Migraines and whiplash.

MIDDLE CERVICAL GANGLIA

Location: E. CR2/CW4. Located at the junction of the inferior concha and the concha wall.

Indications: Hypertension, muscle tension; poor vascular regulation.

MAMMARY GLAND

Location: E. CW6. Located on the concha wall above the Thyroid gland point.

Indications: Problems of milk secretion, breast development, and breast cancer.

THYMUS GLAND

Location: E. CW6. Located on the concha wall above the concha ridge.

Indications: Affects the development of the immune system; used for common colds, influenza, allergies, cancer, human immunodeficiency virus (HIV), AIDS, and autoimmune disorders.

ADRENAL GLAND

Location: E. CW7. Located at the concha wall on the lower border of the inferior antihelix crus close to the Chinese Kidney point.

Indications: For disturbances of adrenocortical functions, Addison's disease, Cushing's syndrome, stress-related disorders, inflammatory disorders, and immune system disorders.

SYMPATHETIC POSTGANGLIONIC NERVE

Location: E. CW5-9. Located on the concha wall close to the Adrenal Gland point.

Indications: Back pain, reflex sympathetic dystrophy, neuralgia, and blood circulation problems.

The inferior concha zones**ANTERIOR PITUITARY**

Location: E. IC1. Located on the inferior concha at the most inferior part close to the intertragic notch.

Indications: Releases pituitary hormones; treats hypersensitivity, allergies, rheumatism, skin disease, reproductive disorders, and digestive disorders.

PROLACTIN

Location: E. IC1. Located in the inferior concha above the Anterior Pituitary point.

Indications: Regulates the activity of the mammary glands, helps lactation and milk secretion.

ANTERIOR HYPOTHALAMUS

Location: E. IC2. Located in the inferior concha lateral to IC1 and close to the intertragic notch.

Indications: Affects parasympathetic sedation.

POSTERIOR PITUITARY

Location: E. IC3. Located in the inferior concha near the inferior side of the ear canal.

Indications: Releases hormones into the bloodstream; helps relieve thirst; and regulates water and salt metabolism.

VAGUS NERVE

Location: E. IC1, 3. Located in the inferior concha next to the ear canal and spread throughout the concha.

Indications: Affects the parasympathetic nervous system and controls most thoracic and abdominal organs; helps with diarrhea, heart palpitations, and anxiety.

TRACHEA

Location: E. IC3. Located in the inferior concha near the ear canal.

Indications: Sore throat, hoarse voice, laryngitis, common cold, cough and asthma, and profuse phlegm.

POSTERIOR HYPOTHALAMUS

Location: E. IC5. Located in the inferior concha above the antitragus near the Thalamus point.

Indications: Hypertension and cardiac acceleration, affects secretion of adrenalin, reverses consciousness, and helps digestion.

LUNG

Location: E. IC. Located in the most of the inferior concha area.

Indications: Respiratory disorders, addiction disorders, and skin disorders.

MOUTH

Location: E. IC6. Located in the inferior concha at the anterior one-third of the lower border of the helix crus.

Indications: Eating disorders, mouth ulcers, cold sores, and glossitis.

THROAT

Location: E. IC6. Located in the inferior concha, next to the Mouth point.

Indications: Sore throat, hoarse voice, pharyngitis, tonsillitis, asthma, and bronchitis.

ESOPHAGUS

Location: E. IC7. Located in the inferior concha at the middle one-third of the lower border of the helix crus lateral to the Mouth point.

Indications: Indigestion, reflux, difficulty swallowing, hiccups, sore throat, and weight control.

CARDIA ORIFICE

Location: E. IC7. Located in the inferior concha at the lateral one-third of the lower border of the helix crus next to the Esophagus point.

Indications: Indigestion, acid reflux, heartburn, nausea, vomiting, difficulty swallowing, and epigastric obstructions.

The superior concha zones**DUODENUM**

Location: E. SC1. Located in the superior concha immediately above the concha ridge Stomach point.

Indications: Duodenal ulcers, cancer, diarrhea, and eating disorders.

SMALL INTESTINE

Location: E. SC2. Located in the superior concha at the middle one-third of the superior helix crus.

Indications: Poor digestion, diarrhea, indigestion, and abdominal distension.

APPENDIX

Location: E. SC2. Located in the superior concha between the Small Intestine point and the Large Intestine point.

Indications: Acute and chronic appendicitis.

LARGE INTESTINE

Location: E. SC3. Located in the superior concha above the medial one-third of the helix crus.

Indications: Poor absorption in digestion, diarrhea, constipation, colitis, hemorrhoids, dysentery, and enteritis.

RECTUM

Location: E. SC4. Located at the innermost part of the superior concha just below the inferior antihelix crus.

Indications: Diarrhea, constipation, rectal sores, hemorrhoids, hernias, and dysentery.

HEMORRHOIDS

Location: E. SC4. Located at the medial superior angle of the superior concha area.

Indications: Hemorrhoids.

URETHRA

Location: E. SC5. Located at the medial aspect of the superior concha between the Rectum point and the Bladder point.

Indications: Painful urination, urethral infections, urethritis, urinary incontinence, and bladder problems.

BLADDER

Location: E. SC5. Located at the medial aspect of the superior concha lateral to the Urethra point.

Indications: Bladder dysfunctions, cystitis, frequent urination, enuresis, dripping, and retention of urine.

PANCREAS

Location: E. SC7. CW7. Located in the superior concha and adjacent to the concha wall.

Indications: Diabetes, hypoglycemia, pancreatitis, and dyspepsia.

GALLBLADDER

Location: E. SC8. Located in the superior concha lateral to the Duodenum point. Found on the right ear only.

Indications: Gallstones, gallbladder inflammation, deafness, tinnitus, and migraines.

SPLEEN

Location: E. SC8. Located in the superior concha below the inferior crus. Found on the left ear only.

Indications: Lymphatic and immune system disorders.

The concha ridge zones

STOMACH

Location: E. CR1. Located peripheral to LM0 and around the area where the helix crus terminates.

Indications: Eating disorders, overeating, poor appetite, diarrhea, indigestion, nausea, vomiting, stomach ulcers, cancer, and gastritis.

LIVER

Location: E. CR2. Located at the concha ridge and concha wall peripheral to the Stomach point.

Indications: Hepatitis, cirrhosis of the liver, jaundice, alcoholism, and gallbladder problems; blood disorders, problems of the sinews, ligaments, and tendons, problems of blood circulation, emotions, and menstrual problems.

The lobe zones

MASTER CEREBRAL

Location: E. LO1. Located at the area between the earlobe and the face. It lies vertically inferior to the intertragic notch.

Indications: Represents the prefrontal lobe of the brain; treats nervous anxiety, fear, worry, lassitude, dream-disturbed sleep, poor memory, and psychosomatic disorders.

EXTERNAL NOSE

Location: E. LO2. Located on the earlobe in the medial and central area close to the face.

Indications: Broken nose, sunburned nose, and rosacea.

AGGRESSIVITY

Location: E. LO2. Located on the earlobe below the intertragic notch.

Indications: Irritability, aggression, frustration, mania, and drug withdrawal.

FRONTAL CORTEX

Location: E. LO2. Located on the earlobe right below the Aggressivity point.

Indications: Decreased motor action, motor paralysis, and it alters muscle tonus.

LIPS

Location: E. LO3. Located on the peripheral earlobe between LM6 and LM7.

Indications: Chapped lips and cold sores on the lips.

EYE

Location: E. LO4. Located on the center of the earlobe at the same location as the Master Sensorial point.

Indications: Poor vision, blurred vision, eye irritation, glaucoma, and conjunctivitis.

MASTER SENSORIAL

Location: E. LO4. Located on the middle of the earlobe vertically inferior to LM13 and superior to LM7.

Indications: Controls the sensory cerebral cortex area of the parietal, temporal, and occipital lobes; used to reduce any unpleasant or excessive sensations.

FRONTAL SINUS

Location: E. LO4. Located on the earlobe just below the antitragus.

Indications: Frontal headaches, sinusitis, and rhinitis.

TONGUE

Location: E. LO5. Located on the lower peripheral earlobe.

Indications: Pain and bleeding of the tongue.

PARIETAL CORTEX

Location: E. LO6. Located on the peripheral earlobe just above the upper border of area LO5.

Indications: Musculoskeletal pain and stroke.

TEMPORAL CORTEX

Location: E. LO6. Located on the peripheral earlobe just below the antitragus.

Indications: Auditory disorders, auditory impairment, and deafness.

PONS

Location: E. LO7. Located on the lower peripheral earlobe.

Indications: Sleep disorders, emotional problems, dizziness, and psychosomatic reactions.

LOWER JAW

Location: E. LO7. Located on the peripheral earlobe inferior to the TMJ point.

Indications: Jaw tension, toothaches, TMJ, anxiety; analgesia for dental procedures.

CHIN

Location: E. LO7. Located on the peripheral earlobe near LM6.

Indications: Skin sores and scrapes on the chin.

UPPER JAW

Location: E. LO8. Located on the peripheral earlobe inferior to the TMJ point.

Indications: Jaw tension, toothaches, TMJ, anxiety; analgesia for dental procedures.

TEETH

Location: E. LO8. Located on the upper part of the peripheral earlobe.

Indications: Toothaches and tooth decay.

ANTIDEPRESSANT

Location: E. LO8. Located on the peripheral earlobe below the lower part of the scaphoid fossa.

Indications: Endogenous depression, reactive depression, and mood swings.

RETICULAR FORMATION

Location: E. LO8. Located on the peripheral region of the earlobe, above the Antidepressant point.

Indications: Affects brain laterality, attention, and alertness.

The internal helix zones**OVARY OR TESTES**

Location: E. IH1. Located under the internal helix root.

Indications: Correspondence of the sex glands; relieves sexual dysfunction, testitis, ovaritis, impotence, frigidity, irregular menstruation, and menopause syndrome.

VAGINA OR PROSTATE

Location: E. IH2. Located on the underside of the internal helix, close to the supratragic notch.

Indications: Prostatitis, prostate cancer, hernias, impotence, painful urination, premature ejaculation, nocturnal emissions, and urinary tract infection.

UTERUS

Location: E. IH3. Located on the underside of the internal helix, close to the level of the lower border of the inferior antihelix crus.

Indications: Premenstrual problems, inflammation of the uterine lining, irregular menstruation, dysmenorrhea, uterine bleeding, sexual dysfunctions, pregnancy problems, and miscarriages.

SYMPATHETIC AUTONOMIC POINT

Location: E. IH4/AH7. Located at the junction of the underside of the internal helix and the inferior crus, directly below LM1.

Indications: Balances sympathetic nervous system activation with parasympathetic sedation, improves blood circulation, corrects irregular or rapid heartbeat, reduces pain; calms muscle spasms, internal organ pain, and dysfunction.

URETER

Location: E. IH4. Located on the internal helix region, close to the level of the upper border of the inferior antihelix crus.

Indications: Urinary dysfunction, urinary tract infection, and kidney stones.

KIDNEY

Location: E. IH4-5. Located on the internal helix, close to the level of the lower part of the triangular fossa.

Indications: Kidney disorders, kidney infections, kidney stones, urinary problems, nephritis, diarrhea, and phelitis.

ALLERGY POINT

Location: E. IH7. Located on the internal and external sides of the apex of the ear, just below or at LM2.

Indications: Inflammatory reactions, allergies, rheumatoid arthritis, asthma, poor elimination of toxic substances, and poor excretion of metabolic wastes.

LESSER OCCIPITAL NERVE

Location: E. IH11/ SF5. Located at the junction of the internal helix with the superior scaphoid fossa.

Indications: Migraine headache, occipital headache, blood vessel spasms, posttraumatic brain syndrome, neuralgias, numbness, spondylopathy, and anxiety.

The intertragic notch zone**CINGULATE GYRUS**

Location: E. IT1. Located at the central intertragic notch.

Indications: Affects memory and emotions.

THYROID-STIMULATING HORMONE (TSH)

Location: E. IT2. Located on the wall of the intertragic notch, midway between the tragus and the antitragus.

Indications: Regulates thyroidal pituitary hormone, regulates release of thyroxin hormone, for increased metabolic rate, hyperthyroidism, hypothyroid disease, and Graves' disease.

PARATHYROTROPIN

Location: E. IT2. Below LM9. On the most central part of the wall of the intertragic notch.

Indications: Regulates parathyroid pituitary hormone, regulates parathormone release, used to facilitate calcium metabolism, and reduces muscle tetanus.

ENDOCRINE POINT

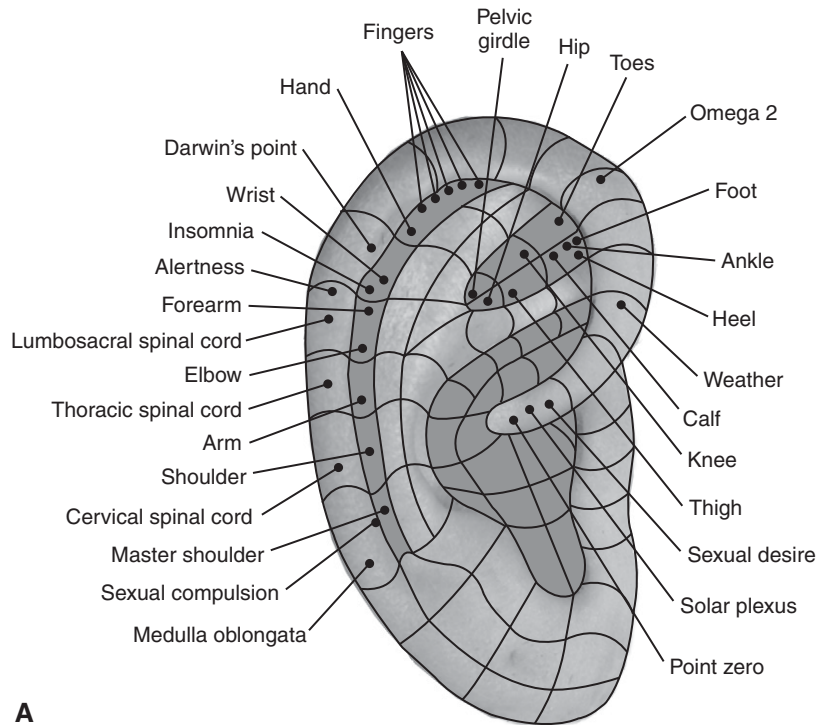
Location: E. IT2. Located on the wall of the intertragic notch below LM6.

Indications: Adjust hormone secretions; treats hypersensitivity, rheumatism, hyperthyroidism, diabetes, irregular menstruation, sexual dysfunction, and urogenital disorders. See Figure 7-15.

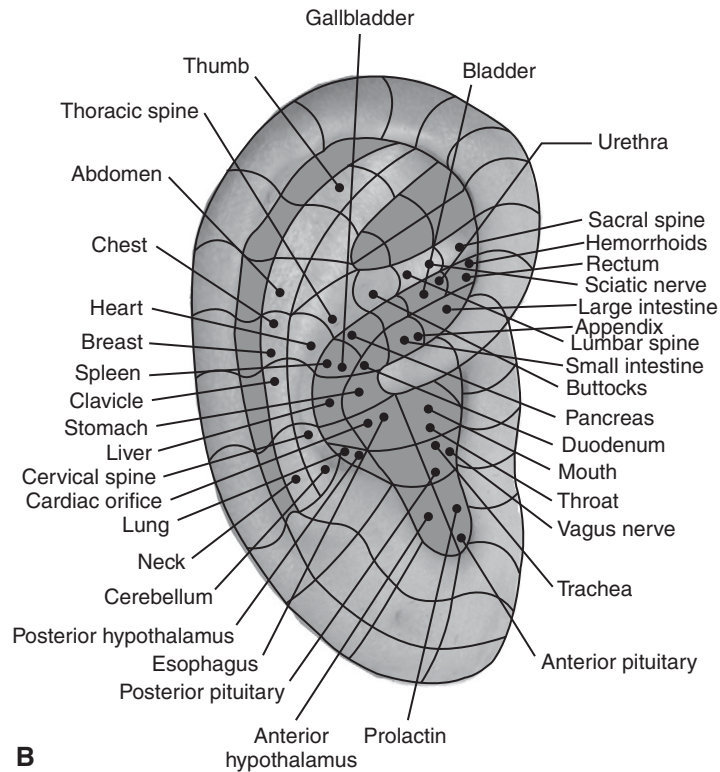
POSTERIOR VIEW OF AURICULAR ZONES***The posterior lobe zones*****TONGUE**

Location: E. PL5. Located on the posterior peripheral earlobe, inferior to the ear reflex point of the Upper jaw.

Indications: Pain and bleeding of the tongue.



A



B

FIGURE 7-15 A, European auricular points located on the helix zones, scaphoid fossa zones, and triangular fossa zones. **B,** European auricular points located on the antihelix zones and concha zones. *(Continued)*

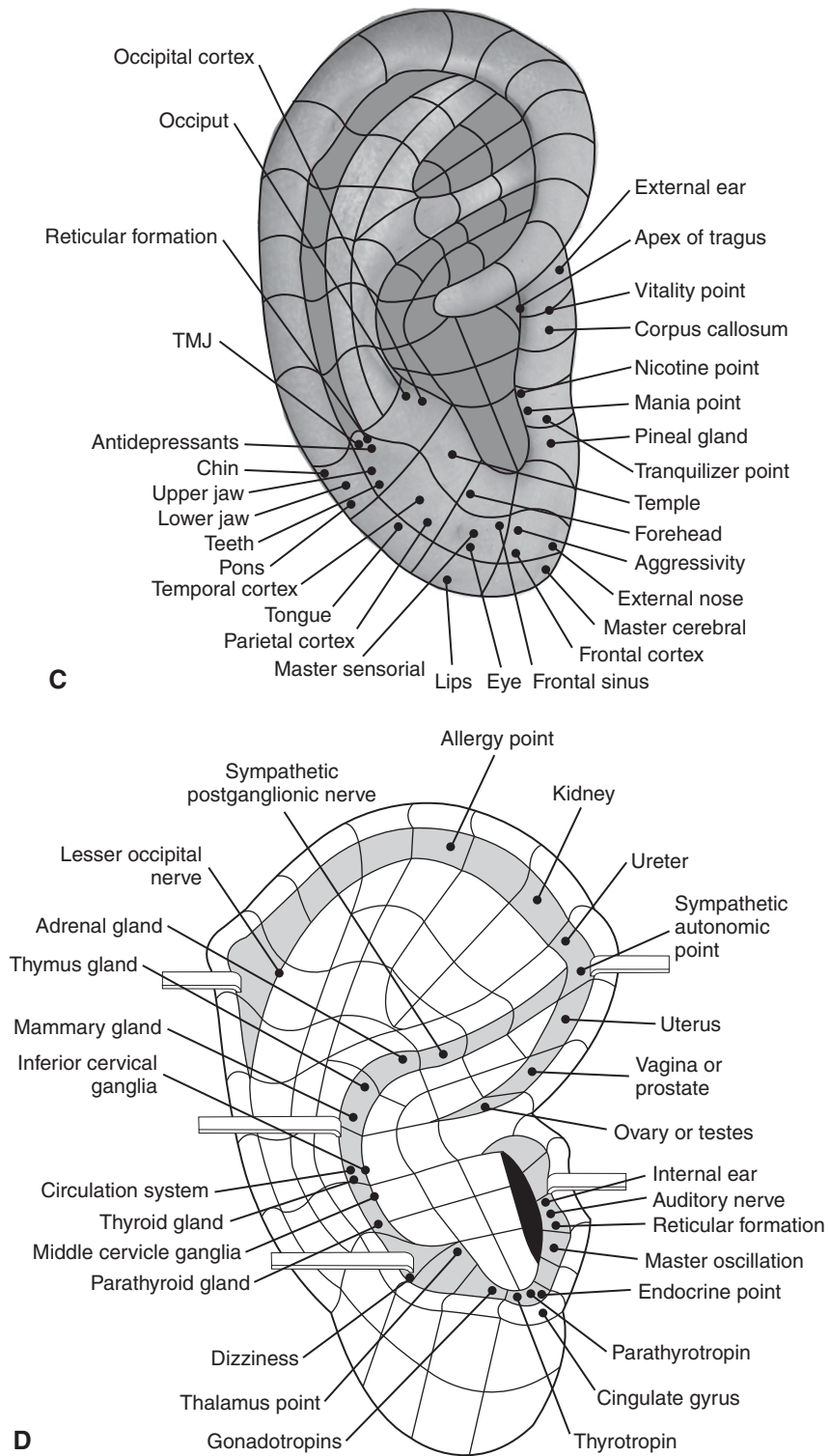


FIGURE 7-15, CONT'D **C**, European auricular points located on the earlobe zones, anti-tragus zones, and tragus zones. **D**, European auricular points located on the hidden zones of the ear.

UPPER JAW

Location: E. PL6. Located on the posterior peripheral earlobe superior to the ear reflex point of the Tongue.

Indications: Upper jaw tension, toothaches, TMJ, and pain from dental procedures.

LOWER JAW

Location: E. PL6. Located on the posterior peripheral earlobe, superior and lateral from the ear reflex point of the Upper jaw.

Indications: Lower jaw tension, toothache, TMJ, pain from dental procedures, and anxiety.

TMJ

Location: E. PL6. Located on the posterior peripheral earlobe, medial to the ear reflex point of the Lower jaw.

Indications: Jaw tension, toothaches, and TMJ.

FOREHEAD

Location: E. PL2. Located on the inferior posterior earlobe, close to the posterior groove.

Indications: Frontal headaches, sinusitis, dizziness, impaired vision, insomnia, neurasthenia, anxiety, depression, lethargy, dream-disturbed sleep, and hypertension.

The posterior groove zones**TEMPLES**

Location: E. PG1. Located on the lower part of the posterior ear groove.

Indications: Migraine headaches, temporal headaches, and tinnitus.

OCCIPUT

Location: E. PG2. Located on the lower part of the posterior ear groove on the lower part of PG2.

Indications: Occipital headaches, tension headaches, facial spasms, stiff neck, seizures, dizziness, motion sickness, vertigo, impaired vision, and insomnia.

CERVICAL SPINE

Location: E. PG2. Located on the lower part of the posterior ear groove on the middle part of PG2.

Indications: Reduced range of motion of tight neck muscles, decreased flexibility and poor circulation.

THORACIC SPINE

Location: E. PG3. Located on the middle part of the posterior ear groove.

Indications: Upper back, shoulder, and low back pain; arthritis.

LUMBAR SPINE

Location: E. PG5, 6. Located on the upper part of the posterior ear groove.

Indications: Low back pain, sciatic nerve pain, peripheral neuralgia, back strain, and disc degeneration.

SACRAL SPINE

Location: E. PG7. Located on the upper end of the posterior ear groove.

Indications: Low back pain and sciatic nerve pain.

The posterior triangle zones**HIP**

Location: E. PT1. Located on the peripheral tip of the posterior triangular fossa.

Indications: Low back pain and hip pain.

KNEE

Location: E. PT2. Located on the middle of the posterior triangular fossa.

Indications: Knee; pain, swelling, and difficulty walking; strained knee, and broken knee.

FOOT

Location: E. PT3. Located on the posterior triangle close to the junction of the scalp.

Indications: Foot pain, sprained ankle, broken bone, and neuralgia.

The posterior concha zones**LUNG**

Location: E. PC1. Located on the lower part of the posterior concha.

Indications: Respiratory disorders, such as asthma, bronchitis, pneumonia, emphysema, tuberculosis, and chest stuffiness.

MOUTH

Location: E. PC2. Located on the middle part of the posterior concha close to the head.

Indications: Mouth pain, tongue pain, eating disorders, and mouth ulcers.

LIVER

Location: E. PC2. Located on the middle part of the peripheral posterior concha.

Indications: Hepatitis, jaundice, alcoholism, gallbladder problems, hypertension, and anemia.

STOMACH

Location: E. PC3. Located on the middle part of the posterior concha.

Indications: Eating disorders, overeating, poor appetite, diarrhea, indigestion, nausea, vomiting, stomach pain, ulcers, gastritis, and stomach cancer.

SPLEEN

Location: E. PC3. Located on the middle part of the posterior concha superior and lateral to the Stomach point.

Indications: Lymphatic and immune system disorders, blood disorders, and anemia.

PANCREAS

Location: E. PC3. Located on the middle part of the posterior concha superior and lateral to the Spleen point.

Indications: Hypoglycemia, pancreatitis, and dyspepsia.

SMALL INTESTINE

Location: E. PC3. Located on the middle part of the posterior concha medial to the Pancreas point.

Indications: Digestive problems, diarrhea, indigestion, and abdominal distension.

LARGE INTESTINE

Location: E. PC4. Located on the upper part of the posterior concha above the Small Intestine point.

Indications: Digestive problems, diarrhea, constipation, colitis, dysentery, enteritis, and hemorrhoids.

BLADDER

Location: E. PC4. Located on the upper part of the posterior concha superior and lateral to the Large Intestine point.

Indications: Bladder dysfunction, cystitis, frequent urination, enuresis, dripping or retention of urine, bedwetting, sciatic conditions, and migraines.

The posterior periphery zones**SHOULDER**

Location: E. PP4. Located on the lower part of the posterior periphery.

Indications: Arthritis in the shoulder, strained or broken shoulder; relieves pain, tenderness, and swelling.

HEART

Location: E. PP5. Located on the middle part of the posterior periphery close to the medial side.

Indications: Heart dysfunction, blood circulation problems, chest pain, hypertension, palpitations, and irregular heartbeat.

ELBOW

Location: E. PP6. Located on the middle lateral part of the posterior periphery.

Indications: Pain, strain, soreness, and swelling in the elbow joint; tennis elbow.

WRIST

Location: E. PP8. Located on the upper part of the posterior periphery above the Elbow point.

Indications: Pain, strain, soreness, and swelling in the wrist joint; carpal tunnel syndrome.

HAND

Location: E. PP8. Located on the upper part of the posterior periphery above the Wrist point.

Indications: Pain, strain, soreness, and swelling in the hand; arthritis.

FINGERS

Location: E. PP10. Located on the upper part of the posterior periphery above the Hand point.

Indications: Pain, strain, soreness, and swelling of the fingers; peripheral neuralgia; and arthritis in the fingers.

KIDNEY

Location: E. PP11. Located on the upper end of the posterior periphery close to the scalp.

Indications: Kidney disorders, kidney stone, infections, urination problems, and nephritis.

See Figure 7-16.

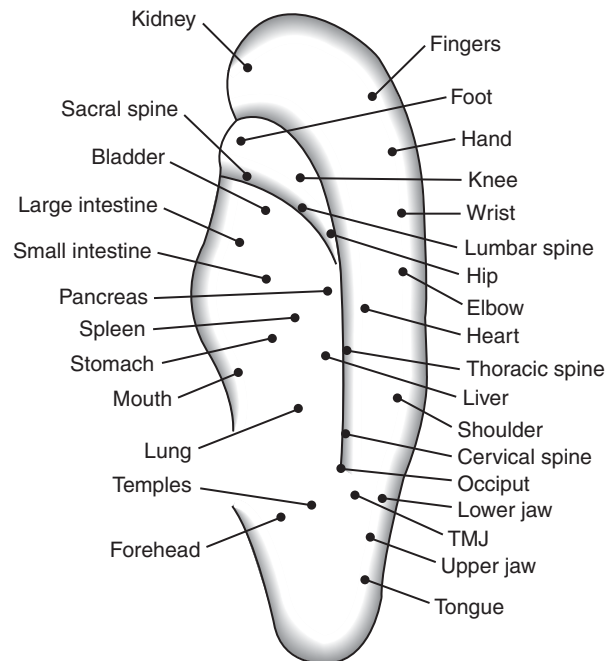


FIGURE 7-16 European auricular points on the posterior surface of the ear.

Ear Acupuncture Therapy**Ear Acupuncture Diagnosis**

COMMON METHODS FOR EAR DIAGNOSIS When a pathological condition manifests, the ear can reflect this in several ways, such as changes in the color, shape, and the degree of sensitivity on palpation or with an electronic point detection device. The most common diagnostic methods using the ear include visual assessment, palpation, and the use of an electronic device.

Visual diagnosis Look for the appearance of an anomalous area, which changes in color, shape, or vascularization:

A. Color Changes: These changes usually appear on the ear at a specific point or area and manifest as a pink, red, dark-red, gray, gray-white, or a white area surrounded by redness. These changes are commonly found in acute or chronic gastroenteritis, duodenal ulcer, acute

and chronic bronchitis, liver and gallbladder disease, nephritis, arthritis, intestitis, appendicitis, ear and eye disorders, obstetric/gynecologic (OB/GYN) problems, hypertension and hypotension, heart disease, headache, and nerve pain.

- B. Shape Changes:** The changes in shape may include depressions, streaks, and raised areas, such as tubercles. Changes in shape usually indicate an organic disease, such as tuberculosis, enlarged liver and spleen, tumors, heart disease, bone spurs, scar tissue after traumatic injury, and other pathologic changes.
- C. Papules:** These usually will appear red or white in color. Red usually indicates an acute or infectious disease. White usually indicates a chronic or organic disease, such as OB/GYN disorders, bronchitis, tuberculosis, intestitis, nephritis, cystitis, and heart disease.
- D. Dry, Flaky Skin:** This manifests as a white area with flakes that do not fall off easily. Most often found in the triangular fossa, superior or inferior concha, and surrounding areas of the helix crus, this is indicative of a skin problem, OB/GYN disorders, tumors, constipation, malnutrition, and endocrine system disorders.
- E. Vascularization Changes:** Described as enlarged vessels; star-shaped, webbed, spider-shaped, or circular vessels usually indicate cardiovascular disease, brain vascular disease, acute infection, and bleeding.
- F. Oily Surface:** If the surface of the ear is oily, this usually indicates infection or endocrine system disorder, such as gynecological infections, menorrhagia, intestitis, or bronchitis.
- G. Reflection of Light:** Some areas of the ear will reflect light and appear very shiny. This usually indicates disorders such as dysmenorrhea or chronic disease in an acute phase.

Caution for visual diagnosis.

1. Before visual diagnosis, the practitioner should familiarize himself or herself with auricular point location and distribution.
2. It is important not to clean the ear or rub the ear before observing the auricle because this may remove substances or cause color changes by stimulating the area. If there is an area of depression with an unclear substance that must be removed, gently use a cotton ball to clean the area, rubbing in a single direction.
3. Natural light is the best light for auricular observation. If the patient has a severe condition and is unable to maintain the preferred position, the practitioner can use a headlamp on the back of the auricle to obtain light for observation.
4. During the observation, eliminate false images such as birth marks, nevi, white nodules, small pus pockets, and scar tissue. The practitioner can use the pressure technique; a positive reaction usually indicates pathology, but a false image will show no obvious pressure pain.
5. The positive substance and the reaction also have a relationship with weather and sweating. In the spring and

summer, the skin of the auricle is normally slightly damp, making it easier to see redness and vessel reactions; in the fall and winter, the weather is dry and cold so the skin of the auricle is dry, pale, and sometimes purple due to the cold weather. Also, people who work outdoors with long-term exposure to sunlight will have more color and dryness on the skin of the auricle.

6. Infants' auricular vessels are very clear with less dark color, abnormal bumps and depressions, and flaky skin. This is very different from adults' vessels and should be taken into consideration when using visual diagnosis.

Diagnosis by palpation Palpation of the ear surface can be done with a palpator, such as a toothpick, or pressure with the practitioner's fingers to locate areas of greater sensitivity. There are two basic techniques.

- A. Touching Technique:** In the touching technique, the ear is lightly palpated with the fingers in the following order: upper ear to lower ear, lateral to medial, and right to left. With this method, the practitioner can feel tubercles, streaks, or areas that are thickened or enlarged. The practitioner can also identify the size, shape, degree of softness or hardness, and the edges of a tubercle, as well as areas that are painful to touch.

Analysis of Positive Signs.

1. Usually a raised tubercle or streak indicates a chronic organic disease.
2. A depression may indicate chronic disease or an ulcer.
3. If, with pressure, the area is white and shallow and recovers quickly to its original condition after palpation, this usually indicates an excess disease.
4. If the area is swollen, or if, with pressure, it has a feeling of a wave of water, this usually indicates edema, abdominal fullness, and kidney disease.

- B. Palpation Technique:** In the palpation technique, apply even pressure with a palpation device from the upper to lower ear, from lateral to medial, and from left to right, in order to identify areas that are painful or tender upon palpation. For example, if you suspect the patient has liver disease, apply pressure to the area surrounding the Liver point; if the patient is more sensitive in the Liver point than the surrounding area, this is a good indication that a liver pathology exists. This technique can be used to identify areas of disease, or to confirm a suspected diagnosis.

Analysis of Sensitive Reactions.

1. When the patient has changes in pathology, there are usually several sensitive reaction points on the auricle area. However, a severe sensitive reaction will usually occur and represent a certain organ area. For example, heart disease will have the most sensitive reaction on the Heart point.
2. Sensitive reactions are usually more obvious when the patient has a disease occurring in the acute stage. In addition, the point is usually more sensitive on the same side as the body pain or organ disorder.
3. When the patient has multiple illnesses in the body, the most severe sensitive reaction will occur on the most

important organs involved. When the most severe situation changes, the sensitive reaction point will also change. This is very helpful in the clinic to use as a diagnostic tool of the diseased area, as well as a good indicator for the prognosis.

4. When the disease has a short history the sensitive reaction is usually more obvious, but when the patient has a long-term illness the sensitivity of the ear point will decrease.
5. When changes occur to the patient's physiological condition, especially certain hormonal changes, the sensitivity also can change. However, these sensitivities due to physiologic changes are less extreme compared to when the patient has a disease.
6. The sensation of pain is also associated with emotions. For example, sometimes when the patient has an emotional change, the pain level also increases.

Diagnosis with an electronic point detector device These devices may be used to measure and detect electrical resistance, electrical potential, and electrical capacity of the skin. The reading may be used to diagnose disease.

- A. This technique uses the electronic device to measure the entire ear, from lateral to medial and from superior to inferior. This technique is most commonly used during the initial treatment as an additional diagnostic tool.
- B. Specific points may be palpated with the point detector to make the diagnosis more specific. For example, if a point is very sensitive, the practitioner may palpate other points related to the pathology. Usually these points do not react as strongly as the original point or have no reaction to indicate pathology. When the detector reacts strongly to a point, this indicates an acute stage of disease or a more severe disease, and this point should be the focus of treatment.

DIFFERENTIATION ANALYSIS FOR EAR DIAGNOSIS Ear diagnosis developed from clinical experience and from a combination of Western and Eastern medicine. During the ear diagnosis, sometimes one disease will have multiple point reactions or one point will indicate multiple different diseases. After using the common method for ear diagnosis, such as visual, palpation, electrical device, and data from the clinic, the practitioner still needs to do further classification, summary, comparison, and analysis to make a final complete, reasonable, and valuable clinical diagnosis.

1. *The positive reaction analysis from a corresponding area:* Corresponding area refers to the internal organ relationship, four extremities, or body trunk corresponding with the areas on the ear points, such as the heart corresponding to the ear point of the Heart and the spleen corresponding to the Spleen point on the ear. If the related internal organs and four extremities have any pathologic changes, the corresponding area on the ear will have a positive reaction. This reaction is able to provide information for diagnosis and differential diagnosis to the corresponding organs. However, sometimes there is a positive reaction with an area related to an internal organ or some area close to that internal organ. For example, if the patient has a liver disease, the patient will have a positive reaction on the Gallbladder point because the gallbladder has

a close relationship with the related liver organ and the location is close together, so both points may have a positive reaction. Use proper analysis to make an appropriate diagnosis.

2. *Make an analysis through the positive reaction routine and changes:* When a certain organ has a disease, there will be multiple areas on the ear that have a positive reaction. Alternatively, multiple diseases will have a reaction on one ear point. For example, if a patient has neurasthenia, there will be a positive reaction on the Shen Men, Heart, Kidney, and Subcortex points. Also if there is a positive reaction on the Kidney point, check if the patient has nephritis, prostatitis, pyelonephritis, hyperosteogeny, neurasthenia, tinnitus, decreased hearing, hepatitis, heel pain, or a bone fracture from an injury. Make a differential analysis to make a correct diagnosis.
3. *Make an analysis according to Chinese medicine, Zang Fu, and Jing Luo theory:* The Zang Fu and Jing Luo theory, in Chinese medicine, refers to the relationship between the body's physiology and pathology. The ear has a close relationship with the Zang Fu and Jing Luo. Any pathologic changes on various locations of the whole body can be reflected on the ear. Also, a positive reaction is sometimes located on more than one point, so use differential diagnosis and analysis according to the Zang Fu and Jing Luo theory. For example, the physiology of the kidney is to store the essence, control water, control grasping the Qi, benefits bone, generates marrow, and it opens the brain. It manifests on the hair and opens to the ear. Therefore many diseases will have a positive reaction on the ear, including nephritis, pyelonephritis, and kidney tuberculosis, including some diseases that have a relationship to the kidney, such as bone fractures, neck spondylosis, tinnitus, neurasthenia, dizziness, asthma, decreased hearing, and low back and leg pain.
4. *Make an analysis according to the physiology and pathology theory from modern medicine:* Disease occurrence, development, and transportation are very complicated, so the disease affects the body's pathology and physiology in many different ways. Local conditions or single-system disorders will affect the metabolic or nerve distribution functions at the local area and related organ area. For example, an ulcer of the duodenum will have a positive reaction on the digestive system. The positive reaction on the ear point will be on the Duodenum point and the Intestine point. In addition, modern medicine believes that an ulcer of the duodenum has a close relationship with the cerebral cortex, so on the Subcortex point there will also be a positive reaction. Also the duodenum will have an increased excitability of the vagus nerve, causing gastric increase and a secretion of gastric acid. During the examination, you will find a positive reaction on the Sympathetic and Shen Men points to be used for analysis of the disease.

Characteristics

Auricular therapy has been very well developed in recent years and widely used in clinical practice. Ear acupuncture has a positive result in the prevention and treatment of disease.

1. *Widely used on the pathology with positive results:* In addition to using ear acupuncture to treat diseases of the internal organs, surgical conditions, or gynecological conditions, it is also used for facials, antiaging, and prevention of disease. Some diseases react favorably to ear acupuncture therapy, such as acute injury, sprained tendons, whiplash, pain conditions, Ménière's syndrome, acute inflammation, and loss of voice.
2. *Easy to use and costs less:* Ear points have a specific point distribution. Through the International Standard Nomenclature, the ear points have become simpler and easier to study and practice than before. More and more health practitioners prefer to study and use this therapy. Ear therapy does not need special equipment, so it costs less because it only needs filiform needles, three-edge needles, sterile cotton balls, medical tape, and stainless steel ear balls for most cases. Sometimes, the practitioner can even use just his or her fingers to apply pressure to an ear point for soft tissue injury, which has also been reported to have very good results.
3. *Fewer side effects:* Ear acupuncture therapy is one of the safest therapeutic techniques. There is no chance of injuring the internal organs, it cannot cause a stuck or broken needle, and by using clean needle technique there is very little chance of infection. The practitioner should explain auricular therapy to the patient to ease anxiety. The practitioner should also insert the needle correctly, lightly, and with stability, so that fainting is avoided. For some people who are afraid of needles or when treating a child, the practitioner can use ear balls to stick on the correct points to treat disease.
4. *Pain control:* The most favorable aspect of auricular therapy is pain control. From clinical experience, it is very effective at stopping pain immediately. It is especially useful for acute soft tissue injury and post-surgical pain, and it is often used for anesthesia.
5. *Combines diagnosis and treatment:* In addition to using auricular therapy for disease diagnosis, it is also used for treatment. Clinical experiences have proved that the positive reaction point is also an effective point for treatment.

Indications

Auricular acupuncture can be used for a wide range of indications, and it is especially useful to relieve pain, calm the mind, treat allergies and infectious diseases, regulate endocrine system disorders, and treat chronic disease and functional disorders. It is also used for withdrawal syndrome. Various indications are listed below.

1. **Various painful diseases:** Auricular therapy has a strong function to stop pain; often the pain will be relieved once the needle is inserted. It can be used to treat pain such as the following:
 - A. *Pain from trauma:* Sprained tendons, broken bones, cuts, burns, and dislocations.
 - B. *Pain from infections:* Tonsillitis, appendicitis, cholelithiasis, and mastitis.
 - C. *Pain from nerve disorders:* Trigeminal neuralgia, migraine, sciatic nerve pain, and herpes zoster.
 - D. *Pain after surgery:* Including pain from incisions and scar tissue.
 - E. *Pain from tumors:* Headache and abdominal pain due to tumor pressure.
2. **Infectious diseases:** Diseases such as pharyngitis, pneumonia, tonsillitis, ear infection, enteritis, pelvic inflammatory disease, bladder infection, Bell's palsy, rheumatoid arthritis, cholelithiasis, enteritis, and pustulation. In this case auricular acupuncture has the function to reduce swelling and pain.
3. **Functional disorders:** Disorders such as irregular heartbeat, neurasthenia, hysteria, irregular menstruation, sexual dysfunction, and irritable bowel syndrome. The treatment will have the effect of regulating the body's functioning.
4. **Allergic diseases:** Diseases such as asthma, allergies, allergic sinusitis, purpura, colitis, and rheumatoid fever. The treatment will have an antiinflammatory effect, and will stimulate the immune system to reduce allergic response.
5. **Endocrine system disorders:** Diseases such as hyperthyroidism, obesity, menopausal symptoms, infertility, menstrual disorders, and diabetes.
6. **Epidemic diseases:** Diseases such as dysentery, influenza, whooping cough, fever, and lung tuberculosis.
7. **Chronic diseases:** Diseases such as low back pain, leg pain, frozen shoulder, indigestion, and numbness of the extremities. Ear acupuncture can improve these conditions and relieve pain.
8. **Wellness care:** Ear acupuncture can be used to prevent disease, for anesthesia, to shorten labor and reduce pain, for insufficient lactation, smoking cessation, substance abuse detoxification, motion sickness, and weight management.

Point Selection

1. **The auricular points corresponding to the diseased area may be selected for treatment.** This is the most common and basic method to choose points. That is, for head diseases, treat a Head point; for foot diseases, treat a Foot point. There are two areas of concern:
 - A. *According to the disease area, choose a corresponding point on the ear.* This means that all parts of the human body will have a reflected point on the ear. If the feet have a disease, you can find a point on the ear antihelix area, such as heel or toes. If the head has a disease, choose a point on the antitragus area, such as the Occipital point, Temporal point, or Forehead point.
 - B. *Choose positive reaction points on the ear according to the disease.* This means that when people have a disease there is a positive reaction or a low electrical resistance on the ear, such as shape change, skin loss, flaky skin, or pimples. If the patient has lost his or her voice, the practitioner will find a pressure point or low electrical resistance point on the throat. If the patient has appendicitis, the practitioner will find redness and edema on the Appendix point.
2. **Choose points according to the principles of traditional Chinese medicine, Zang Fu, and meridian theory.** Zang Fu

theory is one of the most important basic theories in Chinese medicine.

- A. *Choosing points according to Zang Fu theory:* According to Zang Fu physiology, identifying functional or pathologic changes to make a differential diagnosis and find the point corresponding to the disease area is the common method to choose points. Because the human body is the center of the five Zang and six Fu organs, each Zang and Fu organ will be active in the functions of its specific tissues and organs. So when a disease is identified, a related Zang or Fu point is selected to treat the disease. For example, if the patient has sinusitis or a skin problem, because the lung opens to the nose and controls the skin and body hair, the practitioner can choose a Lung point to treat these conditions. In addition, for example, the spleen controls the blood, helps to transform and transport the food and water, and controls the muscles; therefore disease associated with bleeding, such as nose bleeding or profuse menstruation, or a digestive condition and edema, choose the Spleen point for the treatment.
 - B. *Choosing points according to meridian theory:* Meridian theory is an important basic concept of Chinese medicine. Through many clinical experiences in recent years, the meridian theory has been developed by using ear points. With many diseases, the practitioner is able to choose points by meridian distribution area and the relationship between meridians to find the point.
 - i. *Choosing points by meridian distribution area:* For example, with a headache, frontal area pain belongs to the Yangming stomach meridian and the practitioner can use the Stomach point. Migraines belong to the gallbladder foot Shaoyang meridian, so the practitioner can use the Gallbladder point. Occipital pain belongs to the foot Taiyang bladder meridian, so the practitioner can choose the Bladder point. Vertex pain belongs to the foot Jueyin liver meridian, so the practitioner can choose the Liver point.
 - ii. *Choosing points according to meridians' external and internal relationship:* For example, the lung and large intestine have an internal and external relationship. The Lung meridian treats conditions such as coughing and asthma, so the practitioner can choose the Lung point. The Large Intestine point can be used in combination with the Lung point.
 - iii. *Choosing points by meridian pathologies:* For example, the upper teeth belong to the foot Yangming stomach meridian, so if there is condition related to the upper teeth, choose the Stomach point. The lower teeth belong to the hand Yangming large intestine meridian, so if there is pain in the lower teeth, choose the Large Intestine point.
3. **Choose points according to pathology and physiology of modern medicine.** Many locations of the Ear point are based on modern medical theory. Numerous points were named using modern medical names, such as the Subcortex, Sympathetic, Adrenal, and Endocrine points. The functions of these points match modern medicine. For example, the

Adrenal point has a function to adjust adrenal function, and in the clinic this point has been proven effective in treating inflammation, allergies, rheumatoid arthritis, and shock. The Sympathetic Nervous System point can be used for many nervous system functional disorders.

4. **Choose the point according to the point function.** For example, the Occipital point is an important point to use for dizziness. Shen Men has the function to stop pain, and the Ear Apex point has the functions to clear heat, reduce blood pressure, and calm, and it has an antiallergic function.
5. **Points may be selected according to clinical experience.** Ear acupuncture therapy is a traditional therapy that also has been advanced based on modern science. It has been used extensively in the clinic and has been proven to have very good results for a significant number of conditions. For example, if the patient has lumbar and leg pain, choose the External Genitalia point. If the patient is in a coma from liver failure, bleed the Ear Apex point. Recently, bleeding from the Ear Apex point has been used to treat many acute inflammatory diseases and high blood pressure.
6. **Points may be selected by sensitive reaction.** Use the techniques of visual diagnosis, palpation, and the point detector to find the sensitive point to be treated.

Ear Techniques

FILIFORM NEEDLES Filiform needles are used to stimulate ear points in the treatment of disease. This is the most common technique used in ear therapies. Usually needles are used that are 0.5 to 0.3 cun in length, and 28 to 34 gauge (32 to 34 is the most common gauge used). It is important to use clean needle technique to prevent infection of the ear.

1. Seventy percent alcohol is used to clean the ear, working from the inside to the outside of the ear. Clean the entire surface of the ear, with special focus on the triangular fossa and the inferior and superior concha areas.
2. Before inserting the needles, it is important to observe and palpate the surface of the ear to identify sensitive points for a correct diagnosis and appropriate treatment principles.
3. When inserting the needles, the patient should be in a sitting or lying position. The practitioner needs to stabilize the ear with the pressing hand by grasping the ear between the thumb and index finger with the middle finger behind the ear. This will help reduce pain, achieve correct needle depth, and make the insertion easier. Holding the needle with the thumb, index, and middle fingers of the puncturing hand, insert the needle in the correct point or sensitive area. There are two different methods of insertion, fast and slow. Fast insertion is rapid, and the needle is inserted perpendicularly. For slow insertion, hold the needle perpendicular and close to the surface of the skin, slowly turn, and rotate the needle while pushing it into the point.
4. The stimulation technique should be based on the patient's constitution, sensitivity to pain, and diagnosis. Usually, strong stimulation is used to sedate, for acute disease, excess conditions, stasis, pain, and for patients with a strong constitution. Mild stimulation is preferred as a tonifying technique

for patients who are constitutionally weak, with a chronic disease. Moderate stimulation is used as an even technique, without strong tonifying or reducing action.

5. The depth of insertion also depends on the patient, the shape of the ear, and the thickness of the skin. Usually, needles can be inserted to a depth of 0.1 to 0.2 cun. If no sensation is reported, the needle tip may be adjusted. The needle should be deep enough to stay in position without falling over. For patients with excess conditions, acute pain, or inflammation, the needle may be inserted deeply. For patients with more chronic or deficient types of diseases, less stimulation and shallow insertion is recommended. For these patients, the insertion should reach the subcutaneous level only.
6. The direction of the needle depends on the area of the point. For points in the inferior concha, the superior concha, and the triangular fossa, the needle should be inserted perpendicularly, at about a 90° angle. For the scapha and lobe areas, the needle is usually inserted transversely at about a 15° angle. For the antihelix, antitragus, and intertragus areas, insert the needle at a 45° to 60° angle.
7. The needle can be retained for 20 to 30 minutes. For chronic and painful diseases, the needle may be retained longer. For children, elderly, and deficient patients, the treatment time may be shorter.
8. The active Qi treatment is a very important technique in the micro-acupuncture practice. Insert a few needles on the sensitive ear points then let the patient perform active physical movement of the targeted area.
9. To withdraw the needle, hold the ear with the pressing hand and use your puncturing hand to withdraw the needle. Use a dry, sterile cotton ball to apply pressure to the point after withdrawal of the needle to prevent bleeding. Chronic diseases may require more long-term treatment; 7 to 10 treatments constitute a course, and it is advisable to rest for 3 to 5 days between courses of treatment.

EMBEDDING NEEDLES This therapy uses intradermal needles that remain in the ear for treatment of disease. This is usually used for chronic diseases, painful conditions, deficient patients, or patients who cannot receive daily treatments. This technique can give the patient constant stimulation and can prevent disease from recurring.

1. To use this technique, clean the ear well. Hold the ear with the pressing hand and stretch the skin tightly, if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat. Insert the needle quickly, to about two thirds of the needle depth. Then use adhesive tape to cover the needle ring and press the needle to the full depth. If intradermal needles are difficult to insert, place the needle onto the adhesive tape before inserting or use premade needles with adhesive tape.
2. You may use three to five points in each ear, needling bilaterally if necessary. Between treatments, the patient may apply pressure to the needle three to five times daily, and the needle may be retained for 3 to 5 days at a time. Patients also

can activate the diseased area of the body by moving, rolling, or applying pressure. It is important not to let the adhesive bandage become wet or dirty, and during the summer the needles should be retained for shorter periods of time to prevent infection.

3. For this technique, it is important to first use betadine to clean the ear surface followed by 70% alcohol to prevent infections.

ELECTRO-ACUPUNCTURE EAR THERAPY This treatment uses filiform needles with a pulsating current stimulation to treat disease. Any disease that may be treated with auricular therapy may also be treated with electro-acupuncture. There are different waveforms, which may be selected for different diseases. This therapy is especially useful for treating central nervous system disorders, internal organ cramping or pain, asthma, and for inducing anesthesia.

1. Insert the filiform needles into the selected points. Select the wave and frequency desired for the treatment. Connect the positive and negative wires to the needles, then turn on the machine and set the machine to the appropriate amount of stimulation. The patient should feel the stimulation, but it should not be uncomfortable to the patient. When the machine is used, the two filiform needles cannot touch, or the patient may be shocked. After connecting the needles, patients usually feel warmth, tired, numbness, or a burning and sore sensation. Most treatments are 10 to 20 minutes in length.
2. After treatment, the machine should be turned to the off position and the needles withdrawn slowly. Apply a dry cotton ball after withdrawal to prevent bleeding. Treatment may be daily or every other day with 7 to 10 treatments constituting a course.

AURICULAR SEED PRESSING THERAPY This technique uses seeds; herbs; or stainless steel, silver, or gold balls, or any object that is hard and smooth, for stimulating ear points. Other objects that may be used include herbal seed such as 王不留行 Wang Bu Liu Xing (Semen Vaccariae Segetalis), 萊菔子 Lai Fu Zi (Semen Raphani Sativi), herbal pills including 六神丸 Liu Shen Wan, and 喉症丸 Hou Zeng Wan. Magnetic balls may also be applied to points using adhesive tape. This technique is based on the same principles as the filiform and embedded needle techniques. It is easy to use. The indications are wide, and it is a preferred treatment for patients who are sensitive to needles, for children, and for the elderly.

1. The technique is similar to embedding the needle. The ear should be cleaned with 70% alcohol before applying the seed with adhesive tape. To apply, hold the ear with your pressing hand and apply the seed with the puncturing hand. The seeds may be applied bilaterally, or if the condition being treated is only on one side of the body, apply the seed to that side only.
2. The seeds will need to be pressed for stimulation. Children and patients who are elderly, weak, sensitive, and pregnant women should only receive light stimulation. For patients with acute disease, inflammation, painful conditions,

stronger constitutions, or rough skin of the ears, use a stronger stimulation technique. With this therapy, patients may feel hot, distending, or radiating sensations.

3. The seeds may be retained for 3 to 5 days. During the summer, when it is hotter, the seeds should stay on for less time. Some patients may be sensitive to the adhesive tape, so a hypoallergenic tape should be used. The patient should be instructed to apply pressure to the seeds two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.
4. Clinical research has shown this therapy to be as effective as the other techniques. As the seed creates continual stimulation to the points, it is useful for chronic conditions, including bronchitis, hypertension, neurasthenia, and incontinence.

POINT INJECTIONS Various substances may be injected, ranging from 0.1 to 0.3 ml. This technique combines traditional Chinese medicine with Western medicine. Substances used must be easily absorbed. The drugs commonly used are anesthetics, vitamins, antibiotics, antispasmodics, antiasthmatics, hormonal drugs, drugs to stop bleeding, and herbal injection substances.

The technique requires that the surface of the ear be cleaned with 70% alcohol. With the pressing hand, hold the ear and stretch the surface of the skin if possible. With the puncturing hand, hold the needle and inject the fluid into the acupuncture point, between the subcutaneous and cartilage layers of the tissues. Slowly inject the medication to about 0.1 to 0.3 ml. The injection site will appear as a papule, and the patient will feel a warm or hot sensation, with a distending feeling. After the injection, the needle area may have some bleeding or injected fluid may be released. Use a dry, sterile cotton ball to apply slight pressure. Treatments should be every 2 to 3 days, alternating ears; 7 to 10 treatments constitute a course, with 1 week between courses. Be careful to alternate the points with each treatment. This therapy is indicated for pulmonary tuberculosis, bronchial asthma, and to induce anesthesia. This technique uses some prescription drugs and should only be performed by practitioners with the proper medical license.

EAR MOXIBUSTION THERAPY Moxibustion may be used in cases of chronic, rheumatic, or cold diseases. Several techniques may be used clinically. This therapy has the functions to expel cold, relieve pain, and warm the meridians. It is used for deficient, cold, and painful conditions.

1. *Incense stick used as moxa.* Light the incense stick and apply it close to the surface of the Ear point, usually using two to three points per treatment, for 10 to 15 minutes at a time. Treatments may be applied every other day. The patient may feel warmth, or a hot or burning sensation, but not pain.
2. *Moxa stick.* Hold the moxa stick at a distance to stimulate the point but not burn the ear, so that the patient feels a warm to hot sensation. This therapy is useful for Wei syndromes, rheumatoid arthritis, and chronic back pain.

EAR BLEEDING TECHNIQUE A three-edged needle is used on the surface of the point, or on a vein, to lightly prick the point. This technique functions to open the meridians, relieve stasis,

release heat, and stop pain. This treatment is effective for high fever, inflammation, hypertension, dizziness, and eye problems. Points commonly used are the Ear Apex point or on the earlobe. On the dorsal side of the ear, the bleeding technique may be used for acute throat infection, skin problems, and hypertension. For patients with liver Yang rising or chronic hepatitis, use the Liver Yang point. Before treatment, massage the ear before needling, to make the ear red and slightly swollen. Then clean the ear using betadine, and follow with 70% alcohol. With the pressing hand hold the ear, and with the puncture hand hold the three-edged needle. Quickly insert the needle into the point, about 1.0 to 2.0 mm, and then quickly remove the needle and release one to three drops of blood or release blood until the color changes from dark red to bright red. After bleeding, apply a sterile cotton ball to the surface of the point. Treat once every other day. This technique is often used for excess conditions.

EAR PLASTER THERAPY Plasters may be applied to the surface of the ear to stimulate points in the treatment of disease. Several different herbal plasters may be used, such as Xiang Xiang Gui Huo Xue Gao and Shang Shi Zhi Tong Gao. Before applying the herbal plaster to the surface of the ear, use alcohol and cotton to clean the ear surface well; this will give the plaster a deeper penetrating effect. Cut off a small piece of the plaster and apply it to the ear surface.

EAR PLUM BLOSSOM TECHNIQUE Use a plum blossom needle or filiform needle to stimulate points on the surface of the ear. This therapy has the function to open the meridians and regulate the Zang Fu, and is useful for elderly and weak patients, or internal organ disorders such as asthma, migraine, low back pain, and dermatitis. Begin treatment with a couple of minutes of massage to the ear, until the patient feels a warm and hot sensation in the ear. Clean the surface of the ear, using the pressing hand to hold the ear, and the puncture hand to hold the plum blossom needle. Quickly stimulate the surface of the ear, beginning with light stimulation and slowly becoming heavier and faster. Continue until the ear becomes red and hot and slightly bleeds. Treat once daily; seven treatments constitute a course. Use caution with this technique to prevent infections.

EAR MASSAGE TECHNIQUE Use massage on different areas of the ear. This is a painless technique, which can be used for headache, neurasthenia, and hypertension. Treatment should be twice daily, morning and evening. There are four methods of massage.

1. *Whole ear massage:* Rub the palms of the hands together for a couple of minutes until warm, and then use the warm hands to massage the surface of the ear, front and back, until the ear becomes red and hot, and with a burning sensation. Massage the ear helix, using the thumb and index fingers to massage the helix up and downward until the helix becomes red and hot.
2. *Lifting and stretching the earlobe:* Use both hands to pull, squeeze, and stretch the earlobe, starting with a light technique and slowly applying stronger stretching. Lift and stretch the earlobe for 3 to 5 minutes, twice daily in the morning and evening. This technique is useful for

headaches, dizziness, high fever, and convulsions. It also has the function to prevent colds and influenza.

3. **General massage:** Use the thumb to apply pressure to the front of the auricle, while the tip of the index finger is against the rear of the auricle. Gently pull on the tragus and antitragus areas, and then stroke across the earlobe to induce a general calming sensation. Next, stroke from the helix crus up and around the curving of the helix. Then, beginning at the base of the antihelix, move up the entire antihelix. Last, perform general massage at the superior concha, concha ridge, and inferior concha.
4. **Metal stylus massage:** The metal stylus is a special tool used to detect specific problems on the ear or used for general massage. While holding the auricle with the left hand, use the right hand to hold the metal stylus with the ball end of the stylus on the auricle. First, apply gentle pressure on the ear surface to find painful or tender spots. Continue to apply pressure or make small circles until the tenderness diminishes.

AURICULAR MAGNETIC THERAPY Magnetic therapy has the functions of calming, stopping pain, and stopping itching. Using small magnetic balls applied to adhesive tape, attach to the surface of the ear. The magnets may also be applied over an embedded intradermal needle. Magnetic plates may also be used. Magnets can be applied to the same point on both the front and back sides of the ear.

EAR LASER THERAPY A laser is used to stimulate a reactive point on the ear. It can stop pain, speed up recovery of a traumatic injury, regenerate tissue, and regulate endocrine function. It can be used to treat hypertension, asthma, heart disease, and dysmenorrhea. This therapy is easy to use, the treatment time is short, it is pain free for the patient, and it is useful for the elderly, for weak patients, and for children. Before using the laser machine, all switches should be turned to zero before connecting the machine and adjusting the voltage. When the laser light becomes red and stable, it can be reflected on the surface of the ear. Treatment should be daily or every other day, 2 to 3 minutes each time, alternating ears with each treatment. Ten treatments constitute a course of treatment, with 7 to 10 days between courses. After treatment, turn the switch to off before unplugging the machine. Use caution while performing this technique to protect normal tissues around the point and the patient's eyes.

Management of Fainting and Infection

FAINTING Sometimes ear acupuncture therapy can cause fainting. The fainting condition not only happens with the insertion of filiform needles, but it can sometimes occur when using ear pressure techniques.

Reasons

- The patient is tense and afraid of pain
- The patient has a deficient constitution or is extremely tired
- The patient has an empty stomach and low blood sugar
- Overstimulation or incorrect point

Clinical manifestations During the treatment, while inserting or retaining the needles, the patient suddenly has symptoms of

lack of blood or oxygen to the brain, such as dizziness or vertigo, tightness of the chest, nausea, vomiting, palpitations, pale face, sweating, weak and fast pulse, and coldness of the body. In a severe condition, the patient can have profuse sweating, a drop in blood pressure, a very weak and thin pulse that is difficult to feel, and loss of consciousness.

Management

1. For a minor fainting condition, lay the patient down flat, and have the patient drink hot water to help release tension.
2. For severe fainting conditions, remove all needles immediately and place the patient's head in a lower position. Raise the patient's legs to a horizontal position and loosen the clothes. Sometimes you can give the patient an inhaler of oxygen.
3. For dealing with severe cases (in addition to the above treatments), Du26 (Ren Zhong) may be punctured and moxibustion applied to Du20 (Bai Hui), Ren6 (Qi Hai), and Ren4 (Guan Yuan). In most cases, the patient will recover in 30 to 60 minutes after treatment. If the patient experiences incontinence of urine and stool with cold limbs after fainting, or the pathogenic condition of the patient is continuously worsening and the blood pressure is continuously falling, the patient should be taken to an emergency department as soon as possible.

Prevention

1. For a patient who is nervous about needles, explain to the patient about the treatment before starting.
2. Choose minimal points and light stimulation.
3. Avoid auricular therapy when the patient is overtired or has an empty stomach.

EAR INFECTIONS Ear infections can be the result of not practicing clean needle technique, needle retention is too long, or the patient did not take care of the ear after the treatment. Since the ear has less blood circulation than the rest of the body, once the infection happens or involves the cartilage, it will be very difficult to control. Severe infections may cause the ear to become swollen and the cartilage to shrink and change shape. Infection can also rapidly spread to the brain.

Management

1. For patients with a minor infection, use betadine three times per day and stimulate the Adrenal point, Shen Men point, and Lung point on the other ear once daily. For some conditions, the patient may need antibiotics under a doctor's prescription.
2. Use laser stimulation on the local area once daily for 3 to 5 minutes. The laser has the function to stop pain, decrease inflammation, and help the body's immune system.

The following treatments can be used for patients with a severe infection, such as redness, swelling, or pain in combination with a fever. This usually indicates a severe condition and a severe infection in the cartilage.

1. Use a special herb, 如意金黄散 Ru Yi Jin Huang San, mixed with honey to make a paste and apply locally once daily. If the infection has already developed pus, the skin should be opened to drain the pus.

2. According to the specific infection, have the doctor choose an antibiotic and write a prescription.
3. Herbs can be used internally and externally. Use herbs to clear heat and detoxify internally. Also use herbs to clear heat, reduce swelling, and generate new tissue externally on the ear.

Comparison of Chinese and Western Auricular Systems

For many years information has been exchanged, and even though there are differences between the Chinese and Nogier auricular systems, they both agree on the names and locations of more than 20 points.

1. Same point location and name or same point name but different point location

More than 20 points have the same point name and location based on many years of academic exchange. The ear points on the internal organs and the points on the four extremities have *almost* stayed the same from both systems. Some points have the same point name but a different point location. For example, in the Chinese system, the Heart point is on the midpoint of the inferior concha, but in the Nogier system, it is on the medial side of the antihelix. Other points, such as Kidney points, and Foot points have different locations.

VERTEBRAE. For both the Chinese system and phase I of the Nogier system, the vertebral column is located along the antihelix.

- Chinese system: The whole vertebral column is located on the antihelix body. The cervical vertebrae are located on the lower one-fifth, the thoracic vertebrae are located on the middle two-fifths, and the lumbosacral vertebrae are located on the upper two-fifths of the antihelix body.
- Nogier system (phase I): The cervical vertebrae are located at the antihelix tail, the thoracic vertebrae are located on the antihelix body, and the lumbosacral vertebrae extend onto the inferior crus of the antihelix.

UPPER LIMBS. For both the Chinese system and the Nogier phase I system, the upper limbs are located in the scaphoid fossa.

LOWER LIMBS:

- The Chinese auricular system places the lower legs on the superior antihelix crus.
- The Nogier phase I auricular system places the lower limbs in the triangular fossa.

INTERNAL ORGANS: Most internal organs are located in the concha area. Most of the points of the digestive system, the urinary system, and the major internal organs are the same for both the Chinese system and the Nogier phase I system. The following same internal organ names are located differently:

Heart:

- The Chinese system location is in the central depression of the inferior concha.
- The Nogier phase I system location is on the antihelix body.

Kidney:

- The Chinese system location is in the superior concha just below the inferior antihelix crus.
- The Nogier phase I system location is on the medial internal helix.

Spleen:

- The Chinese system location is in the peripheral inferior concha.
- The Nogier phase I system location is in the superior concha area below the inferior antihelix.

Liver:

- The Chinese system location is at the zone CO12, which is the same as the European system of the Spleen point.
- The Nogier system recognized the Liver point at the zone CR2, which located the Liver point slightly lower than Chinese system.

Lung:

- The Chinese system location is in the inferior concha around the Heart point.
- Nogier states that the whole inferior concha represents the lung.

Ovary:

- The Chinese system location is on the inferior part of the inner wall of the antitragus.
- The Nogier phase I system location is under the internal helix root of the IH1 area.

Adrenal gland:

- The Chinese system location is on the tip of the lower ear tubercle on the border of the tragus.
- The European system location is on the concha wall, below landmark LM 16, near the location of the Chinese Kidney point.

Uterus:

- The Chinese system location is in the depression on the medial one-third of the triangular fossa.
- The Nogier phase I system location is on the internal helix root of the IH3 area.

FACE AND SKULL: Both the Chinese system and the European system locate the face and the skull on the earlobe and antitragus area, but the point locations are somewhat different. The locations are very similar but have different names—for example, in the Chinese system, the Brainstem and Central rim points are similar to the European system Cerebellum point and Occipital Cortex.

EAR CENTER AND POINT ZERO: Both the Chinese and European systems are located in the middle of the helix crus but named differently.

SUBCORTEX AND THALAMUS: Both systems locate this point at the base of the concha wall, which lies behind the antitragus but is named differently.

2. Left ear versus right ear

Most Chinese scholars believe that there are no differences between the left and right ear, but in the Nogier system there are differences for the Pancreas, Spleen, and Gallbladder points. The Pancreas and Spleen points are located on the left ear only, and the Gallbladder point is located only on the right ear.

3. There are differences in clinical applications of both auricular systems.

The Nogier system uses the principle primarily corresponding with the diseases area from a Western medicine diagnosis, for example, for sciatic nerve pain use the Sciatic point and for

stomach pain use the Stomach point. But in the Chinese system, clinical point selection is based not only on the anatomical location and Western medical diagnosis to choose the corresponding point, but also on traditional Chinese medical theory. For example, stomach and intestinal disease uses the Spleen and San Jiao points. When treating eye problems, the Chinese system may use the Eye point, as well as the Liver point.

4. Both systems have their own special points that are widely used.

An example in the Chinese system is the use of Shen Men, San Jiao, Liver Yang, Thirst, Hunger, and Anterior Earlobe points; the Nogier system has the Weather point, Sexual compulsion point, Vitality point, Nicotine point, Mania point, Thalamus point, Thyroid gland point, and Antidepressant point.

5. The Nogier auricular system emphasizes many detailed neuroendocrine points, but the Chinese system does not go into as much detail.

For example, the Chinese system locates the head on the antitragus, which represents brain functions but does not include the details of each individual cranial gland. The diagnosis will be based on the ear sensitivities, and the treatment results will be based on the body's adjustment to ear stimulation.

6. The Nogier auricular system reports three different phases, which represent embryological tissue in three different territories on the auricle.

The different phases shift the different territories around according to the different activation of the frequency resonance of the corresponding body tissue. The locations of the three territories are based on their different innervations by the trigeminal nerve, the vagus nerve, and the cranial plexus nerve. The Chinese system looks at the ear as an upside-down fetus. The point location focuses on actual physical organ locations and energetic connections. The point location will change slightly based on physiologic conditions and ear sensitivities.

For more information about the Nogier auricular system, see *Auriculotherapy Manual: Chinese and Western Systems of Ear Acupuncture*, by Terry Oleson.

Basic Requirements for Better Results

The key to increase auricular effectiveness should be based on the following principles: a reasonable formula, the correct point, and the right technique.

1. **A Reasonable Formula:** This is a basic requirement for increased effectiveness. Point selection should be based on the correct diagnosis and an appropriate combination of different theories and experience. For example, you can choose points based on Western medical theory and Chinese medical Zang Fu and Meridian theory for sciatic nerve pain. You can also choose points according to the local area. For sciatic nerve pain, the Gallbladder, Kidney, and Hip points can all be used in combination.
2. **The Correct Points:** When finding the correct points, find the location according to correct anatomic landmarks,

but also be sure to find the sensitive points on the related area. To find the sensitive points, use the following methods:

- A. **Sensitive points by pressure:** Use a small, hardheaded stick or point detector to apply pressure on the ear. On the related area, apply pressure evenly to find the most-painful spot. That painful spot is the stimulation point.
- B. **Positive reaction point:** The positive reaction point related to the disease is the stimulation point.
- C. **Use an electro-machine to find the sensitive point:** When people have a disease, the bioresistance will change and reflect to the Ear point. The electrical resistance will decrease. Use the electro-machine to find the sensitive point as the stimulation point.

3. Correct needle technique: This includes treatment method, degree of eliciting Qi, and degree of stimulation.

A. **Treatment method:** This has been very well developed. Each treatment method has special characteristics for indication. Choose the right treatment method based on the condition.

B. **Degree of eliciting Qi:** Eliciting Qi has a better result for ear acupuncture treatment, but eliciting Qi on the ear is different from eliciting Qi on the body. The ear needle Qi sensation is mainly a warm, numb, distension, or pain sensation. The needle sensation will occur in the local area of the ear point or on the whole ear. Sometimes that reaction will indicate the location of the diseased area, which means the Qi is directly connecting with the disease, which will have a better result.

C. **Degree of stimulation:** The degree of stimulation can be based on the cause, condition, and constitution of the patient. Usually the patient is able to tolerate the stimulation well.

i. **For minor stimulation tonification:** The depth of the stimulation will be immediately below the skin above the ear cartilage, the rotation will be 90 degrees, and the frequency will be 30 times per minute, which is used for deficiency, chronic, or low-function conditions.

ii. **For heavy stimulation sedation technique:** Insert the needle strongly with the needle tip touching the cartilage. Rotation will be 360 degrees, and frequency will be 90 times per minute. This technique is used for severe acute pain, excess conditions, acute conditions, infections, heat conditions, and inflammation.

iii. **Medium stimulation tonify and sedate:** In between the tonification and sedation techniques. It is rarely used for conditions in which it is not very clear whether it is an excess or a deficiency condition. This is the most common technique to use.

See Box 7-1.

Cautions and Contraindications

1. Strictly follow clean needle technique at all times. Completely clean the auricular surface before needling in order to prevent infection.

BOX 7-1

Ear Acupuncture: What to Expect

WHAT TO EXPECT

The surface of the ear is the connecting point of many meridians and nerves. The ear also requires different stimulation for the patient to have sensation locally, in the meridian being treated, or in the whole body. The following reactions are common:

1. **Reaction of the ear:** By stimulating the ear surface, most patients will notice a slightly painful, hot sensation, and some will notice soreness, numbness, cold, and a distending sensation. Visibly, you may notice the whole ear becoming red, hot, or swollen. These reactions all indicate the arrival of Qi, and the prognosis should be good.
2. **Reaction of the diseased area:** When stimulating the appropriate points of the ear, the different parts of the body or internal organs may react with a warm, comfortable sensation, or muscular contraction may occur. For example, the facial muscles of a patient with Bell's palsy may slightly contract with treatment. A patient with an infection of the lower leg may feel a sensation similar to warm water traveling downward after the needle is inserted into the ear.
3. **Meridian reaction:** After inserting the Ear points, the patient may have a sensation with soreness, numbness, or an electric shock feeling that follows the meridians. The meridian reactions usually occur with strong stimulation. Clinically, it has been found that the foot Yang Ming meridian, the foot Tai Yang meridian, and the foot Shao Yang meridian more often will have a more rapid and positive reaction to treatment. These reactions usually indicate a better result.
4. **Whole-body reaction:** After treatment, many patients will report an increase in energy and increased immune response, which is referred to in traditional Chinese medicine as the "rising and adjustment of the Qi." The patient usually notices an overall improvement in many different ways. A whole-body reaction usually occurs in many parts of the body, such as an increase in appetite or a feeling of sleepiness.
5. **Lightening reaction:** By stimulating one point, an area of the body may have a sensation described as lightening with sudden relief of symptoms. For example, a patient with a headache, toothache, or internal organ cramping may have the symptom completely resolve.
6. **Slow-release reaction:** After an ear treatment, the patient may have no relief of symptoms, noticing no change at all. However, if the treatment is stopped for a period of time, the symptoms may improve noticeably. It would appear that the acupuncture becomes effective after the body's environment has been adjusted.
7. **Slow reaction:** A few patients may have no sensitive points in their ears; they will have no Qi reaction in the ear or any bodily sensations with treatment. Usually, these patients will not have positive results and are most likely not good candidates for ear treatments.
8. **Surprise reaction:** After ear therapy, patients may report that symptoms other than those being treated have been resolved. For example, a patient being treated for bronchitis who also has had heel pain for over 20 years may report that the heel pain has been relieved after treatment.
9. **Tolerance reaction:** Some patients may receive long-term auricular treatments. In the beginning, they receive benefits, but over time the treatments are no longer effective. In this case, the patient has built up a tolerance, becoming immune to the stimulation. These patients probably will not receive benefits from further treatments. Changing prescriptions or techniques may make the body become reactive again.
10. **Reverse reaction:** Occasionally, the patient will have reverse effects from treatment. For example, a patient with a headache, palpitations, and insomnia may have his or her symptoms become worse rather than improving. This is usually due to the patient being excessively nervous, use of too many points, use of stimulation that is too strong for the patient, or use of poor technique. This kind of a reaction is usually temporary, and if further treatments are changed to suit the patient's needs, this should not occur again. If this reaction continues, discontinue the ear therapy and consider another form of treatment.
11. **Unexpected reaction:** Not all patients will receive an immediate benefit from the treatment. Sometimes the patient will have an unexpected reaction, such as a worsening of the symptoms after treatment. In this case, sometimes it does not indicate an unsuitable treatment. If this patient's situation improves after this unexpected reaction period, usually it means the patient has received an effective treatment. It is an indication that the patient's body needed to respond to the stimulation to begin the healing process.

2. Do not treat the ear if the patient has ulcers, broken skin, or skin lesions on the ear.
3. Pregnant women with a history of miscarriage are contraindicated for auricular therapy.
4. Pregnant women between 40 days and 3 months of gestation are not recommended for auricular therapy. If after 5 months the patient strongly needs treatment, light stimulation can be used, but be careful not to needle the Uterus point, Ovary point, or Endocrine point.
5. Patients with severe heart disease, patients with anemia, the elderly, patients who are extremely deficient, and patients who are fatigued should be treated with caution.
6. Filiform needles and electrical therapy should be performed every other day; laser treatment once daily; and embedded needles or magnets once every 5 to 7 days. Alternate points and left and right ears with each treatment. All points may be used repeatedly 5 to 10 times. All points may be used separately or in combination with other points.

Introduction

With eye acupuncture, the eyes are used for both the diagnosis and the treatment of disease. To treat disease, select points along the orbital margin of the eye for stimulation. Eye acupuncture is different from other acupuncture micro-systems in that the changes in the vessels of the bulbar conjunctiva are observed for diagnosis. Point selection and treatment principles are based on these findings. This therapy is easy to use, provides rapid and excellent results, and is safe and painless.

Eye acupuncture was invented by Dr. Jing-Shan Peng in China in the 1970s. He introduced it to the world in 1986. He also published *Eye Acupuncture Therapeutics* and based the point location on the post-heaven (nurture) Ba Gua. Two doctors, Dr. Gou-Zhen Li and Dr. Gui-Quan Huang, from Taiwan, China, published *Dao Theory of Eye Therapeutics*. They based their point locations on the pre-heaven (nature) Ba Gua.

There is a difference between the pre-heaven Ba Gua and the post-heaven Ba Gua systems. The pre-heaven Ba Gua was recorded in the *Zhou Yi* and used the order of: Qian, Dui, Li, Zhen, Xun, Kan, Gen, and Kun. It represents the eight natural phenomena, which are the sky, rain, fire, thunder, wind, water, mountain, and earth. The post-heaven Ba Gua was recorded in the South Song Dynasty in Chinese history and used the order of: Qian, Kan, Gen, Zhen, Xun, Li, Kun, and Dui. Dr. Peng used the post-heaven Ba Gua to divide the eye area, which combined the five elements and the Zang Fu theories.

The relationship between the Ba Gua, five elements, and Zang Fu are:

Qian	乾	metal	lung and large intestine
Kan	坎	water	kidney and bladder
Zhen	震	wood	liver and gallbladder
Li	离	fire	heart and small intestine
Kun	坤	earth	spleen and stomach
Gen	艮	mountain	upper Jiao
Xun	巽	wind	middle Jiao
Dui	兑	rain	lower Jiao

To make it more convenient, Dr. Peng used the numeric system: 1, 2, 3, 4, 5, 6, 7, and 8 to represent the Ba Gua as Qian, Kan, Gen, Zhen, Xun, Li, Kun, and Dui on the eye.

Eye acupuncture therapy is based on the theory of the *Nei Jing* (内经), and the famous Dr. Hua Tuo, who observed the eyes to formulate his diagnosis. The eyes connect the energy of the Zang Fu organs externally and reflect the body's Qi, blood, nutritive Qi, protective Qi, spirit, and ethereal and

corporeal souls. The 12 meridians connect directly or indirectly with the eyes. Stimulation of the eye around the orbital margin can open the meridians, invigorate blood, stop pain, calm the Shen, and regulate the Zang Fu function.

Eye Anatomy

Skeleton

The orbital opening is the house of the eyes. The supraorbital margin is formed entirely by the frontal bone. The supraorbital notch is located at the lateral two-thirds of the margin and is the location that transmits the supraorbital nerve and vessels. The lateral margin of the orbit consists of the frontal process of the zygomatic bone and the zygomatic process of the frontal bone. The inferior border of the orbit is formed by the zygomatic bone laterally and the maxilla bone medially. The frontal bone above and the frontal process of the maxilla bone below form the medial margin.

Soft Tissue

The eyelids are two thin, moveable folds that cover the anterior surface of the eye. The upper eyelid is more mobile and contains an elevator muscle. Skin that is thin externally and covered by conjunctivae internally covers the eyelids. The supporting framework of each eyelid is formed by dense fibrous tissue. The main muscle within the eyelids is the orbicularis oculi.

The facial surface of the eyelids consists of skin, subcutaneous connective tissue, fibers of the orbicularis oculi, and submuscular connective tissue. The skin is extremely thin. The subcutaneous connective tissue lacks elastic fibers. Submuscular connective tissue is continuous with the subaponeurotic layer of the scalp.

Blood Supply

The lateral and medial palpebral arteries supply the eyelids. The superior arteries supply the upper eyelids, and the inferior arteries supply the lower eyelids. Branches of the infraorbital, facial, and transverse facial and superficial temporal arteries also supply the eyes.

The veins of the eyelids are larger and have more branches. The veins pass either superficially to the veins on the face and forehead or deeply to the ophthalmic veins within the orbit.

Nerves

The cutaneous nerves of the eyelids come from both the ophthalmic and maxillary divisions of the trigeminal nerve. The supraorbital branches of the frontal nerve, lacrimal nerve, and

nasociliary nerve mainly supply the upper eyelid. The nerve supply to the lower eyelid is the infraorbital branch of the maxillary nerve.

For eye acupuncture, insert the needle on the superficial skin, the subcutaneous connective tissue, or the space between the orbit and the eyeball. Due to the thin skin and superficial blood supply, use caution to prevent injury to the eyeball or bleeding that can cause a black eye.

Eye Acupuncture

Locations and Indications

Eye acupuncture locations consist of a total of four regions, eight areas, and thirteen points.

Four Regions and Eight Areas

With your eye looking straight ahead, draw a horizontal line connecting the inner canthus with the outer canthus. Draw a vertical line from the infraorbital region and the superior orbital region, dividing the eye into four regions. Each of the four regions is then further divided into two separate areas, making a total of four regions and eight areas. The left eye belongs to Yang, and the eight areas flow clockwise. The right eye belongs to Yin, and the eight areas follow a counterclockwise flow (Figure 8-1).

Zang Fu of Each Area

The left and right eye each have the same representative Zang Fu areas.

- The first area is the lung and large intestine.
- The second area is the kidney and urinary bladder.
- The third area is the upper Jiao.
- The fourth area is the liver and gallbladder.
- The fifth area is the middle Jiao.
- The sixth area is the heart and small intestine.
- The seventh area is the spleen and stomach.
- The eighth area is the lower Jiao.

There is about 45° between each area (Figure 8-2).

San Jiao in the Eye Acupuncture System

The concept of San Jiao in the eye acupuncture system represents the whole body, interior and exterior. The upper Jiao

represents the whole area above the diaphragm, including the head, face, eyes, ears, nose, mouth, throat, arms, upper back, chest, lungs, esophagus, and trachea. The middle Jiao is everything between the diaphragm and the umbilicus, which includes the middle back, upper abdomen, and the Zang Fu of that area. The lower Jiao includes everything below the umbilicus, including the lower back, the hips, the abdominal cavity, the reproductive and urinary systems, and the legs.

Thirteen Points

The 13 points are distributed as follows: area one, area two, area four, area six, and area seven each have two points that indicate one Zang and one Fu organ. Area three, area five, and area eight each have only one point. The eye micro-system condenses the whole body's 361 points into 13 points, distributed around the orbital margin (about 1.0 cm from the edge of the orbit), each with specific functions. The points are named according to the Zang Fu they represent. Each point treats disease within the representative Zang Fu and Jing Luo.

AREA 1

Organ: Lung.

Indications: Cough, asthma, sore throat, and chest pain.

Organ: Large intestine.

Indications: Diarrhea, constipation, abdominal pain, and abdominal fullness.

AREA 2

Organ: Kidney.

Indications: Low back pain, weakness of the knees, tinnitus, spermatorrhea, impotence, and infertility.

Organ: Urinary bladder.

Indications: Urinary incontinence, urinary retention, frequent urination, urgent urination, and painful urination.

AREA 3

Organ: Upper Jiao.

Indications: Problems on the head, face, neck, chest, and back, as well as lung problems and heart conditions.

AREA 4

Organ: Liver.

Indications: Hypochondriac area pain, headaches, dizziness, red eyes, and jaundice.

Organ: Gallbladder.

Indications: Gallstones and cholecystitis.

AREA 5

Organ: Middle Jiao.

Indications: Problems in the upper abdomen, middle back, and lumbar, as well as spleen, stomach, liver, and gallbladder conditions.

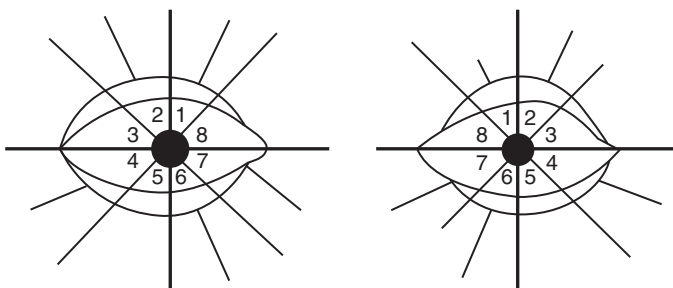
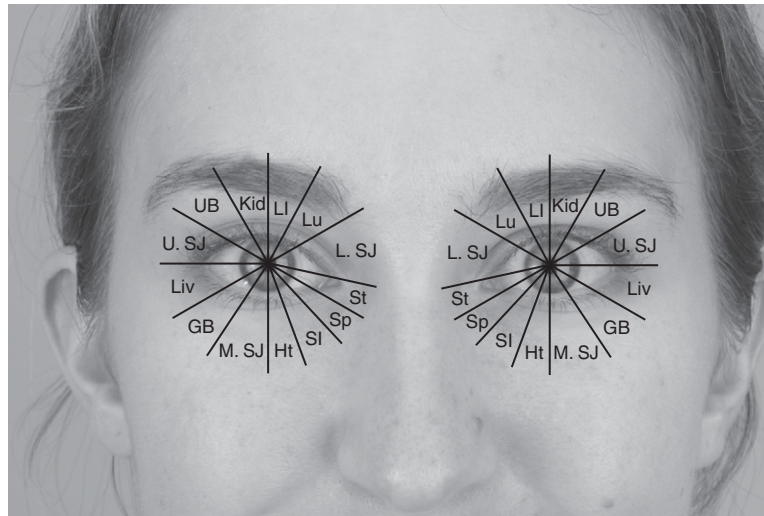


FIGURE 8-1 Eye acupuncture—the four regions and eight areas of the eyes.



Lu – Lung	GB – Gallbladder	L. SJ – Lower Jiao
LI – Large intestine	Ht – Heart	M. SJ – Middle Jiao
Kid – Kidney	SI – Small intestine	U. SJ – Upper Jiao
UB – Urinary bladder	Sp – Spleen	
Liv – Liver	St – Stomach	

FIGURE 8-2 Eye acupuncture—the eight areas of the eyes with the thirteen Zang Fu points.

AREA 6

Organ: Heart.

Indications: Palpitations, chest pain, insomnia, and forgetfulness.

Organ: Small intestine.

Indications: Diarrhea, borborygmus, and abdominal pain.

AREA 7

Organ: Spleen.

Indications: Fullness of the abdomen, poor appetite, diarrhea, weakness of the four extremities, and edema.

Organ: Stomach.

Indications: Stomach pain, nausea, vomiting, belching, and acid reflux.

AREA 8

Organ: Lower Jiao.

Indications: Problems in the lower abdomen, hips, buttocks, sacral region, legs, and reproductive organs.

Eye Acupuncture Therapy

Diagnosis of Disease by Observation of the Eye

The treatment principle will depend on the traditional Chinese medicine diagnosis; however, with eye therapy the primary basis for diagnosis is visual observation of the eye, which can be confirmed by the patient's symptoms. Point selection will depend on the pathogenic changes of the eight areas and thirteen points of the eye, as well as clinical symptoms.

The blood vessels of the bulbar conjunctiva are typically not clearly visible in healthy individuals. With disease, the vessels change in shape and color and may be observed to determine the meridians involved in the disease, how long the disease has been present, and how serious the condition is, as well as whether the disease is of a hot or cold, deficiency or excess nature. The eye can also be observed to determine the meridian in which the disease originated and if it has begun to affect other meridians.

VESSEL SHAPE It is most common for the root of the vessel to become enlarged in the area above the horizontal line of the pupil.

1. If the root of the vessel above the horizontal line of the pupil appears to be enlarged, this usually indicates blood stasis. Blood stasis is also usually present when the vessel is twisted or extended.
2. A vessel that extends from one area to another usually indicates that the disease originated in one area and has spread to another meridian.
3. It is most common for a vessel to branch up and out similar to a tree below the horizontal line of the pupil. If the vessel branches out below the horizontal line of the pupil, blood stasis is usually indicated. This most commonly manifests in the left eye heart area.
4. If the eye's bulbar conjunctive vessels protrude, this usually indicates a disease of the six Fu organs.
5. If the vessels of the left eye at the large intestine area become enlarged, hemorrhoids or anal disease is likely.
6. Enlarged vessels of the right eye at the small intestine area point to duodenal ulceration.

7. If the vessels indicating blood stasis appear in a large area, it is most common to find this in the liver, gallbladder, and lower Jiao areas, and the disease is probably due to stagnation.
8. If the blood vessel change looks like drips of water, this indicates the presence of parasites in the stomach and intestines and blood stasis in the lower Jiao.

VESSEL COLOR

1. Eye blood vessels that appear purple and red in color usually indicate excess heat.
2. The color white usually indicates deficiency and cold.
3. If the blood vessels are red with some black coloring, this indicates a new disease, which has changed to heat.
4. Vessels that are bright red usually indicate a new disease that is an excess heat condition.
5. Vessels that are gray in color indicate a disease that is old.
6. Dark red indicates a serious disease where the evil Qi has penetrated the exterior and is now an internal disease. A heat condition of the five Zang organs will also show this color.
7. If the blood vessel appears to be light yellow, this is an indication that the disease is in the process of recovering.
8. A light red color means there is heat lingering. Vessels that are red with traces of yellow indicate the disease is improving because the color yellow belongs to the spleen and stomach Qi.

Principles of Point Selection

1. **Choose points according to Zang Fu and meridians.** The points can be selected by the area of the eye in which disease is manifesting. For example, for a patient with low back pain, the point corresponding to the lower Jiao, the kidney, or the urinary bladder may be selected. If shape and color changes of the vessels are noted, the condition will respond well to treatment.
2. **Choose points by observation of the eye.** Regardless of the disease location or manifestation, a point is chosen by location of major blood vessel changes. For example, if the patient has headache, this will usually manifest as blood vessel changes in the right eye upper Jiao area and in the left eye liver and gallbladder areas.
3. **Choose points by San Jiao division areas.** Points may be selected by the location of the disease according to where it is distributed within the San Jiao. For example, the upper Jiao points are selected to treat head, upper arm, and chest diseases.
4. **Choose points that are sensitive.** Points that become spontaneously tender or sensitive to the patient with disease should be chosen. Two different methods can be used for this situation.
 - A. Apply pressure to the area of the orbital margin, using light, slow, and even pressure to determine sensitive areas. When the sensitive areas are palpated, the patient might experience distension, soreness, numbness, heaviness, or a hot or cold sensation. The practitioner may apply pressure to these sensitive areas to create a slight depression in the skin before inserting the needle in this area. If pressure

around the orbital margin does not indicate any areas of sensitivity, points may be selected according to diseased areas of the body.

- B. An electrical resistance detector may be used to locate points to be stimulated. Points with the highest reading should be selected for treatment.
5. **Choose points by Western medical theory.** Modern medicine believes that the human body's tissues and organs are united. In addition to each organ's individual functions, they act with their functions together through nerve and endocrine system adjustments. In the eye acupuncture system, the heart area indicates the central nervous system, brain, and spinal cord. The San Jiao indicates the autonomic nervous system. The spleen area indicates the endocrine system. The spleen combined with the heart area indicates the pituitary gland. The spleen combined with the kidney area indicates sexual gland functions. In the clinic, the practitioner can base needle selection on Western medical theory.

Indications

1. Eye acupuncture therapy is very effective when used for pain control. Areas of pain due to different diseases may be treated, such as headache, toothache, wryneck, headache due to injury, twisted wrist or ankle, acute spasm of the stomach or intestines, intercostal neuralgia, frozen shoulder, cholecystitis, orchitis, any postsurgical pain, acute low back pain, sciatic nerve pain, dysmenorrhea, and conjunctivitis, as well as any infection causing headache. Eye acupuncture also has the function to reduce inflammation.
2. Eye acupuncture is also effective in treating paralysis due to cerebral embolism, cerebral hemorrhage, and cerebral thrombosis, especially for diseases that are treated within 3 months of the onset. For conditions that have lasted for more than 6 months, with severe muscle atrophy and weakness, the results will be less effective and should be combined with other treatments.
3. Eye acupuncture can be used to treat other conditions such as itching skin and rashes, insomnia, Parkinson's disease, hypertension, or rheumatoid arthritis and myelitis causing paralysis in the lower limbs. (See Table 8-1.)

Eye Acupuncture Techniques

1. **Needle selection.** 30 to 34 gauge needles, 0.5 cun in length are ordinarily used.
2. **Needle insertion.** Before needling, follow clean needle technique. Use one hand to hold and apply pressure to the eyeball in order to tighten the skin around the orbital margin. Use your other hand to insert the needle around the orbit. Needles can usually be inserted perpendicularly, obliquely, and transversely to 2.0 to 3.0 fen. For transverse insertion, insert the needle under the subcutaneous level and avoid crossing into the other areas. Needles can be inserted into the left eye for problems of the left side of the body or into the right eye for problems of the right side of the body, or for

TABLE 8-1
Eye Acupuncture: Treatment Protocols

Paralysis by stroke	Upper Jiao area and Lower Jiao area
High blood pressure	Both sides of the Liver area
Irregular heartbeat	Both Heart areas
Chest pain	Both the Upper Jiao area and the Heart area
Diaphragm spasm	Middle Jiao area
Stomach pain	Middle Jiao area, Stomach area
Stomach spasm	Middle Jiao area
Headache	Upper Jiao area
Migraine headache	Upper Jiao area and Gallbladder area
Occipital headache	Upper Jiao area and Bladder area
Trigeminal neuralgia	Upper Jiao area
Pain around the eye area	Gallbladder 1 (Tong Zi Liao)
Pain around the cheek area	Stomach 2 (Si Bai)
Facial muscle spasm	Upper Jiao area, Spleen area
Facial paralysis	Upper Jiao area
Neck pain or stiffness	Upper Jiao area and Bladder area
Arm pain with limited range of motion	Upper Jiao area
Chronic bronchitis	Lung area and Ding Chuan, which is located 0.5 cun lateral to Du 14 (Da Zhui)
Back pain	Upper Jiao area and Bladder area
Low back pain	Lower Jiao area and Kidney area
Hypochondriac pain	Middle Jiao area and Liver area
Vomiting	Middle Jiao area and Stomach area
Diarrhea	Large intestine area
Dysentery	Lower Jiao area and Large intestine area
Constipation	Large intestine area
Frequent urination	Lower Jiao area, Liver area, and Kidney area
Weakness of the lower leg	Lower Jiao area and Kidney area
Heel pain	Lower Jiao area and Gallbladder area
Uterus	Upper Jiao area, Kidney area, and Heart area
Impotence	Lower Jiao area
Acute soft tissue injury	Lower Jiao area and Upper Jiao area
Neck pain	Both upper Jiao areas
Frozen shoulder	Upper Jiao area and Large intestine area
Sciatic nerve pain	Lower Jiao area and Gallbladder area on the disease side
Gallbladder infection	Gallbladder area
Parasites in the gallbladder	Liver area, Gallbladder area
Pancreatitis	Middle Jiao area and Spleen area
Knee pain	Lower Jiao area and Stomach 35 (Du Bi)
Irregular menses	Lower Jiao area, Liver area, and Kidney area
Painful menses	Both sides of the Lower Jiao area
Urinary incontinence	Lower Jiao area, Liver area, and Kidney area
Eating disorder	Stomach area and Si Feng points on the hands
Red and painful eyes	Liver area
Nearsightedness	Liver area and UB 1 (Jing Ming)
Prolapse of the eyelids	Spleen area and Upper Jiao area
Inflammation of the eye	Upper Jiao area, Liver area, Spleen area
Sinusitis	Upper Jiao area and Lung area
Loss of voice	Upper Jiao area and Lung area
Pain of the tongue	Heart area
Deafness and tinnitus	Liver area and Upper Jiao area
Toothache	Upper Jiao area and SJ 17 (Yi Feng)

a more beneficial effect also insert the needle into the contralateral eye as well. The same area of both eyes can be used. There are several different ways to insert needles:

A. Spot insertion. Instruct the patient to close his or her eyes while you use your left hand to stretch the skin of the

point area. Use gentle spot insertion five to seven times until there is redness but no bleeding.

B. Inner orbital margin insertion. For this technique, insert the needles at the inner orbital ridge between the orbital margin and the eye ball using a 30 to 34 gauge, 1 cun long filiform needle. Use perpendicular insertion, needling the point slightly toward the eyeball. Insert the needles 0.2 to 0.5 cun. This technique is similar to the insertion on ST-1 (Cheng Qi) and requires the practitioner to have a highly skilled technique.

C. Edge orbital margin insertion. For this technique, insert the needles outside the orbital margin transversely into the subcutaneous tissue toward the edge of the adjacent area. This technique requires shallow insertion. The distance of the insertion should be about 2.0 mm from the orbital margin; it should not extend into the adjacent area.

D. Double insertion. Using either perpendicular or transverse insertion, the practitioner inserts one needle after another in the same direction very close together. The purpose is to increase needle sensation.

E. Interior and exterior insertion. The practitioner inserts the needles from the inner orbital margin and outside orbital margins in the same regional area.

F. Point pressure. Use the tail part of the needle or a point detector tool to apply pressure to the area of the point to elicit Qi. This technique has the same results as stimulation with needles. Use this technique for patients with weakness, for children who are afraid of needles, or for patients with many blood vessels around the orbital area. Patients can use this technique for self-treatments.

G. Intradermal needles. Use this technique for the patient who needs continuous stimulation or a longer-term treatment. The intradermal needles can be left in place for several hours to several days.

H. Electro-acupuncture. Stimulate the needles on the eye area. If no Qi is elicited after 5 minutes, use electro-stimulation. The method will be the same as that for general electro-therapeutics. This technique requires great caution by the practitioner.

I. Contralateral insertion. When results are not achieved after inserting needles on the diseased area, the practitioner can insert needles on the same point on the other eye. At the same time, use warm or cold stimulation on the diseased eye to elicit Qi and enhance the therapeutic response.

3. Manipulation

A. Eye acupuncture therapy does not require special manipulation techniques. Manipulation of the needle should stop after Qi is elicited. If the needle is inserted into an area and Qi is not achieved, lightly lift the needle, adjust the direction, and then insert the needle again. Avoid repeated lifting and thrusting and reinsertion.

B. For tonification and sedation, insert the needle transversely. For tonification, follow the direction of the flow

of Qi for the left and right eye; for sedation, needle against the flow of the left and right eye (the left eye flows clockwise, the right eye flows counterclockwise).

- C. For the Upper Jiao, Middle Jiao, and Lower Jiao, the needle may be inserted in any part of the area. For the other five areas, only half of the area is for one meridian, so it is important not to needle into the area of the other meridian.
- D. Depending on the symptoms, retain the needles for 5 to 20 minutes (although no more than 10 to 15 minutes is preferred). If you do not elicit Qi, or if the patient has a very serious condition, you may use the scratching needle technique or use the hand to very lightly rotate the needle, but not more than 10 degrees.
- E. To remove the needle, use a dry cotton ball to apply pressure to the point, and with the other hand slowly remove the needle. When the needle is almost out of the skin, apply pressure to prevent bleeding.
4. **New stimulation device.** Recently, an eye electrical stimulation device was created in China. This machine uses the biographic theory to stimulate the 13 points around the eye. The machine has the functions of reducing swelling, stopping pain, calming the Shen, balancing Yin and Yang, harmonizing Qi and blood, opening the meridians, and helping promote longevity. The patient can wear this device as a pair of glasses with a head strap for self-treatment under a physician's supervision.
See Box 8-1.

Cautions and Contraindications

1. Before needling, it is important to follow clean needle technique, being careful not to get alcohol in the eye. When inserting needles, carefully protect the eyeball.
2. After inserting the needles, use your hand to palpate the orbital margin. Usually you can still feel the edge of the bone. Have the patient open his or her eyes. The patient should experience no pain.
3. If you needle the 7 area or 8 area, be careful not to insert the needle deeply and cause damage to the inner canthus artery.
4. Some people have a large tarsal plate or more veins on the surface of the eyelid. These patients are not good candidates for eye acupuncture. If you choose to treat such a patient, use careful, shallow insertion only.

BOX 8-1

Eye Acupuncture: What to Expect

1. Observing the eyes for diagnosis is an important method for eye acupuncture. The shape and color change of the vessels of the bulbar conjunctivae can provide information on the length of the disease, the seriousness of the disease, whether it is a deficiency or an excess condition, whether it is a cold or a hot condition, and the progression and prognosis of the disease. It is important to observe the eyes for diagnosis of disease.
2. Use even pressure to detect sensitive spots around the orbit. When the patient experiences soreness, numbness, extending pain, feelings of warmth or cold, or a comfortable sensation, this indicates a "sensitive spot." The practitioner can increase pressure for a couple of seconds on these spots, and sometimes the painful spots will disappear. Use these pressure spots also as puncture points for treatment.
3. When doing acupuncture around the orbit, insertion should just touch the bone membrane. When using transverse insertion, the needle should stay in its own area.
4. Better results are usually indicated when using eye acupuncture if the patient experiences tearing, aversion to light, a numb sensation around the eye, twitching eyelids, muscle spasms in the four extremities and involuntary movements, and warm, numb sensations.
5. If you needle the 7 and 8 areas, take caution not to insert the needle deeply, as this may cause damage to the inner canthus artery.
6. For patients with thick eyelids or those who have a blue-green color on the eyelids due to numerous veins distributed on the eyelid, avoid eye acupuncture or use gentle, shallow insertion, applying proper pressure afterward to avoid bruising around the eye.
7. Eye acupuncture is effective for diseases of the nervous system, cardiovascular system, urologic system, and reproductive system. It has especially good results for patients with paralysis due to blood vessel thrombosis. The best stage to treat these kinds of conditions is when the patient has paralysis but the muscles have not yet atrophied and there is no internal organ failure.
8. Eye acupuncture has a two-way adjusting function for arteries that is effective for patients' blood pressure. Eye acupuncture can either increase blood pressure for patients with low blood pressure or reduce blood pressure for patients with high blood pressure.
9. Eye acupuncture has good results for a variety of pain control applications.
10. Do not retain the needles for too long when using eye acupuncture. Usually 5 to 10 minutes is standard, but it can last up to 20 minutes if the condition warrants.

Introduction

Nose acupuncture is the therapy in which points around the nose are used, in combination with the Zang Fu and meridian therapies, in the treatment of disease. This therapy is based on the *Nei Jing* 内经 system of diagnosis based on nose color and shape. Because the nose is in the center of the face, it reflects the Zang Fu functions and circulation of Qi and blood in the whole body. It is also the connecting area of the nose with the hand and foot Yangming meridians, Du meridian, hand Taiyang meridian, foot Taiyang meridian, and Ren meridian. The Yangming meridian has an abundance of Qi and blood, the Du meridian leads the whole body's Yang Qi, and the nose is the intersection area of the Yangming and Du meridians. The Ren meridian controls the Yin of the body. The Du and the Ren meet at the nose and mouth area. So it can be said that the nose is a major intersection area of Yin and Yang with many of the major meridians. The nose is an area that reflects changes in Qi and blood circulation, and the state of the Zang Fu, Qi, and blood. By needling specific points on the nose, the meridians can be opened, Qi and blood can be harmonized, and diseases can be treated.

Since the time of the *Nei Jing* 内经 around 2,000 years ago, people have come to recognize more about the functions of the nose. Practitioners have used the theories of Yin and Yang, Five Elements, Zang Fu, and meridians to develop the relationship between the nose and the whole body. In the clinic there are many therapies that use herbs such as powdered aromatic herbs to stimulate the nose or smoked or warm steamed herbs to work directly on the nose. There also are mechanical stimulations such as acupuncture, herb-soaked cotton ball pressure, massage around the nose area, Qi Gong, and Tui Na. Around the 1950s and 60s, Chinese health practitioners summarized the ancient techniques combined with extensive clinical experience to invent and develop nose acupuncture therapies. Practitioners at the Traditional Chinese Medicine Institute of Hohhot City of Inner Mongolia invented 10 areas, 9 vertical lines, and 62 points, as well as a complete holistic theory of the nose. The Railway Hospital of Datong of Shanxi, China, developed 19 stimulation points on the nose and also published an illustrated manual. The University of Traditional Chinese Medicine of Nan Jing, China, used experimental points combined with all different branches of nose acupuncture to develop the diagrams, which are recognized in all of China and have spread around the world.

Nose acupuncture is primarily used to control both acute and chronic pain, as well as for anesthesia. It is specialized to work on reproductive problems. It also can be used to stop smoking.

Nose Anatomy

Located at the center of the face, the nose is formed by the nasal bones, which are inferior to the frontal bone and medial to the maxillary bone. Their lower free edge forms the anterior nasal aperture. They articulate with nasal cartilage that support the lower part of the nose. The septum nasi separates the nares from the midline. The flared part of the nose lateral to each naris is the ala. The tip of the nose is the apex. The root is the attachment from the nose to the forehead.

Over the moveable alae and tip of the nose, the skin of the nose tightly attaches to the supporting cartilage. However, over the rest of the nose, the skin is moveable on the underlying skeleton. The blood supply is from both angular and dorsal nasal vessels. The ophthalmic nerve is the major nerve supply to the nose.

Nose Acupuncture Systems

Three different nose acupuncture systems exist:

1. Basic points of nose acupuncture
2. New points of nose acupuncture
3. Nose San Jiao acupuncture therapy

Basic Points of Nose Acupuncture

The nose can be viewed as a representative biologic micro-system of the body. From the front view, the nose looks like a person sitting forward. The whole body, including the five Zang and six Fu, the arms, and the legs, are reflected on specific areas of the nose. The points are distributed according to this view of the nose (Figure 9-1).

- The head and brain area is located between the eyebrows.
- The neck area is located around the root of the nose.
- The shoulder and upper arm areas are located between the nose and the maxillary bone.
- The spinal cord is located around the bridge of the nose.
- The lumbar and sacral areas are located toward the tip of the nose.
- The hip is located at the ala nasi area.
- The knee is located around the exterior part of the ala nasi and the root of the philtrum.

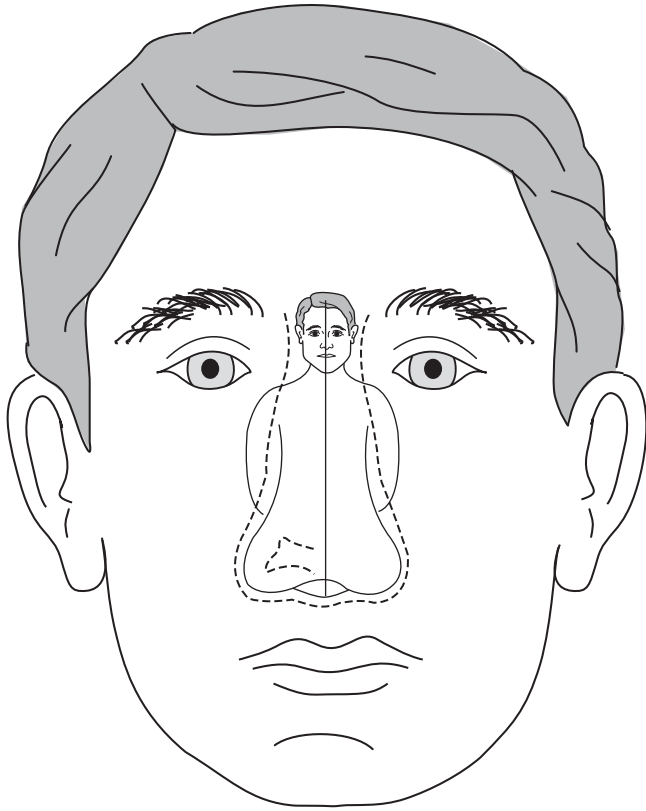


FIGURE 9-1 The nose can be viewed as a representative biologic micro-system of the body. From the front view the nose looks like a person sitting forward.

- The back is usually located in the upper two-thirds of the side of the nose, and the lower back at the lower one-third.

The basic points of the nose acupuncture system have a total of 23 points, with three lines dividing the nose.

- 1. First line:** The first line originates in the center of the forehead and runs down to the middle of the philtrum, with a total of nine points.
- 2. Second line:** The second line originates below and medial to the inner canthus extending along the side of the bridge, and ending at the lower part of the ala nasi area. There are a total of five points located bilaterally.
- 3. Third line:** The third line starts at the medial end of the eyebrow and runs parallel to the second line, about 0.3 to 0.5 cm lateral, and ends at the lower lateral margin of the ala nasi area. This line has nine bilateral points (Figure 9-2).

BASIC POINTS: LOCATIONS AND INDICATIONS

First line (nine points)

HEAD AND FACE

Location: In the middle of the forehead, the upper one-third of the distance from the natural hairline to a point between the eyebrows.

Indications: Treats the head and face area, vascular system disorders, and nervous system disorders.

THROAT

Location: On the midline of the forehead, the lower one-third of the distance from the natural hairline to a point between the eyebrows.

Indications: Throat, larynx, and pharynx conditions.

LUNG

Location: Located on the midline between the eyebrows.

Indications: Lung and skin conditions.

HEART

Location: On the bridge of the nose, at the midpoint between the inner canthus of the eyes.

Indications: Vascular system and nervous system disorders.

LIVER

Location: On the bridge of the nose, midway between the highest part of the maxillary bones.

Indications: Liver and gallbladder conditions.

SPLEEN

Location: Just above the knob of the tip of the nose.

Indications: Spleen and stomach conditions.

KIDNEY

Location: On the tip of the nose.

Indications: Kidney and bladder conditions, convulsions, coma, and drowning.

GENITALS

Location: Just below the nasal septum.

Indications: External genitalia conditions.

TESTICLE AND OVARIES

Location: On either side of the Kidney point at the medial margin of the ala nasi.

Indications: Testiculitis and ovarian cysts.

Second line (five points)

GALLBLADDER

Location: Lateral to the Liver point, directly below the inner canthus.

Indications: Chronic gallbladder infections and gallstones.

STOMACH

Location: Lateral to the Spleen point, directly below the Gallbladder point.

Indications: Stomach and intestinal conditions.

SMALL INTESTINE

Location: At the upper third of the ala nasi, lateral and inferior to the Stomach point.

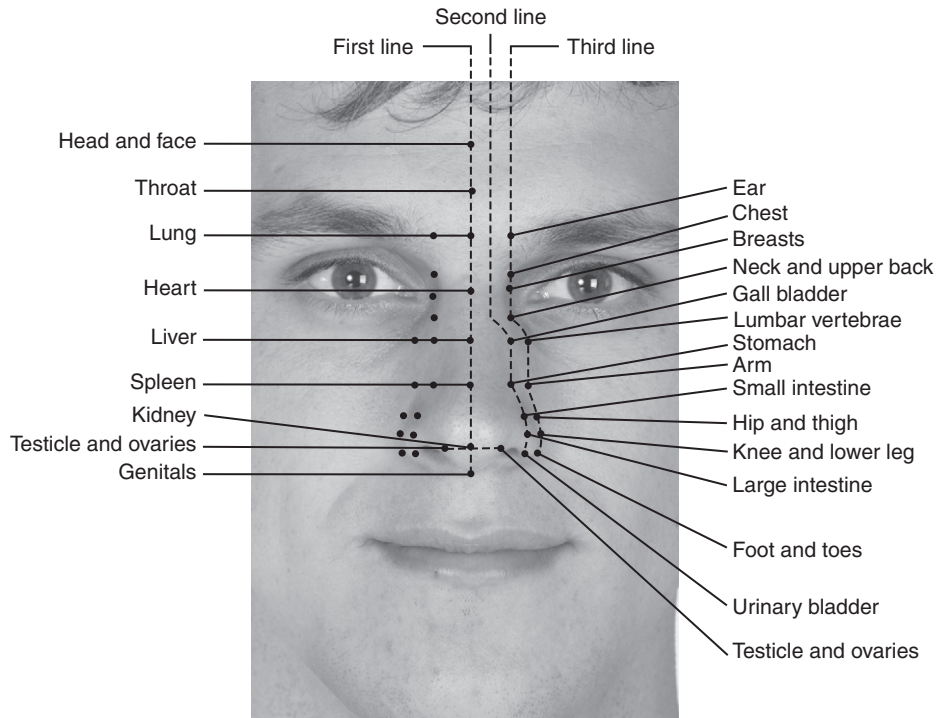


FIGURE 9-2 The basic points of nose acupuncture have a total of 23 points.

Indications: Abdominal pain, diarrhea, and small intestine hernia.

LARGE INTESTINE

Location: In the middle of the ala nasi, inferior to the Small Intestine point.

Indications: Constipation and abdominal distension.

URINARY BLADDER

Location: Directly below the Large Intestine point, on the inferior wall of the ala nasi.

Indications: Infections of the bladder.

Third line (nine points)

EAR

Location: At the medial end of the eyebrow, on the same level as the Lung point.

Indications: Deafness and tinnitus.

CHEST

Location: Below the Ear point, on the margin of the orbit.

Indications: Chest distension and chest pain.

BREASTS

Location: Above UB 1 (Jing Ming), near the inner canthus of the eye.

Indications: Mastitis and eye conditions.

NECK AND UPPER BACK

Location: Below UB 1 (Jing Ming), near the inner canthus of the eye.

Indications: Whiplash, neck and back pain, and eye conditions.

LUMBAR VERTEBRAE

Location: Lateral to the Gallbladder point, on the same level as the Liver and Gallbladder points.

Indications: Low back pain.

UPPER LIMB

Location: Lateral to the Stomach point, on the same level as the Stomach and Spleen points and right below the Lumbar Vertebrae point.

Indications: Weakness of the upper limbs, stuffy nose, and runny nose.

HIP AND THIGH

Location: Lateral and inferior to the Upper Limb point and level with the superior margin of the ala nasi.

Indications: Hip pain, thigh pain, and nasal congestion.

KNEE AND LOWER LEG

Location: Lateral to the middle of the ala nasi, and below the Hip and Thigh point.

Indications: Knee and leg swelling and pain and nasal congestion.

FOOT AND TOES

Location: Lateral to and level with the inferior part of the ala nasi, below the Knee and Lower Leg point.

Indications: Numbness and pain of the toes and sinusitis.

New Nose Acupuncture Points

New nose acupuncture was developed based on biologic theory. The human body overlaps on the top of the nose. The point distribution mainly covers external body parts rather than detailed internal body organs (Figure 9-3, A).

POINTS LOCATIONS AND INDICATIONS

UPPER HIGH BLOOD PRESSURE POINT

Location: Midway between the eyebrows, at the same location as the Yin Tang point.

Indications: High blood pressure, dizziness, vertigo, fullness or swelling of the eye, migraine headaches, blurred vision, and palpitations.

LOWER HIGH BLOOD PRESSURE POINT

Location: Just below the tip of the nose.

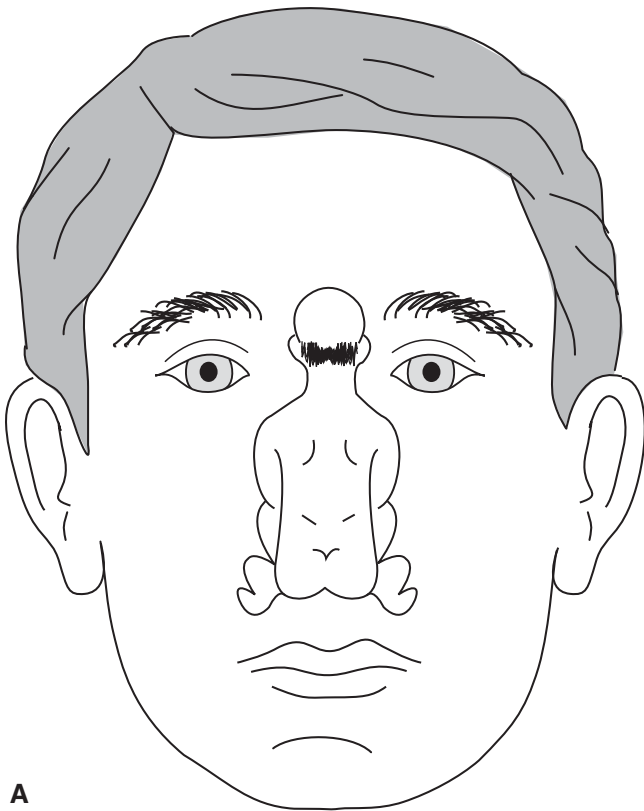


FIGURE 9-3 A, New nose acupuncture point distribution mainly covers external body parts.

Indications: High blood pressure, dizziness, vertigo, fullness or swelling of the eye, migraine headaches, blurred vision, and palpitations.

NECK

Location: Close to the root of the nasal bone. The points are located bilaterally, medial to the inner canthus.

Indications: Neck and shoulder pain and soft tissue injury.

SHOULDER

Location: Halfway between the Upper and Lower High Blood Pressure points. The points are located bilaterally on the nasal bone.

Indications: Shoulder, elbow, and wrist pain, as well as upper extremity soft tissue injury.

ELBOW

Location: Located bilaterally on the lower edge of the nasal bone below the Shoulder points.

Indications: Shoulder, elbow, and wrist pain, as well as upper extremity soft tissue injury.

LUMBAR TRIANGLE

Location: An equilateral triangle, with the apex just below the Liver point of the nose. The two other points are located at the inferior lateral side of the nose.

Indications: Low back pain and soreness of the lower back.

DIGESTION TRIANGLE

Location: 1.5 cm above the tip of the nose as the upper point, with two other points at the inferior lateral side of the nose, which forms a small equilateral triangle at the tip of the nose.

Indications: Ulcers of the stomach and duodenum and acute and chronic gastritis.

APPENDIX POINT

Location: Lateral and superior to the ala nasi bilaterally.

Indications: Acute appendicitis.

KNEE

Location: Lateral and inferior to the ala nasi bilaterally.

Indications: Pain in the buttock, hip, and knee joint.

SPIRIT

Location: 0.5 cm above the tip of the nose.

Indications: Headache, insomnia, low energy, and poor appetite.

CHUANG XIN POINT

Location: Located at the intersection of the upper edge of the nostril line with the midline.

Indications: Infertility.

ZHENG YI POINT

Location: Located bilaterally in the depression of the ala nasi.

Indications: Ovarian cysts and lower abdominal pain.

ZHENG ER POINT

Location: Beginning at the Zheng Yi point and extending downward to the upper edge of the nostril.

Indications: Ovarian cysts and lower abdominal pain.

ZI BAO POINT

Location: Located below the nasal septum, just above Du 26.

Indications: Infertility and uterine fibroid tumors.

See Figure 9-3, B.

Nose San Jiao Acupuncture Therapy

The nose San Jiao therapy was invented at the Traditional Chinese Medicine Institute of Hohhot City, Inner Mongolia, of China. This therapy was developed in the early 1960s and is based on Chinese medicine meridian therapy in combination with clinical experience. It is performed by inserting needles on the nose area to connect with the meridians to achieve treatment results. Nose San Jiao therapy finds the reflexive points and then connects all the points together to develop a zone. The zones include the head, face, chest, lung, heart, liver, gallbladder, spleen, stomach, four extremities, abdomen, kidney, and outside of the nose.

MEASUREMENTS The measurement method is from the top of the nose to the root of the nose divided into 15 equal units,

each with a line in the horizontal direction. These 15 units are comprised of the three Jiaos, and each Jiao has 5 units. From the medial end of the eyebrow to the root of the nose, draw nine vertical lines and number each of the nose reflex areas. From the bridge of the nose, each side will be divided into four units and the width of the unit will be determined based on different parts of the nose. There are a total of 62 numbers on the nose at one side.

On one side of the nose the lines are named from medial to lateral, starting with the middle line, first side line, second side line, third side line, edge line, eyebrow area, ala nasi area, base of the nose, and the area around the mouth.

- On the middle line there are 12 points in the order of 1 through 12.
- On the first side line there are 5 points in the order of 13 through 17.
- The second side line has 5 points in the order of 18 through 22.
- The third side line has 6 points in the order of 23 through 28.
- The edge line has 9 points in the order of 29 through 37.
- The eyebrow area has 4 points in the order of 38 through 41.
- The ala nasi area has 4 points in the order of 42 through 45.
- The lateral edge line has 4 points in the order of 46 through 49.
- The base of the nose and the area around the mouth have 13 points in the order of 50 through 62.

See Figure 9-4.

POINT LOCATIONS, INDICATIONS, AND INSERTIONS

Middle line The middle line has a total of 12 points.

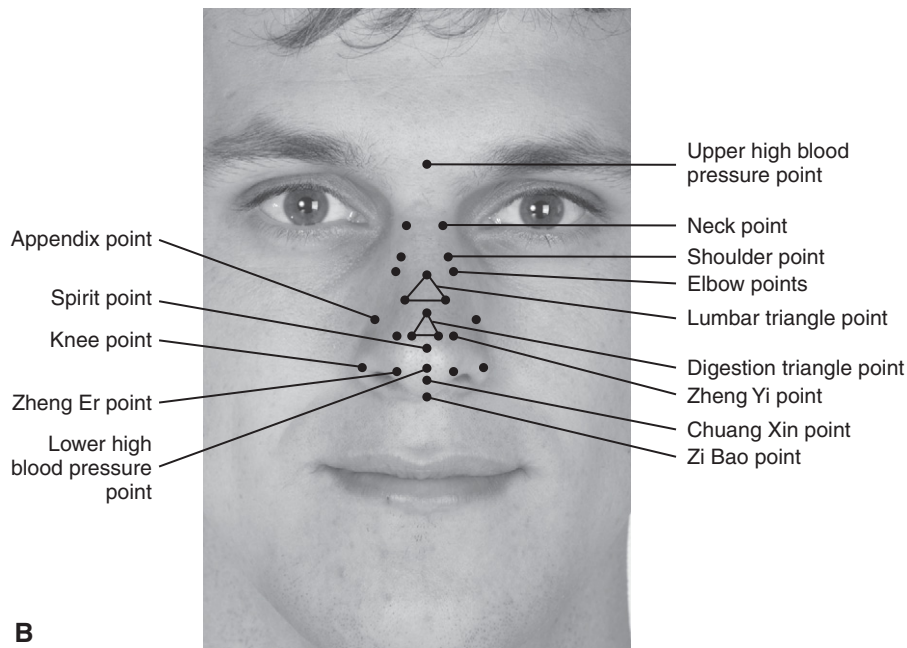


FIGURE 9-3, CONT'D B, New nose acupuncture point locations.

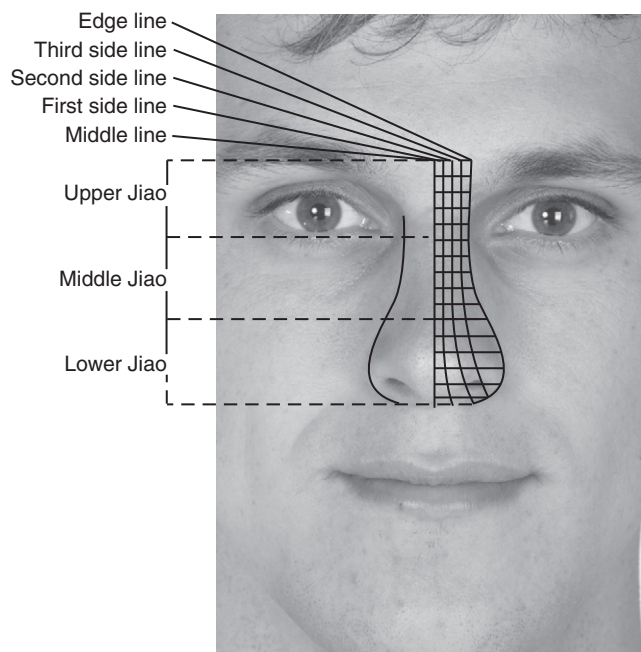


FIGURE 9-4 In San Jiao nose acupuncture, the tip of the nose to the root of the nose is divided into 15 equal units. These 15 units are divided into three parts named the three Jiaos—upper Jiao, middle Jiao, and lower Jiao—and each Jiao has five units.

POINT 1

Location: Above the Yin Tang point on the middle line level with the upper part of the eyebrow.

Indications: Vertex pain, occipital head pain, and insomnia.

Insertion: Transverse insertion from the point extending upward 2.0 to 3.0 fen for vertex pain. For insomnia or brain disorders, use perpendicular insertion 0.5 to 1.0 fen deep.

POINT 2

Location: On the middle line between the two eyebrows, also known as the Yin Tang point.

Indications: Frontal headache.

Insertion: Transverse insertion from the point extending upward from 1.0 to 2.0 fen deep.

POINT 3

Location: One unit lower than the number 2 point.

Indications: Mouth and throat conditions.

Insertion: Perpendicular insertion 1.0 fen deep.

POINT 4

Location: Three units below the number 1 point.

Indications: Chest and lung diseases, chest pain, cough, and asthma.

Insertion: Perpendicular insertion 1.0 fen deep or oblique insertion laterally, 1.0 to 2.0 fen deep.

POINT 5

Location: Four units below the number 1 point.

Indications: Shortness of breath and fullness of chest.

Insertion: Perpendicular insertion 1.0 fen deep.

POINT 6

Location: Six units below the number 1 point.

Indications: Palpitations, dizziness, insomnia, and anxiety.

Insertion: Perpendicular insertion 1.0 fen deep.

POINT 7

Location: Eight units below the number 1 point.

Indications: Hypochondriac area pain and liver Qi stagnation conditions.

Insertion: Oblique insertion 1.0 to 2.0 fen deep with the needle pointing toward the painful area.

POINT 8

Location: Nine units below the number 1 point.

Indications: Back pain and cramping and fullness of the lower abdomen.

Insertion: Perpendicular insertion 1.0 fen deep.

POINT 9

Location: Eleven units below the number 1 point.

Indications: Low back and leg pain.

Insertion: Perpendicular insertion 1.0 fen deep.

POINT 10

Location: Twelve units below the number 1 point on the middle line.

Indications: Stomach pain, fullness, acid reflux, hot toxic conditions, and tuberculosis of the kidney.

Insertion: Oblique insertion extending upward 1.0 to 2.0 fen deep.

POINT 11

Location: Fourteen units below the number 1 point on the middle line.

Indications: Lower abdominal pain, edema, lumbar soreness, and heaviness.

Insertion: Perpendicular insertion 1.0 fen deep.

POINT 12

Location: Fifteen units below the number 1 point on the middle line.

Indications: Low back pain, cold feet, nosebleeds, and sinus problems.

Insertion: Oblique insertion extending upward 1.0 fen deep.

First side line The first side line has a total of five points.

POINT 13

Location: One unit lateral from the number 2 point on the first side line, level with the eyebrow.

Indications: Forehead and corner of the forehead pain, dizziness, and headache.

Insertion: Perpendicular insertion 1.0 fen deep.

POINT 14

Location: One unit lateral from the number 5 point on the first side line and three units below the number 13 point.

Indications: Pneumonia, cough, asthma, chest pain, and back pain.

Insertion: Perpendicular insertion 1.0 fen deep.

POINT 15

Location: One unit lateral from the number 6 point and two units below the number 14 point.

Indications: Aphasia due to wind stroke, shortness of breath, asthma, chest pain, and infantile convulsions.

Insertion: Oblique insertion extending downward 2.0 to 3.0 fen for the wind stroke condition. Oblique insertion extending upward 1.0 to 2.0 fen deep for shortness of breath and convulsions.

POINT 16

Location: Six units below the number 15 point on the first side line.

Indications: Skin disorders, such as scabies, alcoholic nose, and hot toxic conditions.

Insertion: Oblique insertion upward 1.0 fen deep.

POINT 17

Location: Lowest unit on the first side line below the number 16 point.

Indications: Lower abdominal pain, difficult urination, and diabetes.

Insertion: Oblique insertion extending upward 1.0 to 2.0 fen deep.

Second side line The second side line has a total of five points.

POINT 18

Location: Two units lateral from the number 2 point on the second side line.

Indications: Neck disorders, such as stiff neck and mumps.

Insertion: Needle toward the anterior lateral direction up to 1.0 fen deep.

POINT 19

Location: At the number five unit on the second side line.

Indications: Insomnia, night sweats, spermatorrhea, nocturnal emissions, and anxiety.

Insertion: Perpendicular insertion 1.0 fen deep.

POINT 20

Location: Two units lateral from the number 7 point on the second side line, which is eight units from the top.

Indications: Toothache, bitter taste of the mouth, sore throat, and hypochondriac area pain.

Insertion: Needle upward, 1.0 to 2.0 fen deep.

POINT 21

Location: Two units lateral from the number 9 point and three units below the number 20 point.

Indications: Abdominal pain, nose conditions, and sinus infections.

Insertion: Oblique insertion downward 1.0 to 2.0 fen deep.

POINT 22

Location: Two units below the number 21 point and two units lateral from middle line.

Indications: Uncomfortable stomach, acid reflux, and vomiting.

Insertion: Oblique insertion extending downward 1.0 to 2.0 fen deep.

Third side line The third side line has a total of six points.

POINT 23

Location: Three units lateral from the middle line and level with the number 19 point, which is five units from the top.

Indications: Shoulder and arm pain, and upper arm stiffness.

Insertion: Perpendicular insertion 1.0 fen deep.

POINT 24

Location: Four units below the number 23 point and three units lateral to the middle line level with the number 8 point.

Indications: Abdominal pain and ear infections.

Insertion: Oblique insertion extending upward 1.0 to 2.0 fen deep.

POINT 25

Location: One unit below point number 24 and three units lateral to the middle line.

Indications: Abdominal and stomach pain, acid stomach, and vomiting.

Insertion: Oblique insertion extending downward 1.0 to 2.0 fen deep.

POINT 26

Location: Two units below point number 25 and three units lateral from the middle line level with the number 10 point.

Indications: Sciatic nerve pain and hip pain and weakness.

Insertion: Oblique insertion extending downward 1.0 to 2.0 fen deep.

POINT 27

Location: One unit below the number 26 point and three units lateral from the middle line.

Indications: Heel pain and foot pain.

Insertion: Oblique insertion extending downward 1.0 to 2.0 fen deep.

POINT 28

Location: One unit below the number 27 point and three units lateral to the number 11 point.

Indications: Abdominal pain and leg soreness and weakness.

Insertion: Perpendicular insertion 1.0 to 2.0 fen deep.

Edge line The edge line has a total of nine points.

POINT 29

Location: Two fen superior to the inner canthus, which is the UB 1 (Jing Ming) point.

Indications: Eye redness, itching, or tearing, night blindness, and nasal congestion.

Insertion: Perpendicular insertion 1.0 to 2.0 fen deep.

POINT 30

Location: One unit below the number 29 point and four units lateral to the middle line and level with the number 4 point.

Indications: Tinnitus, deafness, ear pain, and shoulder and arm pain.

Insertion: Perpendicular insertion 1.0 to 2.0 fen deep.

POINT 31

Location: Three units below the number 30 point level with the number 6 point and four units lateral to the midline.

Indications: Chest and hypochondriac area pain, and gallbladder stones.

Insertion: Perpendicular insertion 1.0 fen deep.

POINT 32

Location: Two units below the number 31 point and four units lateral to the number 7 point on the midline and level with the number 7 point.

Indications: Abdominal pain, diabetes, and shoulder and arm pain.

Insertion: Perpendicular insertion 1.0 fen deep.

POINT 33

Location: One unit below the number 32 point and four units lateral to the midline and level with the number 8 point.

Indications: Sinusitis.

Insertion: Perpendicular insertion 1.0 to 2.0 fen deep.

POINT 34

Location: Two units below the number 33 point at the lateral edge of the nose and the upper part of the ala nasi area and level with the number 9 point.

Indications: Appendicitis, knee pain, and lower leg stiffness.

Insertion: Oblique insertion toward the inferior middle line, 1.0 to 3.0 fen deep.

POINT 35

Location: Lateral edge of the ala nasi area, one unit below the number 34 point.

Indications: Appendicitis, nasal congestion, and redness of the eyes.

Insertion: Oblique insertion toward the inferior middle line 2.0 to 3.0 fen deep.

POINT 36

Location: In the nasolabial groove, same location as LI 20 (Ying Xiang) point.

Indications: Nasal congestion, nosebleeds, deviation of the mouth and eye, and anosmia.

Insertion: Oblique insertion toward the middle line 2.0 to 3.0 fen deep.

POINT 37

Location: One unit below the number 36 point on the lower edge of the lateral side of the nostril.

Indications: Nosebleeds, mouth and eye deviation, and knee pain.

Insertion: Oblique insertion upward to the middle line 2.0 to 3.0 fen deep.

Eyebrow area The eyebrow area has a total of four points.

POINT 38

Location: One unit above the medial end of the eyebrow.

Indications: Migraine, forehead pain, and ear pain.

Insertion: Oblique insertion extending upward for forehead pain. Transverse insertion along the eyebrow 2.0 to 4.0 fen deep to treat migraines and ear pain.

POINT 39

Location: Lower edge of the medial end of the eyebrow, which is the UB 2 point.

Indications: Bone pain of the eyebrow area, redness of the eyes, and child and infantile convulsions.

Insertion: Transverse insertion starting at the end of the eyebrow and along the eyebrow 2.0 to 5.0 fen in length.

POINT 40

Location: One unit lateral from the end of the eyebrow.

Indications: Headache, nasal congestion, and bone pain in the eyebrow area.

Insertion: Perpendicular insertion 2.0 fen deep.

POINT 41

Location: Below the number 40 point between the eyebrow and the eye.

Indications: Red eyes, tearing eyes, night blindness, and soreness and pain of the eyes.

Insertion: Transverse insertion extending downward 1.0 fen deep.

Ala nasi area The ala nasi area has a total of four points. The area is between the third side line and the edge line.

POINT 42

Location: Above the ala nasi between the third side line and the edge line.

Indications: Knee pain and stiffness of the leg.

Insertion: Oblique insertion extending upward 1.0 fen deep.

POINT 43

Location: 0.5 units below the number 42 point on the ala nasi area.

Indications: Nose pain, watery discharge, leg pain, and chest pain.

Insertion: Oblique insertion extending upward 1.0 fen deep.

POINT 44

Location: 0.5 units below the number 43 point.

Indications: Anosmia and lower abdominal pain.

Insertion: Oblique insertion extending upward 1.0 fen deep.

POINT 45

Location: On the ala nasi area, 2.0 fen superior and lateral from the nostril.

Indications: External malleolus pain and nasal obstruction.

Insertion: Oblique insertion extending upward 1.0 fen deep.

Lateral edge line The lateral edge line has a total of four points.

POINT 46

Location: 0.5 units lateral and inferior from the number 32 point.

Indications: Shoulder and scapular pain.

Insertion: Oblique insertion superiorly toward the middle line 2.0 fen deep.

POINT 47

Location: 0.5 units lower from the number 46 point and level with the number 33 point on the edge line.

Indications: Shoulder, back and low back pain, and upper arm numbness.

Insertion: Oblique insertion superiorly toward the middle line 2.0 fen deep.

POINT 48

Location: 0.5 units below the number 47 point.

Indications: Upper arm pain and arm pain with impaired range of motion.

Insertion: Oblique insertion superiorly toward the middle line 2.0 fen deep.

POINT 49

Location: 0.5 units below the number 48 point and level with the number 25 point.

Indications: Wrist and finger pain.

Insertion: Oblique insertion extending downward 1.0 to 1.5 fen deep.

See Figure 9-5.

Base of the nose and around the mouth The base of the nose and around the mouth has a total of 13 points.

POINT 50

Location: Below the tip of the nose at the middle point of the nasal septum.

Indications: Testitis, menstrual disorders, and dysmenorrhea.

Insertion: Perpendicular insertion 1.0 to 1.5 fen deep.

POINT 51

Location: The middle point between the nasal septum and the philtrum area.

Indications: Low back pain, impotence, diabetes, and edema.

Insertion: Oblique insertion extending upward toward the middle line 1.0 to 1.5 fen deep.

POINT 52

Location: On the middle point of the philtrum area, which is the Du 26 point.

Indications: Wind stroke, clenching of the teeth, deviation of mouth and eye, low back pain, and infantile convulsions.

Insertion: Oblique insertion extending upward 2.0 to 3.0 fen deep.

POINT 53

Location: 0.2 fen inner to the edge of the upper lips on the middle line.

Indications: Nasal obstruction, toothache, and bleeding gums.

Insertion: Perpendicular insertion 1.0 to 2.0 fen deep.

POINT 54

Location: Middle point on the lower lips on the middle line, 0.2 fen inner to the edge of the lips.

Indications: Toothache, halitosis, and salivation.

Insertion: Perpendicular insertion 1.0 to 2.0 fen deep.

POINT 55

Location: The depression just below the lower lips, which is Ren 24 (Cheng Jiang).

Indications: Aphasia, toothache, gum swelling, and deviation of the mouth.

Insertion: Oblique insertion 2.0 to 3.0 fen deep.

POINT 56

Location: Lateral to the base of the ala nasi area.

Indications: Incontinence and dripping urination.

Insertion: Oblique insertion upward 1.0 fen deep.

POINT 57

Location: Lateral from the middle line. At the base of the ala nasi area.

Indications: Aphasia due to wind stroke, lockjaw, and infantile convulsions.

Insertion: Perpendicular insertion 1.0 fen deep.

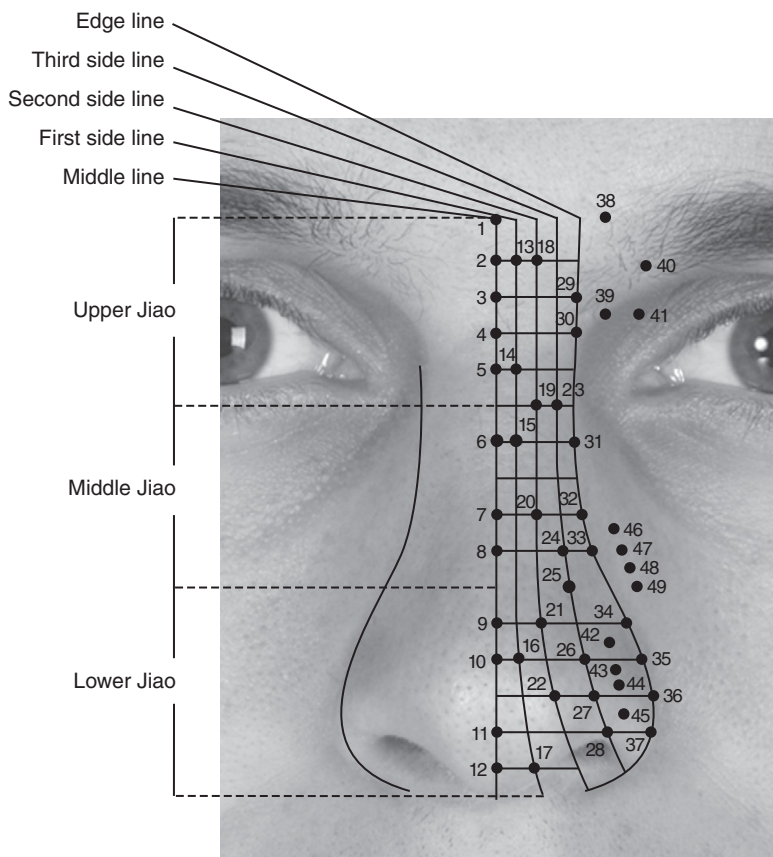


FIGURE 9-5 In San Jiao nose acupuncture, there are a total of 62 points on one side of the nose.

POINT 58

Location: One unit below the number 57 point.

Indications: Toothache, nosebleeds, lower abdominal pain, and herniation.

Insertion: Perpendicular insertion 1.0 fen deep.

POINT 59

Location: At the upper edge of the lip, midway from the center of the upper lip to the corner of the lips.

Indications: Lockjaw, convulsions, wind stroke, deviation of the mouth and eye, and infantile convulsions.

Insertion: For deviation of the mouth and eye, insert on the left to treat right conditions and at the right to treat left conditions, or 2.0 to 3.0 fen deep oblique insertion laterally.

POINT 60

Location: One unit lateral from the number 59 point.

Indications: Salivation and lockjaw.

Insertion: Oblique insertion along the corner of the mouth laterally 1.0 to 3.0 fen deep.

POINT 61

Location: One unit lateral from the number 60 point. At the corner of the mouth.

Indications: Toothache, lockjaw, and tinnitus.

Insertion: Oblique insertion toward St 6 (Jia Che), 2.0 to 5.0 fen deep.

POINT 62

Location: 0.5 units lateral from Ren 24 (Cheng Jiang).

Indications: Toothache, swollen gums, mouth ulcers, and sore throat.

Insertion: Oblique insertion downward 2.0 to 3.0 fen deep. See Figure 9-6.

Nose Acupuncture Therapy

Principles of Point Selection

1. Points may be selected based on the name that corresponds to the location of the disease; for example, the Liver point may be selected to treat liver diseases.
2. A point may be selected according to the principles of traditional Chinese medicine; for example, the Liver point may

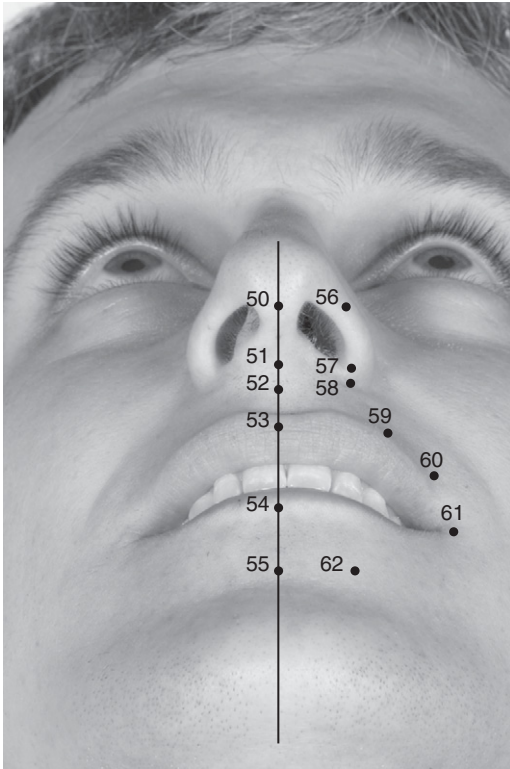


FIGURE 9-6 San Jiao nose acupuncture points located at the base of the nose and around the mouth.

be chosen to treat eye problems because the liver opens to the eyes.

3. A point may be selected because it has become spontaneously tender or sensitive, and the corresponding area of the body is diseased. There are two methods of testing these sensitive areas. The first is to apply pressure with the tail of a needle to look for tenderness. The second method is to use an electronic point detection device; the points that are detected may be used.
4. Nose acupuncture is commonly used in anesthesia before surgical procedures. Points are selected according to the related area of surgery.

Nose Acupuncture Techniques

NEEDLE TECHNIQUE: For this technique, mainly use filiform acupuncture needles that are 0.5 to 1.0 cun in length and 32 to 34 gauge. The surface of the nose should be cleaned well before needling. Depending on the location of the point to be needled, horizontal or transverse insertion is recommended. Use a shallow insertion toward the middle line and a deeper insertion on the side of the nose. For the eyebrow area, use a transverse insertion. For the nasal septum area and the side of the nose, use an oblique insertion. Use mild pressure to turn the needle into the point with slight rotation. Wait for the patient to experience heaviness, distension, soreness, numbness, or a sensation

of wanting to sneeze or tearing of the eyes. For a sedation technique, use a strong stimulation with a deeper insertion and retention of the needles. For a tonification technique, use a shallow insertion. Normally, retain the needles for 15 to 30 minutes and manipulate them slowly and gently every 10 minutes.

The spot pricking bleeding technique can also be used, but the point is pricked only once. If necessary, an intradermal needle may be used and retained for a period of up to a few hours or even a few days. Usually 10 treatments, once every other day, constitutes a course, and the patient may wait 7 days before resuming a second course of treatment.

When using nose acupuncture for surgical procedures, the practitioner should use continuous turning and rotation or use electro manipulations.

NOSE THREE-NEEDLE TECHNIQUE: This is a new therapy, which is based on the San Jiao theory and He Gu Ci techniques. It is a therapy that uses only one needle to treat each of the upper, middle, and lower Jiaos. The upper Jiao technique uses only the Head and Face point, the middle Jiao uses the Liver point, and the lower Jiao uses the Kidney point. During the treatment, the needle is redirected several times to represent a chicken foot, similar to the running needle technique and the needle is inserted into the superficial tissues.

1. **Upper Jiao Technique:** Begin with the Head and Face point and manipulate the needle until you elicit Qi. Then gently lift the needle to the subcutaneous level and redirect the needle tip toward the Ear point until you elicit Qi. Now, gently lift the needle and redirect the tip toward the Ear point on the other side of the face until you elicit Qi. Next, gently lift the needle and thread the needle tip downward to the Heart point until you elicit Qi. The needles can be retained for 30 minutes to 5 hours for an acute disease, and for chronic conditions up to 24 hours. The upper Jiao technique can be used to treat upper Jiao problems, such as headaches, insomnia, sore throat, nasal conditions, cough, asthma, wryneck, and palpitations.
2. **Middle Jiao Technique:** Begin with the Liver point, and insert the needle until Qi is obtained. Then gently lift the needle to the subcutaneous level and redirect the needle tip toward the side of the face to the Gallbladder point until you elicit Qi. Now, gently lift the needle and redirect the tip to the Gallbladder point on the other side of the face until you elicit Qi. Next, gently lift the needle and redirect the needle tip toward the Stomach point until you elicit Qi. Then gently lift the needle and redirect the needle tip to the Stomach point on the other side of the face until you elicit Qi. Last, bring the needle back to the Liver point and redirect downward to the Spleen point, then retain the needle for the duration of the treatment. If the patient is being treated for a condition that is unilateral, the needle will be inserted only on the affected side of the face. After the needles are inserted 3.0 to 5.0 fen deep, most people will feel a warm sensation in the abdomen, a sensation of hunger, or small intestine regurgitation. In some cases patients may feel abdominal distension or nausea prior to treatment, which will be relieved by

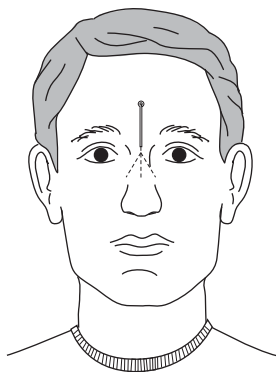


FIGURE 9-7 The nose three-needle technique in the nose acupuncture system.

needling and manipulating the needles. This technique benefits the stomach, liver, gallbladder, intestines, and problems of the four extremities.

- 3. Lower Jiao Technique:** Begin by needling the Kidney point, and insert the needle downward along the nasal septum about 60° until you reach the bone and Qi arrives. Then gently lift the needle back to the subcutaneous level and redirect the needle tip to the anterior wall of the ala nasi until you elicit Qi. Now, gently lift the needle and redirect the needle tip to the other side of the ala nasi until you elicit Qi. Last, bring the needle back to the Kidney point and redirect downward to the Genitalia point, then retain for 30 minutes to 5 hours. Many patients will notice a warm sensation in the lumbar area, the lower abdomen, and the joints of the four extremities. This therapy will benefit urinary problems, reproductive problems, and arthritis.

See Figure 9-7.

Indications

- To treat sinus problems, nosebleeds, sore throat, cough, asthma, and palpitations, use the upper Jiao needle technique. For headache; numbness of the hands, neck, or shoulder; and arm pain, use the general technique on the Head and Face, Throat, Lung, and Heart points.
- To treat hiccups, vomiting, sour reflux, stomachache, diarrhea, constipation, abdominal pain, and jaundice, use the middle Jiao technique. This technique can also treat hypochondriac pain and upper back and lumbar pain. To use the general technique, choose the Stomach, Liver, Digestion Triangle, Spleen, and Large Intestine points.

BOX 9-1

Nose Acupuncture: What to Expect

- When performing point pressure on the nose, the technique should be gentle, slow, and even. If the patient experiences pain or other abnormal reactions, this indicates sensitive spots. Those sensitive spots usually indicate the areas of the disease and also the place to perform the treatment.
- When the acupuncture needle is inserted into the nose area, the patient will experience soreness, numbness, extending pain, tearing, and sneezing. These types of needle reactions usually indicate a better response from the treatment.
- The nose has very thin muscles and is very sensitive. The needle sensation is felt very quickly; therefore the nose technique should be gentle.
- Nose acupuncture requires shallow insertion. The needle should just touch the soft cartilage without actually being inserted into the cartilage.
- When using the three-needle technique, it usually indicates a better result if the patient feels a slight sensation of warmth at the chest, stomach or lower abdomen.
- Nose acupuncture has remarkable results for pain control, especially for those with arthritis or internal organ spasms, such as abdominal pain and dysmenorrhea. Also, nose acupuncture works as an anesthetic.
- Nose acupuncture works better for patients who have a functional imbalance. It has less effective results for those with an internal organ disease or injury.
- Use the electro-detector to find sensitive points. First, use a dry cotton ball to clean the damp areas of the nose, such as the tip of the nose or the ala nasi area, to prevent false readings.
- Select thin, shorter acupuncture needles when doing acupuncture on the nose. Avoid perpendicular insertion because the weight of the needle handle pulls the needle downward and elicits pain.

- To treat premature ejaculation, incontinence, impotence, low back pain, knee pain, and numbness of the feet, use the lower Jiao technique. To use the general needling technique, choose the Genitalia, Kidney, and Urinary Bladder points.

Box 9-1 describes what to expect during nose acupuncture.

Cautions and Contraindications

- Usually, have the patient lie down during treatment to prevent fainting.
- Follow clean needle technique. If a point has scar tissue, it is best to avoid needling there to prevent bleeding and sharp pain.
- The skin and muscles around the nose and face are thin, so you should only use needles that are 0.5 cun in length unless you choose three Jiao techniques. Be careful not to insert needles too deeply or stimulate too strongly.
- If electronic point detection devices are used, be certain to use a dry cotton ball to clean the wet area to prevent electrical shock and reduce the chances of false-positive reactions.

Introduction

Philtrum acupuncture therapy works by stimulating points in the philtrum area to treat diseases of the whole body. The Du meridian travels through the philtrum and opens to the brain, connects with the heart and kidneys, and is confluent with the Yang meridians. The Du meridian also connects with the Ren meridian at the junction of the gum, which connects the Yin and Yang meridians. Thus the Philtrum is a major pathway of Qi, blood, and energy. Puncturing these points will have the effect of harmonizing and regulating the Yin, Yang, blood, and Qi, while connecting the Zang Fu and treating a wide variety of diseases.

The philtrum area has an abundance of blood vessels and nerves and can be used to treat all types of pain, such as headaches, neck aches, and tooth pain. It has particularly good results in treating acute back pain and acute rheumatic pain.

The philtrum acupuncture system is based on the biographic theory and has holographic features. The Philtrum can be viewed as a representative biologic micro-system of the body, which is called a *holographic embryo*. This group of points is associated with the whole body's internal organs and tissues (Figure 10-1).

Philtrum Acupuncture Therapy

Point Location and Indications

Divide the philtrum into three sections: upper, middle, and lower. Each section has three points, for a total of nine points; the points are named Philtrum 1, which starts in the lower section at the upper lip, through Philtrum 9, which is in the upper section just below the nose. The upper, middle, and lower Jiaos are all represented in the philtrum, with the upper Jiao being the lower section that is closest to the upper lip, and the lower Jiao being the upper section that is just below the nose.

The upper section (Philtrum 7-9) is used to treat lower Jiao conditions, this includes diseases of the liver, kidneys, uterus, urinary bladder, as well as the lower extremities.

The middle section (Philtrum 4-6) is used to treat middle Jiao conditions including diseases of the spleen, stomach, lumbar, and abdomen.

The lower section (Philtrum 1-3) is used to treat upper Jiao conditions, such as diseases of the head, face, neck, chest, upper back, heart, lungs, and upper extremities.

PHILTRUM 1: Treats diseases of the head and face, cerebral brain disease with acute onset, numbness of the lips,

tooth-ache, and tongue ulcers. Use a three-edged needle to bleed this point.

PHILTRUM 2: Treats pain of the head, face, and upper back; treats Bell's palsy; and is used for stroke rehabilitation.

PHILTRUM 3: Treats disorders of the heart, lungs, chest, arms, elbows, and wrist, and also tremors of the head.

PHILTRUM 4: Treats chest and upper abdominal disorders, such as abdominal pain, mastitis, stomach pain, and hypochondriac pain.

PHILTRUM 5: Treats middle Jiao disorders, such as spleen and stomach problems, as well as back pain, such as acute low back pain, acute pancreatitis, and parasitic diseases of the biliary tract.

PHILTRUM 6: Treats liver and kidney diseases, as well as low back and spine pain.

PHILTRUM 7: Treats urinary retention, groin pain, and knee pain.

PHILTRUM 8: Treats problems of the lower legs and knees, including edema and swelling.

PHILTRUM 9: Has the same functions as Philtrum 8, and can also be used to treat dryness of the nose and other nose disorders.

See Figure 10-2.

Principles of Point Selection

1. The Philtrum point corresponding with the area of disease may be selected for treatment. For example, for a patient with a knee problem, you may choose Philtrum 8.

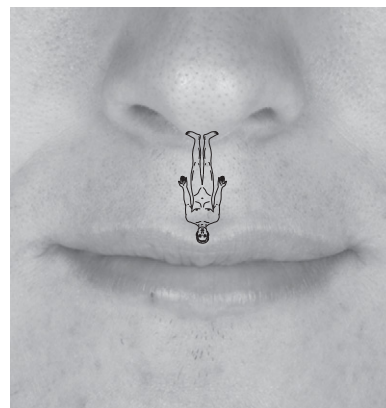


FIGURE 10-1 In philtrum acupuncture, the philtrum can be viewed as a representative biologic micro-system of the body and is called a holographic embryo.

- The Philtrum point may be selected according to the principles of traditional Chinese medicine. For example, for a patient with nausea and vomiting, use Philtrum 4 in combination with Philtrum 5 due to conditions located at the middle Jiao.
- The Philtrum point may be selected according to Chinese medicine theory. For example, for a patient with low back pain, use Philtrum 5, and also choose Philtrum 7 because it represents the kidneys.

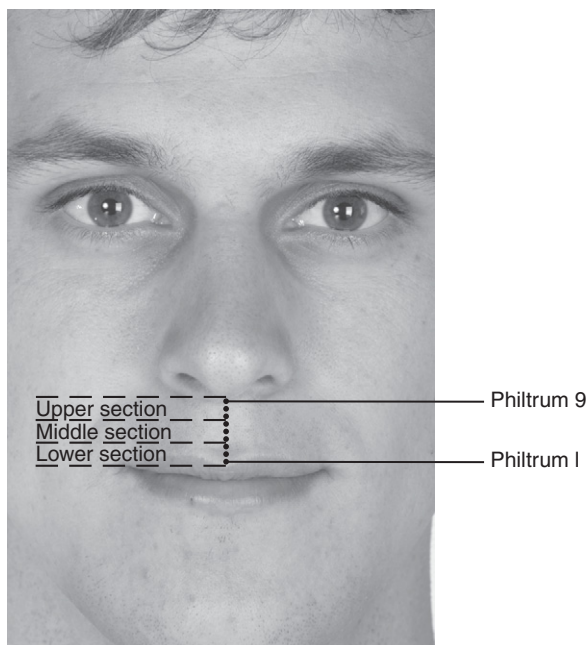


FIGURE 10-2 In philtrum acupuncture, the area is divided into three sections: upper, middle, and lower. Each section has three points, for a total of nine points.

Indications

Philtrum acupuncture can treat many different diseases, including brain diseases such as convulsions, loss of consciousness, high fever, seizures, stroke, Bell's palsy, muscular cramping of the face, five slow syndrome (五迟), five soft syndrome (五软) or local pain, such as toothache, headache, and neck pain. This therapy has good results for acute rheumatic pain, as well as acute low back pain. Other conditions, including arm and leg pain, irregular menstruation, facial edema, and numbness, also benefits from philtrum therapy.

Techniques

Choose a 30 to 34 gauge filiform needle that is 0.5 to 1.0 cun in length. Insert the needle rapidly; use perpendicular insertion, or angle the needle toward the left, right, upward, or downward depending on the disease. For example, if a patient has a symptom on the left side of the body, point the needle tip toward the left. If the disorder is on the right side, point the needle toward the right. If the disease is located in the upper part of the lower Jiao, needle the point in the lower part of the upper section. When the needle is inserted upward, it will connect with the Du meridian and treat diseases of the head, face, back, lower back, spinal cord, and lower leg. When the needle is inserted downward, it will connect with the Ren meridian and treat diseases of the chest and abdomen.

For chronic diseases, the needle may be retained for 30 to 40 minutes; otherwise use a shorter treatment time or needle only to elicit Qi and then remove. If a patient is being treated for stroke rehabilitation, use multiple points; otherwise use only one point per treatment and combine with other macroacupuncture points if necessary.

The philtrum area is very small; therefore many points are distributed closely together. This area is located at the midline of the body where the Yin and Yang meridians connect. As a result, reactions to this treatment are usually very strong. To get better results, it is important to activate the Qi with methods

BOX 10-1

Philtrum Acupuncture: What to Expect

- The philtrum area is where two Yin and Yang meridians connect, such as the Du and Ren meridians. Therefore philtrum acupuncture achieves good results for patients with conditions due to an imbalance of Yin and Yang.
- The philtrum area has an abundance of vessels and nerves, so there are remarkable results for patients with painful conditions. Especially good results are achieved for patients with acute pain conditions with limited range of motion.
- When inserting the needle on the philtrum area, have the patient perform active Qi movements. This important step often releases symptoms in a few seconds.
- When performing philtrum acupuncture, most conditions only need one point selected; however, for some conditions, such as stroke, the practitioner can select a few points to perform stronger stimulation.
- For diseases with motor imbalance, it is important to have the patient do extremity movements during the treatment combined with mental activities. For example, the patient should imagine moving his or her leg and walking, despite being unable to move the leg at this stage.
- The direction of the needle is very important and usually is toward the diseased side. For example, if the patient has a left-side condition, the needle direction is toward the patient's left side. However, if the condition is whole body or if the patient is unable to locate the exact positions, the needle should stay in the center of the philtrum area and point upward.
- Philtrum acupuncture has good results for patients with brain disease and central nervous system conditions.
- The philtrum area is rather small and the point distribution is very close together, making correct point location very important.

such as opening and closing the eyes, deep breathing, swallowing saliva, bending the neck, and bending over at the low back to help with range of motion. You can also treat low back pain by locating the painful point on the back, inserting needles on the abdominal area just opposite the painful spot, and performing manipulation. This is similar to the philtrum area because it also connects the Yin and Yang areas and usually achieves remarkable results.

Box 10-1 describes what to expect during philtrum acupuncture.

Cautions and Contraindications

1. The philtrum is located in the so-called “dangerous triangle;” therefore it is advisable to strictly follow clean needle technique in order to avoid infection.
2. This area of the face has an abundance of nerves, and can be more sensitive than other points. The patient should be advised before the treatment that the needling may be more painful, and the needling should then be light and performed quickly to prevent overstimulation.

Introduction

Mouth acupuncture therapy stimulates points on the membranes of the mouth in the treatment of disease. It is an effective treatment for many common diseases, as well as for pain control. Since as early as the *Nei Jing* 内经, the area around the mouth has been studied as a major connecting area of many meridians. It is believed that the mouth connects with the five Zang and six Fu organs through their pathways. The stomach meridian of the foot Yangming curves around the lips. The liver meridian of the foot Jueyin ascends around the posterior aspect of the throat to the nasopharynx. The large intestine meridian of the hand Yangming enters the gums of the lower teeth and curves around the lips. The Chong meridian goes up to the throat and curves around the lips. The Du and Ren meridians intersect around the mouth. Therefore many disorders of the body may be reflected in the mouth, and stimulating specific points on mouth membranes may treat Zang Fu disorders. Mouth acupuncture therapy is effective for pain control, such as in Bi syndrome, acute low back pain, Wei syndrome, and facial paralysis.

Mouth Anatomy

The cheeks and lips bound the mouth externally. The upper part of the mouth is the palate, which separates the oral and nasal cavities. Mucous membranes form the floor of the mouth and connect the floor of the mouth to the tongue. The cheeks and retromolar regions define the lateral walls of the mouth.

Three pairs of major salivary glands and numerous minor salivary glands open into the mouth. The muscles in the oral cavity are associated with the lips, cheeks, floor of the mouth, and tongue. The tongue and teeth are major parts of the oral cavity. A small midline fold, the frenulum, connects the upper and lower lip to the gum. The gums are layers of mucous membrane that cover the upper and lower jaws. The inner and outer gums are continuous with each other in the spaces between the teeth. The gums are also continuous with the oral mucosa of the lips, cheek, hard palate, and floor of the mouth. The teeth of the upper and lower jaw form the superior and inferior dental arch. Beginning in the anterior midline and proceeding laterally and posteriorly to the end of the arch are two incisive teeth, one canine, two premolars, and three molars.

Mouth Acupuncture Systems

Point Locations and Indications

BILATERAL POINTS The following points are located bilaterally (Figure. 11-1):

UPPER EXTREMITIES The area of the upper extremities is located in the supramaxillary vestibular mucous membrane of the mouth, between the upper lateral incisor and the maxillary second molar. This area is used in the treatment of joint pain, sprain injury, and stroke rehabilitation.

1. **Forearm:** Located in the supramaxillary vestibular mucous membrane of the mouth, between the upper canine teeth and the first bicuspid premolar. This area is useful for arm swelling and pain.
2. **Upper arm:** Located in the supramaxillary vestibular mucous membrane of the mouth, between the second bicuspid premolar and the maxillary first molar. This area is useful in the treatment of upper arm and shoulder pain.

LOWER EXTREMITIES The area of the lower extremities is located in the inferior maxillary vestibular mucous membrane of the mouth, between the inferior incisor and the maxillary third molar. This area is used to treat lower extremity joint pain and injury, sciatic nerve pain, sequelae of poliomyelitis, and stroke rehabilitation.

1. **Lower legs:** Located in the inferior maxillary vestibular mucous membrane of the mouth, between the lateral canine teeth and the first bicuspid premolar. This area is used to treat spasm of the gastrocnemius muscle.
2. **Knee:** Located in the inferior maxillary vestibular mucous membrane of the mouth, between the first and second bicuspid premolar. This area is used to treat pain of the knee joint.
3. **Upper legs:** Located in the inferior maxillary vestibular mucous membrane of the mouth, between the second bicuspid premolar and the maxillary first molar. This area is used to treat cold and pain of the upper legs.
4. **Sciatic nerve:** Located in the inferior maxillary mucous membrane of the mouth, between the maxillary first and second molar. This area is used to treat sciatic nerve pain.

UNILATERAL POINTS The following points are located unilaterally:

1. **Area of nerves:** Widely distributed at the vestibular mucous membrane of the mouth. This area is used for facial palsy and trigeminal neuritis.
2. **Area of the genitourinary system:** Located at the supramaxillary mucous membrane of the palate above the middle

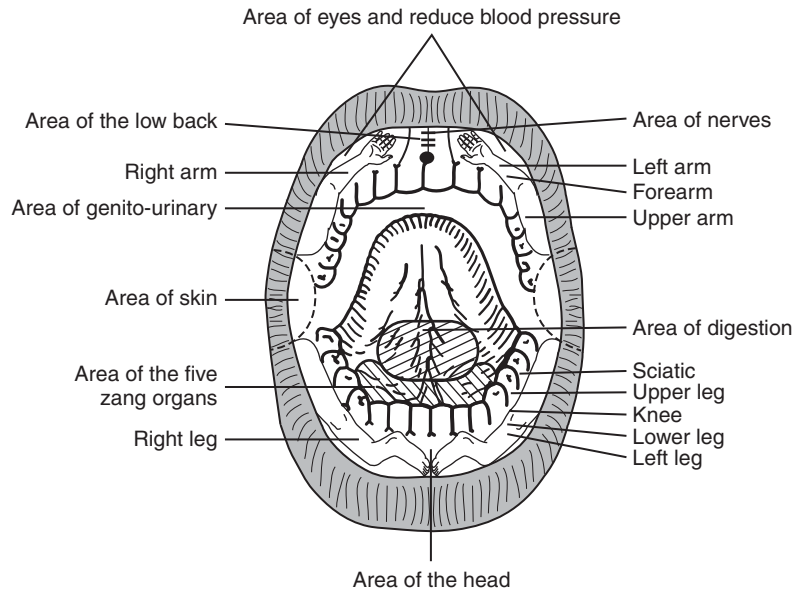


FIGURE 11-1 Mouth acupuncture system point locations.

incisor of the mouth. This area is useful for urgent or painful urination, urinary incontinence, dysmenorrhea, impotence, spermatorrhea, and premature ejaculation.

3. **Area of the eye and reduction of blood pressure:** Located above the gums of the lateral incisor and canine at the supra-maxillary vestibular mucous membrane of the mouth. This area is useful for eye diseases and hypertension.
4. **Area of the lower back:** Located around the upper frenulum of the supramaxillary vestibular mucous membrane of the mouth. This area is useful for injuries to the lower back.
5. **Area of the head:** Located around the lower frenulum of the inferior vestibular mucous membrane below the lower middle incisors of the mouth. This area is used to treat tension headaches and neck stiffness.
6. **Area of digestion:** Located on the floor of the mouth close to where it connects to the tongue. This area is useful for acute gastroenteritis, indigestion, diarrhea, and abdominal pain.
7. **Area of the five Zang organs:** Located on the floor of the mouth close to the inferior dental arch. This area is used to treat asthma and palpitations.
8. **Area of the skin:** Located on the vestibular mucous membrane on the corner of the mouth. This area is used to treat itchy skin.

Mouth Acupuncture Therapy

Principles of Point Selection

1. Points may be selected based on the area of the body where the disease is located. For example, for pain in the knee joint, the Knee point may be selected.
2. Points may be selected according to the principles of traditional Chinese medicine. For example, if the patient has a cough, the five Zang organs point may be selected.

3. **Contralateral point selection.** Choose points that are contralateral to the side of the body where the disease is manifesting. For example, if the patient has a disorder on the left side of the body, use the corresponding point on the right side of the body; for a problem on the right side, use the point on the left side of the body.

Indications

Mouth acupuncture is used for most types of pain control, such as sciatic nerve pain; acute low back injury; red, swollen, painful eyes; Wei syndrome; and facial palsy.

Techniques

Use fresh water to cleanse the mouth. Choose 30 to 34 gauge filiform needles that are 0.5 to 1.5 cun in length. Have the patient sit up straight with his or her mouth open. The practitioner should use gauze and the left thumb and index finger to stretch the upper and lower lips apart in order to locate the point. With the right hand, insert the needle into the membranes of the mouth at about a 15° to 30° angle. Elicit Qi and retain the

BOX 11-1

Mouth Acupuncture: What to Expect

1. Mouth acupuncture is effective because it is a rather sensitive area of the human body, causing the patient to be more alert both physically and mentally.
2. The mouth has a direct connection to the internal organs, especially the digestive system. It is easy to stimulate the body to elicit Qi with needle insertions in this area.
3. When inserting needles on the membrane of the mouth, instruct the patient to perform a swallowing movement to increase the treatment effects.
4. Mouth acupuncture achieves good results for a variety of pain conditions.
5. Select points contralaterally for mouth acupuncture.

needle for 20 to 30 minutes. When withdrawing the needles, use gauze to hold the lips while removing the needles. Once the needle is out apply pressure to the point with the gauze in order to prevent bleeding. Treat once daily, with 10 treatments to a course. See Box 11-1.

Cautions and Contraindications

1. Follow clean needle technique strictly to avoid infection of the membranes of the mouth.
2. Insert the needle correctly and slowly.
3. Because the mouth can bleed easily, it is best not to use this therapy for patients who bleed easily.

Introduction

Tongue acupuncture therapy stimulates points on the tongue in order to treat disease. The Zang Fu organs, Qi, and blood functions will reflect on the tongue, as the tongue is connected to the Zang Fu through the meridians. The hand Shaoyin meridian runs to the root of the tongue, the foot Taiyin meridian reaches the root of the tongue and spreads over its lower surface, and the foot Shaoyin meridian runs along the throat and terminates at the root of the tongue. Many different meridians connect with the tongue directly and indirectly; therefore the Zang Fu organs and pathological changes are reflected on the tongue's surface. Also from the Zang Fu theory, the heart opens to the tongue. Thus the tongue's physiological function extends beyond the purpose of identification of flavors, speaking, and eating. It is also the part of the body that is an external reflection of the Zang Fu's physiology and pathology related to internal conditions, especially the function of the heart and spleen. There can be a direct effect on the organs of the whole body by stimulating points on the tongue.

Tongue Anatomy

The tongue is a muscular organ of deglutition, taste, and speech. It has a root, an apex, a curved dorsum, and an inferior surface.

Anterior to the root, the tongue body and tip also have an inferior surface where the frenulum linguae attaches. On the lower surface of the tongue, on each side of the frenulum, the deep lingual vein is usually obvious through the mucosa.

Numerous papillae cover the dorsal mucosa. At the back of the oral cavity is a V-shaped groove that separates the oral from the pharyngeal cavity of the dorsum.

Tongue Acupuncture System

Point Locations and Indications

There are 15 points on the surface of the tongue and 13 points underneath the tongue in the tongue acupuncture system.

BASIC POINTS ON THE SURFACE OF THE TONGUE

(Figure 12-1)

HEART

Location: At the tip of the tongue.

Indications: Heart-associated diseases.

LUNG

Location: 3.0 fen lateral to the heart at the edge of the tongue.

Indications: Lung-associated diseases.

STOMACH

Location: At the center of the tongue, 1.0 cun posterior to the Heart point.

Indications: Poor appetite, stomach pain, and digestive problems.

SPLEEN

Location: 4.0 fen lateral to the Stomach point.

Indications: Diarrhea, bloating, poor appetite, and Wei syndrome.

GALLBLADDER

Location: 8.0 fen lateral to the Stomach point.

Indications: Hypochondriac area pain and digestive disorders.

LIVER

Location: 5.0 fen posterior to the Gallbladder point.

Indications: Hypochondriac area pain, irritability, and constipation.

SMALL INTESTINE

Location: 3.0 fen posterior to the Stomach point.

Indications: Diarrhea and abdominal pain.

URINARY BLADDER

Location: 3.0 fen posterior to the Small Intestine point.

Indications: Frequent urination, urinary retention, and incontinence.

KIDNEY

Location: 4.0 fen lateral to the Urinary Bladder point.

Indications: Low back pain, reproductive system disorders, tinnitus, and memory loss.

LARGE INTESTINE

Location: 2.0 fen posterior to the Urinary Bladder point.

Indications: Constipation and diarrhea.

YIN XUE (EXTERNAL GENITALIA)

Location: 2.0 fen posterior to the Large Intestine point, at the root of the tongue.

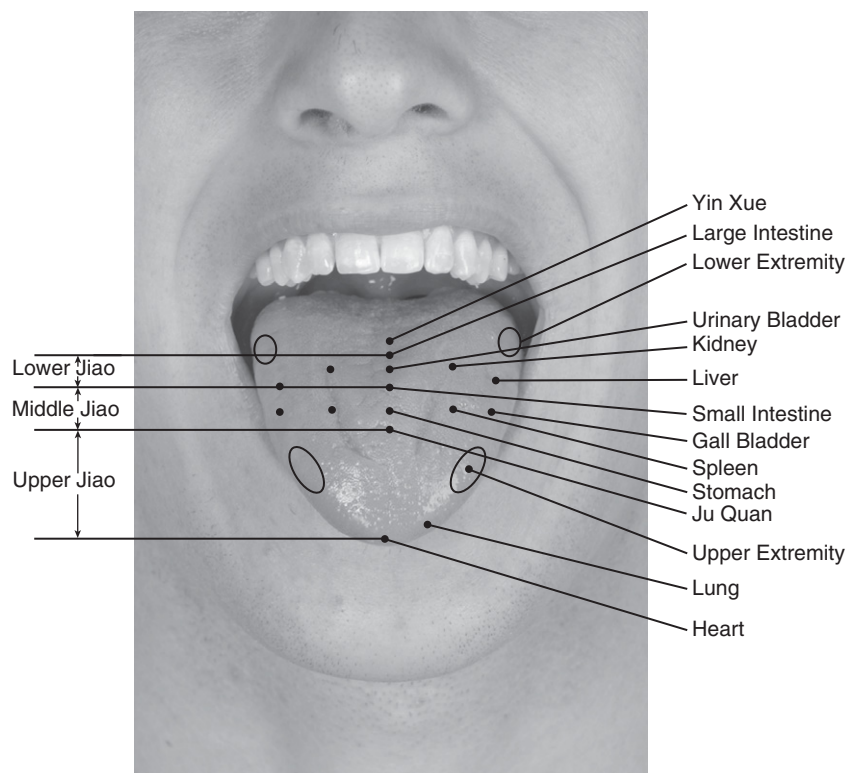


FIGURE 12-1 The 15 basic points on the surface of the tongue used in the tongue acupuncture system.

Indications: Disorders of the external genitalia.

JU QUAN (SPRING SOURCE)

Location: In the center of the tongue, 2.0 fen anterior to the Stomach point.

Indications: Xiao Ke syndrome and stiffness of the tongue.

UPPER EXTREMITY

Location: At the edge of the tongue, midway between the Lung and Gallbladder points.

Indications: Upper extremity pain.

LOWER EXTREMITY

Location: 1.0 cun lateral to the Yin Xue point at the edge of the tongue.

Indications: Paralysis.

SAN JIAO

Location: Draw three lines on the tongue at the Ju Quan, SI, and LI points. The area anterior to the Ju Quan point is the upper Jiao, the area between the Ju Quan and SI point is the middle Jiao, and the area between the SI and LI point is the lower Jiao.

Indications: Upper, middle, and lower Jiao conditions.

BASIC POINTS UNDERNEATH THE TONGUE

See Figure 12-2.

FOREHEAD

Location: With the tongue curved upward to touch the upper teeth, the area is 3.0 fen below the tip of the tongue.

Indications: Headache and dizziness.

EYE

Location: 3.0 fen posterior and lateral to the Forehead point on both sides of the tongue.

Indications: Redness of the eyes, swelling, and pain.

NOSE

Location: 2.0 fen posterior and lateral to the Eye point, between the edge of the tongue and the major vein underneath the tongue.

Indications: Stuffy nose, sinusitis, and sneezing.

EAR

Location: 2.0 fen posterior and lateral to the Nose point.

Indications: Tinnitus and deafness.

PHARYNX-LARYNX

Location: 2.0 fen posterior and lateral to the Ear point.

Indications: Sore throat.

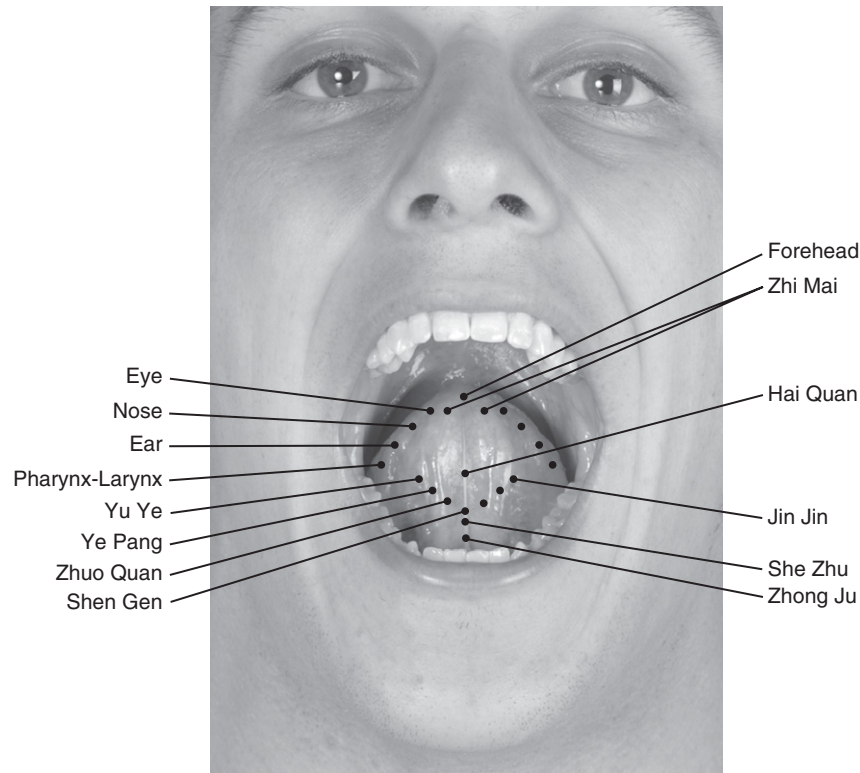


FIGURE 12-2 The 13 basic points underneath the tongue used in the tongue acupuncture system.

HAI QUAN (SEA)

Location: Under the tongue, at the beginning of the frenulum linguae.

Indications: Hiccups and Xiao Ke syndrome.

JIN JIN YUYE (GOLD FLUID, JADE FLUID)

Location: On the veins on the left and right side of the frenulum linguae, when the tongue is rolled back. The left side is Jin Jin, and the right side is YuYe.

Indications: Stomatitis, glossitis, tonsillitis, vomiting, symptoms of emaciation, thirst, aphasia, profuse menstrual bleeding, Xiao Ke syndrome, and swollen tongue.

SHE ZHU

Location: With the tongue rolled upward, this point is located in the center of the frenulum linguae.

Indications: Aphasia due to stroke.

ZHONG JU

Location: With the tongue rolled upward at the intersection of the underside of the tongue and the gums.

Indications: Dry tongue and aphasia due to stroke.

SHEN GEN

Location: Under the tongue, in the depression of the root of the vinculum linguae.

Indications: Hypertension and brain stroke.

ZHUO QUAN

Location: Under the tongue in the depression lateral to the root of the frenulum linguae close to the salivary gland openings with points bilaterally.

Indications: Sequelae of stroke.

YE PANG

Location: Medial to the major veins underneath the tongue on both sides of the frenulum linguae, one-third of the distance from the base of the tongue.

Indications: Sequelae of heart stroke and hypertension.

ZHI MAI

Location: Lateral to the veins on both sides of the frenulum of the tongue close to the tip of the tongue.

Indications: Sequelae of heart stroke.

Tongue Acupuncture Therapy

Principles of Point Selection

1. Only use tongue points. Choose the tongue points based on the traditional Chinese medicine Zang Fu meridian theory and disease conditions. For example, for the patient with ulcers of the mouth and tongue, choose the Heart, Spleen, and Jin Jin YuYe points.
2. Choose macro-system points in combination with tongue points. For example, choose GB 20 (Feng Chi) to treat

migraine headaches. Use Zhong Zhu with Ren 23 (Lian Quan) to treat stiffness of the tongue due to stroke.

3. Choose the Du, Ren, and lower four extremity points in combination with tongue acupuncture. For example, use the Urinary Bladder point in combination with Ren 3 (Zhong Ji) to treat painful and urgent urination. Use Yin Xue in combination with Du 4 (Ming Men) and Ren 4 (Guan Yuan) to treat spermatorrhea and impotence. Use the Stomach point in combination with St 36 (Zu San Li) to treat stomach pain and vomiting.
4. Combine with the meridian points. Use cross-contralateral combination.
 - A. Use points on the same side of the tongue with meridian points. For example, use the right Lung point combined with right Lu 10 (Shao Shang) to treat right-sided sore throat.
 - B. Use Tongue points with contralateral-side meridian points. For example, use the right side Upper Extremity point and Spleen point combined with left side LI 11 (Qu Chi) and LI 4 (He Gu) to treat left upper extremity paralysis and pain of the arm and hand.

Technique

Have the patient rinse his or her mouth and gargle with clean water. When inserting on the superficial part of the tongue, ask the patient to stick out his or her tongue. When inserting underneath the tongue, ask the patient to curve his or her tongue up to touch the teeth and stabilize the tongue on the teeth. Alternatively, the practitioner can hold the patient's tongue with gauze. When inserting the needles, use a fast oblique insertion technique to a depth of 1.0 cun. Use lifting, thrusting, turning, and rotation techniques. Retain the needles for 5 minutes. When using the bloodletting technique, use a three-edge needle with fast insertion into the point. Then bleed a few drops of blood.

Indications

Tongue acupuncture is used to treat motor dysfunction conditions for the tongue body and four extremities. Examples include numbness, deviation, and heaviness of the tongue,

BOX 12-1

Tongue Acupuncture: What to Expect

1. The tongue is a highly sensitive and active area of the body and achieves good results.
2. The tongue connects directly with the internal organs, especially the digestive system. Stimulation of the tongue can easily increase the body's reaction to the acupuncture stimulation.
3. Tongue acupuncture has good results for patients suffering from dry mouth and mouth ulcers caused by Yin-deficient fire rising. Stimulation can also result in generating fluids.
4. Tongue acupuncture achieves good results for both the urologic and digestive systems. It is consistent with the principle of treating lower body diseases at the upper body.
5. Tongue acupuncture is effective for patients with body movement conditions, either inability to move or dysfunction of the four extremities.
6. Tongue acupuncture in combination with macro-acupuncture points can increase treatment results.
7. Bleeding at the tip of the tongue or the vein underneath the tongue is particularly effective for patients in a coma due to stroke.
8. The Qi sensation of tongue acupuncture usually appears as a sore, distended sensation. If the practitioner uses his or her fingers to squeeze at the tip of both of the patient's big toes, this can usually increase the acupuncture sensations.

abnormal taste, of the four extremities numbness and paralysis, sore throat, high blood pressure, frozen shoulder, and coronary heart disease.

Box 12-1 describes what to expect during tongue acupuncture.

Cautions and Contraindications

1. Be sure to follow clean needle technique and cleanse the mouth before inserting the needles.
2. Do not use a large-gauge needle, and do not insert the needle too deeply. During the bloodletting technique, the principle is to bleed only a few drops of blood, not profuse bleeding.
3. Do not use tongue acupuncture for patients who bleed easily, patients who have a condition that causes them to have difficulty stopping bleeding, or patients who are weak or have severe conditions.

Introduction

Neck acupuncture uses points along the neck to treat disease. The neck has a close relationship with the 12 meridians, and it connects with the foot Taiyang meridian, the foot Yangming meridian, the hand Yangming meridian, the hand Shaoyang meridian, the foot Shaoyang meridian, and the foot Shaoyin meridian, along with the Du meridian. All of these meridians have a direct or indirect relationship with the neck. Through all of these meridians, there is a connection made with the internal organs. By needling the neck acupuncture points, the Zang Fu and meridian functions can be harmonized. The Du meridian is the Sea of Yang meridian, and the head is a collection area of the Yang meridian. Therefore neck therapy works more effectively for central nervous system disorders and brain diseases.

Neck Acupuncture System

Point Locations and Indications

Neck acupuncture divides the neck into two sides. There are three points located on the anterior side of the neck, which are adapted from the macro-acupuncture system of the foot Yangming meridian. The posterior side has three different methods for choosing points.

ANTERIOR SIDE OF THE NECK

See Figure 13-1.

STOMACH 9 (REN YING)

Location: At the anterior side of the neck, level with the tip of the Adam's apple, on the anterior border of the sternocleidomastoid muscle.

Indications: Cough, asthma, hypertension, goiter, and sore throat.

STOMACH 10 (SHUI TU)

Location: At the midpoint of the line joining St 9 (Ren Ying) and St 11 (Qi She) on the anterior border of the sternocleidomastoid muscle.

Indications: Cough, asthma, shortness of breath, and sore throat.

STOMACH 11 (QI SHE)

Location: At the superior border of the sternal extremity of the clavicle between the sternal head and the clavicular head of the sternocleidomastoid muscle.

Indications: Shortness of breath, sore throat, pain and rigidity of the neck, asthma, hiccups, and goiter.

Anterior neck acupuncture can also treat autoimmune system disorder syndromes.

POSTERIOR SIDE OF THE NECK

Five-points location See Figure 13-2.

Location: The five-points location has a total of five points located on the posterior aspect of the neck. The first three points are Du 15 (Ya Men), Du 16 (Feng Fu), and Xia Nao Hu (inferior to the external occipital protuberance, about 1.0 cun above Du 16). The other two points are GB 20 (Feng Chi). This becomes a total of five points that are mainly used to treat deficient cold types of cerebral disease.

Indications: Stroke sequelae, concussion sequelae, meningitis, encephalitis, mercurialism, carbon monoxide poisoning, organophosphorus pesticide poisoning, bulbar paralysis, migraine headache, leukopenia, thrombocytopenia, optic atrophy, detachment of the retina, vitreous opacity, paralysis of the vocal cords, chronic laryngopharyngitis, hysteria, neurosis, neurogenic vomiting, anorexia nervosa, and irritable colitis.

Fifteen-points location See Figure 13-3.

Location: The 15-points location has a total of 15 points. The first 3 points, located on the posterior aspect of the neck, are Du 15 (Ya Men), Du 16 (Feng Fu), and Xia Nao Hu (inferior to the external occipital protuberance, about 1.0 cun above Du 16). Next, draw a line laterally from Du 16 to GB 12 (Wan Gu) following the lower border of the cranial bone. Separate this line into six equal parts bilaterally. The 3 vertical points listed above, plus the 12 horizontal points just described, make for a total of 15 points. The 15-points location mainly treats neck and local conditions, as well as cerebral disease.

Indications: Stroke sequelae, concussion sequelae, meningitis sequelae, encephalitis sequelae, parkinsonian syndrome, epilepsy, hypertension, migraine, insomnia, asthma, allergic rhinitis, laryngopharyngitis, common cold, rheumatosis, urinary system disorders, ear and eye problems, cervical spondylopathy, and arm and upper back pain.

Twenty-seven-points location See Figure 13-4.

Location: The 27-points location is based on the 5-points location. Then add points on both sides of Du 15, Du 16, and Xia Nao Hu, 0.5 cun lateral from each point. Next, from the cervical vertebrae C-4 through C-7, choose points at the lower part of the spinous process of the vertebra, 0.5 and 1.0 cun lateral. Choose 8 points on each side for a

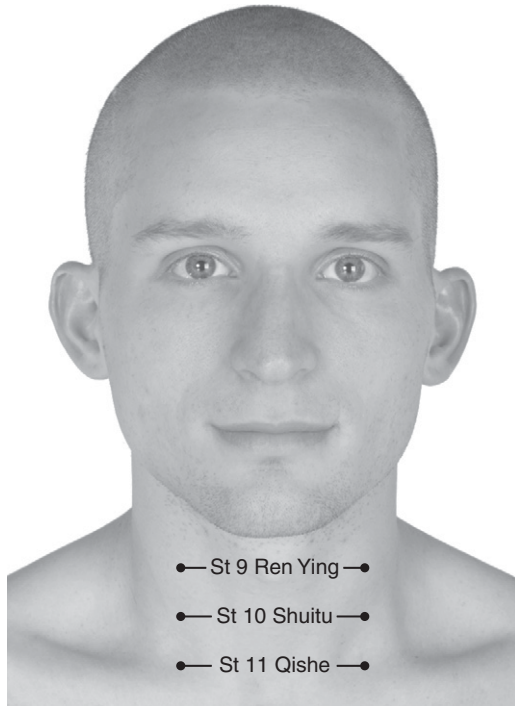


FIGURE 13-1 Anterior neck acupuncture points. These points are adapted from macro-acupuncture standard points.

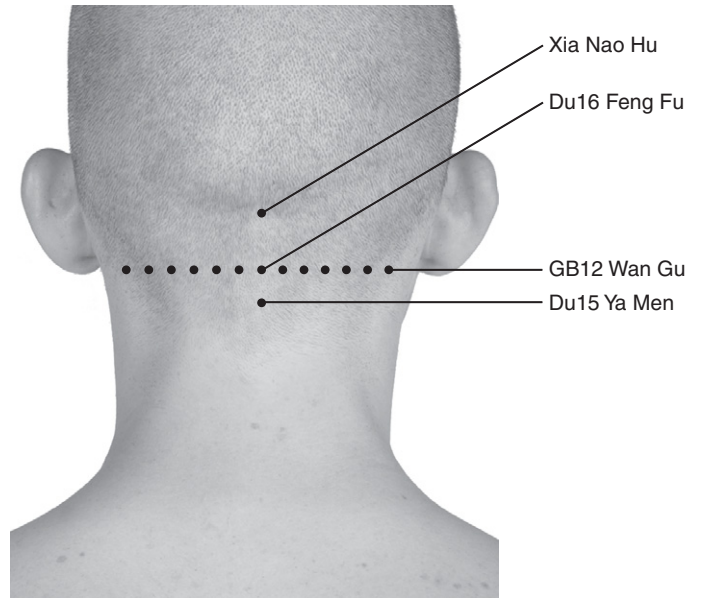


FIGURE 13-3 Neck acupuncture system 15-points locations on the posterior side of the neck.

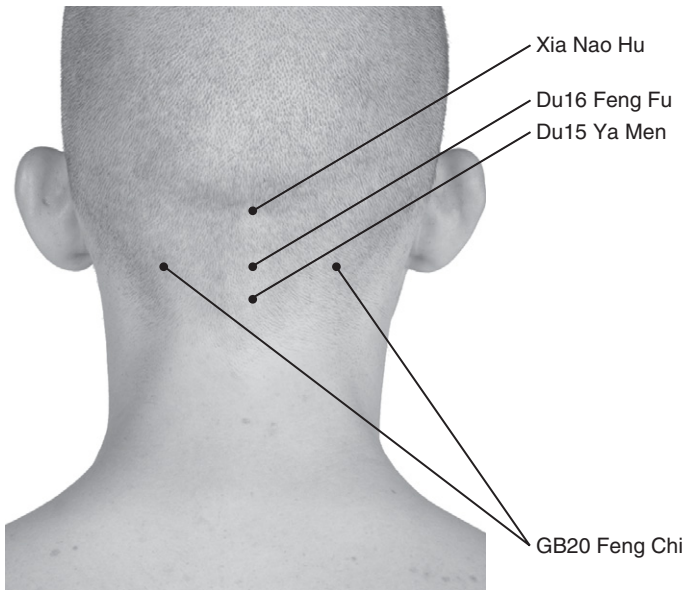


FIGURE 13-2 Neck acupuncture system 5-points locations on the posterior side of the neck.

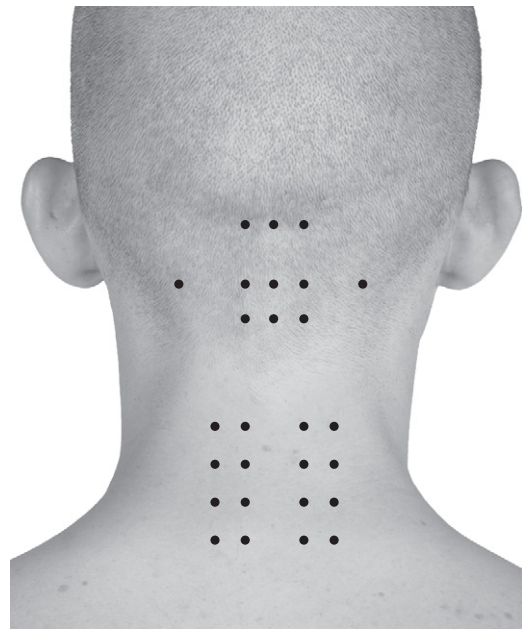


FIGURE 13-4 Neck acupuncture system 27-points locations on the posterior side of the neck.

total of 16 points. So, based on this method, we have 27 different stimulation points mainly used to treat local neck conditions, as well as cerebral conditions.

Indications: Stroke sequelae, concussion sequelae, meningitis sequelae, encephalitis sequelae, parkinsonian syndrome, epilepsy, hypertension, migraine, insomnia, asthma, allergic rhinitis, laryngopharyngitis, common cold, rheumatosis, urinary system disorders, ear and eye problems, cervical spondylopathy, and arm and upper back pain.

Neck Acupuncture Therapy

Techniques

- 1. Anterior neck techniques:** Use group needle stimulation techniques, or, in other words, traditional ancient techniques (the “Yang Ci” technique). The practitioners can also use cutaneous needles such as seven star needles. This technique involves multiple needles, inserted closely together at one point. Choose 0.5 cun long, 30 to 34 gauge filiform needles. Hold several needles together and insert them at the same time in one point or insert them one by one closely together at one point. Insert to a depth of 0.2 to 0.3 cun and gently use lifting and thrusting techniques to stimulate the area until the skin turns pink-red in a circle around the needles. Retain the needles for 30 to 60 minutes.
- 2. Five-points location technique:** Normally, use to warm and open Du meridian Yang energy technique. Choose 1.0 cun long, 30 to 34 gauge filiform needles. Insert the needle perpendicularly or insert slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun and then use lifting, thrusting, and rotation techniques. When using the rotation technique, you should use mild stimulation to elicit Qi. When Qi has arrived, the patient will feel a sore, numb, heavy, or distending sensation. After eliciting Qi, use the warming needle technique for 5 to 9 zhuangs of moxa cones; the patient should feel some warmth, but not a burning sensation. The needles are usually retained for 20 to 30 minutes.
- 3. Fifteen-points location technique:** Use 1.0 cun long, 30 to 34 gauge filiform needles. Insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 0.5 to 0.8 cun. Use gentle lifting and thrusting rotation to

BOX 13-1

Neck Acupuncture: What to Expect

1. Neck acupuncture has a close relationship with the Du meridian. The neck is the starting location of the spinal nerves so it achieves good results, especially for central nervous system disorders.
2. Located close to the medulla, the basic three points on the neck are Du 15 (Ya Men), Du 16 (Feng Fu), and Xia Nao Hu. Neck acupuncture is a highly effective micro-acupuncture technique because this area is the intersection of the body from up to down and left to right.
3. After neck needle insertion, using moxa along the spine up and down during the treatment will have remarkable results. An important key to neck acupuncture is that if a patient feels a tingling sensation or whole-body relaxation, the patient will obtain better results.
4. The 5-points location technique has better results for central nervous system disorders and coma patients. The 15- and 27-points techniques are more effective on autonomic nerve system disorders.

elicit Qi, and retain the needle for 20 to 30 minutes. All 15 points are needled during the same treatment.

- 4. Twenty-seven-points location technique:** Use 1.0 cun long, 30 to 34 gauge filiform needles. Insert the needle to a depth of 0.5 to 0.8 cun and perform mild lifting and thrusting techniques or a small degree of rotation to elicit Qi. Retain the needle for 20 to 40 minutes. This group of points has multiple points all located on the back of the neck. There are four vertical lines. Be careful when inserting the needle; the direction of insertion should be perpendicular to the skin. All 27 points on the neck area will follow the shape and curve of the neck.

Box 13-1 describes what to expect during neck acupuncture.

Cautions and Contraindications

1. These points are located close to the medulla. When inserting and manipulating the needle, it is important that you keep the needle at a shallow level to avoid hitting the medulla, which could lead to a fatal outcome.
2. The warm open Du meridian Yang energy technique should not be done on patients with a Yin deficient–Yang rising condition or patients who are allergic to moxa.
3. Electro-acupuncture should be used with caution on the medulla area, especially with strong stimulation.

Introduction

This therapy uses the Back Shu points in the treatment of diseases of the whole body. The Back Shu points are the energy of Zang Fu organ reflex area and the corresponding diseases, especially in the internal organs, such as palpitations, shortness of breath, impotence, stomach pain, irregular menstruation, dysmenorrhea, abdominal pain, and diarrhea. The Back Shu points are distributed along the foot Taiyang Urinary Bladder meridian. The back is the meeting place of the Zang Fu energy, so needling the Back Shu points can have the effect of harmonizing the Zang Fu and meridian energy flow to treat many diseases.

Back Anatomy

Bones

The back refers to the entire posterior aspect of the trunk. The skeletal structures of the back includes the vertebral spines, back of the rib cage, scapulas, and hip bones (Figure 14-1).

The 12 thoracic vertebrae (T1 through T12), 5 lumbar vertebrae (L1 through L5), 5 fused vertebrae of the sacrum (S1 through S5), and the coccyx bone are located on the back. The vertebra has a ventral body, a dorsal vertebral arch, and a vertebral foramen, which the spinal cord occupies. The spinous process projects posteriorly and can be felt on the back. The transverse process is located laterally. The thoracic transverse processes articulate with the ribs to form the ribcage.

The landmarks of the back are important to locate acupuncture points and internal organs. The highest vertebra is the seventh cervical vertebra, which is the most visible vertebra on the back. It also shows the level of the apex of the lungs.

The third thoracic spinous process is level with the spine of the scapula. It is the level where the aorta reaches the spine and tracheal bifurcation. The seventh thoracic spinous process is level with the inferior scapular angle when the arm is by the side. The space below the eighth thoracic vertebra is level with the lower border of the heart and central tendon of the diaphragm. The tenth thoracic vertebra is level with the lower border of the lung, the cardia of the stomach, and the upper border of the kidney.

The first lumbar vertebra is level with the renal arteries. The second lumbar vertebra is level with the termination point of the spinal cord. The third lumbar vertebra indicates the lower border of the kidney. The body of the fourth lumbar vertebra is level with the summits of the iliac crests and bifurcation of

the aorta. The supracristal plane is the highest point of the iliac crest on each side and level with the fourth lumbar vertebra, a landmark often used in the clinic for locations. The intervertebral space between L4 and L5 is commonly used in lumbar puncture.

The second sacral spine is level with the posterior superior iliac spines. The posterior superior iliac spine can be palpated from the highest point of the iliac crest and traced posteriorly and medially. A line joining these sacral dimples passes through the body of the second sacral vertebra. Felt deeply near the center of the natal cleft is the tip of the coccyx.

The scapula overlies the second to seventh ribs. The medial border of the scapula joins the superior and inferior scapular angles. The superior angle is palpable beneath trapezius muscle. The inferior angle lies opposite the seventh thoracic spine. The scapula runs subcutaneously from medial to lateral ending at the acromion process and is easily palpated.

Soft Tissues

The soft tissues of the back include the skin, subcutaneous fat, underlying fascial layers, and musculature. The skin on the back of the trunk is thick but is low in sensation. The superficial fascia is thick, and the deep fascial layer is strong. The lines of the skin tend to run horizontally on lumbosacral regions but circular in the thoracic region. The major muscles of the back are the trapezius, latissimus dorsi, and erector spinae.

Blood Supply

The blood supply on the back is mainly from musculocutaneous branches of the posterior intercostal lumbar and lateral sacral arteries. Branches of the suprascapular, dorsal scapular, and subscapular arteries supply the scapular area. Veins drain the skin of the trunk into the posterior intercostal and lumbar veins.

Nerves and Lymphatic Vessels

The nerve supply of the back is the medial and lateral branches of the dorsal rami of the spinal nerves. They include C2 to C5, T2 to L3, S2 to S4, and Co1. The lymph from the trunk drains to the posterior axillary nodes and to the lateral superficial inguinal nodes.

Back Acupuncture System

Point Locations and Indications

The Back Shu points are all located on the back and lumbar area, along the foot Taiyang Urinary Bladder meridian (UB) on

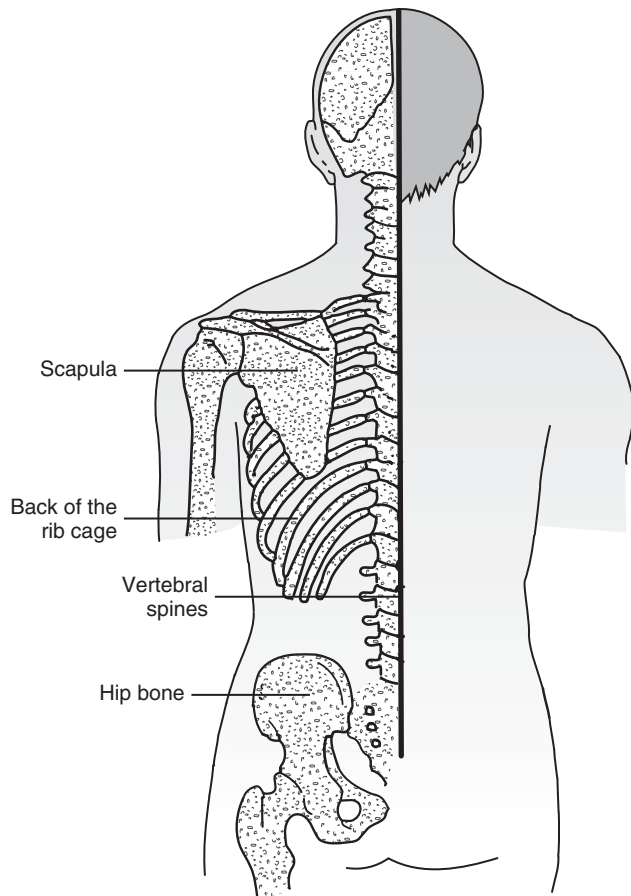


FIGURE 14-1 The skeletal system of the back includes the vertebral spines, back of the rib cage, scapulas, and hip bones.

the first line, which is 1.5 cun lateral to the posterior midline. The points are distributed and named according to the Zang Fu that they have influence over. For example, UB 13 (Fei Shu), the Back Shu point of the lungs, is located at the level below T3, followed by the Pericardium, Heart, Liver, Gallbladder, Spleen, and Stomach points, located at the level below T4, T5, T9, T10, T11, and T12, respectively. The San Jiao, Kidney, and Large Intestine Shu points are located at the level below L1, L2, and L4, respectively. The Small Intestine Shu point is at the level below S1, and the Urinary Bladder Shu point is at the level below S2. There are a total of 12 major Back Shu points (Figure 14-2).

UB 13 (FEI SHU)

Zang Fu: Lung.

Location: 1.5 cun lateral to the Du meridian at the level of the lower border of the spinous process of the third thoracic vertebra.

Indications: Cough, asthma, chest pain, blood in the phlegm, afternoon fever, night sweats, and hot flash.

UB 14 (JUE YIN SHU)

Zang Fu: Pericardium.

Location: 1.5 cun lateral to the Du meridian at the level of the lower border of the spinous process of the fourth thoracic vertebra.

Indications: Cough, cardiac pain, palpitations, stuffiness of the chest, insomnia, and vomiting.

UB 15 (XIN SHU)

Zang Fu: Heart.

Location: 1.5 cun lateral to the Du meridian at the level of the lower border of the spinous process of the fifth thoracic vertebra.

Indications: Cardiac pain, panic, loss of memory, palpitations, cough, blood in the phlegm, nocturnal emissions, night sweats, insomnia, irritability, and epilepsy.

UB 18 (GAN SHU)

Zang Fu: Liver.

Location: 1.5 cun lateral to the Du meridian at the level of the lower border of the spinous process of the ninth thoracic vertebra.

Indications: Jaundice, hypochondriac pain, red eyes, blurred vision, blindness, mental disorders, backache, blood in the phlegm, dizziness, nose bleeding, and epilepsy.

UB 19 (DAN SHU)

Zang Fu: Gallbladder.

Location: 1.5 cun lateral to the Du meridian at the level of the lower border of the spinous process of the tenth thoracic vertebra.

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

UB 20 (PI SHU)

Zang Fu: Spleen.

Location: 1.5 cun lateral to the Du meridian at the level of the lower border of the spinous process of the eleventh thoracic vertebra.

Indications: Epigastric pain, abdominal distension, vomiting, diarrhea, dysentery, bloody stools, profuse menstruation, edema, vomiting, and backache.

UB 21 (WEI SHU)

Zang Fu: Stomach.

Location: 1.5 cun lateral to the Du meridian at the level of the lower border of the spinous process of the twelfth thoracic vertebra.

Indications: Pain in the chest, hypochondriac, and epigastric areas; abdominal distension, borborygmus, diarrhea, nausea, and vomiting.

UB 22 (SAN JIAO SHU)

Zang Fu: San Jiao.

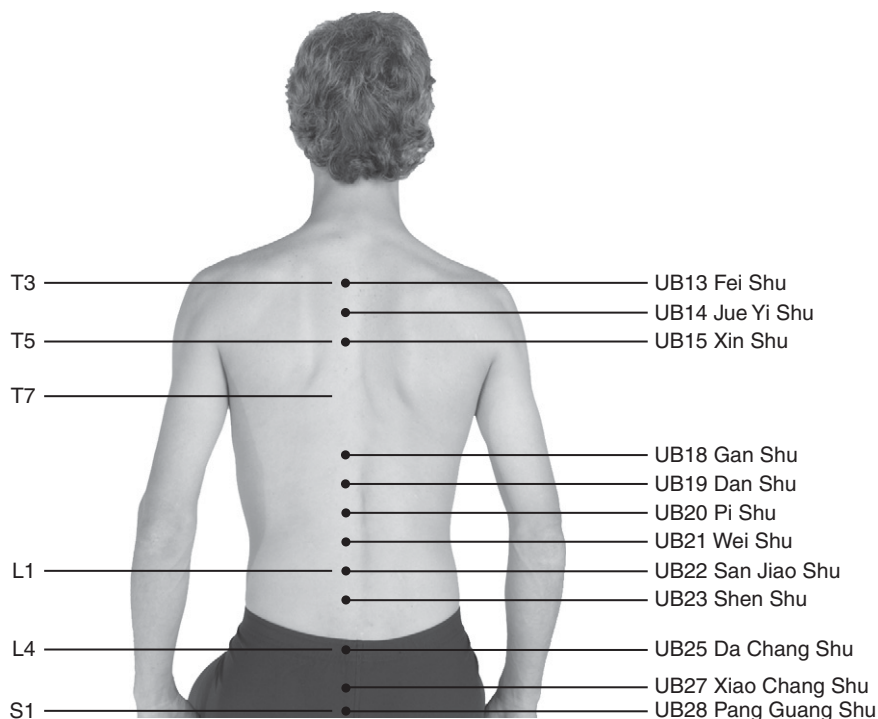


FIGURE 14-2 The Back Shu acupuncture points are all located on the back and lumbar area along the foot Taiyang Urinary Bladder meridian (UB) on the first line, which is 1.5 cun lateral to the posterior midline.

Location: 1.5 cun lateral to the Du meridian at the level of the lower border of the spinous process of the first lumbar vertebra.

Indications: Borborygmus, abdominal distension, indigestion, vomiting, diarrhea, dysentery, edema, and pain and stiffness of the low back.

UB 23 (SHEN SHU)

Zang Fu: Kidney.

Location: 1.5 cun lateral to the Du meridian at the level of the lower border of the spinous process of the second lumbar vertebra.

Indications: Nocturnal emissions, impotence, enuresis, irregular menstruation, leukorrhea, low back pain, weakness of the knees, blurred vision, dizziness, tinnitus, edema, deafness, asthma, and diarrhea.

UB 25 (DA CHANG SHU)

Zang Fu: Large intestine.

Location: 1.5 cun lateral to the Du meridian at the level of the lower border of the spinous process of the fourth lumbar vertebra.

Indications: Low back pain, borborygmus, abdominal distension, diarrhea, constipation; muscular atrophy, pain, numbness, and motor impairment of the lower extremities; and sciatica.

UB 27 (XIAO CHANG SHU)

Zang Fu: Small intestine.

Location: 1.5 cun lateral to the Du meridian at the level of the lower border of the spinous process of the first posterior sacral foramen.

Indications: Lower abdominal pain, dysentery, nocturnal emissions, hematuria, enuresis, leukorrhea, low back pain, and sciatica.

UB 28 (PANG GUANG SHU)

Zang Fu: Urinary bladder.

Location: 1.5 cun lateral to the Du meridian at the level of the lower border of the spinous process of the second posterior sacral foramen.

Indications: Urinary retention, enuresis, frequent urination, diarrhea, constipation, and stiffness and pain of the lower back.

Back Acupuncture Therapy

Principles of Point Selection

1. Points may be selected based on the location of the disease in the body. For example, for stomach pain you may choose the Stomach Shu point, and for enteritis choose the Large Intestine Shu point.
2. Points may be selected based on the principles of traditional Chinese medicine. For example, for skin problems, the Lung Shu point may be selected.
3. Points may be used according to the external and internal relationship of the organs. For example, if the patient's

tongue is swollen due to heart fire rising, you may select the Heart and Small Intestine Shu points to use in combination.

4. Combine the use of Back Shu points with Front Mu points. Each of the 12 meridians has a Front Mu point and a Back Shu point that corresponds with the internal organs. The Back Shu points are the points that collect the energy of the internal organs on the back area of the body, and the Front Mu points are the points that collect the energy of the internal organs in the front area of the body. Better results may be obtained by using the Front and Back points in combination. For example, if the Kidney Shu point, UB 23 (Shen Shu), is used with the Kidney Mu point, GB 25 (Jing Men), there may be a better result when treating swollen kidneys, low back pain due to kidney deficiency, and urinary disorders.
5. Combine the use of Back Shu points with Yuan source points, as all 12 meridians have a Yuan source point. For example, the Heart Shu point, UB 15 (Xin Shu), can be combined with the Heart source point, Heart 7 (Shen Men), to treat conditions such as palpitations, heart pain, and insomnia.
6. Back Shu points can also be used for diagnosis, because they are Zang Fu energy reflex areas. For example, if the UB 21 (Wei Shu) point has pain, usually this means there is a problem on the stomach or duodenal area. If the UB 23 (Shen Shu) point has round knots, usually this indicates that the patient has tinnitus and low back pain. If the UB 18 (Gan Shu) point has a rope-like feeling, usually this indicates that the patient has hepatitis.

Indications

The Back Shu points are widely used, especially for treatment of internal organ disorders, such as cough, shortness of breath, palpitations, chest pain, stomach pain, impotence, irregular menses, and abdominal pain. In the micro-acupuncture system, the Back Shu points are often used in combination with other systems. The Back Shu points also target specific areas to work on by using needling, moxibustion, massage, and cupping while using other micro-systems.

Techniques

1. *Filiform needle:* Instruct the patient to lie down in a prone position. Use your hands to palpate the patient's entire back to detect any painful spots, round knots, and rope-like muscles for diagnosis. Use standard clean needle technique. For points above the second lumbar vertebra, use a 30 to 34 gauge filiform needle, 1.0 cun in length. Insert the needle obliquely to a depth of 0.5 to 0.8 cun. For points below the second lumbar vertebra, use a 30 to 34 gauge filiform needle, 1.5 cun in length. Insert the needle perpendicularly to a depth of 0.8 to 1.2 cun. Use the rotation technique. When you elicit Qi, the patient may feel soreness, heaviness, or numbness. Retain the needles for about 15 to 30 minutes.
2. *Moxibustion:* Select the moxa cone or roll based on the clinical goal. You can use the moxa cone directly on the skin or use an insulator such as ginger, garlic, or herbal cake for

BOX 14-1

Back Shu Acupuncture: What to Expect

1. The Back Shu points are the energy points of the Zang and Fu organs. Therefore these points are effective for internal organ disorders.
2. Back Shu acupuncture point selection and technique are taken directly from the macro-acupuncture system, so any indications and conditions that apply to the macro-system are also appropriate for the back Shu micro-acupuncture system.
3. Back Shu acupuncture includes almost all of the Zang and Fu organs in the local area, so it matches the holographic theory of micro-acupuncture.
4. Soreness, numbness, and extending pain are the basic Qi sensations for back Shu acupuncture.
5. The back Shu area can have positive reactions such as painful spots, ropes, muscle tightness, and knots, which usually indicate pathologic conditions and also are good places for treatment.
6. Use caution for the needle depth of the Back Shu and upper back area to avoid damage to internal organs.

different conditions. When using the herbal moxa roll, you can use sparrow-pecking or rotating moxibustion to work on the Shu points. You can also use moxibustion to move along the UB meridians, stopping at each Shu point or a particular Shu point for more stimulation.

3. *Intradermal technique:* The grain-like intradermal needles are used on the Back Shu system. Follow clean needle technique procedures. Hold the body of the grain-like needle with forceps and insert it horizontally into the point, leaving it lying flat on the skin. Then affix the needle with a piece of adhesive tape for 2 to 3 days.
4. *Cupping technique:* The cupping technique is used often on the Back Shu system. You can use cupping on specific Shu points. Alternatively, you can use the running cupping technique on the entire back to cover more area, and then stop at particular Shu points that are the focus for treating that organ's condition. Use caution on ulcers, scars, moles, and hairy body surfaces. Also, avoid burning injuries.

Box 14-1 describes what to expect during Back Shu acupuncture.

Cautions and Contraindications

1. The Back Shu points should be needled shallowly with careful attention to depth, in order to protect the internal organs. This is especially important in patients with emphysema or enlarged heart, liver, or spleen.
2. Have the patient in the right position, and insert the needle at the right angle.
3. If the patient has chest pain, fullness of the chest, palpitations, problems breathing, profuse sweating, or reduced blood pressure after treatment, the patient should remain under the practitioner's supervision or consult his or her primary care physician.

Introduction

Hua Tuo Jia Ji acupuncture stimulates the Jia Ji points, which are on the back 0.5 cun lateral to the spine, in the treatment of diseases of the whole body. They are widely used in the clinic for respiratory, circulatory, digestive, urinary, and reproductive system disorders with good results. The spinal cord has a close relationship with all the meridians. The foot Taiyang Urinary Bladder meridian runs parallel to the spine, the foot Shaoyin Kidney meridian runs further upward along the posterior medial aspect of the thigh toward the vertebral column, and the Du meridian runs posterior along the interior of the spinal column uniting with all of the Yang meridians. The spinal cord has a close relationship with the meridian system in its connections with the internal organs. Stimulating the Jia Ji points can have the effect of harmonizing the whole body, Qi, and blood in the treatment of disease.

There were only Jia Ji points along the side of the thoracic and lumbar vertebrae in ancient times, with the name of Hua Tuo Jia Ji. More Jia Ji points were developed on the cervical and sacral area, so it is now called Jia Ji acupuncture.

Jia Ji Acupuncture System

Point Locations and Indications

A group of 42 points, running bilaterally along the spinal column, are distributed along the cervical, thoracic, lumbar, and sacral vertebrae (Figure 15-1).

CERVICAL JIA JI POINTS

Location: 0.5 cun lateral to the lower border of the spinous processes of the fourth, fifth, and sixth cervical vertebrae.

They are located bilaterally for a total of six points.

Indications: Diseases of the neck and upper limbs, such as pain in the neck and shoulder joint, periarthritis of the shoulder, numbness, paralysis, and pain of the arm.

THORACIC JIA JI POINTS

Location: 0.5 cun lateral to the lower border of the spinous processes of the first through twelfth thoracic vertebrae.

They are located bilaterally for a total of 24 points.

Indications: T1 through T3 are used to treat diseases of the upper limbs and chest, such as asthma, cough, chest pain, and arm numbness and pain. T4 through T6 are used to treat diseases of the chest, especially heart disease. T7 and T8 are used to treat diseases of the chest and upper abdomen, such as fullness of the chest, hiccups, and borborygmus.

T9 through T12 are used to treat diseases of the middle and lower abdomen, such as hypochondriac pain, abdominal pain and distension, vomiting, and acute and chronic cholecystitis.

LUMBAR JIA JI POINTS

Locations: 0.5 cun lateral to the lower border of the spinous processes of the first through fifth lumbar vertebrae. They are located bilaterally for a total of 10 points.

Indications: L1 is used to treat diseases of the abdomen, such as abdominal pain and distension, intestinal adhesion, appendicitis, enteritis, dysentery, and pain in the upper legs. L2 through L5 are used to treat diseases of the abdomen and lower limbs, such as pain of the lower limbs, weakness of the legs, paralysis, and low back pain.

SACRAL JIA JI POINTS

Location: 0.5 cun lateral to the lower border of the first intermediate sacral crest.

Indications: Diseases of the reproductive and urinary systems, such as impotence, nocturnal emissions, enuresis, rectal prolapse, uterine prolapse, dysmenorrhea, amenorrhea, irregular menses, and numbness and paralysis of the lower limbs.

Jia Ji Acupuncture Therapy

Principles of Point Selection

1. Choose points based on the location of the disease in the body. For example, you may use T11, T12, and L1 to treat a patient with diarrhea and abdominal pain.
2. Choose points that are tender or sensitive on palpation. Use pressure while palpating the points. Certain tender points indicate disease in that area.
 - For the respiratory system, apply pressure to points T1 through T5
 - For the circulatory system, palpate T5 through T8
 - For the digestive system, palpate T5 through T12
 - For the nervous system, palpate C4 to C6 and T6 to T8
 - For upper arm motor function, palpate T1 to T3
 - For the lower limbs, palpate L1 to L5
 - For the metabolic system, palpate T8 and T9 and L1 through L4
 - For the endocrine system, palpate C4 to C6 and T3 through T5
 - For the sensory organs of the face, palpate C4 to C6
 - For urinary and reproductive system disorders, palpate L1 to L5 and S1

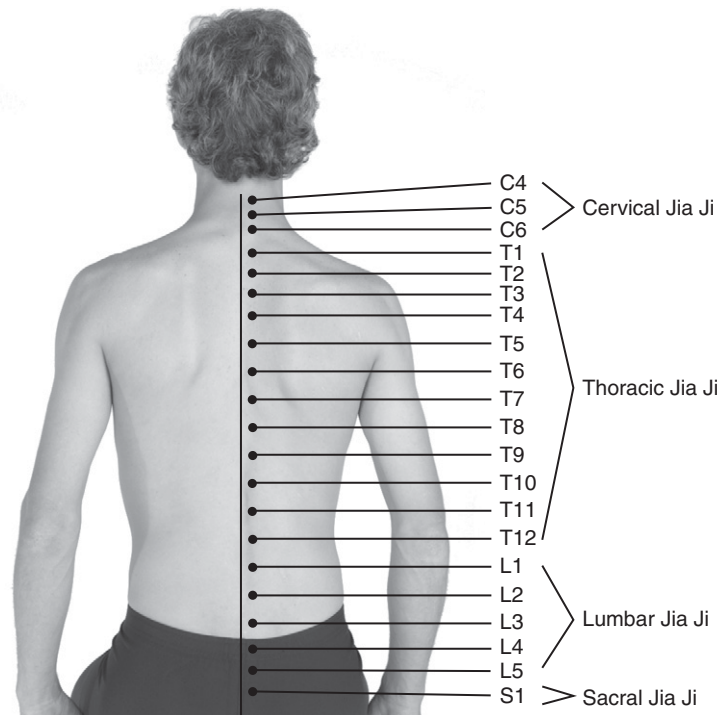


FIGURE 15-1 The Hua Tuo Jia Ji points are a group of 42 points running bilaterally along the side of the spinal column. They are distributed along the cervical, thoracic, lumbar, and sacral vertebrae.

Techniques

The patient should be in a comfortable prone position. Using clean needle technique, swab the local areas to be needed. Choose a 1.5 cun filiform needle, and insert it at a perpendicular angle. Depending on the patient's constitution, the needle may be inserted to a depth of 1.0 to 1.2 cun on the lumbar and sacral areas, but 0.5 to 1.0 cun on the cervical and thoracic areas. Use the lifting, thrusting, and rotating techniques to stimulate the point. Electro-acupuncture is a very useful method on the Jia Ji system and can provide continuous stimulation. It is also good for patients with back pain or neck pain with muscle spasms in which the Back Shu points should be avoided. The sensation should follow the spinal cord. If the patient reports no sensation, adjust the needle direction and continue manipulation. Retain the needle for 30 minutes.

Box 15-1 describes what to expect during Jia Ji acupuncture.

Cautions and Contraindications

1. Use caution with insertion and manipulation of the needles, paying close attention to needle depth around internal organs, especially around the chest.

BOX 15-1

Jia Ji Acupuncture: What to Expect

1. Jia Ji acupuncture was developed from the Hua Tou Jia Ji points, so the indications and conditions are the same.
 2. There are pressure pain points along the Jia Ji area that indicate internal organ conditions that belong to this spinal nerve section.
 3. It is safe to insert needles into the Jia Ji points a little deeper than into the Back Shu points because of differences in the anatomy of these areas.
 4. Stimulation of Jia Ji points will have better results if done in combination with moxibustion.
 5. Using electro-acupuncture on Jia Ji points gets good results for pain control.
 6. When a patient has back pain and low back pain, especially with muscle spasms, selecting Jia Ji points will obtain better results than selecting Back Shu points. Jia Ji acupuncture avoids direct stimulation of back muscles, whereas Back Shu acupuncture can sometimes cause muscle spasms.
2. Be careful if the patient has shooting sensations radiating to the arms and legs.
 3. The patient should remain under the practitioner's supervision or consult his or her primary care physician if the patient has chest pain, fullness of the chest, palpitations, or breathing problems after treatment.

Introduction

In spinal acupuncture, the needle is inserted on top of the spinous process to treat diseases of the whole body. Most of the points of spinal acupuncture are located on the top of the vertebrae. Because spinal acupuncture follows the Du meridian pathway, it has the function to open the whole body's Yang energy. Choosing a certain number of spinal points can adjust internal organ dysfunction to treat many different diseases.

Spinal Acupuncture System

Point Locations and Indications

Spinous process acupuncture has one main point and many secondary points. We will use the main point in all cases, but the secondary points will be chosen depending on different conditions.

MAIN POINT

MAJOR SPINOUS PROCESS POINT

Location: Above the spinous process of the sixth cervical vertebra.

SECONDARY POINTS There are a total of nine points on the spine, and five other points are located in other parts of the body.

CERVICAL 7

Location: Above the spinous process of the seventh cervical vertebra.

THORACIC 2

Location: Above the spinous process of the second thoracic vertebra.

THORACIC 3

Location: Above the spinous process of the third thoracic vertebra.

THORACIC 5

Location: Above the spinous process of the fifth thoracic vertebra.

THORACIC 8

Location: Above the spinous process of the eighth thoracic vertebra.

THORACIC 12

Location: Above the spinous process of the twelfth thoracic vertebra.

LUMBAR 1

Location: Above the spinous process of the first lumbar vertebra.

LUMBAR 4

Location: Above the spinous process of the fourth lumbar vertebra.

SACRAL 3

Location: Above the spinous process of the third sacral vertebra.

HOU HE GU

Location: On the dorsal side of the hand between the thumb and the index finger, at the connecting area of the first and second metacarpal bones.

HUAI BIAN

Location: Inferior and posterior to the external malleolus.

XIN HUAN TIAO

Location: 3.0 cun lateral from the coccyx.

JIAN SAN ZHEN

Location: These three points are the same as LI15 (Jian Yu), SI9 (Jian Zhen), and Jian Qian.

LI15 (Jian Yu) is located anterior and inferior to the acromion at the depression appearing at the anterior border of the acromioclavicular joint.

SI9 (Jian Zheng) is located posterior and inferior to the shoulder joint 1.0 cun above the posterior end of the axillary fold.

Jian Qian is located midway between the end of the anterior axillary fold and LI15 (Jian Yu).

PING JIAN

Location: At the tip of the protuberance of the border of the ear tragus.

See Figure 16-1 and Table 16-1.

Spinal Acupuncture Therapy

Technique

Different points will require different filiform needles. For the Major Spinous Process point, choose a 2.5 cun long, 28 to 30 gauge filiform needle. For the other back spinous process points, choose 2.0 cun long, 30 to 32 gauge filiform needles. For the Jian San Zhen and Xin Huan Tiao points, choose 3.0 cun long, 32 to 34 gauge filiform needles. For the Huai Bian point, choose

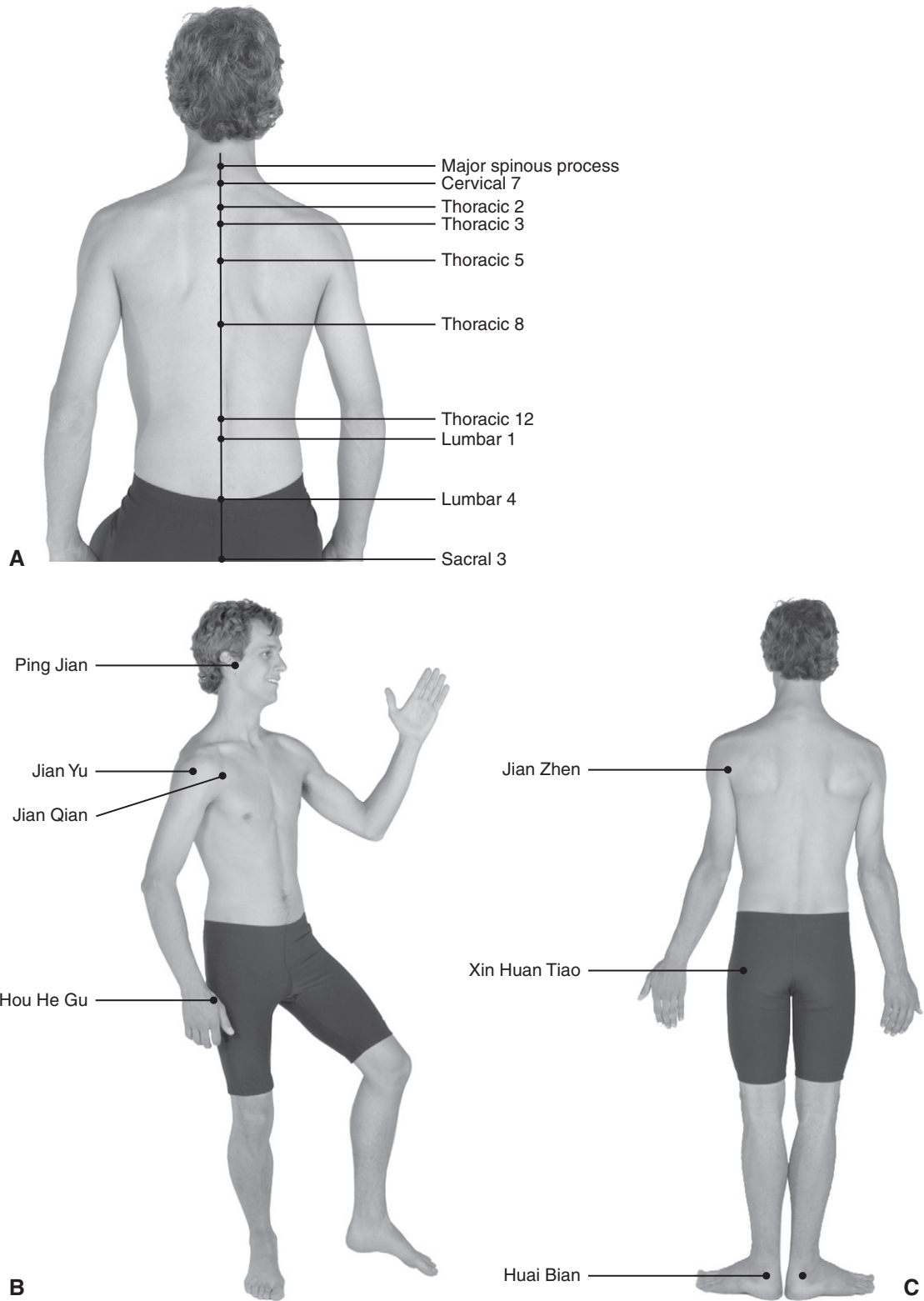


FIGURE 16-1 **A**, The main point and many secondary points used for spinal acupuncture. **B**, Frontal and lateral view of spinal acupuncture points located on the head and arms. **C**, Posterior view of spinal acupuncture points located on the body.

TABLE 16-1

Spinal Acupuncture: Treatment Protocols

Prescription	Indications
Major Spinous Process point + Thoracic 5	Skin lesions, infections, cardiovascular disease
Major Spinous Process point + Thoracic 5, Hou He Gu	Tension headache, trigeminal neuralgia, high blood pressure
Major Spinous Process point + Thoracic 2, Thoracic 5	Skin problems
Major Spinous Process point + Cervical 7, Thoracic 5	Acute sore throat, acute tonsillitis
Major Spinous Process point + Thoracic 5, Thoracic 8, Hou He Gu	Psychological conditions
Major Spinous Process point + Lumbar 1, Xin Huan Tiao	Low back and neck pain, sciatic nerve pain
Major Spinous Process point + Thoracic 5, Lumbar 1, Xin Huan Tiao	Bi syndrome, arthritis
Major Spinous Process point + Thoracic 3, Thoracic 5	Bronchitis, asthma
Major Spinous Process point + Thoracic 12	Gastritis, ulcer of the stomach
Major Spinous Process point + Thoracic 3	Heart disease
Major Spinous Process point + Thoracic 8, Thoracic 12	Liver, gallbladder, and pancreas disorders
Major Spinous Process point + Lumbar 1, Lumbar 4	Diabetes, excess urination, incontinence
Major Spinous Process point + Lumbar 1, Lumbar 4, Sacral 3	Reproductive system disorders
Major Spinous Process point + Lumbar 4, Sacral 3	Kidney conditions, itching of the external genitalia
Major Spinous Process point + Thoracic 5, Lumbar 4, Sacral 3, Hou He Gu, Jian San Zhen, Xin Huan Tiao, Huai Bian	Paralysis, paraplegia, and poliomyelitis

2.0 cun long, 30 to 34 gauge filiform needles. For the Hou He Gu and Ping Jian points, choose regular 1.0 cun long, 30 to 34 gauge filiform needles.

Spinal acupuncture uses longer and thicker filiform needles. Chinese needles with a tail are the best needle choices. Use transverse running insertion techniques and insert the needle in the subcutaneous tissue layer. Make sure the needle does not come out of the subcutaneous tissue or is inserted deeper than the subcutaneous tissue, but that it always stays under the skin.

Most of the spinous process points are located on the top of the vertebrae. After the initial insertion, the needles will readjust to the subcutaneous layer. Therefore it is important to keep the patient's back flat. The practitioner can put a pillow under the patient's abdominal area to straighten out the curve of the low back when the patient is lying in the prone position. The patient can also choose a sitting position with the forearms crossed over the chest, to create a natural drop of both shoulders, and have the head leaning forward slightly. The practitioner should use the thumb and index finger of the pressing hand to hold the skin of the spinous process, use the puncture hand thumb and middle finger to hold the needle, and use the index finger to hold the tail of the needle. Use a fast insertion to insert

BOX 16-1

Spinal Acupuncture: What to Expect

1. Spinal acupuncture uses fewer needles and points to stimulate a wide area. It is highly valuable in clinical practice.
2. Placing needles on the top of the spine has good results for autonomic nervous system diseases.
3. Although only two or three spinal points will be selected, always select Major Spinous Process points for each treatment.
4. When Qi is achieved after needles are placed on the spine, instruct the patient to do neck extension and flexion movements to increase the Qi sensation and effect.
5. The technique for inserting needles on the spine is to locate the needles under the subcutaneous tissue. In many cases the patient will feel no sensation from the needles. After needling, the practitioner can use moxa sticks to warm up and down the spine to increase the sensation. Often there are better results if the patient feels tingling and warming sensations, and has feelings radiating to the four extremities.
6. It is very important to insert the needles in the center of the spine.

the needle at a 30-degree angle to the skin, and then adjust the needle to the subcutaneous tissue layer. Keep the needle flat on the skin while continuing to push forward along the spine to a length of 1.5 to 2.0 cun. If the spine has a curve, the needle tip should follow the curve. Usually the needles are retained for 40 minutes, but some patients should retain the needles for up to 1 to 2 hours. Withdraw the needle with a clean dry cotton ball and apply pressure to the needle hole.

Insert the needle on the Hou He Gu point as a regular insertion, and when the patient feels Qi, lift up the needle to the subcutaneous tissue layer and use a transverse running needle technique to move it to a 15-degree angle along the second metacarpal bone downward.

Insert the needle at the Huai Bian point and instruct the patient to gently adduct and invert his or her feet. Insert the needle at the point and then follow along posterior to the tibiofibular joint upward 1.5 to 2.0 cun. For manipulation, use the rotation technique; the patient should feel a needle sensation up the knee, lumbar, chest, neck, and head.

When using the spinous process technique to treat acute conditions, treat once daily, and after 3 days treat every other day with 10 treatments per course. For chronic conditions, treat once every other day. Usually choose the Major Spinous Process point with one secondary point and do 15 treatments per course.

Box 16-1 describes what to expect during spinal acupuncture.

Cautions

Because the spinous process technique uses thick needles, correct technique is essential. The insertion should be gentle and at the correct depth. If the insertion is too shallow, the skin will wrinkle and it will be difficult to insert the needle completely and manipulate the needle. If the insertion is too deep, the needle will touch the bone of the spinous process. The needle should be in the correct layer for a smooth insertion. During the treatment, be cautious of the direction of the needle tip. It should be right along the center of the spinous process.

Introduction

Chest acupuncture was invented by health practitioners in Anhui Province, China, in the 1960s and 1970s. Chest acupuncture treats disease by stimulating specific areas and points on the chest using acupuncture or finger pressure. This method is based on the acupressure technique, combined with meridian theory, nerve system, internal organ functions, and clinical experience to develop this new technique. The chest is the energy-collecting and energy-passing area, and it has a close relationship with many meridians and organs. The three hand and foot Yin meridians, the foot Yangming meridian, and the Ren meridian all pass through the chest area. The Lung meridian of the hand Taiyin originates from the middle Jiao, winding back and entering the lung. The Heart meridian of the hand Shaoyin originates from the heart and spreads over the heart system. The Pericardium meridian of the hand Jueyin originates from the chest; it enters the pericardium, and a branch rising from the chest runs inside the chest and emerges from the costal region at a point 3.0 cun below the anterior axillary fold and ascends to the axilla. The San Jiao meridian of the hand Jueyin has a branch originating from the chest. The internal organ disorders will reflect on the surface of the chest to manipulate painful spots on the chest wall. Therefore chest acupuncture can treat disease by the connections of meridians and adjust internal organ functions. Chest acupuncture is used to treat internal organ disease associated with the nervous system because of the similar anatomy of the nerve segment distribution.

Chest Anatomy

Thoracic Skeleton

The rib cage and the thoracic vertebral column form an irregular-shaped truncated cone. The thoracic part of the vertebral column consists of 12 vertebrae and their associated intervertebral discs. Ten of the twelve pairs of ribs form loops or arches between their respective vertebrae and the sternum. The last two pairs of ribs float free anteriorly. There are costal cartilages that articulate the ribs with the sternum. The seventh rib is the last cartilage to reach the sternum directly. The eighth, ninth, and tenth costal cartilages terminate from the sternum and articulate with the lower border of the cartilage above and form the costal arch.

The sternum is an elongated flat bone that is located in the middle anterior part of the chest. The sternum consists of a cranial manubrium, an intermediate body, and a caudal xiphoid process. Two cartilaginous joints hold together these three parts

of the sternum. The sternal angle is located between the cranial manubrium and the intermediate body. The xiphisternal joint is located between the intermediate body and the caudal xiphoid process. These two joints are used as landmarks for point locations.

Skin and Soft Tissues of the Chest Wall

The tissues of the chest wall include the skin, soft tissues, chest muscles, and intercostal muscles. The soft tissues include superficial fascia and deep fascia. There are many muscles connecting the upper limbs and scapula with the chest wall and vertebrae. The intercostal muscles include the external intercostal muscles, internal intercostal muscles, and innermost intercostal muscles.

Blood, Nerve, and Lymph Supply

The blood supply for the thoracic wall is chiefly supplied by intercostal arteries and drained by intercostal veins.

The body wall is innervated by the anterior rami of the T1 to T12 spinal nerves.

The lymphatic fluid of the superficial tissues of the thorax, including the breast, drains primarily into axillary lymph nodes. Some are terminated in parasternal lymph nodes and intercostal lymph nodes.

Natural Landmarks of the Chest

1. Sternal angle—upper one-third of the sternal bone; the small process on the sternal bone connecting with the second costal bone
2. Xiphoid process—at the lower part of the sternal bone there is a depression of the sternal bone
3. Male nipple—at the fourth intercostal space; the intersection with the midline of the clavicle
4. End of the eleventh costal bone—when the upper arm is at a resting position with the elbow bent, the tip of the elbow is the area of the end of the eleventh costal bone
5. Inferior angle of the scapula—level with the seventh thoracic vertebrae

Chest Acupuncture System

Point Locations and Indications

See Figure 17-1.

LINES OF THE CHEST Several longitudinal lines distributed at the chest and back area, as well as natural landmarks of the human body, are used to select the chest acupuncture points.

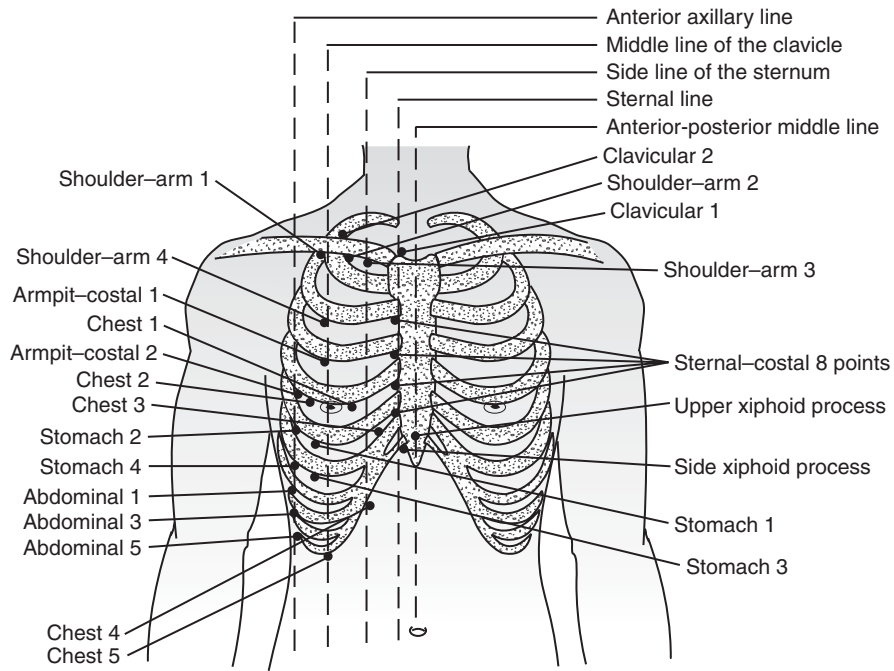


FIGURE 17-1 Anterior view of the lines and points used in chest acupuncture.

1. Anterior-posterior midline—the straight line passing through the middle of the sternal bone
2. Sternal line—the two longitudinal lines running along the sides of the sternal bone
3. Midline of the clavicle—the longitudinal line from the midpoint of the clavicle; this line also passes through the nipple and is the same line as the nipple midline
4. Side line of the sternum—between the sternal line and the midline of the clavicle
5. Anterior axillary line—the longitudinal line starting at the anterior axillary wrinkles
6. Middle axillary line—the longitudinal line passing from the midpoint of the axillary area
7. Posterior axillary line—the longitudinal line when the upper arm is at the resting position; this line starts at the end of the posterior axillary wrinkles
8. Scapula inner line—the longitudinal line from the spine of the scapula to the inner side of the scapula

POINTS The chest has a total of 43 points. Except for the upper xiphoid process point, all other points distribute bilaterally, so chest acupuncture has a total of 85 points. Most of the points are distributed on the anterior and side of the chest.

ANTERIOR POINTS OF THE CHEST

1. Supraclavicular area

CLAVICULAR 1

Location: At the sternal clavicular articulation area in the inner end above the clavicle bone.

Indications: Palpitations, migraine headaches, and diseases of the ears.

CLAVICULAR 2

Location: 1.0 cun medial to the midpoint of the supraclavicular area.

Indications: Migraine headaches, palpitations, spasm of the diaphragm, wryneck, and scapular, shoulder, and upper arm pain.

2. Shoulder-arm area

SHOULDER-ARM 1

Location: At the lower border of the clavicle 1.0 cun lateral from the midline of the clavicle.

Indications: Numbness and pain of the upper arm, shoulder pain, and wryneck.

SHOULDER-ARM 2

Location: At the lower border of the clavicle 1.0 cun medial from the midpoint of the clavicle.

Indications: Shoulder and arm pain, especially on the arm toward the ulnar side.

SHOULDER-ARM 3

Location: Between the clavicle bone and the first costal bone at the side line of the sternum.

Indications: Shoulder and arm pain, especially at the arm toward the radial side.

SHOULDER-ARM 4

Location: At the lower border of the second costal bone lateral from the midline of the clavicle.

Indications: Shoulder and arm pain, especially for the anterior part of the arm.

3. Chest area

CHEST 1

Location: At the lower border of the fourth costal bone
1.0 cun medial to the midline of the clavicle.

Indications: Hypochondriac area pain, upper chest area pain, intercostal nerve pain, and palpitations.

CHEST 2

Location: At the lower border of the fourth costal bone
1.0 cun lateral to the midline of the clavicle.

Indications: Hypochondriac area pain, upper chest area pain, intercostal nerve pain, and palpitations.

CHEST 3

Location: 1.0 cun lateral from the sixth sternal costal joint.

Indications: Pain in the lower part of the chest and intercostal nerve pain.

CHEST 4

Location: At the intersection point between the costal arch and the side line of the sternum.

Indications: Hypochondriac area pain and lower chest pain.

CHEST 5

Location: At the intersection point between the costal arch and the midline of the clavicle.

Indications: Hypochondriac area pain and liver and gallbladder pain.

4. Sternal-costal area

The sternal-costal area extends from the second to the fifth sternal-costal joints. There are four points on each side at the lower border of the costal bone, for a total of eight points.

5. Xiphoid process area

UPPER XIPHOID PROCESS

Location: At the articulation area between the xiphoid process and the sternal body.

Indications: Dizziness and forehead pain.

SIDE XIPHOID PROCESS

Location: At the intersection area between the xiphoid process and the costal arch.

Indications: Upper abdominal pain and vomiting.

SIDE POINTS OF THE CHEST See Figure 17-2.

1. Stomach points

STOMACH 1

Location: 1.0 cun lateral from the midline of the clavicle in the lower border of the fifth costal bone.

Indications: Stomach pain, nausea, vomiting, spasm of the diaphragm, and palpitations.

STOMACH 2

Location: At the intersection point between the lower border of the fifth costal bone and anterior axillary line.

Indications: Stomach pain, nausea, vomiting, spasm of the diaphragm, and palpitations.

STOMACH 3

Location: At the lower border of the sixth costal bone 1.0 cun lateral from the midline of the clavicle.

Indications: Stomach cramps, upper abdominal pain, liver area pain, and spasm of the diaphragm.

STOMACH 4

Location: At the intersection point between the lower border of the sixth costal bone and the anterior axillary line.

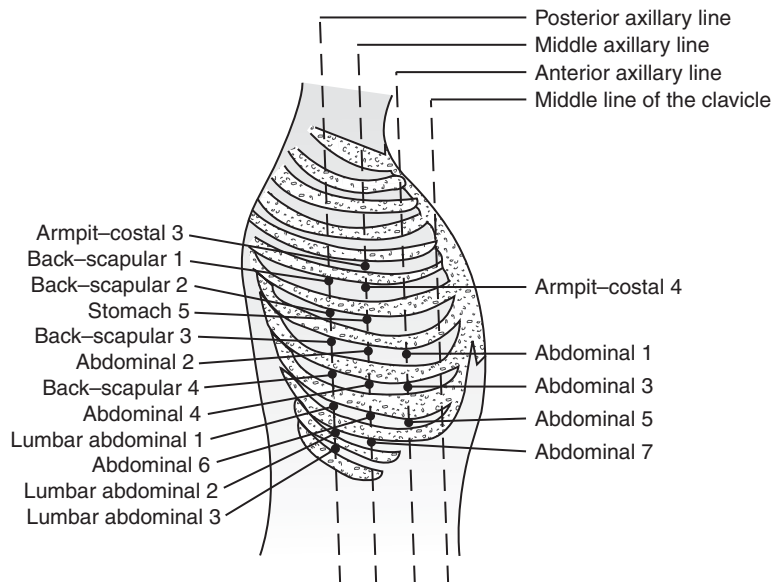


FIGURE 17-2 Lateral view of the lines and points used in chest acupuncture.

Indications: Stomach cramps, upper abdominal pain, liver area pain, and spasm of the diaphragm.

STOMACH 5

Location: At the intersection point between the lower border of the sixth costal bone and the middle axillary line.

Indications: Stomach cramps, upper abdominal pain, liver area pain, and spasm of the diaphragm.

2. Abdominal points

ABDOMINAL 1

Location: At the intersection point between the lower border of the seventh costal bone and the anterior axillary line.

Indications: Upper abdominal pain, pain surrounding the umbilicus, liver and gallbladder disease, bloating, and spasm of the diaphragm.

ABDOMINAL 2

Location: At the intersection point between the lower border of the seventh costal bone and the middle axillary line.

Indications: Upper abdominal pain, pain surrounding the umbilicus, liver and gallbladder disease, bloating, and spasm of the diaphragm.

ABDOMINAL 3

Location: At the intersection point between the lower border of the eighth costal bone and the anterior axillary line.

Indications: Upper abdominal pain, pain surrounding the umbilicus, liver and gallbladder disease, bloating, and spasm of the diaphragm.

ABDOMINAL 4

Location: At the intersection point between the lower border of the eighth costal bone and the middle axillary line.

Indications: Upper abdominal pain, pain surrounding the umbilicus, liver and gallbladder disease, bloating, and spasm of the diaphragm.

ABDOMINAL 5

Location: At the intersection point between the lower border of the ninth costal bone and the anterior axillary line.

Indications: Abdominal pain (more focused on the middle and lower abdomen), bloating and gas, disease of the liver and gallbladder, and dysmenorrhea.

ABDOMINAL 6

Location: At the intersection point between the lower border of the ninth costal bone and the middle axillary line.

Indications: Abdominal pain (more focused on the middle and lower abdomen), bloating and gas, disease of the liver and gallbladder, and dysmenorrhea.

ABDOMINAL 7

Location: At the intersection point between the lower border of the tenth costal bone and the middle axillary line.

Indications: Abdominal pain (more focused on the middle and lower abdomen), bloating and gas, disease of the liver and gallbladder, and dysmenorrhea.

3. Armpit-costal area

ARMPIT-COSTAL 1

Location: At the intersection point between the lower border of the third costal bone and the midline of the clavicle.

Indications: Upper chest and axillary area pain.

ARMPIT-COSTAL 2

Location: At the intersection point between the lower border of the fourth costal bone and the anterior axillary line.

Indications: Pain in the axillary fossa and the lower part of the axillary area.

ARMPIT-COSTAL 3

Location: At the intersection point between the lower border of the fourth costal bone and the middle axillary line.

Indications: Pain in the axillary fossa and the lower part of the axillary area.

ARMPIT-COSTAL 4

Location: At the intersection point between the lower border of the fifth costal bone and the middle axillary line.

Indications: Pain in the axillary fossa and the lower part of the axillary area.

4. Back-scapular area

BACK-SCAPULAR 1

Location: At the intersection point between the lower border of the fifth costal bone and the posterior axillary line.

Indications: Pain at the scapula and upper back area.

BACK-SCAPULAR 2

Location: At the intersection point between the lower border of the sixth costal bone and the posterior axillary line.

Indications: Pain at the scapula and upper back area.

BACK-SCAPULAR 3

Location: At the intersection point between the lower border of the seventh costal bone and the posterior axillary line.

Indications: Middle and lower back pain with soft tissue injury.

BACK-SCAPULAR 4

Location: At the intersection point between the lower border of the eighth costal bone and the posterior axillary line.

Indications: Middle and lower back pain with soft tissue injury.

5. Lumbar-abdominal area

LUMBAR-ABDOMINAL 1

Location: At the intersection point between the lower border of the ninth costal bone and the posterior axillary line.

Indications: Soft tissue injury of the lower back, lumbar-sacral-iliac pain, abdominal pain, bloating, and dysmenorrhea.

LUMBAR-ABDOMINAL 2

Location: At the intersection point between the lower border of the tenth costal bone and the posterior axillary line.

Indications: Soft tissue injury of the lower back, lumbar-sacral-iliac pain, abdominal pain, bloating, and dysmenorrhea.

LUMBAR-ABDOMINAL 3

Location: At the intersection point between the lower border of the eleventh costal bone and the posterior axillary line.

Indications: Soft tissue injury of the lower back, lumbar-sacral-iliac pain, abdominal pain, bloating, and dysmenorrhea.

LUMBAR-ABDOMINAL 4

Location: At the intersection point between the lower border of the eleventh costal bone and the scapular inner line.

Indications: Soft tissue injury of the lower back, lumbar-sacral-iliac pain, abdominal pain, bloating, and dysmenorrhea.

POSTERIOR POINTS OF THE CHEST See Figure 17-3.

INFRASCAPULAR POINT

Location: 1.5 cun below the midpoint of the spine of the scapula.

Indications: Biliary ascariasis, abdominal pain, shoulder and back pain, elbow pain, arm pain, and wryneck.

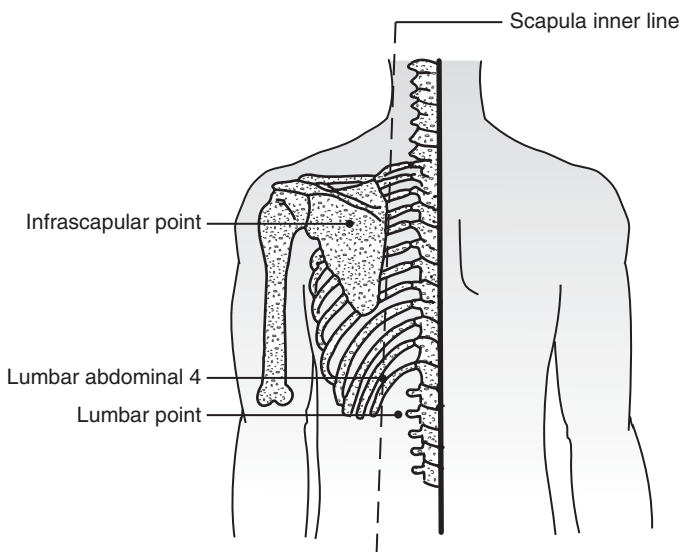


FIGURE 17-3 Posterior view of the lines and points used in chest acupuncture.

LUMBAR POINT

Location: At the intersection of the level of the end of the twelfth costal bone and the lateral border of the erector spinae muscle.

Indications: Lumbar-sacral-iliac area injury, numbness of the lower limbs, and abdominal pain.

Chest Acupuncture Therapy

Principles of Point Selection

- Select points by differential diagnosis.** Select points according to the differential diagnosis from the different disease etiologies and pathogenesis. For example, if stomach pain is caused by liver Qi overacting on the stomach, choose a point associated with the liver to smooth liver Qi; however, if the stomach pain is caused by food stagnation, choose a point associated with the stomach to harmonize the stomach and help digestion.
- Select points on the same side as the disease.** According to the area of the disease, choose the point on the same side as the disease in combination with proximal, local, and distal points. For example, for stomach pain, choose points around the stomach area close to the xiphoid process such as Side xiphoid process point, as well as choosing points distal to the stomach but close to the level of T5 to T8 area such as Stomach 5 point.
- Focus on the area rather than the point.** Chest acupuncture distribution has a close relationship with nerve segment distribution. So when treating the disease, if unable to find a sensitive point, select a point that is on the nerve segment distribution area (rather than the point) along the lower border of the costal bone to find the trigger point, and replace the point that was originally designed for the treatment.

Technique

- Filiform needles:** Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun. Obtain Qi by rotating the needles. Do not lift and thrust the needles. Retain the needles for up to 20 or 30 minutes. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course.
- Acupressure:** Find the chest acupuncture point or positive trigger point, especially working on a point with a rope or bumpy sensation. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, for children, for weak patients, or if the chest point area has an obvious pressure pain or sensitivity reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. For the lumbar

area or a point area with abundant muscles, use a small piece of hard wood instead of your hand and apply pressure for a longer time, usually 7 to 15 minutes. For urgent conditions, treat two or three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days, rest for 2 to 3 days, and then repeat the treatment.

- Intradermal embedding technique:** Clean needle technique is critical for preparing the point. Use one hand to tightly stretch the skin and use the other hand to hold a small hemostat to insert a disposable intradermal needle into the skin, and tape the needle down when finished. Retain the needle for 3 to 5 days with 10 treatments to a course. If the embedded needle area develops pain that affects sleep, adjust the needle direction or depth until the patient is pain free.

Indications

Chest acupuncture is useful in common clinical disorders, especially for pain due to functional disorders. For conditions related to internal organ illness, such as stomach and duodenal ulcers or kidney stones, it is able to help relieve pain. For spasm of the diaphragm, palpitations, coma, chest pain, fullness of the chest, and bloating, chest acupuncture has some useful effects. Box 17-1 describes what to expect during chest acupuncture.

Cautions

- When using chest acupuncture, select the chief point and a combination point. To relieve pain, use both hands, or have two practitioners, one on the left and one on the right corresponding point, to needle at the same time.
- Point selection should be correct, and the needle should be inserted at the correct point. If using the finger acupressure technique, this requires a certain degree of pressure and length of treatment. Start with light pressure and then gradually increase to heavy pressure. Be careful not to apply pressure too heavily or too quickly.
- For the area around embedding needles, instruct the patient to be careful to avoid getting the area wet. In the summer, with frequent sweating, use shorter needle retention time to avoid infection.
- The chest protects several vital organs, including the heart and lungs. When inserting filiform needles, be careful to use the correct needle angle and depth to avoid injuring the internal organs.

BOX 17-1

Chest Acupuncture: What to Expect

- Chest acupuncture point distribution corresponds with cutaneous innervations and the dermatomes. It corresponds to the nerve distribution of the internal organs. Therefore chest acupuncture is used to treat internal organ disease.
- Based on anatomy, if the practitioner is unable to find sensitive spots, it is not necessary to find an exact point. The practitioner can select a spot based on cutaneous innervation distribution instead.
- Acupressure is an important technique for the chest acupuncture system, especially for a child or for a patient with weak body constitution. Usually, apply pressure using a rolling or vibrating technique. For areas with abundant muscles, use a small wooden stick to apply pressure to the point.
- Chest acupuncture achieves better results with patients who have pain related to functional disorders.
- Chest acupuncture usually requires selection of multiple points, and the treatment duration is longer.
- When performing chest acupuncture, it is critical to insert the needles only to the correct depth to avoid internal organ damage.

Introduction

In abdominal acupuncture, abdominal points are stimulated in order to treat diseases of the whole body. Abdominal acupuncture is based on the same theory as other micro-acupuncture systems. In the past 15 years abdominal acupuncture therapy has developed rapidly. Professor Zhi-Yun Fu of China invented the Shen Que umbilicus modulation system (UMS), which is based mainly on traditional Chinese medicine and research. The UMS indicates that the abdominal meridians are vertically distributed on the different layers of the abdomen. In this system, the abdominal holographic reflexology and several new points form a miniature ratio of the whole body located on the superficial layer of the abdomen. This bioholographic reflex system is used to treat corresponding areas of the human body. The abdominal meridians and the points are located at the middle layer of the abdomen and are used to treat meridian system disorders. However, the abdominal Ba Gua system is located in the deep layer of the abdomen, and it is used to adjust and treat internal organ disease.

The characteristics of abdominal acupuncture therapy are based on the traditional acupuncture system in combination with bioholographic reflexology. Abdominal acupuncture therapy causes minimal pain during the treatment and is a safe and effective therapy. The theory and practice of abdominal therapy have been adopted by the China National Traditional Chinese Medicine Postgraduate Project and have been widely used throughout the country and introduced to the world.

Theory of Abdominal Acupuncture

Brain and Enteric Nervous System

The umbilicus is a scar on the abdomen caused by the removal of the umbilical cord from the newborn baby. In the theory of abdominal acupuncture, there are two different meridian systems in the body. The first meridian system is formed during conception and develops throughout the embryo stage until birth. All of the life activities of the fetus depend on the umbilicus modulation system. The umbilical cord is a connection area between the mother and embryo; therefore the embryo receives all of its nutrition from the placenta of the mother. There is a weblike circulatory system extending from the umbilicus to the whole body. The fetus obtains oxygen and nutrients from the woman through the placenta and umbilical cord. Blood from the placenta is carried to the fetus by the umbilical vein. About half of this enters the fetal ductus venosus and is carried to the inferior vena cava, and the other half enters the liver proper

from the inferior border of the liver. With the first breath after birth, the system changes suddenly. The pulmonary resistance is dramatically reduced. The method of gathering nutrition completely changes after birth. The umbilical system stops. The ductus arteriosus normally closes off within 1 or 2 days after birth, leaving behind the ligamentus arteriosus. The umbilical vein and the ductus venosus close off within 2 to 5 days after birth. The systems stop functioning, and now oxygen is inhaled through the lungs and nutrients are gathered from food through the digestive system. The umbilicus develops another purpose: to rebuild vessels, nerve tissue, and a secondary circulation system, and it closes, forming a scar. The umbilicus modulation system develops into two different parts. One part is located at the superficial layer of the abdomen and controls the external, shallow area functions. The other part is located at the deep layer of the abdomen and controls the internal organ functions. Both parts affect each other in order to modulate the entire body.

Modern science believes that there are two brains in the human body. One is located in the head and is called the first brain. The other is located in the abdomen and is called the second brain, also known as the enteric nervous system (ENS). The ENS directly controls the gastrointestinal system. It is capable of autonomous functions such as the coordination of reflexes. It has more than 1 billion neurons, which is considerably more neurons than the brain and spinal cord. The neurons of the ENS are collected into two types of ganglia: myenteric and submucosal plexuses. Myenteric plexuses are located between the inner and outer layers of the muscularis externa, and the submucosal plexuses are located in the submucosa. The ENS operates autonomously and communicates with the central nervous system (CNS) through the parasympathetic and sympathetic nervous systems. The ENS systems carry reflexes that affect the mechanical and chemical conditions of the body and the secretion of enzymes, as well as making use of the same neurotransmitters as the CNS.

Fundamentals of Chinese Medicine

The abdomen is an important area of the human body. There are many important internal organs whose vital activities are associated with the abdomen. In Chinese medicine, the human body is divided into the upper Jiao, middle Jiao, and lower Jiao. The abdomen includes the middle and lower Jiao, which include the spleen, stomach, liver, gallbladder, kidney, urinary bladder, large intestine, small intestine, and reproductive organs. In Chinese medicine, it is believed that the heart is located in

the chest, but is nourished by the spleen and stomach, as well as associated with the small intestine, and therefore the heart's sub-branch is connected to the small intestine. The lungs are located in the chest, but the Lung meridian starts in the middle Jiao and connects with the large intestine. All other Zang Fu organs are located in the abdomen, so Chinese medicine believes that the abdomen has a close relationship with the five Zang and six Fu organs.

The meridian theory also has a close relationship with the abdomen. The Ren, Kidney, Stomach, Spleen, and Liver meridians all pass through the abdomen. The Gallbladder meridian runs along the side of the abdomen. The abdomen includes many Yin and Yang meridians; therefore the abdominal area not only adjusts Yin but can also harmonize Yang. In addition, the Dai meridian wraps around the lower abdomen and lumbar area and connects with the Du, Chong, Yinqiao, and Yinwei meridians. So the abdomen provides an abundance of blood and energy circulation to the human body.

In Chinese medicine, each single Zang Fu has a front Mu point. The Mu points are the collecting area of Zang Fu energy. Also, Mu points are located close to the Zang Fu organ and most Mu points are found on the chest and abdomen. Therefore, when Zang Fu organs have pathologic changes, the Mu and back Shu points usually have pathologic changes as well. The Mu and back Shu points are diagnostic and treatment areas for many conditions.

Abdominal acupuncture treatment is believed to be effective for internal organ diseases and chronic body diseases. The abdominal area has many meridians with a short pathway to the internal organs, so abdominal acupuncture is the most direct treatment method for internal organ disease.

Theory of Shen Que Distributions

In Chinese medicine, it is believed that the umbilicus (Shen Que) is the scar on the abdomen caused by the removal of the umbilical cord from the newborn baby. The umbilicus is the earliest formation receiving nutrition from the mother, and it is considered a pre-heaven structure. The Shen Que area has the function to distribute Qi and blood to the whole body. Following the development of the fetus, the umbilicus is the center giving nutrition to the body, and this system continues to develop until the baby is born. The function to distribute the Qi and blood through Shen Que was formed before the baby was born, but significant changes occur after birth. The umbilical cord tissue closes, dries, and falls off. The body obtains nutrition differently, through breathing oxygen and eating food. Instead of the umbilicus system being used for nutritional support, its pathway and web develop a new purpose. The new development is a Qi- and blood-adjusting system. So the umbilicus modulation system is a natural formation, and after birth the newborn's network of meridians and points is a nurture formation system.

According to the theory of abdominal acupuncture, the abdominal area not only has a circulation system, which is well known from science, but it also has a modulation system that formed during pregnancy. If we connect the Ren meridian with

Stomach 25 (Tian Shu) to form a cross, we will notice that there are many important points connecting this cross, such as Ren 17 (Tan Zhong), Ren 12 (Zhong Wan), Ren 6 (Qi Hai), and Ren 3 (Zhong Ji). From an anatomic view, Stomach 25 (Tian Shu) is distant from the large intestine; however, the Tian Shu point is an important point to treat large intestine conditions. Although the small intestine occupies the larger area of the abdomen, Ren 4 (Guan Yuan) is able to treat small intestine conditions. The connecting tissues around the umbilicus are the veins, arteries, and other tissues developed during fetal growth.

Two different abdominal acupuncture systems exist:

1. Umbilicus modulation system
 - a. Abdominal holographic reflexology
 - b. Abdominal meridians and points
 - c. Abdominal new points
 - d. Abdominal Ba Gua therapy
2. Abdominal acupuncture points
 - a. Basic points
 - b. Special effect points

Table 18-1 lists abdominal acupuncture measurements.

Abdominal Acupuncture System

Umbilicus Modulation System

In this system, the abdominal holographic reflexology and new points form a miniature ratio of the whole body located at the superficial layer of the abdomen. The abdominal meridians and the points are located in the middle layer of the abdomen. However, the abdominal Ba Gua system is located in the deep layer of the abdomen.

ABDOMINAL HOLOGRAPHIC REFLEXOLOGY

The abdominal area is a micro-system that contains specific areas and points that contain whole-body information (Figure 18-1). It is the bioholographic unit of the body, a miniature ratio of the whole body. Not only can whole-body information affect the abdominal area, but abdominal conditions can reflect whole-body situations. Through extensive clinical experience and research, it has been proved that the abdomen retains one bioholographic human body. The neck of the human body is

TABLE 18-1

Abdominal Acupuncture: Measurements

Body Part	Distance	Proportional Measurements
Upper abdomen	From the sternocostal angle (Ren 16 Zhong Ting) to the center of the umbilicus (Ren 8 Shen Que)	8.0 cun
Lower abdomen	From the center of the umbilicus (Ren 8 Shen Que) to the upper border of the pubic symphysis	5.0 cun
Lateral abdomen	From the center of the umbilicus (Ren 8 Shen Que) to the ending area of the side of the abdomen	6.0 cun

located around the Kid 17 (Shang Qu) area. The head is located around the Ren 12 (Zhong Wan) area. The lumbar and sacral area starts at the side of the Ren 6 (Qi Hai) area, extending downward to the Ren 4 (Guan Yuan) area. The upper extremities are located from the St 24 (Hua Rou Men) area, bend upward at the Arthritic 1 point, and continue to the Arthritic 2 point. The lower extremities start at the St 26 (Wai Ling) area and extend laterally to the Arthritic 6 point. This human figure is distributed at the superficial layer of the abdomen, as shown by the theory of the umbilicus modulation system. Mainly responding to the external adjusting system, it is mostly used to treat conditions in corresponding body areas. According to the characteristics of the distribution of biobio-graphic reflexology, when treating disease at the head choose Ren 12 (Zhong Wan), Kid 19 (Yin Du), and surrounding points. When treating neck conditions choose Kid 17 (Shang Qu) and Kid 18 (Shi Guan), as well as local points. When treating upper extremity conditions choose St 24 (Hua Rou Men) and Arthritic 1, 2, and 3 points for bilateral or contralateral conditions. When treating lower extremity conditions choose St 26 (Wai Ling), Arthritic 4, 5, and 6, and surrounding area points. When treating conditions of the low back and spine select Ren 6 (Qi Hai) down to Ren 4 (Guan Yuan), as well as the surrounding area.

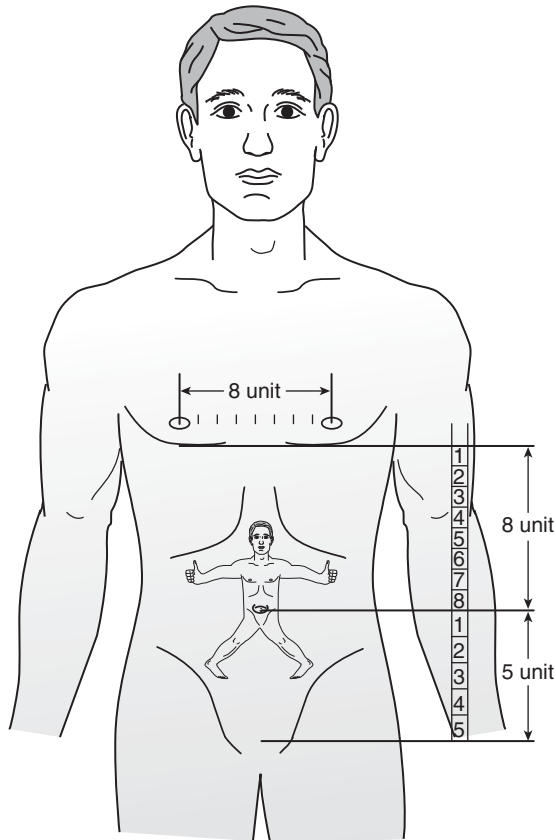


FIGURE 18-1 The abdominal area is a micro-system that contains specific areas and points, which contain whole-body information.

ABDOMINAL ACUPUNCTURE REFLEX AREAS

MOUTH AREA

Location: 4.0 cun above the umbilicus (Ren 8 Shen Que) at the midline. Also called Ren 12 (Zhong Wan).

Indications: Associated organ disease and mouth, nose, and dental conditions.

SEVENTH CERVICAL VERTEBRA

Location: 2.0 cun above the umbilicus in the midline of the abdomen. Also called Ren 10 (Xia Wan).

Indications: Corresponding area of disease in the neck.

SEVENTH THORACIC VERTEBRA

Location: 1.0 cun above the umbilicus on the midline of the abdomen. Also called Ren 9 (Shui Fen).

Indications: Corresponding area of disease in the thoracic area.

SECOND AND THIRD LUMBAR VERTEBRAE

Location: 1.5 cun below the umbilicus on the midline of the abdomen. Also called Ren 6 (Qi Hai).

Indications: Corresponding area of disease in the lumbar area.

FOURTH AND FIFTH LUMBAR VERTEBRAE

Location: 3.0 cun below the umbilicus on the midline of the abdomen. Also called Ren 4 (Guan Yuan).

Indications: Corresponding area of disease in the lumbar area.

NECK SHOULDER CONNECTION AREA

Location: 0.5 cun lateral to Ren 10 (Xia Wan). Also called Kidney 17 (Shang Qu).

Indications: Corresponding area of disease in the neck and shoulder.

SECOND AND THIRD SIDES OF THE LUMBAR VERTEBRAE

Location: 0.5 cun lateral to Ren 6 (Qi Hai). Also called the Qi Pang point.

Indications: Corresponding area of disease in the lumbar area.

FOURTH AND FIFTH SIDES OF THE LUMBAR VERTEBRAE

Location: 0.5 cun lateral to Ren 4 (Guan Yuan). Also called Kidney 13 (Qi Xue).

Indications: Corresponding area of disease in the lumbar area.

SHOULDER AREA

Location: 2.0 cun lateral to Ren 9 (Shui Fen). Also called St 24 (Hua Rou Men).

Indications: Corresponding area of disease in the shoulder.

SIDE OF THE LOW BACK

Location: 2.0 cun lateral to the center of the umbilicus. Also called St 25 (Tian Shu).

Indications: Corresponding area of disease in the sides of the low back.

HIP AREA

Location: 2.0 cun lateral to Ren 7 (Yin Jiao). Also called Stomach 26 (Wai Ling).

Indications: Corresponding area of disease in the hips.

ELBOW

Location: 1.5 cun above the umbilicus, 2.5 cun lateral to the Ren meridian. Also called Arthritic 1.

Indications: Corresponding area of disease in the elbow.

WRIST

Location: 3.0 cun lateral to Ren 9 (Shui Fen). Also called Arthritic 2.

Indications: Corresponding area of disease in the wrist.

KNEE

Location: 2.5 cun lateral to the Ren 6 (Qi Hai). Also called Arthritic 4.

Indications: Corresponding area of disease in the knee.

MEDIAL KNEE

Location: 1.5 cun lateral to Ren 6 (Qi Hai). Also called Arthritic 5.

Indications: Corresponding area of disease in the medial knee.

ANKLE

Location: 3.0 cun lateral to Ren 5 (Shi Men). Also called Arthritic 6.

Indications: Corresponding area of disease in the ankle.

THUMB

Location: 3.0 cun lateral to Ren 10 (Xia Wan). Also called Arthritic 3.

Indications: Corresponding area of disease in the thumb. See Figure 18-2.

ABDOMINAL MERIDIANS AND POINTS

The abdomen has a close relationship with the internal organs. The Ren, Kidney, Chong, Stomach, Spleen, Liver, Gallbladder, San Jiao, Small Intestine, Large Intestine, and Urinary Bladder meridians all connect to the abdomen either by their main meridians or branches or through their related organs. The Lung, Heart, and Pericardium meridians also connect to the abdomen through their external paired organs. If the internal organs have disorders, using points on the abdominal area will have the function to harmonize the Zang Fu, Qi, and blood, and treat multiple conditions such as headache, low back pain, whiplash, and shoulder pain.

POINTS ON THE REN MERIDIAN OF THE ABDOMEN**REN 15 (JIU WEI)**

Location: On the anterior midline of the abdomen, 1.0 cun below the xiphoid process.

Indications: Palpitations, pain in the cardiac region and chest, seizures, and mental disorders.

REN 14 (JU QUE)

Location: On the anterior midline of the abdomen, 6.0 cun above the umbilicus.

Indications: Fullness of the chest, pain in the cardiac region and the chest, nausea, acid reflux, difficulty swallowing, vomiting, mental disorders, palpitations, and vomiting blood.

REN 13 (SHANG WANG)

Location: On the anterior midline of the abdomen, 5.0 cun above the umbilicus.

Indications: Indigestion, stomach pain, abdominal distension, nausea, vomiting, and insomnia.

REN 12 (ZHONG WAN)

Location: On the anterior midline of the abdomen, 4.0 cun above the umbilicus.

Indications: Stomach pain, abdominal distension, indigestion, nausea, vomiting, diarrhea, constipation, hypertension, insomnia, mental disorders, jaundice, and asthma.

REN 11 (JIAN LI)

Location: On the anterior midline of the abdomen, 3.0 cun above the umbilicus.

Indications: Stomach pain, chest pain, vomiting, abdominal distension, and edema.

REN 10 (XIA WAN)

Location: On the anterior midline of the abdomen, 2.0 cun above the umbilicus.

Indications: Indigestion, epigastric pain, abdominal pain, vomiting, diarrhea, and belching.

REN 9 (SHUI FEN)

Location: On the anterior midline of the abdomen, 1.0 cun above the umbilicus.

Indications: Abdominal pain, borborygmus, edema, retention of urine, and diarrhea.

REN 8 (SHEN QUE)

Location: In the center of the umbilicus.

Indications: Acute and chronic enteritis, dysentery, abdominal pain, flaccid types of stroke, heat stroke, and rectal prolapse.

REN 7 (YIN JIAO)

Location: On the anterior midline of the abdomen, 1.0 cun below the umbilicus.

Indications: Abdominal pain, retention of urine, edema, herniation, dysmenorrhea, irregular menstruation, leucorrhea, uterine prolapse, postpartum hemorrhage, and abdominal pain around the umbilicus.

REN 6 (QI HAI)

Location: On the anterior midline of the abdomen, 1.5 cun below the umbilicus.

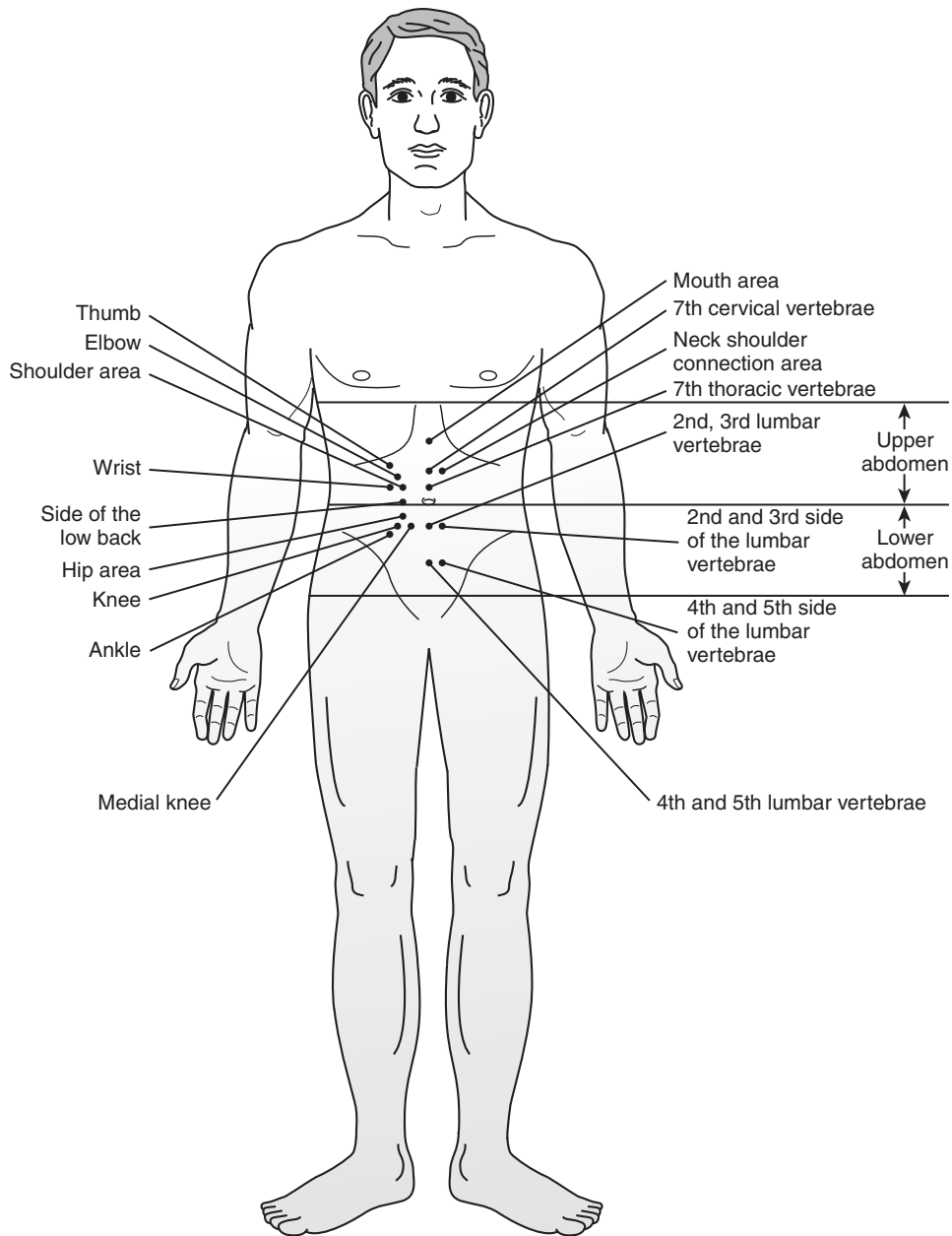


FIGURE 18-2 The abdominal acupuncture reflex areas show the human figure distributed on the superficial layer of the abdomen.

Indications: Deficiency cold in the lower Jiao, vomiting, abdominal distension and pain, nocturnal emissions, impotence, edema, irregular menses, dysmenorrhea, amenorrhea, postpartum hemorrhage, constipation, and asthma.

REN 5 (SHI MEN)

Location: On the anterior midline of the abdomen, 2.0 cun below the umbilicus.

Indications: Abdominal pain, edema, retention of urine, Bi syndrome, diarrhea, herniation, amenorrhea, abnormal leucorrhea, uterine bleeding, postpartum hemorrhage, and mastitis.

REN 4 (GUAN YUAN)

Location: On the anterior midline of the abdomen, 3.0 cun below the umbilicus.

Indications: Nocturnal emissions, frequent urination, retention of urine, herniation, irregular menstruation, leucorrhea, dysmenorrhea, uterine bleeding, postpartum hemorrhage, lower abdominal pain, indigestion, diarrhea, rectal prolapse, and infertility.

REN 3 (ZHONG JI)

Location: On the anterior midline of the abdomen, 4.0 cun below the umbilicus.

Indications: Nocturnal emissions, impotence, herniation, uterine bleeding, irregular menstruation, dysmenorrhea, leucorrhea, frequency of urination, retention of urination, lower abdominal pain, uterine prolapse, vaginitis, edema, profuse bleeding, and Lin syndrome.

REN 2 (QU GU)

Location: On the anterior midline of the upper border of the pubic symphysis.

Indications: Irregular menstruation, uterine prolapse, Lin syndrome, herniation, dysmenorrhea, and nocturnal emissions.

POINTS ON THE KIDNEY MERIDIAN OF THE ABDOMEN

KIDNEY 21 (YOU MEN)

Location: On the upper abdomen, 6.0 cun above the umbilicus and 0.5 cun lateral to the anterior midline.

Indications: Abdominal pain and distension, indigestion, vomiting, diarrhea, nausea, morning sickness, chest pain, irritability, dry cough, forgetfulness, and shortness of breath.

KIDNEY 20 (FU TONG GU)

Location: On the upper abdomen, 5.0 cun above the umbilicus and 0.5 cun lateral to the anterior midline.

Indications: Abdominal pain and distension, indigestion, vomiting, mental disorders, palpitations, and diarrhea.

KIDNEY 19 (YIN DU)

Location: On the upper abdomen, 4.0 cun above the umbilicus and 0.5 cun lateral to the anterior midline.

Indications: Borborygmus, abdominal pain, epigastric pain, constipation, vomiting, irritability, constipation, and infertility.

KIDNEY 18 (SHI GUAN)

Location: On the upper abdomen, 3.0 cun above the umbilicus and 0.5 cun lateral to the anterior midline.

Indications: Vomiting, abdominal pain, difficulty urinating, constipation, postpartum abdominal pain, infertility, and difficulty swallowing.

KIDNEY 17 (SHANG QU)

Location: On the upper abdomen, 2.0 cun above the umbilicus and 0.5 cun lateral to the anterior midline.

Indications: Abdominal pain, diarrhea, constipation, neck and shoulder pain, and pain and redness of the eyes.

KIDNEY 16 (HUANG SHU)

Location: 0.5 cun lateral to the umbilicus.

Indications: Abdominal pain and distension, herniation, diarrhea, constipation, and vomiting.

KIDNEY 15 (ZHONG ZHU)

Location: On the lower abdomen, 1.0 cun below the umbilicus and 0.5 cun lateral to the anterior midline.

Indications: Irregular menstruation, abdominal pain, constipation, and low back pain.

KIDNEY 14 (SI MEN)

Location: On the lower abdomen, 2.0 cun below the umbilicus and 0.5 cun lateral to the anterior midline.

Indications: Abdominal pain and distension, diarrhea, nocturnal emissions, irregular menstruation, dysmenorrhea, and postpartum abdominal pain.

KIDNEY 13 (QI XUE)

Location: On the lower abdomen, 3.0 cun below the umbilicus and 0.5 cun lateral to the anterior midline.

Indications: Irregular menstruation, leucorrhea, dysmenorrhea, abdominal pain, infertility, and Lin syndrome.

KIDNEY 12 (DA HE)

Location: On the lower abdomen, 4.0 cun below the umbilicus and 0.5 cun lateral to the anterior midline.

Indications: Nocturnal emissions, impotence, leucorrhea, pain in the external genitalia, uterine prolapse, and red and painful eyes.

KIDNEY 11 (HENG GU)

Location: On the lower abdomen, 5.0 cun below the umbilicus on the superior border of the pubic symphysis and 0.5 cun lateral to the anterior midline.

Indications: Fullness and pain of the lower abdomen, herniation, nocturnal emissions, impotence, and pain in the genitalia.

POINTS OF THE STOMACH MERIDIAN OF THE ABDOMEN

STOMACH 30 (QI CHONG)

Location: On the lower abdomen, 5.0 cun below the umbilicus and 2.0 cun lateral to the anterior midline.

Indications: Chest and abdominal fullness and pain, borborygmus, herniation, swelling and pain of the external genitalia, impotence, dysmenorrhea, irregular menstruation, and infertility.

STOMACH 29 (GUI LAI)

Location: On the lower abdomen, 4.0 cun below the umbilicus and 2.0 cun lateral to the anterior midline.

Indications: Abdominal pain, herniation, dysmenorrhea, irregular menstruation, amenorrhea, leucorrhea, uterine prolapse, spasm or pain of the external genitalia, and impotence.

STOMACH 28 (SHUI DAO)

Location: On the lower abdomen, 3.0 cun below the umbilicus and 2.0 cun lateral to the anterior midline.

Indications: Lower abdominal distension, retention of urine, edema, herniation, dysmenorrhea, painful urination, uterine tumor, and back and abdominal pain.

STOMACH 27 (DA JU)

Location: On the lower abdomen, 2.0 cun below the umbilicus and 2.0 cun lateral to the anterior midline.

Indications: Fullness of the lower abdomen, thirst, difficulty urinating, Wei syndrome, herniation, premature ejaculation, and retention of urine.

STOMACH 26 (WAI LING)

Location: On the lower abdomen, 1.0 cun below the umbilicus and 2.0 cun lateral to the anterior midline.

Indications: Abdominal pain, herniation, dysmenorrhea, hip pain, and sciatic nerve pain.

STOMACH 25 (TIAN SHU)

Location: 2.0 cun lateral to the anterior midline at the level of the center of the umbilicus.

Indications: Abdominal pain and distension, borborygmus, pain around the umbilicus, vomiting, diarrhea, constipation, indigestion, irregular menstruation, and edema.

STOMACH 24 (HUA ROU MEN)

Location: On the upper abdomen, 1.0 cun above the umbilicus and 2.0 cun lateral to the anterior midline.

Indications: Abdominal pain, vomiting, seizures, stiffness of the tongue, gastritis, and shoulder pain.

STOMACH 23 (TAI YI)

Location: On the upper abdomen, 2.0 cun above the umbilicus and 2.0 cun lateral to the anterior midline.

Indications: Irritability, abdominal pain, herniation, mental disorders, and indigestion.

STOMACH 22 (QUAN MEN)

Location: On the upper abdomen, 3.0 cun above the umbilicus and 2.0 cun lateral to the anterior midline.

Indications: Abdominal distension and pain, borborygmus, diarrhea, edema, malaria, and difficulty urinating.

STOMACH 21 (LIANG MEN)

Location: On the upper abdomen, 4.0 cun above the umbilicus and 2.0 cun lateral to the anterior midline.

Indications: Chest and hypochondriac area pain, poor appetite, diarrhea, indigestion, abdominal pain, herniation, and rectal prolapse.

STOMACH 20 (CHENG MAN)

Location: On the upper abdomen, 5.0 cun above the umbilicus and 2.0 cun lateral to the anterior midline.

Indications: Fullness of the abdomen, epigastric pain, abdominal distension, vomiting, difficulty breathing, and herniation.

STOMACH 19 (BU RONG)

Location: On the upper abdomen, 6.0 cun above the umbilicus and 2.0 cun lateral to the anterior midline.

Indications: Chest pain, radiating pain to the shoulder and armpit, vomiting, abdominal distension, poor appetite, and herniation.

POINTS ON THE SPLEEN MERIDIAN OF THE ABDOMEN

SPLEEN 16 (FU AI)

Location: On the upper abdomen, 3.0 cun above the umbilicus and 4.0 cun lateral to the anterior midline.

Indications: Abdominal pain, indigestion, constipation, diarrhea, and dysentery.

SPLEEN 15 (DA HENG)

Location: 4.0 cun lateral to the anterior midline at the level of the center of the umbilicus.

Indications: Abdominal pain and distension, diarrhea, dysentery, constipation, chest pain, and herniation.

SPLEEN 14 (FU JIE)

Location: On the lower abdomen, 1.3 cun below the umbilicus, and 4.0 cun lateral to the anterior midline.

Indications: Pain around the umbilicus, abdominal distension, herniation, diarrhea, and constipation.

SPLEEN 13 (FU SHE)

Location: On the lower abdomen, 0.7 cun lateral and superior to Sp 12 (Chong Men) and 4.0 cun lateral to the anterior midline.

Indications: Lower abdominal pain, herniation, and infertility.

SPLEEN 12 (CHONG MEN)

Location: Superior to the lateral end of the inguinal groove, directly above the pubic symphysis and 3.5 cun lateral to the anterior midline.

Indications: Abdominal pain, herniation, difficulty urinating, hemorrhoids, and diarrhea.

POINTS ON THE LIVER MERIDIAN OF THE ABDOMEN

LIVER 14 (QI MEN)

Location: Directly below the nipple in the sixth intercostal space.

Indications: Hypochondriac area pain, chest pain, vomiting, belching, hiccups, abdominal pain, acid regurgitation, mastitis, and depression.

LIVER 13 (ZANG MEN)

Location: Lateral side of the abdomen, below the free end of the floating eleventh rib.

Indications: Abdominal distension, borborygmus, enlarged liver and spleen, hepatitis, vomiting, diarrhea, indigestion, and low back pain.

LIVER 12 (JI MAI)

Location: 2.5 cun lateral to the anterior midline at the inguinal groove.

Indications: Lower abdominal pain, herniation, and pain in the external genitalia.

POINTS ON THE GALLBLADDER MERIDIAN OF THE ABDOMEN

GALLBLADDER 28 (WEI DAO)

Location: Anterior and inferior to the anterior superior iliac spine, 0.5 cun anterior and inferior to GB 27 (Wu Shu).

Indications: Leucorrhea, lower abdominal pain, herniation, uterine prolapse, constipation, and edema.

GALLBLADDER 27 (WU SHU)

Location: On the lateral side of the abdomen, anterior to the anterior superior iliac spine, 3.0 cun below the level of the umbilicus.

Indications: Leucorrhea, lower abdominal pain, constipation, lumbar pain, and herniation.

GALLBLADDER 26 (DAI MAI)

Location: On the lateral side of the abdomen, directly below the free end of the eleventh rib, level with the umbilicus.

Indications: Irregular menstruation, amenorrhea, leucorrhea, abdominal pain, herniation, lumbar pain, and hypochondriac pain.

GALLBLADDER 25 (JING MEN)

Location: On the lateral side of the abdomen, at the lower border of the free end of the twelfth rib.

Indications: Abdominal distension, borborygmus, low back pain, and hypochondriac pain.

GALLBLADDER 24 (RI YUE)

Location: Directly below the nipple in the seventh intercostal space.

Indications: Hypochondriac pain, vomiting, acid regurgitation, hiccups, jaundice, and gallbladder infections.
See Figure 18-3.

ABDOMINAL NEW POINTS

ARTHRITIC 1

Location: 1.5 cun above the umbilicus, 2.5 cun lateral to the Ren meridian.

Indications: Elbow problems and associated diseases.

ARTHRITIC 2

Location: 3.0 cun lateral to Ren 9 (Shui Fen).

Indications: Wrist problems.

ARTHRITIC 3

Location: 3.0 cun lateral to Ren 10 (Xia Wan).

Indications: Thumb problems.

ARTHRITIC 4

Location: 2.5 cun lateral to Ren 6 (Qi Hai).

Indications: Knee problems.

ARTHRITIC 5

Location: 1.5 cun lateral to Ren 6 (Qi Hai).

Indications: Medial knee problems.

ARTHRITIC 6

Location: 3.0 cun lateral to Ren 5 (Shi Men).

Indications: Ankle problems.

See Figure 18-4.

ABDOMINAL BA GUA THERAPY

The theory of the five elements is the basis for the point locations of abdominal Ba Gua therapy. Clinical research has proven that many diseases are associated with the physiology and pathology of the internal organs. These diseases also have a close relationship with the positions of the internal organs in the abdomen. The heart is located in the upper Jiao and is a fire organ. The kidney is located in the lower Jiao and is a water organ. The liver and gallbladder are located at the right hypochondriac area and are wood organs. The spleen is located at the left hypochondriac area and is an earth organ. The lungs and large intestine have the relationship of external and internal organs. The descending colon is located at the left lower abdomen. These locations of the internal organs represent the Ba Gua and show the relationships of the five elements.

When locating the points on the Ba Gua system, the center is based at Ren 8 (Shen Que). For the other points, divide the surrounding areas into eight equal parts, and each point is used to represent internal organs and symbols of Ba Gua. Ren 12 (Zhong Wan) is the fire point that belongs to Li of the Ba Gua system and represents the heart and small intestine. Ren 4 (Guan Yuan) is the water point that belongs to Kan of the Ba Gua system and represents the kidney and bladder. The right Arthritic 1 point is the wind point that belongs to the Xun of the Ba Gua system and represents the liver and middle Jiao. The left Arthritic 1 is the earth point that belongs to the Kun of the Ba Gua system and represents the spleen and stomach. The right SP 15 (Da Heng) is the Thunder that belongs to Zhen of the Ba Gua system and represents the liver and gallbladder. The left SP 15 (Da Heng) is the rain point that belongs to the Dui and represents the lower Jiao. The right Arthritic 4 point is the mountain point that belongs to the Gen in the Ba Gua, which represents the upper Jiao. The left Arthritic 4 point is the Point of the Sky that belongs to Qian in Ba Gua system and represents the lungs and large intestine. The Ba Gua system is located at the deep layer of the abdomen and is mainly used for adjusting the internal organ relations and conditions. For example, if a patient has heart and kidney disharmony with insomnia, palpitations, forgetfulness, dizziness, tinnitus, sore throat, and back and knee pain, a needle can be inserted on the Li and Kan areas for treatment. If a patient has a liver and kidney Yin deficiency with the symptoms of dizziness, vertigo, tinnitus, forgetfulness, sore throat, and dry mouth, select the Xun and Kan points for the treatment (Figure 18-5 and Table 18-2).

Abdominal Acupuncture Points

BASIC POINTS

HEAD, NECK, AND OCCIPUT

Location: 3.0 cm below the sternum.

Indications: Neck pain and headache.

SHOULDER

Location: 6.0 cm below the sternum, 1.0 cm lateral to the anterior midline.

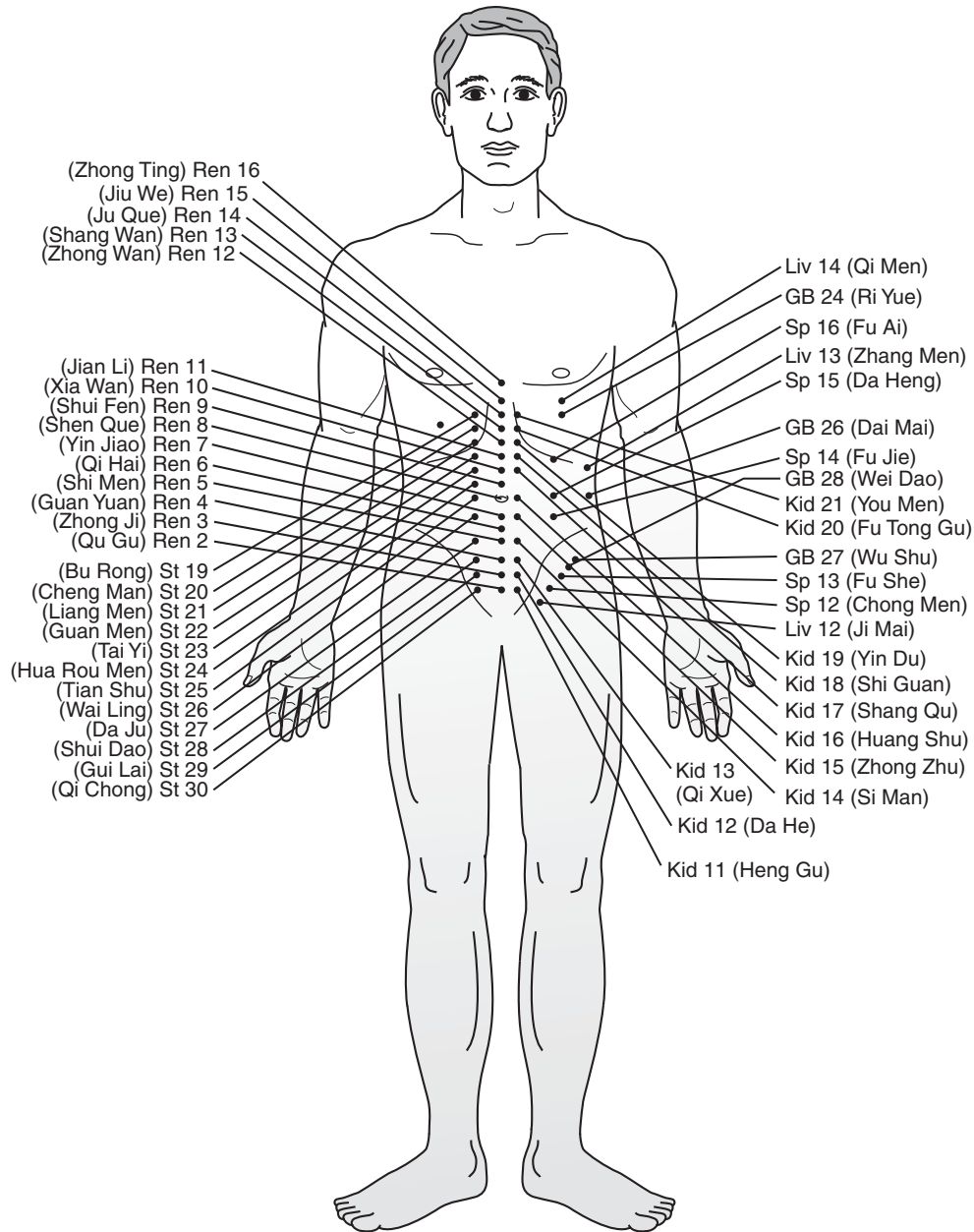


FIGURE 18-3 Abdominal macro-acupuncture meridians and points.

Indications: Shoulder pain such as frozen shoulder or a sprained shoulder.

CHEST

Location: 7.0 cm below the sternum.

Indications: Chest pain, fullness of the chest, and intercostal nerve pain.

LUMBAR

Location: 6.0 cm below the umbilicus.

Indications: Acute lumbar sprain and chronic back pain.

LOWER LIMBS

Location: 7.0 to 8.0 cm below the umbilicus.

Indications: Wei syndrome, Bi syndrome, and sciatic nerve pain.

SPECIAL EFFECT POINTS

QI PANG

Location: 0.5 cun lateral to Ren 6 (Qi Hai).

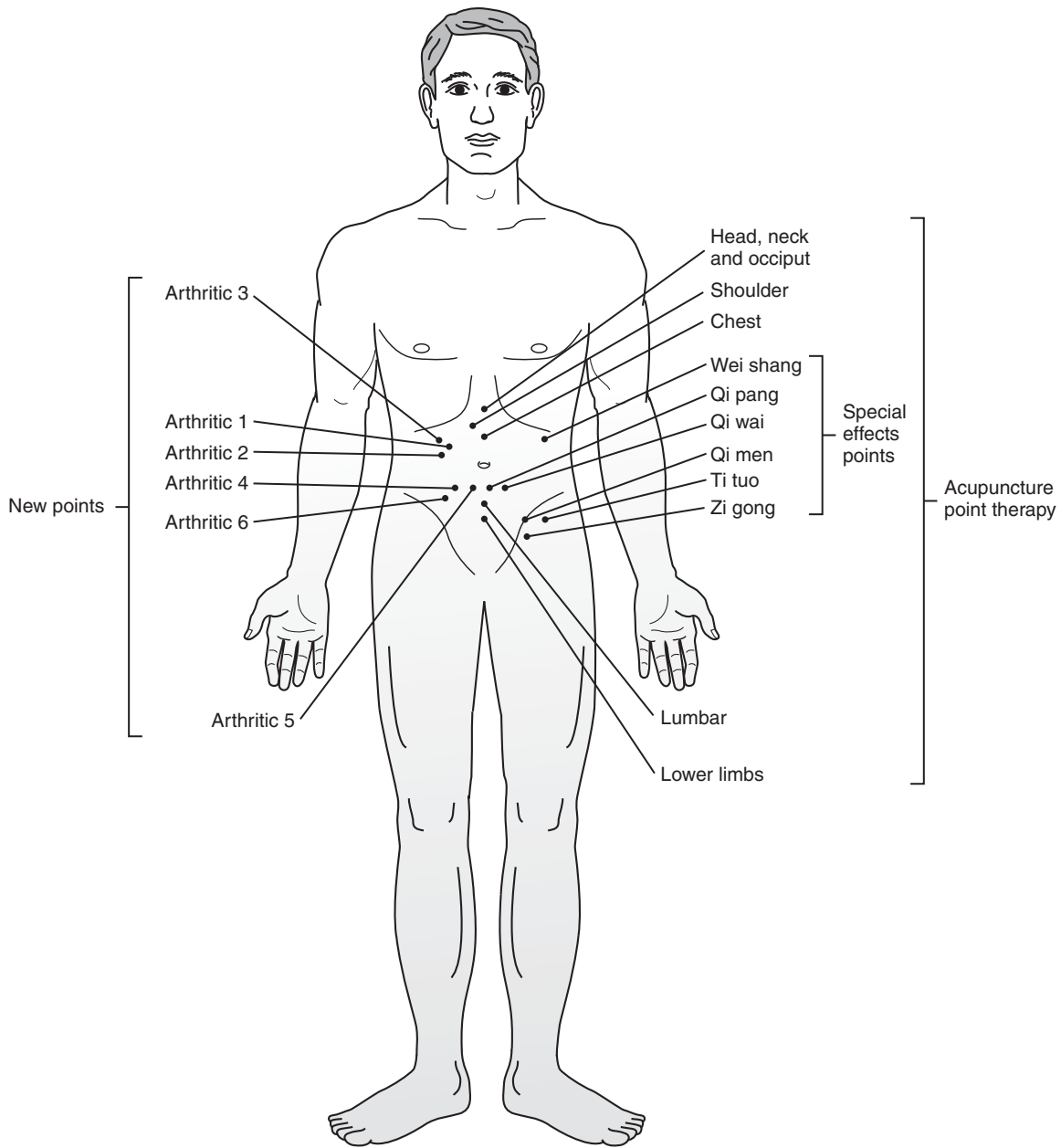


FIGURE 18-4 Abdominal acupuncture system special effect points and new points on the abdomen.

Indications: Low back pain and associated diseases.

QI WAI

Location: 1.0 cun lateral to Ren 6 (Qi Hai).

Indications: Irregular menstruation, dysmenorrhea, digestive disorders, and abdominal pain.

QI MEN

Location: 3.0 cun lateral to Ren 4 (Guan Yuan).

Indications: Herniation, uterine bleeding, and infertility.

WEI SHANG

Location: 2.0 cun above the umbilicus, 4.0 cun lateral to the Ren meridian.

Indications: Prolapse of the stomach.

TI TUO

Location: 4.0 cun lateral to Ren 4 (Guan Yuan).

Indications: Uterine prolapse, lower abdominal pain, herniation, and dysmenorrhea.

ZI GONG

Location: 3.0 cun lateral to Ren 3 (Zhong Ji).

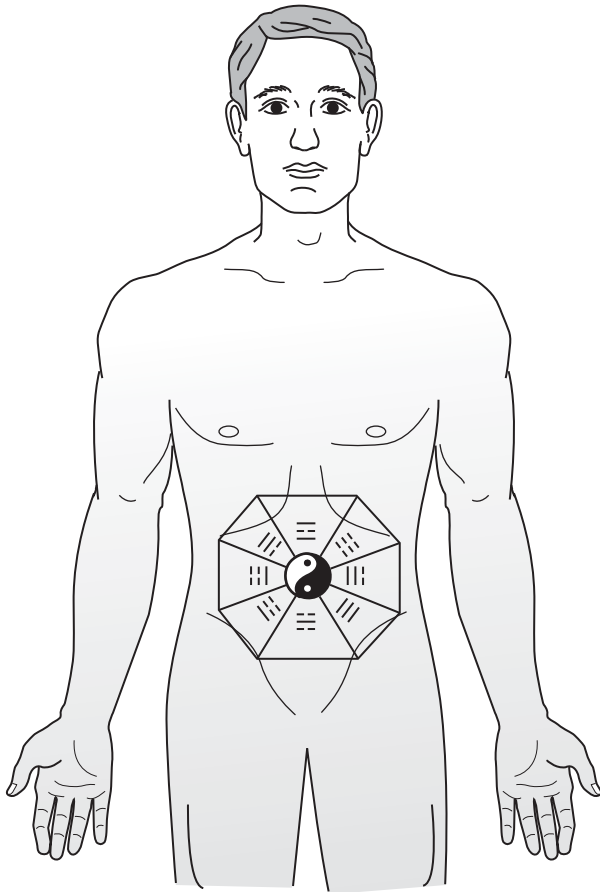


FIGURE 18-5 The center of the abdominal Ba Gua system is Ren 8 (Shen Que). For the other points, divide the surrounding areas into eight equal parts.

Indications: Uterine prolapse, irregular menstruation, and infertility.
See Figure 18-4.

Abdominal Acupuncture Therapy

Principles of Point Selection

Point selection for abdominal acupuncture depends on the area that is connected with the internal organs, such as the Lumbar point for low back pain or the Chest point for chest pain.

Indications

Abdominal acupuncture has the ability to adjust Zang Fu functions to treat whole-body disease. The purpose of using abdominal acupuncture is to adjust the internal organ functions and to improve these functions to treat disease. The indications for abdominal acupuncture are mainly for internal organ disease, long-term illness, or difficult conditions.

- Long-term internal organ disease, such as cerebral brain disease, heart disease, and hypertension
- Internal organ dysfunction, such as tinnitus, insomnia, and emotional conditions
- Short-term disease with internal organ deficiency, such as sciatic nerve pain, arthritis, low back pain, and chronic fatigue syndrome

Abdominal acupuncture is indicated for any condition in which other acupuncture therapy is indicated, especially for conditions where other techniques have been used with poor results.

Techniques

Before performing abdominal acupuncture, it is very important to do abdominal diagnosis and carefully check every area of the abdomen for tension of the muscles, pressure pain, and tumors,

TABLE 18-2

Abdominal Acupuncture: Ba Gua Location and Indications

Name	Location	Symbol	Zang	Fu	Indications
Li	Ren 12 (Zhong Wan) On the midline of the abdomen; 4.0 cun above the umbilicus	Fire	Heart	Small intestine	Insomnia, disturbed sleep, forgetfulness, indigestion, dysfunction of the bowel movements and urination
Kan	Ren 4 (Guan Yuan) On the midline of the abdomen; 3.0 cun below the umbilicus	Water	Kidney	Urinary bladder	Edema, Lin syndrome, shortness of breath, incontinence, frequency of urination
Kun	Left Arthritic 1 1.5 cun above the umbilicus; 2.5 cun lateral to the Ren meridian	Earth	Spleen	Stomach	Fullness of the abdomen, diarrhea, poor appetite, dizziness, prolapse of an internal organ
Dui	Left Spleen 15 (Da Heng) 4.0 cun lateral to the center of the umbilicus, lateral to the rectus abdominis muscle	Rain	Lung	Large intestine	Cough, shortness of breath, difficulty urinating, incontinence, edema, constipation, diarrhea
Qian	Left Arthritic 4 2.5 cun lateral to Ren 6 (Qi Hai)	Sky	Lung	Large intestine	Cough, shortness of breath, difficulty urinating, incontinence, edema, constipation, diarrhea
Xun	Right Arthritic 1 1.5 cun above the umbilicus; 2.5 cun lateral to the Ren meridian	Wind	Liver	Middle Jiao	Fullness of the chest and hypochondriac area, depression, irritability, insomnia, indigestion, spasm of tendons and muscles, irregular menses, dysfunction of the spleen and stomach
Zhen	Right Spleen 15 (Da Heng) 4.0 cun lateral to the center of the umbilicus, lateral to the rectus abdominis muscle	Thunder	Liver	Gallbladder	Fullness of the chest and hypochondriac area, irritability, disturbed sleep, indigestion, spasm of tendons, irregular menses, bitter taste in the mouth
Gen	Right Arthritic 4, 2.5 cun lateral to Ren 6 (Qi Hai)	Mountain		Upper Jiao	Dysfunction of the heart and lungs, palpitations, shortness of breath, insomnia

as well as internal organ abnormalities such as an enlarged liver or spleen. When performing an acupuncture treatment, the practitioner should consider the wide variations in patient and disease characteristics, such as body size, amount of body fat, duration of the disease, shallow or deep disease location, and excess or deficient diseases.

ACUPUNCTURE NEEDLES In order to control the depth of the insertion, normally abdominal acupuncture uses a standard length of needle. Generally, if the patient is obese with a thick, fatty abdominal layer, the shorter needles are unable to reach the correct layer, so clinical results may be poor. Normally, for this type of patient, use 50 to 60 mm long needles, or even longer needles. For the medium-sized patient, use 40 to 50 mm long needles. For thin patients with little abdominal fat, use 30 to 40 mm long needles.

DEPTH OF INSERTION According to the different layers of the abdomen, usually use different layers to treat disease, even when using the same prescription. Normally the acupuncturist will divide the abdominal area into three layers: sky, person, and earth. For new diseases or external conditions, use a superficial insertion at the sky layer. For the disease with a relatively longer period but not involving the internal organs, insert the needle into the middle at the person layer. For long-term illness involving the Zang Fu and internal organs, insert the needles deeply to the earth layer.

METHOD OF INSERTION When inserting the needle into the abdomen, avoid puncturing the hairs and vessels. Use gentle and slow insertion. When the needle tip touches the estimated depth, the acupuncturist should use only a rotation technique with very gentle lifting and thrusting. The gentle and slow insertion and manipulation will give the great omentum enough time to move around to respond to the stimulation and protect the internal organs. Usually, the insertion technique involves three parts:

- **Waiting for Qi.** When inserting needles to the appropriate layer, stop for 3 to 5 minutes.
- **Moving Qi.** Move the needles after 3 to 5 minutes to create a gentle needle sensation in the local area.
- **Increasing Qi.** Wait another 5 minutes to manipulate to increase needle sensation so it spreads out. Retain the needle for 30 minutes.

The power of stimulation will vary depending on whether you are doing a tonification or sedation technique. Usually, gentle stimulation is a tonification technique and strong stimulation is a sedation technique. Abdominal acupuncture is mostly used for chronic conditions, which mostly fall into the deficiency category, so abdominal acupuncture has less sedation than tonification. When doing the tonification technique often, use the moxibustion technique from up to down on each acupuncture point or focus on Ren 8 (Shen Que) to increase Yang Qi and warm meridians to increase the treatment effect.

NEEDLING METHOD There are several different methods of inserting the needles to increase treatment effect.

Triangle insertion Choose one major point and then choose another two points from the major point with the same distance to form a triangle pattern. This technique is used for a more

localized condition such as knee pain or local arthritis. The distance between needles depends on the size of the disease area.

Three-star insertion Choose one point and then choose another two points above and below or left and right, or choose Ren 8 (Shen Que) as the main point and another two points on the sides of Ren 8 or 45 degrees from Ren 8 from the horizontal level. This technique is used for conditions that follow meridian or nerve pathways such as sciatic nerve pain. The distance between needles depends on the length of the diseased area.

Plum insertion Insert one needle at the center and then use four needles with one above, one below, and one each to the right and left with equal distance between. This insertion is used for long-term illness or serious disease.

Y-shaped insertion Use triangle insertion with the addition of one more needle equidistant at the top of the main point to form a Y-shaped pattern. This technique is used to increase the power of the insertion.

Diamond insertion Based on the triangle insertion with another point opposite the main point. This technique is used to reduce disease size, such as reducing the size of a tumor.

Big triangle insertion Based on the small triangle, choose one point extending from each two points to form another small triangle and connect all lines together to form a large triangle. This technique is used for larger disease areas.

ABDOMINAL ACUPUNCTURE PRESCRIPTION Several acupuncture points can be used in combination to improve functions and enhance treatment results.

Heaven and earth combination Choose Ren 12 (Zhong Wan) and Ren 4 (Guan Yuan) with Ren 8 (Shen Que). Ren 12 is the heaven and Ren 4 is the earth. Ren 12 is the Mu point of the stomach and Ren 4 is the Mu point of the small intestine. This prescription will tonify the spleen and kidney.

Leading energy back to the source combination Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), and Ren 4 (Guan Yuan). Ren 12 and Ren 10 both belong to the stomach. This combination can adjust the middle Jiao to regulate the rising and descending function. The Lung meridian starts in the middle Jiao, so there is also a function to help the lung Qi descend. Ren 6 is the sea of Qi, while Ren 4 stabilizes the kidney. So this combination has the function to use post nurture to nourish nature, and this formula can treat the heart and lung, harmonize the spleen and stomach, and tonify the liver and kidney.

Abdominal four gates Formed by Stomach 24 (Hua Rou Men) and Stomach 26 (Wai Ling) on both sides. St 24 is located above the umbilicus and can treat upper body conditions and arm conditions. Stomach 26 is located below the umbilicus and treats abdominal conditions and leg problems. The four points together can move Qi and blood, open the meridian energy up and down, and distribute the Zang Fu energy to the entire body. Used to treat whole-body conditions. If used with heaven and earth, as well as leading energy back to the source combinations, it functions to open the Fu organs.

Middle jiao insertion Stomach 25 (Hua Rou Men) and Spleen 15 (Da Heng). Both of these points harmonize the middle Jiao and improve the digestive system.

Harmonize the spleen insertion Spleen 15 (Da Heng). The right side of the point is located at the ascending portion of the colon, and the left side of the point is located at the descending portion of the colon. This prescription not only can treat middle Jiao conditions, but can also help transform dampness and smooth the joints. Use in combination with abdominal four gates to treat back problems and sciatic nerve pain.

Eight precious insertion Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), Ren 4 (Guan Yuan), St 25 (Tian Shu), and Sp 15 (Da Heng). This formula opens the middle Jiao, descends lung Qi, and tonifies the spleen and kidney. It is a tonification combination formula.

Low back pain insertion Ren 6 (Qi Hai), Ren 4 (Guan Yuan), and Spleen 15 (Da Heng). Ren 4 and Ren 6 are experiential points to treat low back pain. Ren 6 treats low back pain conditions close to L2 and L3, and Ren 4 treats pain located at L5 to S1. Spleen 15 is the experiential point to treat unilateral low back pain.

Arthritis insertion Arthritis point 1 and Arthritis point 4 on both sides. This formula treats patients with arm and leg pain due to arthritis or injury.

Upper extremity pain Ren 6 (Qi Hai) plus Arthritis points 1, 2, and 3. Use Ren 6 to tonify Qi to eliminate pathogens.

Lower extremity pain Ren 6 plus Arthritis points 4, 5, and 6. Use for patients with leg pain, especially in the knee, ankle, and foot.

Immune support insertion Leading energy back to the source plus Stomach 24 (Hua Rou Men) and Stomach 26 (Wai Ling). This technique uses nurture to tonify nature and open the pathway to increase immune support.

BA GUA ZHEN TECHNIQUE The Ba Gua technique divides the abdominal area into eight sections. Each section indicates one organ disease. This system is based on the post-heaven Ba Gua. Choose 32 to 34 gauge filiform needles and select the insertion area from north, south, east, west, northeast, northwest, southeast, and southwest. Each needle has 45 degrees between, and use an oblique insertion toward the umbilicus or use a needle from the umbilicus and insert toward the outside. Gently manipulate the needles and use the waiting Qi, moving Qi, and increasing Qi technique. Retain the needles for 30 minutes.

ABDOMINAL ACUPUNCTURE TREATMENT PROTOCOL

Headache: Ren 12 (Zhong Wan), Kidney 19 (Yin Du)

External headache—LI 11 (Qu Chi), 12 Jing well points

Blood deficiency headache—Ren 6 (Qi Hai), Stomach 25 (Tian Shu)

Blood stasis headache—Ren 6 (Qi Hai), Ren 4 (Guan Yuan), Stomach 24 (Hua Rou Men)

Wryneck: Ren 12 (Zhong Wan), Kidney 17 (Shang Qu), Stomach 24 (Hua Rou Men)

Side of the neck—Kidney 17 (Shang Qu), Stomach 24 (Hua Rou Men)

Back of the neck—Ren 10 (Xia Wan), Kidney 17 (Shang Qu)

Shoulder pain: Ren 12 (Zhong Wan), Kidney 17 (Shang Qu), Stomach 24 (Hua Rou Men)

Larger area of pain—Stomach 24 (Hua Rou Men) as the major point and use three triangle insertions

Localized pain—Stomach 24 (Hua Rou Men) as the major point and use a small triangle insertion

Tennis elbow: Ren 12 (Zhong Wan), Kidney 17 (Shang Qu), Stomach 24 (Hua Rou Men), Arthritis 1

Severe elbow pain—Arthritis 1 with triangle insertion

With right wrist pain—Lung 9 (Lie Que)

With middle wrist pain—San Jiao 5 (Wai Guan)

Carpal tunnel syndrome: Ren 12 (Zhong Wan), Kidney 17 (Shang Qu), Stomach 24 (Hua Rou Men), Arthritis 1 and 3

Ulnar side pain—Lung 7 (Lie Que)

Middle wrist pain—San Jiao 5 (Wai Guan)

Neck spondylitis or osteoarthritis: Ren 12 (Zhong Wan), Ren 4 (Guan Yuan), Ren 17 (Tan Zhong), Stomach 24 (Hua Rou Men)

With a disc problem—insert on the abdominal area slightly on the side of the midline and move slightly up and down around the reflex area of C7

Arm numbness and pain—Stomach 24 (Hua Rou men) triangle insertion

Headache, dizziness, and memory loss—Qi Xue point

Tinnitus, vision problems—Qi Pang point

Back and lower back pain: Ren 12 (Zhong Wan), Ren 6 (Qi Hai), Ren 4 (Guan Yuan), Spleen 15 (Da Heng)

Severe back pain—Stomach 24 (Hua Rou Men), Stomach 23 (Tai Yi), Kidney 18 (Shi Guan), Arthritis 1 and 4

Both back and lumbar pain—Kidney 17 (Shang Qu), Stomach 25 (Hua Rou Men)

Lower back pain worse than upper back—Stomach 26 (Wai Ling)

Pain due to damp cold—Arthritis 1 and 4

Pain due to deficiency—Kidney 17 (Shang Qu), Kidney 14 (Si Man), Qi Xue point

Pain due to kidney deficiency—Arthritis 4, Stomach 28 (Shui Dao)

Lumbar disc herniation—Ren 9 (Shui Fen), Ren 6 (Qi Hai), Ren 4 (Guan Yuan)

Disc rupture—Yintang, Du 26 (Ren Zhong)

Chronic disc herniation—Qi Xue point

With lower back pain—Stomach 26 (Wai ling), Qi Xue point, Kidney 14 (Si Man)

With sciatic pain—Qi Pang, Stomach 26 (Wai Ling), Arthritis 4 and 6

Back and lumbar pain—Stomach 26 (Wai Ling)

Pain due to deficiency—Kidney 17 (Shang Qu), Kidney 14 (Si Man), Qi Xue point

Pain due to kidney deficiency—Arthritis 4, Stomach 28 (Shui Dao)

Knee pain: Stomach 24 (Hua Rou men), Stomach 26 (Wai Ling), Qi Pang, Arthritis 4

Sprained knee joint, medial—Arthritis 5

Sprained knee joint, lateral—Arthritis 6 three-angle insertion

Knee joint bone sprained—Heaven and Earth insertion, Qi Wai point

Arthritis—Spleen 15 (Da Heng)

Dizziness: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), Ren 4 (Guan Yuan), Kidney 17 (Shang Qu), Qi Xue point
Excess condition—strong stimulation with manipulation every 5 minutes

Deficient condition—minor stimulation with Ren 8 moxa
Abdominal fullness with vomiting—Stomach 21 (Liang Men)
Lack of blood circulation in the brain—Stomach 24 (Hua Rou Men)

Liver Yang rising—Spleen 15 (Da Heng)

Stroke: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), Ren 4 (Guan Yuan), Stomach 24 (Hua Rou Men), Arthritis 1 and 4, Stomach 26 (Wai Ling)

Headache, dizziness—Kidney 19 (Yin Du), Kidney 17 (Shang Qu)

Slurred speech—Ren 12 (Zhong Wan)

Facial paralysis—Kidney 19 (Yin Du), Kidney 17 (Shang Qu)

Shoulder pain—Kidney 17 (Shang Qu), Stomach 24 (Hua Rou Men) triangle insertion

Disabled upper arm—Arthritis 2 and 3

Lower leg paralysis—Stomach 27 (Da Ju), Qi Pang point

Foot drop—Arthritis 5, Qi Pang

Ankle pain—Arthritis 5, Stomach 27 (Da Ju)

Upper body dysfunction—Stomach 24 (Hua Rou Men)

Lower body dysfunction—Spleen 15 (Da Heng)

Long-term illness—Qi Xue point

Chronic gastritis: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), Ren 4 (Guan Yuan), Stomach 25 (Tian Shu)
Deficiency cold—moxa on Ren 8 (Shen Que)

Chronic enteritis: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 4 (Guan Yuan), Stomach 25 (Tian Shu)

Extension of the abdomen—Stomach 27 (Da Ju)

Diarrhea—Stomach 28 (Shui Dao)

Spleen and stomach deficiency cold—Spleen 15 (Da Heng), moxa on Ren 8 (Shen Que)

Gallbladder infection: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), Ren 4 (Guan Yuan), Stomach 25 (Tian Shu), right Arthritis 1

Acute condition—right Spleen 15 (Da Heng)

Indigestion—Stomach 25 (Tian Shu)

Box 18-1 describes what to expect during abdominal acupuncture.

BOX 18-1

Abdominal Acupuncture: What to Expect

1. Abdominal acupuncture is primarily used to treat internal organ disease, long-term illness, and difficult conditions.
2. Abdominal acupuncture is effective for treating body aches, especially for patients with deficiency conditions.
3. When performing an acupuncture treatment, the practitioner should consider the wide variations in patient and disease characteristics, such as body size, amount of body fat, duration of the disease, shallow or deep disease location, and excess or deficient diseases.
4. It is important to do a physical examination of the abdominal area before inserting needles. Be careful to avoid large vessels and internal organs. Use the correct depth of insertion with gentle manipulation.
5. Abdominal acupuncture is mostly used for chronic conditions, which mostly fall into the deficiency category, so use the moxibustion technique from up to down on each acupuncture point or focus on Ren 8 (Shen Que) to increase Yang Qi and increase the treatment effect.
6. The Lumbar point has the special effect to stop pain. In the clinic, insert the needle in this point and use lifting, thrusting, and rotation techniques. At the same time, the practitioner can use his or her fingers on the opposite side or painful areas of the back to perform pressure or Tui Na. Also, the patient can do physical movement to obtain results immediately.
7. Waiting, moving, and increasing Qi techniques are three important steps in abdominal acupuncture.
8. When using head, neck, and occipital locations on the abdomen, instruct the patient to move his or her neck to perform rotation, flexion, and extension to improve results.

Cautions

The abdominal area contains many important organs. Before inserting any needles, it is important to do a physical examination of the area. Be careful to avoid large vessels and internal organs. Use the correct depth of insertion with gentle manipulation. If the patient has an enlarged liver or spleen, a prolapsed stomach, or fullness of the urinary bladder, insert the needles carefully.

Introduction

Hand therapy uses specific points or areas on the hand in the treatment of diseases of the whole body. Acupuncture, massage, acupressure, moxibustion, and external medical applications are commonly used in this therapy. Hand acupuncture focuses on stimulating points, based on the theory of meridians and their relationships with Zang Fu, Qi, and blood, to increase energy flow and balance internal organs. This therapy is unique in its ability to treat pain, especially acute muscular strain. Hand acupuncture therapy has been very well developed over the last 40 years and includes several systems.

Since ancient times, people have used the shape, color, and palm crease lines of the hand to analyze and diagnose disease. People also used herbs, acupuncture, and massage techniques to treat whole-body or local diseases. The book of *Nei Jing* (内经) described in detail the information known about the hand meridians and points. Hand acupuncture therapy was developed into a formal system in the 1970s. Medical practitioners from all over the world developed this system based on the idea of inserting needles on the hand points to treat another part of the body. Based on the theory of meridians and clinical experience, practitioners found many new points on the hand to develop the hand acupuncture system. Dr. Yun-Peng Fang of Xian, China, invented Hand Imaging Acupuncture. He discovered that there are three small ratios of the human body vertically distributed on the hand. These three human body figures are distributed separately but overlap on the hand. Dr. Xin-Ming Wang studied and researched the patterns distributed on the hand, as well as the relationship between the hand points and the meridians. He also published a chart of the hand. Dr. Tae Woo Yoo of Korea invented Koryo Hand Therapy in 1971. He put the complete 14-meridian system on the human hand to develop a hand micro-meridian system. Many Chinese health practitioners not only studied the standard hand acupuncture system but also summarized and developed many different types of hand acupuncture. Hand acupuncture therapy, like other micro-systems, is new and was developed in the 1970s based on traditional Chinese medicine meridian theory.

There is a relationship between the hand and internal organs through the meridian connections. Through modern medical science, it has been recognized that the hand has an abundance of nerves and is able to feel the shape, size, temperature, and weight of an object. The pattern of the palm crease lines can also give information about the disease.

According to bioholographic theory, the whole hand and the second, fifth metacarpal bone contain all of the information of

the whole human body. When the human body has a disease, the information of the illness will be reflected on the hand. Stimulation on the hand will open the network of meridians to enhance immune system function to prevent and treat disease. Hand therapy is easy to use and has a wide range of clinical applications. The results are well established, and there are no side effects.

Hand Anatomy

Hand Overview

The hand is a sensory organ, as well as a manipulative tool. The hand consists of three parts: the wrist bones, metacarpal bones, and phalangeal bones. The joints connecting them form the anatomic foundation of the hand.

The hand has four sides termed *palmar*, *dorsal*, *ulnar*, and *radial*. At the center of each palm there are three creases: the radial longitudinal crease, proximal transverse crease, and distal transverse crease. On each side of the palm are the muscles of the thenar and hypothenar eminences. There are five fingers on each hand: thumb, index finger, middle finger, ring finger, and little finger.

Skeleton of the Hand

The skeleton of the hand consists of the carpus, the metacarpus, and the phalanges.

CARPAL BONES The eight carpal bones run in two rows of four. Scaphoid, lunate, triquetrum, and pisiform make up the proximal row running from the radial to ulnar side. Trapezium, trapezoid, capitate, and hamate make up the distal row running from the radial to ulnar side.

METACARPAL BONES There are five metacarpal bones numbered in radial to ulnar order. The metacarpal bones are miniature long bones with a distal head, a shaft, and an expanded base.

The first metacarpal bone is the thumb; the second metacarpal bone is the index finger; the third metacarpal bone is the middle finger; the fourth metacarpal bone is the ring finger; and the fifth metacarpal bone is the little finger.

PHALANGES There are a total of 14 phalanges, with three in each finger and two in the thumb. The three phalanges are the proximal, middle, and distal phalanges. Between each phalanx are metacarpophalangeal joints, proximal interphalangeal joints, and distal interphalangeal joints.

Soft Tissue

The skin over the dorsum of the hand is thin and mobile, which allows for flexion at the metacarpophalangeal and

interphalangeal joints. The palmar skin is thick and hairless and has dense nerve endings and sweat glands but no sebaceous glands.

The superficial fascia on the dorsum of the hand is thin and loose, which allows the skin to be easily moved.

Lobulated pads of fat subdivided by fibrous septa are located on the palmar aspect of the hand. Cutaneous nerves, blood vessels, and superficial lymphatics run on the superficial fascia.

The deep fascia forms retaining bands for the tendons around the wrist area. On the palm of the hand, it develops the thenar and hypothenar eminences. Between them is a triangular sheet-like tendon. It also blends with the superficial fascia in the digits.

The fascia of the hand lubricates structures in transit between the forearm and digits, transmits loads, protects underlying vessels, and provides a framework for muscle attachments.

The muscles of the hand are confined to the palm, but their tendons proceed to the digits. They are the interosseous muscle, the thenar eminence, the hypothenar eminence, and the lumbrical muscles.

Blood Supply

Blood is delivered to the hand by the radial and ulnar arteries. The superficial and deep palmar arches connect these two vessels in the palm of the hand, and further branches go to the proper palmar digital arteries and palmar metacarpal arteries to the finger webs. The superficial veins of the hand include dorsal and palmar digital veins and the cephalic vein. The deep veins of the hand include the superior and deep palmar venous arches, and the palmar and dorsal metacarpals veins.

When the hand has a severe injury or laceration, bleeding is profuse and usually cannot be controlled by compression of only one major vessel due to the multiple anastomoses between all the vessels of the hand. Superficial injuries to the dorsal side of the hand will result in more bleeding. If an injury is on the fingers, it is more effective to stop bleeding by pressing on the ulnar and radial side of the fingers due to the vessels' location.

Nerves and Lymphatic Vessels

Three nerves provide the majority of innervation of the hand: the median nerve, ulnar nerve, and radial nerve. They provide motor and sensory function to the hand.

Lymphatic vessels form a rich subcutaneous plexus in the hand. The lymphatics drain the radial side of the hand and terminate in the axilla. The ulnar side of the hand is in the supratrochlear nodes around the elbow. Figure 19-1 illustrates the anatomy of the hand.

Hand Acupuncture Systems

Five different hand acupuncture systems exist:

- Hand acupuncture point therapy
- New hand acupuncture therapy
- Koryo hand acupuncture therapy
- Hand imaging acupuncture (Fang system)
- Hand meridians and points therapy

Hand Acupuncture Point Therapy

Hand acupuncture point therapy was developed in the 1960s based on the theory of the meridian system and the relationship of the hand with the Zang Fu, Qi, blood, Yin, and Yang. According to the root and branch theory, the hand is the root where the meridian energy starts and is distributed. Based on biologic theory, it is recognized that each cell of the biologic body contains all the information of the entire organism. Any independent part of the body contains the information of the whole body. The hand is an independent part of the body. There are many reflex points that contain information of the human body and organs. Stimulating the reflex points can treat a specific area or associated organ disease. The meridian theory and biologic theory have provided information for the hand acupuncture system. Since the 1960s, after many years of clinical research and practice, hand acupuncture has been gradually improving. The most remarkable aspect of hand acupuncture is its good results for pain control and acute injury.

POINT LOCATIONS AND INDICATIONS

Dorsal aspect of the hands See Figure 19-2.

EYE

Location: At the border of the light and dark skin on the ulnar side of the thumb at the interphalangeal joint.

Indications: Multiple eye disorders such as redness, pain, blurred vision, and night blindness.

SHOULDER

Location: At the border of the light and dark skin on the radial side of the index finger at the metacarpophalangeal joint.

Indications: Shoulder disorders such as pain and peri-arthritis.

FOREHEAD (GASTROINTESTINAL DISORDERS AND APPENDICITIS)

Location: At the border of the light and dark skin on the radial side of the index finger at the proximal interphalangeal joint.

Indications: Frontal headaches, stomach pain, vomiting, abdominal pain, diarrhea, knee pain, and toothache.

VERTEX

Location: At the border of the light and dark skin on the radial side of the middle finger at the proximal interphalangeal joint.

Indications: Pain at the vertex, neurological headache, and dysmenorrhea.

SIDE OF THE HEAD

Location: At the border of the light and dark skin on the ulnar side of the ring finger at the proximal interphalangeal joint.

Indications: Migraine headache and intercostal nerve pain.

PERINEUM

Location: At the border of the light and dark skin on the radial side of the little finger at the proximal interphalangeal joint.

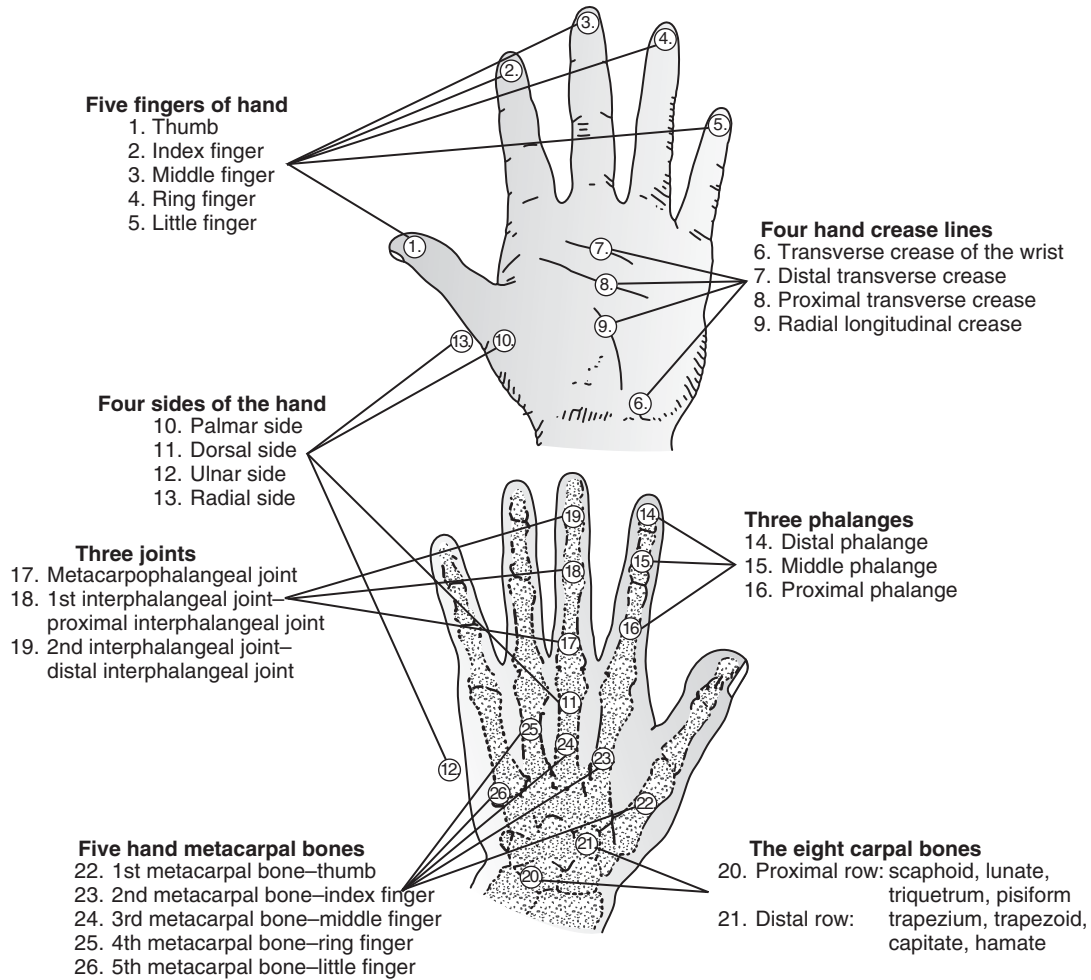


FIGURE 19-1 Hand anatomy palmar and dorsal view.

Indications: Dysmenorrhea, leukorrhea, and pain of the perineum.

OCCIPUT (TONSIL)

Location: At the border of the light and dark skin on the ulnar side of the little finger at the proximal interphalangeal joint.

Indications: Occipital pain, tonsillitis, sore throat, stiff neck, back, and arm and mandibular pain.

VERTEBRAE

Location: At the border of the light and dark skin on the ulnar side of the little finger at the metacarpophalangeal joint.

Indications: Back pain, acute low back sprain, herniated disc, tinnitus, and nasal congestion.

SCIATIC

Location: Between the ring and little fingers at the ulnar margin of the metacarpophalangeal joint of the ring finger.

Indications: Pain in the low back, leg, hip, and buttocks.

THROAT

Location: Between the middle and ring fingers at the ulnar margin of the metacarpophalangeal joint of the middle finger.

Indications: Sore throat, toothache, and trigeminal neuralgia.

NECK

Location: Between the index and middle fingers, at the ulnar margin of the metacarpophalangeal joint of the index finger.

Indications: Wryneck, swollen, stiff, or sprained neck.

LUMBAR AND LEG

Location: Two points, located 1.5 cm anterior to the transverse crease of the dorsum of the wrist. **Lumbar and Leg 1** is located on the radial side of the tendon of the second extensor digitorum manus between the index and middle fingers. **Lumbar and Leg 2** is located on the ulnar side of the tendon of the fourth extensor digitorum manus between the ring and little fingers.

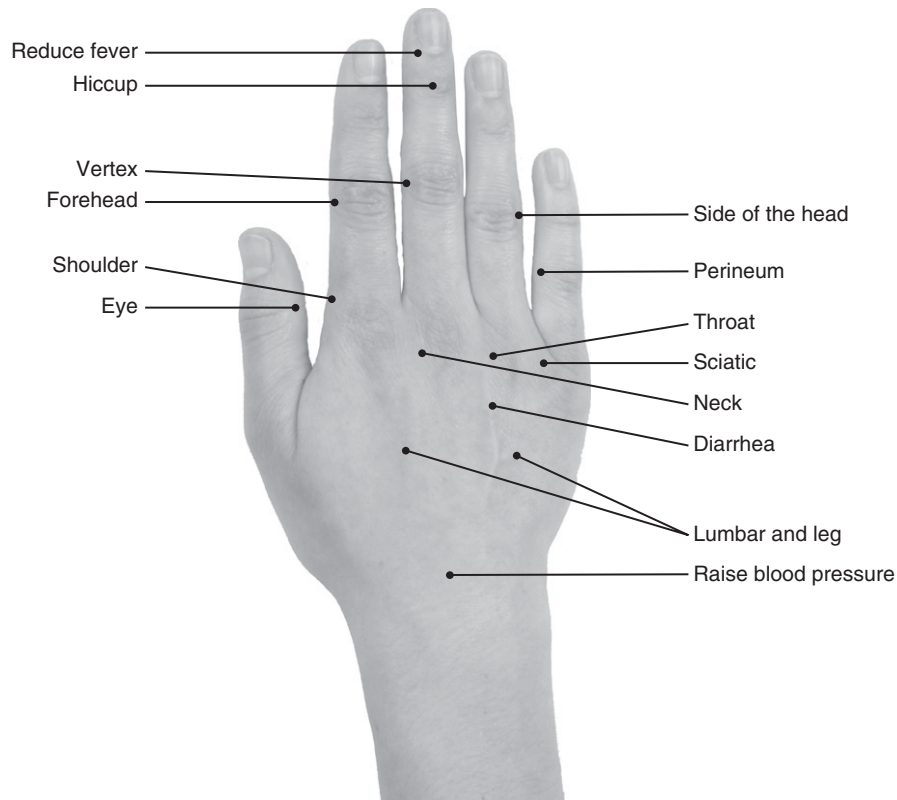


FIGURE 19-2 Hand acupuncture system points on the dorsal aspect of the hand.

Indications: Acute low back and leg pain. **Lumbar and Leg 1** treats injury above the low back, chest, scapular, and upper arm. **Lumbar and Leg 2** treats injury on the low back and sacrum areas.

RAISE BLOOD PRESSURE

Location: At the midpoint of the transverse crease of the dorsum of the wrist.

Indications: Low blood pressure due to any cause.

HICCUP

Location: On the distal interphalangeal joint of the middle finger at the midway point of the transverse crease.

Indications: Hiccups.

REDUCE FEVER

Location: On the radial side of the middle finger, 0.1 cun posterior to the corner of the nail.

Indications: Reduce fever and stop diarrhea.

DIARRHEA

Location: 1.0 cm proximal to the midpoint of the line between the third and fourth metacarpophalangeal joints.

Indications: Diarrhea.

STOP ITCHING

Location: At the border of the light and dark skin on the ulnar side of the hand 1.0 cm distal to the transverse crease of the wrist.

Indications: Itching of the skin.

Palm of the hand See Figure 19-3.

ANKLE

Location: At the border of the light and dark skin on the radial side of the thumb at the metacarpophalangeal joint.

Indications: Sprained ankle and pain of the ankle joint.

CHEST

Location: At the border of the light and dark skin on the radial side of the thumb at the interphalangeal joint.

Indications: Chest pain, vomiting, diarrhea, and seizures.

GASTROINTESTINAL

Location: Midway between P8 (Lao Gong) and P7 (Da Ling).

Indications: Chronic gastritis, stomach ulcers, indigestion, and biliary ascariasis.

HEEL PAIN

Location: Midway between P7 (Da Ling) and the Gastrointestinal point of the hand.

Indications: Heel and foot pain.

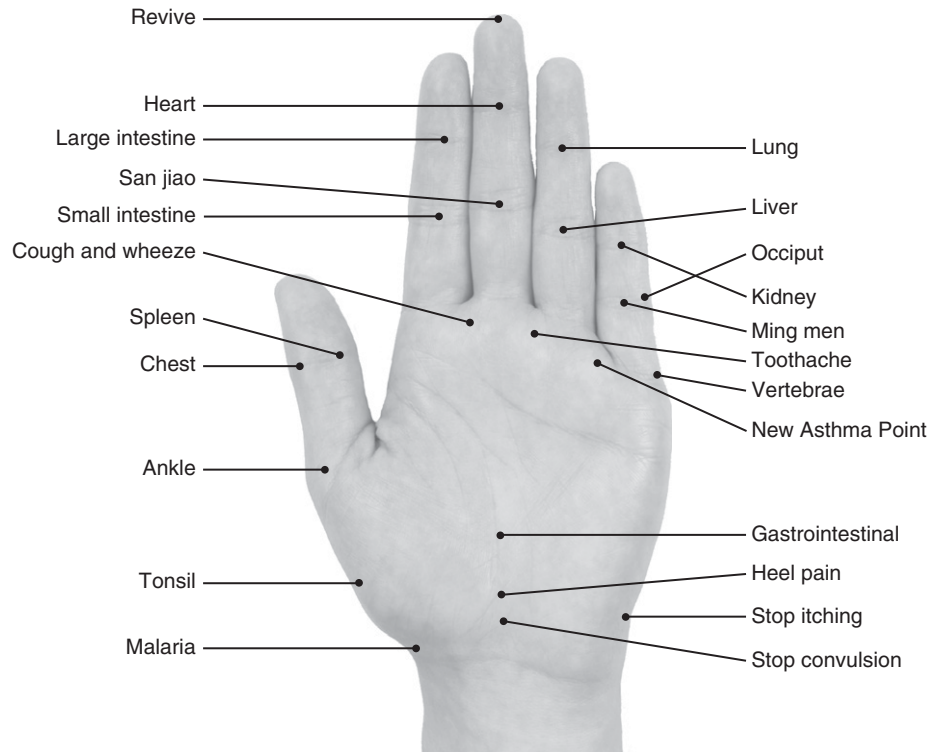


FIGURE 19-3 Hand acupuncture system points on the palmar aspect of the hand.

STOP CONVULSIONS

Location: At the midpoint of the intersection of the thenar and the hypothenar eminence.

Indications: Convulsions and high fevers.

MALARIA

Location: At the articulation of the first metacarpal bone with the wrist on the radial margin of the thenar eminence.

Indications: Fever due to malaria.

TONSIL (LUNG 10)

Location: At the midpoint of the first metacarpal bone on the radial side at the junction of the light and dark skin.

Indications: Tonsillitis and sore throat.

COUGH AND WHEEZE

Location: Between the second and third metacarpophalangeal joint on the palmar side.

Indications: Bronchitis, asthma, and headache.

TOOTHACHE

Location: Between the third and fourth metacarpophalangeal joint on the palmar side.

Indications: Toothache.

NEW ASTHMA POINT

Location: Between the fourth and fifth metacarpophalangeal joint on the palmar side.

Indications: Asthma.

SPLEEN

Location: At the midpoint of the transverse crease of the interphalangeal joint of the thumb.

Indications: Disharmony of the spleen and stomach, diarrhea, and abdominal pain.

SMALL INTESTINE

Location: At the midpoint of the transverse crease of the proximal interphalangeal joint of the index finger.

Indications: Indigestion and abdominal pain.

LARGE INTESTINE

Location: At the midpoint of the transverse crease of the distal interphalangeal joint of the index finger.

Indications: Diarrhea and constipation.

SAN JIAO

Location: At the midpoint of the transverse crease of the proximal interphalangeal joint of the middle finger.

Indications: Chest, abdominal, and pelvic cavity diseases.

HEART

Location: At the midpoint of the transverse crease of the distal interphalangeal joint of the middle finger.

Indications: Palpitations and chest pain.

REVIVE

Location: At the tip of the middle finger about 0.2 fen from the fingernail.

Indications: Coma and heat stroke.

LIVER

Location: At the midpoint of the transverse crease of the proximal interphalangeal joint of the ring finger.

Indications: Hypochondriac pain and fullness of the abdomen and stomach.

LUNG

Location: At the midpoint of the transverse crease of the distal interphalangeal joint of the ring finger.

Indications: Cough, asthma, fullness of the chest, and chest pain.

MING MEN

Location: At the midpoint of the transverse crease of the proximal interphalangeal joint of the little finger.

Indications: Low back pain, nocturnal emissions, and impotence.

KIDNEY

Location: At the midpoint of the transverse crease of the distal interphalangeal joint of the little finger.

Indications: Nocturia, bedwetting, and urinary tract infections.

New Hand Acupuncture Therapy

Following the continuing research and development of the meridian theory, many different types of hand acupuncture therapy were developed. Many health practitioners, based on their own clinical experience and research, developed a special system called new hand acupuncture therapy. New hand acupuncture therapy is based on the theory of meridian balance throughout the whole body and the image of the human body reflected on the hand. It is the relationship between the surface of the hand with the meridians and organs of the human body. The hand has special reflex points of the human body and can reflect the human body's condition. When the human body has a disease, based on this reflex point, we are able to diagnose disease, and the reflex point is also the point used for treatment. Using acupuncture needles to stimulate these points, we are able to open the meridian and adjust the Qi, blood, Yin, and Yang so that the body can become balanced and heal disease.

NEW HAND ACUPUNCTURE STANDARD LINES AND MEASUREMENTS POINTS In this system, the hand consists of three different parts: the wrist, palm, and fingers. There are four sides on the surface of the hand: the palmar side, dorsal side, ulnar side, and radial side. The new hand acupuncture system uses several standard lines to divide the hand into several different areas. Use these areas in combination with the

anatomic landmarks of the bones, joints, and wrinkles to locate the points.

Hand standard lines See Figure 19-4.

There are nine standard lines:

1. **Yin-Yang line.** This is the border of the light and dark skin on the ulnar side and the radial side of the hand, so that the hand is divided into the palmar side and the dorsal side. The palmar side belongs to Yin and the dorsal side belongs to Yang.
2. **Palm vertical line.** On the palm surface, this is the line connecting the tip of the middle finger to the midpoint of the transverse crease of the wrist.
3. **Palm transverse upper line.** On the palm surface, this is the line connecting the radial end of the radial longitudinal crease and the ulnar end of the distal transverse crease.
4. **Palm transverse lower line.** On the palm surface, this is the line midway between the transverse crease of the wrist and palm transverse upper line and is parallel with the palm transverse upper line.
5. **Thumb vertical line.** On the dorsal surface, this is the line running down the center of the thumb connecting the end of the thumb midpoint to the transverse crease of the wrist.
6. **Index finger vertical line.** On the dorsal surface, this is the line running down the center of the index finger connecting the end of the index finger midpoint to the transverse crease of the wrist.
7. **Middle finger vertical line.** On the dorsal surface, this is the line running down the center of the middle finger connecting the end of the middle finger midpoint to the transverse crease of the wrist.
8. **Ring finger vertical line.** On the dorsal surface, this is the line running down the center of the ring finger connecting the end of the ring finger midpoint to the transverse crease of the wrist.
9. **Little finger vertical line.** On the dorsal surface, this is the line running down the center of the little finger connecting the end of the little finger midpoint to the transverse crease of the wrist.

Hand standard points There are seven standard points:

1. **A point.** On the dorsal surface, this point is on the thumb vertical line at the thumb metacarpophalangeal joint.
2. **B point.** On the dorsal surface, this point is on the index finger vertical line at the index finger metacarpophalangeal joint.
3. **C point.** On the dorsal surface, this point is on the middle finger vertical line at the middle finger metacarpophalangeal joint.
4. **D point.** On the dorsal surface, this point is on the ring finger vertical line at the ring finger metacarpophalangeal joint.
5. **E point.** On the dorsal surface, this point is on the little finger vertical line at the little finger metacarpophalangeal joint.
6. **F point.** On the palmar surface, this point is at the intersection of the palm vertical line and the palm transverse upper line.

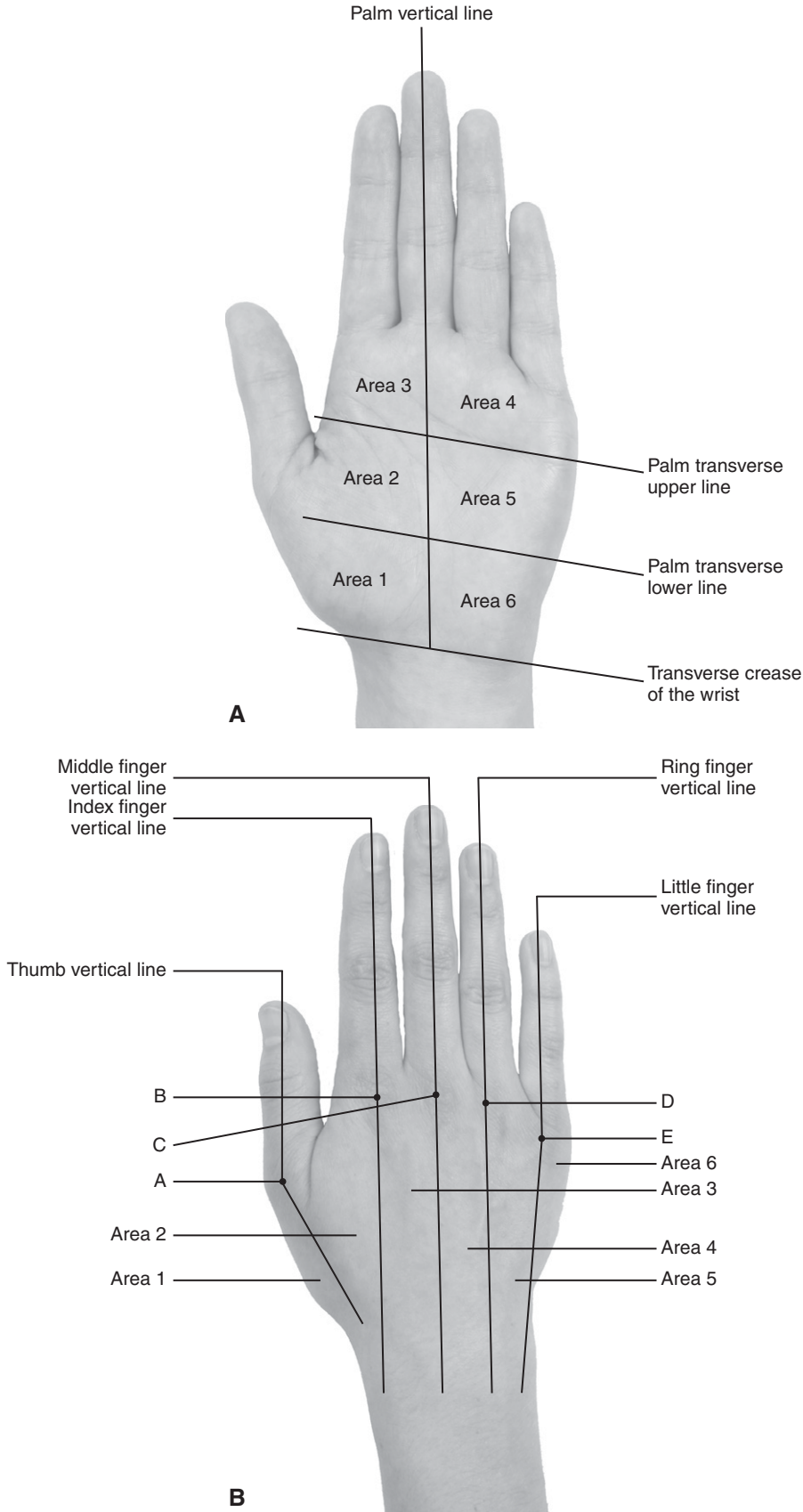


FIGURE 19-4 **A**, New hand acupuncture system measurement lines and areas on the palmar aspect of the hand. **B**, New hand acupuncture system measurement lines, areas, and points on the dorsal aspect of the hand.

7. **G point.** On the palmar surface, this point is at the intersection of the palm vertical line and the palm transverse lower line.

Hand palm areas

1. **Palm area 1.** This area is on the radial side of the palm vertical line proximal to the palm transverse lower line.
2. **Palm area 2.** This area is on the radial side of the palm vertical line between the palm transverse upper and lower lines.
3. **Palm area 3.** This area is on the radial side of the palm vertical line distal to the palm transverse upper line.
4. **Palm area 4.** This area is on the ulnar side of the palm vertical line distal to the palm transverse upper line.
5. **Palm area 5.** This area is on the ulnar side of the palm vertical line between the palm transverse upper and lower lines.
6. **Palm area 6.** This area is on the ulnar side of the palm vertical line proximal to the palm transverse lower line.

Hand dorsal aspect areas

1. **Dorsal area 1.** This area is on the radial side of the thumb vertical line.
2. **Dorsal Area 2.** This area is between the ulnar side of the thumb vertical line and the radial side of the index finger vertical line.
3. **Dorsal Area 3.** This area is between the ulnar side of the index finger vertical line and the radial side of the middle finger vertical line.
4. **Dorsal Area 4.** This area is between the ulnar side of the middle finger vertical line and the radial side of the ring finger vertical line.
5. **Dorsal Area 5.** This area is between the ulnar side of the ring finger vertical line and the radial side of the little finger vertical line.
6. **Dorsal Area 6.** This area is on the ulnar side of the little finger vertical line.

The point distribution of this system has a regular rule. The hand represents a person who is sitting on the ground with the legs and arms stretched out and their head looking downward (Figure 19-5). So, as we can see, the middle finger indicates the head and neck. The ring finger and index finger indicate the arms.

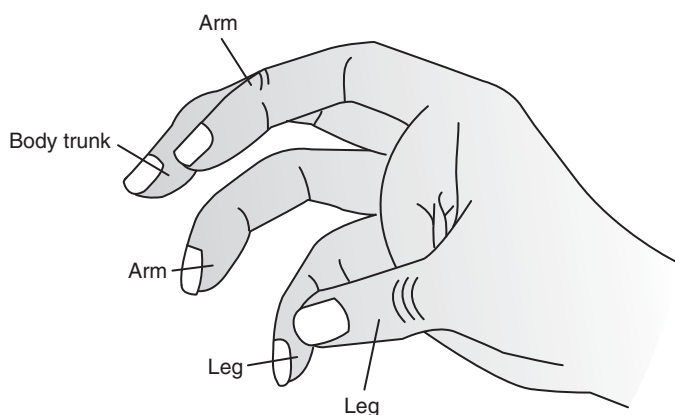


FIGURE 19-5 The hand represents a person who is sitting on the ground with the legs and arms stretched out and the head looking downward.

The thumb and the little finger indicate the legs. The palm and dorsum of the hand indicate the body trunk.

The middle vertical line corresponds to the Du meridian in the 14-meridian system. From the fingertip of the middle finger to the wrist, there are the head, neck, back, lumbar, and sacrum.

The index and ring fingers correspond to the arms. From the metacarpophalangeal joint to the tip of the finger, there are the shoulder, elbow, wrist, and dorsum of the hand.

The thumb and little finger correspond to the legs. From the metacarpophalangeal joint to the tip of the finger, there are the buttocks, upper legs, lower legs, ankles, and feet.

On the palm surface, the palm vertical line corresponds to the Ren meridian in the macro-acupuncture system. From the tip of the middle finger to the metacarpophalangeal joint transverse crease, there are the nose, mouth, and throat.

The palm of the hand corresponds to the chest and abdomen of the human body divided into the upper Jiao, middle Jiao, and lower Jiao.

Hand San Jiao distribution

1. **Upper Jiao.** This area is distal to the palm transverse upper line. It consists of Palm Area 3 and Palm Area 4.
2. **Middle Jiao.** This area is between the palm transverse upper and lower lines. It consists of Palm Area 2 and Palm Area 5.
3. **Lower Jiao.** This area is proximal to the palm transverse lower line. It consists of Palm Area 1 and Palm Area 6.

Remark: For the right hand, the right hand index finger corresponds to the left arm and the ring finger corresponds to the right arm. The right thumb corresponds to the left leg and the right little finger corresponds to the right leg. Similarly, for the left hand, the left hand index finger corresponds to the right arm and the left ring finger corresponds to the left arm. The left thumb corresponds to the right leg and the left little finger corresponds to the left leg.

See Figure 19-6.

HAND POINT LOCATIONS AND INDICATIONS According to location, indication, and function of the points, they are divided into three different groups:

1. Zang Fu points
2. Four extremity and trunk points
3. Special effect points

Zang Fu points

Palm of the Hand (termed *Points*) (Figure 19-7).

NOSE POINT

Location: On the palm of the hand on the middle finger at the midpoint of the distal interphalangeal joint transverse crease.

Indications: Stuffy nose, rhinitis, nosebleeds, sneezing, lost voice, and chest pain.

MOUTH POINT

Location: On the palm of the hand on the middle finger at the midpoint of the proximal interphalangeal joint transverse crease.

Indications: Poor appetite, bitter taste or bland taste of the mouth, gum bleeding, and toothache.

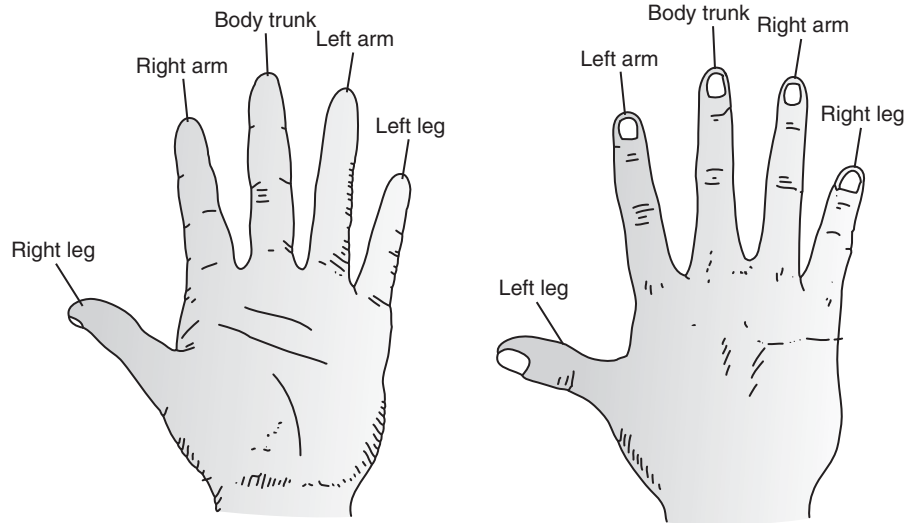


FIGURE 19-6 In new hand acupuncture, the middle finger indicates the head and neck. The ring finger and index finger indicate the arms. The thumb and the little finger indicate the legs. The palm indicates the anterior part of the human body and the dorsum indicates the posterior part of the human body.

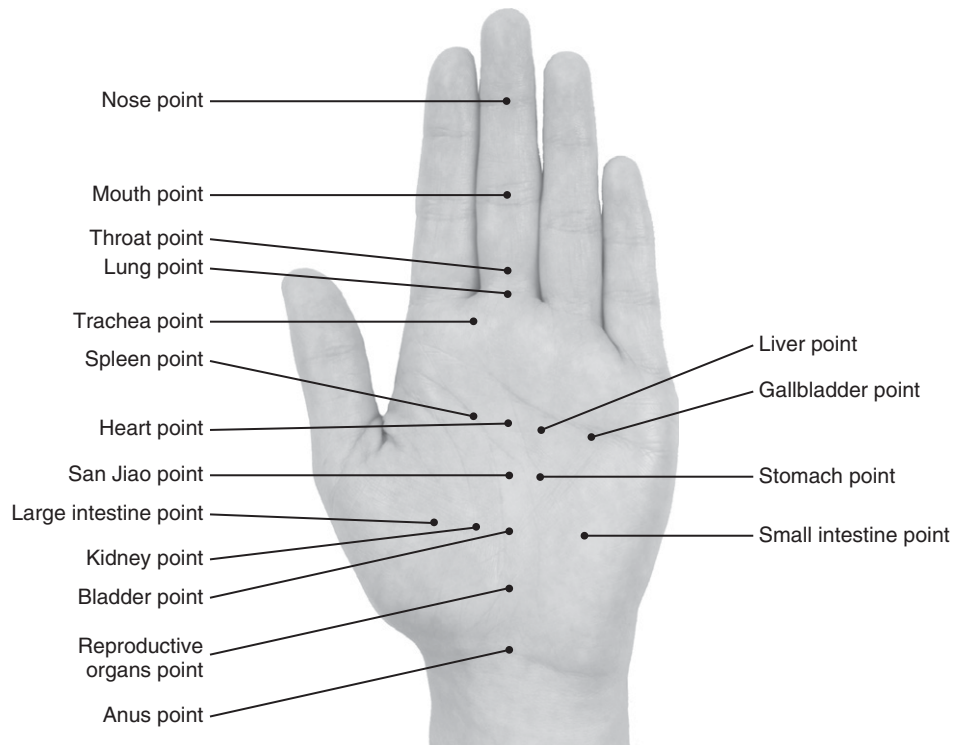


FIGURE 19-7 Palmar view of new hand acupuncture Zang Fu points. The term *points* is used to indicate the palmar side of the hand in this system.

THROAT POINT

Location: On the palm of the hand on the middle finger distal to the midpoint of the metacarpophalangeal joint transverse crease.

Indications: Cough, asthma, skin problems, eczema, night sweating, and spontaneous sweating.

LUNG POINT

Location: On the palm of the hand on the middle finger at the midpoint of the metacarpophalangeal joint transverse crease.

Indications: Respiratory diseases, skin disorders, spontaneous sweating, and night sweats.

HEART POINT

Location: On the palm of the hand at the intersection of the palm vertical line and the palm transverse upper line.

Indications: Pulmonary heart disease, chest pain, fullness of the chest, insomnia, palpitations, anxiety, and irregular heartbeat.

SAN JIAO POINT

Location: On the palm of the hand on the palm vertical line midway between the palm transverse upper and lower lines.

Indications: Edema, bronchitis, indigestion, constipation, and arm and shoulder pain.

BLADDER POINT

Location: On the palm of the hand at the intersection of the palm vertical line and the palm transverse lower line.

Indications: Urinary infection, urinary retention, and incontinence.

REPRODUCTIVE ORGANS POINT

Location: On the palm of the hand on the palm vertical line midway between the palm transverse lower line and the transverse crease of the wrist.

Indications: Spermatorrhea, premature ejaculation, irregular menses, amenorrhea, leukorrhea, and abnormal position of the fetus.

ANUS POINT

Location: On the palm of the hand at the intersection of the palm vertical line and the transverse crease of the wrist.

Indications: Hemorrhoids, anal prolapse, and constipation.

TRACHEA POINT

Location: On the palm of the hand between the second and third metacarpal bones 2 mm proximal to the margin of the web.

Indications: Acute and chronic bronchitis and asthma.

SPLEEN POINT

Location: On the palm of the hand between the second and third metacarpal bones on the palm transverse upper line.

Indications: Stomach pain, indigestion, and prolapse of the organs and the anus.

KIDNEY POINT

Location: On the palm of the hand between the second and third metacarpal bones on the palm transverse lower line.

Indications: Urethritis, dizziness, tinnitus, kidney stone, low back pain, and sciatic nerve pain.

LARGE INTESTINE POINT

Location: On the palm of the hand on the thenar eminence between the first and second metacarpal bones on the palm transverse lower line.

Indications: Intestitis, diarrhea, constipation, appendicitis, hemorrhoids, and shoulder pain.

LIVER POINT

Location: On the palm of the hand between the third and fourth metacarpal bones on the palm transverse upper line.

Indications: Acute or chronic hepatitis, headache, dizziness, stomach pain, chest pain, and hypochondriac area pain.

STOMACH POINT

Location: On the palm of the hand between the third and fourth metacarpal bones midway between the palm transverse upper and lower lines.

Indications: Abnormal digestive conditions, acute or chronic gastrointestinal conditions, stomach pain, belching, regurgitation, and insomnia.

GALLBLADDER POINT

Location: On the palm of the hand between the fourth and fifth metacarpal bones on the palm transverse upper line.

Indications: Indigestion, gallbladder infection, roundworm infection, and intercostal nerve pain.

SMALL INTESTINE POINT

Location: On the palm of the hand near the hypothenar eminence between the fourth and fifth metacarpal bones on the palm transverse lower line.

Indications: Treats Indigestion, gastrointestinal conditions, bloating, and insufficient lactation.

Dorsal Side of the Hand (termed *Spots*) (Figure 19-8)

HEART SPOT

Location: On the dorsum of the hand between the third and fourth metacarpal bones level with the point that is the distal one-fourth of the line between the D point and the transverse crease of the wrist.

Indications: Fullness of the chest, palpitations, dizziness, headache, anxiety, hypochondriac area pain, insomnia, forgetfulness, fever, and aversion to cold.

LIVER SPOT

Location: On the dorsum of the hand between the third and fourth metacarpal bones level with the midpoint of the line between the D point and the transverse crease of the wrist.

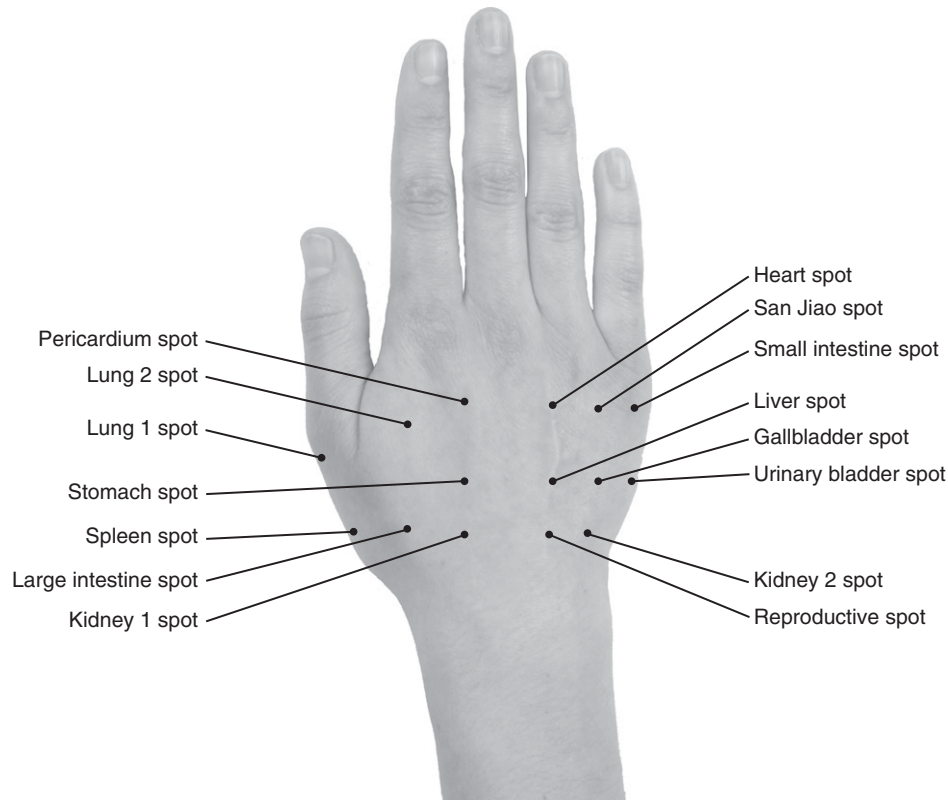


FIGURE 19-8 Dorsal view of new hand acupuncture Zang Fu spots. The term *spots* is used to indicate the dorsal side of the hand in this system.

Indications: Chest and hypochondriac area pain, bloating, herniation pain, scanty urination, spermatorrhea, irregular menses, abnormal leukorrhea, dizziness, high blood pressure, and hepatitis.

REPRODUCTIVE SPOT

Location: On the dorsum of the hand between the third and fourth metacarpal bones level with the point that is the proximal one-third of the line between the D point and the transverse crease of the wrist.

Indications: Low back pain, impotence, spermatorrhea, irregular menses, dysmenorrhea, pelvic inflammation, cystitis, and enlarged prostate.

PERICARDIUM SPOT

Location: On the dorsum of the hand between the second and third metacarpal bones level with the point that is the distal one-fourth of the line between the C point and the transverse crease of the wrist.

Indications: Chest pain, palpitations, anxiety, hypochondriac area pain, abdominal distension pain, diarrhea, headache, dizziness, sore throat, and nosebleeds.

STOMACH SPOT

Location: On the dorsum of the hand between the second and third metacarpal bones level with the midpoint of the line between the C point and the transverse crease of the wrist.

Indications: Abdominal fullness and pain, poor appetite, nausea, vomiting, belching, and diarrhea.

KIDNEY 1 SPOT

Location: On the dorsum of the hand between the second and third metacarpal bones level with the point that is the proximal one-third of the line between the C point and the transverse crease of the wrist.

Indications: Low back and knee pain, soreness, and weakness, paralysis of the lower leg, abdominal distension, dysmenorrhea, frequent urination, edema, and nephritis.

LUNG 2 SPOT

Location: On the dorsum of the hand on the radial side of the second metacarpal bone level with the point that is the distal one-third of the line between the B point and the transverse crease of the wrist.

Indications: Cough, coughing up phlegm, asthma, cold, fever, and headache.

LARGE INTESTINE SPOT

Location: On the dorsum of the hand on the radial side of the second metacarpal bone level with the point that is the proximal one-third of the line between the B point and the transverse crease of the wrist.

Indications: Abdominal fullness, vomiting, diarrhea, constipation, dysentery, cold, headache, coughing, and asthma.

LUNG 1 SPOT

Location: On the dorsum of the hand just proximal to the head of the first metacarpal bone in the depression between the thumb vertical line and the light and dark skin.

Indications: Cough, phlegm, asthma, sore throat, toothache, stiff neck, chest and back pain, and Xiao Ke syndrome.

SPLEEN SPOT

Location: On the dorsum of the hand on the midpoint of the first metacarpal bone between the thumb vertical line and the light and dark skin.

Indications: Abdominal pain, bloating, regurgitation, vomiting, poor appetite, diarrhea, and constipation.

SAN JIAO SPOT

Location: On the dorsum of the hand between the fourth and fifth metacarpal bones level with the point that is the distal one-fourth of the line between the D point and the transverse crease of the wrist.

Indications: Fever, headache, cough, chest and hypochondriac area pain, edema, constipation, and shoulder and arm pain.

GALLBLADDER SPOT

Location: On the dorsum of the hand between the fourth and fifth metacarpal bones level with the midpoint of the line between the D point and the transverse crease of the wrist.

Indications: Low back and sacral area pain, hypochondriac area pain, gallbladder infections, gallstones, and hepatitis.

KIDNEY 2 SPOT

Location: On the dorsum of the hand between the fourth and fifth metacarpal bones level with the point that is the proximal one-third of the line between the D point and the transverse crease of the wrist.

Indications: Low back and knee soreness and weakness, prolapse of the bladder, abdominal fullness, dysmenorrhea, frequent urination, edema, and nephritis.

SMALL INTESTINE SPOT

Location: On the dorsum of the hand between the little finger vertical line and the light and dark skin level with the point that is the distal one-fourth of the fifth metacarpal bone.

Indications: Abdominal pain, diarrhea, vomiting, abdominal fullness, malaria, sore throat, neurosis, and dizziness.

URINARY BLADDER SPOT

Location: On the dorsum of the hand between the little finger vertical line and the light and dark skin level with the midpoint of the fifth metacarpal bone.

Indications: Low back soreness and pain, abdominal pain, diarrhea, bloating, scanty urination, incontinence, and urinary and reproductive system disorders.

Four extremity and trunk points The points in this section are based on the right hand, so the instructions for the left hand will be the opposite. For example, in *Right Wrist* the point is located on the ring finger of the right hand, but if it were needled on the left hand, it would be located on the index finger (Figure 19-9).

HEAD

Location: At the tip of the middle finger.

Indications: Headache, vomiting, belching, stroke, heat stroke, loss of consciousness, high fever, and convulsions.

VERTEX

Location: On the dorsal side of the middle finger on the middle vertical line and the midpoint of the distal interphalangeal joint transverse crease.

Indications: Headache, belching, dizziness, stroke, coma, palpitations, forgetfulness, and fever.

OCCIPITAL POINT OF THE HEAD

Location: On the dorsal side of the middle finger on the middle vertical line and the midpoint of the proximal interphalangeal joint transverse crease.

Indications: Headache, neck stiffness, vomiting, and belching.

NECK

Location: On the dorsal side of the middle finger midway between the C point and the margin of the finger web with a point on both sides of the middle finger.

Indications: Headache, dizziness, neck stiffness, limited range of motion, shoulder and back pain, fever, aversion to cold, malaria, cough, insomnia, and neurosis.

BACK

Location: On the dorsum of the hand on the middle vertical line on the distal one-third between the C point and the transverse crease of the wrist.

Indications: Upper back and middle back pain, intercostal nerve pain, fullness of the chest and ribs, and heavy sensations of the back and chest.

LUMBAR

Location: On the dorsum of the hand on the middle vertical line on the proximal one-third between the C point and the transverse crease of the wrist.

Indications: Low back pain, sacral pain, and herniated disc.

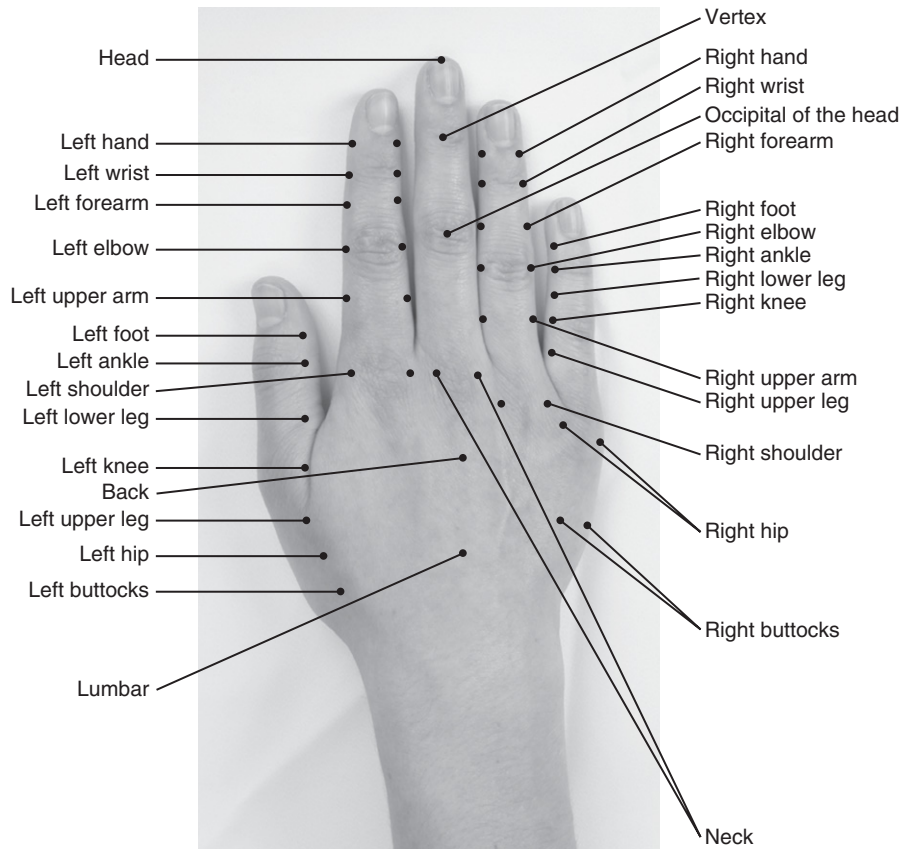


FIGURE 19-9 Dorsal view of the right hand showing four extremity and trunk points in the new hand acupuncture system. These points can be applied to the palmar side of the hand, as well, if the condition being treated is located on the Yin side of the body.

RIGHT HAND

Location: On the dorsal side of the ring finger midway between the corner of the fingernail and the distal interphalangeal joint close to the light and dark skin with one point on both sides.

Indications: Hand numbness and swelling and pain of the finger joints.

RIGHT WRIST

Location: On the dorsal side of the ring finger at the distal interphalangeal joint transverse crease close to the light and dark skin with one point on both sides.

Indications: Sprained wrist joint and arthritis.

RIGHT FOREARM

Location: On the dorsal side of the ring finger at the midway point of the middle phalanx close to the light and dark skin with one point on both sides.

Indications: Forearm pain.

RIGHT ELBOW

Location: On the dorsal side of the ring finger at the proximal interphalangeal joint transverse crease close

to the light and dark skin with one point on both sides.

Indications: Tennis elbow, sprained elbow joint, frozen shoulder, and neck pain.

RIGHT UPPER ARM

Location: On the dorsal side of the ring finger at the midway point of the proximal phalange close to the light and dark skin with one point on both sides.

Indications: Shoulder and arm soreness and pain.

RIGHT SHOULDER

Location: On the dorsal side of the ring finger at the metacarpophalangeal joint transverse crease close to the light and dark skin with one point on both sides.

Indications: Frozen shoulder and shoulder sprain.

LEFT HAND

Location: On the dorsal side of the index finger midway between the corner of the fingernail and the distal interphalangeal joint close to the light and dark skin with one point on both sides.

Indications: Finger numbness and swelling and pain of the finger joint.

LEFT WRIST

Location: On the dorsal side of the index finger at the distal interphalangeal joint transverse crease close to the light and dark skin with one point on both sides.

Indications: Sprained wrist and arthritis.

LEFT FOREARM

Location: On the dorsal side of the index finger at the midway point of the middle phalanx close to the light and dark skin with one point on both sides.

Indications: Forearm pain.

LEFT ELBOW

Location: On the dorsal side of the index finger at the proximal interphalangeal joint transverse crease close to the light and dark skin with one point on both sides.

Indications: Tennis elbow, sprained elbow, scapulohumeral peri-arthritis, and cervical spondylosis.

LEFT UPPER ARM

Location: On the dorsal side of the index finger at the midway point of the proximal phalanx close to the light and dark skin with one point on both sides.

Indications: Soreness of the shoulder and arm.

LEFT SHOULDER

Location: On the dorsal side of the index finger at the metacarpophalangeal joint transverse crease close to the light and dark skin with one point on both sides.

Indications: Frozen shoulder, sprained shoulder, neck pain, and paralysis.

RIGHT FOOT

Location: On the dorsal side of the little finger at the midpoint between the corner of the fingernail and the distal interphalangeal joint transverse crease close to the light and dark skin with one point on both sides.

Indications: Numbness of the toes, heel pain, and gout disease.

RIGHT ANKLE

Location: On the dorsal side of the little finger on the distal interphalangeal joint transverse crease close to the light and dark skin with one point on both sides.

Indications: Sprained ankle and ankle pain.

RIGHT LOWER LEG

Location: On the dorsal side of the little finger at the midpoint on the middle phalanx close to the light and dark skin with one point on both sides.

Indications: Soreness of the lower leg, weakness of the leg, charley horse, and pain of the lower leg.

RIGHT KNEE

Location: On the dorsal side of the little finger on the proximal interphalangeal joint transverse crease close to the light and dark skin with one point on both sides.

Indications: Knee joint sprain and rheumatoid arthritis.

RIGHT UPPER LEG

Location: On the dorsal side of the little finger at the midpoint of the proximal phalangeal joint close to the light and dark skin with one point on the both side.

Indications: Sciatic nerve pain, upper leg muscle sprain, and numbness.

RIGHT HIP

Location: On the dorsal side of the little finger on the metacarpophalangeal joint with one point close to the light and dark skin and one point on the other side at the same level.

Indications: Sciatic nerve pain, bursitis, and rheumatoid arthritis.

RIGHT BUTTOCKS

Location: On the dorsal side of the fifth metacarpal bone on the level of the midpoint between the E point and the transverse crease of the joint with one point close to the light and dark skin and one point on the other side at the same level.

Indications: Sciatic nerve pain, bursitis, and hip pain.

LEFT FOOT

Location: On the dorsal side of the thumb at the midpoint between the corner of the fingernail and the interphalangeal joint transverse crease close to the light and dark skin with one point on both sides.

Indications: Toe numbness, heel pain, and ghost disease.

LEFT ANKLE

Location: On the dorsal side of the thumb on the interphalangeal joint transverse crease close to the light and dark skin with one point on both sides.

Indications: Sprained ankle, arthritis, and heel pain.

LEFT LOWER LEG

Location: On the dorsal side of the thumb at the midpoint of the proximal phalanx close to the light and dark skin with one point on both sides.

Indications: Soreness and pain of the lower leg, weakness of the foot, and systemma.

LEFT KNEE

Location: On the dorsal side of the thumb on the metacarpophalangeal joint transverse crease close to the light and dark skin with one point on both sides.

Indications: Sprain of the knee joint, meniscus injury, and rheumatoid arthritis.

LEFT UPPER LEG

Location: One on the dorsal side of the first metacarpal bone at the distal one-third on the radial side close to the light and dark skin and one on the other side of the bone at the same level.

Indications: Sciatic nerve pain and numbness of the legs.

LEFT HIP

Location: On the dorsal side of the first metacarpal bone at the midway point with one point on the radial side close to the light and dark skin and one point on the other side at the same level.

Indications: Sciatic nerve pain, bursitis, and arthritis.

LEFT BUTTOCKS

Location: One on the dorsal side of the thumb at the proximal one-third on the radial side close to the light and dark skin and one on the other side at the same level.

Indications: Sciatic nerve pain and sacroiliitis.

Special effect points

Palm aspect of the hand (Figure 19-10).

MALARIA

Location: On the palm of the hand at the articulation of the first metacarpal bone with the wrist on the radial portion of the thenar eminence.

Indications: Fever and malaria.

COMMON COLD

Location: On the palm of the hand at the midpoint of the first metacarpal bone on the radial side at the junction of the light and dark skin.

Indications: Cold, cough, tonsillitis, and toothache.

FIVE TIGER POINT (WU HU)

Location: On the palm of the hand on the radial side of the thumb, there are five points on the proximal phalanx divided equally from the interphalangeal joint to the metacarpophalangeal joint.

Indications: Heel pain, hand pain, and headache.

ZHONG XIAN

Location: On the palm of the hand between the first and second metacarpal bones 2.0 cun proximal from the margin of the web.

Indications: Back pain, shoulder pain, neck pain, paralysis, pneumonia, cough, asthma, and fibroids.

CONSTIPATION

Location: On the palmar aspect of the index finger at the midpoint of the proximal interphalangeal joint transverse crease.

Indications: Constipation.

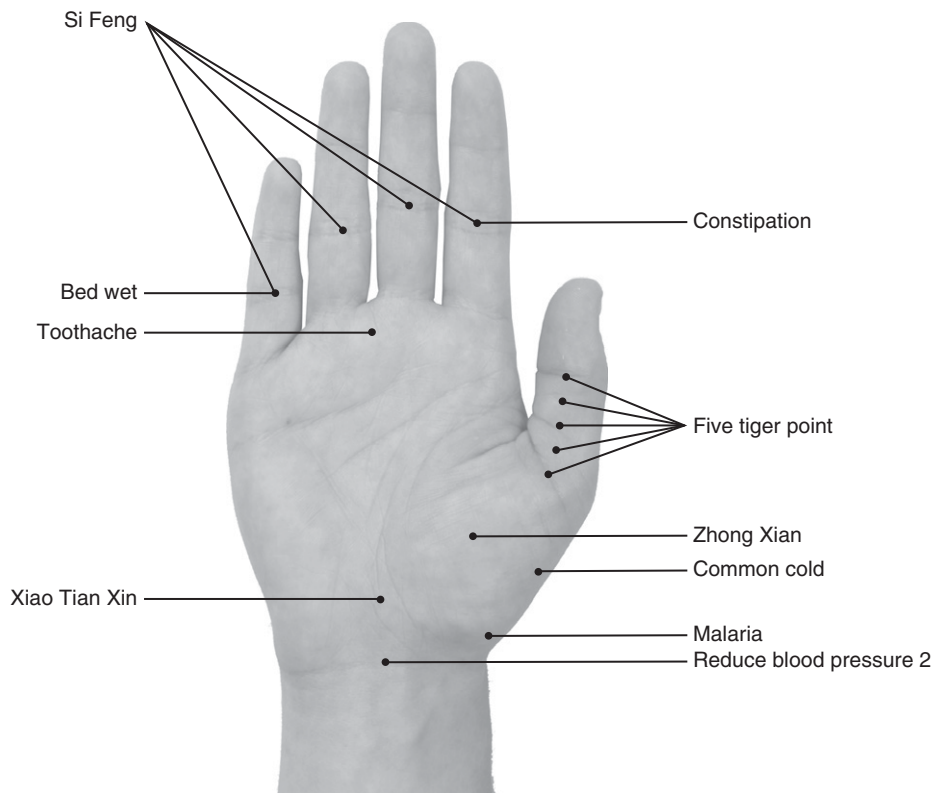


FIGURE 19-10 New hand acupuncture system special effect points on the palmar aspect of the hand.

TOOTHACHE

Location: On the palm of the hand between the third and fourth metacarpal bones 1.0 mm from the margin of the web.

Indications: Toothache and peridentitis.

XIAO TIAN XIN

Location: On the palm of the hand at the midpoint of the intersection between the thenar and hypothenar eminences.

Indications: High fever and constipation.

REDUCE BLOOD PRESSURE 2

Location: On the palm of the hand at the midpoint of the first and second transverse crease of the wrist.

Indications: High blood pressure.

BED WETTING

Location: On the palmar aspect of the little finger at the midpoint of the proximal interphalangeal joint transverse crease.

Indications: Frequent urination and urination at night without waking up.

SI FENG

Location: On the palm of the hand at the midpoint of the proximal interphalangeal joint transverse crease on the index, middle, ring, and little fingers on the left and right hand for a total of eight points.

Indications: Malnutrition and indigestion syndrome in children, diarrhea, roundworms, and whooping cough. Dorsal aspect of the hand (Figure 19-11).

FU KE POINT

Location: On the dorsal side of the thumb 1.0 fen ulnar to the thumb vertical line between the interphalangeal joint and the metacarpophalangeal joint; one point is on the upper one-third, and one point is on the lower one-third.

Indications: Dysmenorrhea and infertility.

NOSEBLEEDS

Location: On the dorsal side of the thumb at the thumb vertical line and the transverse crease of the wrist.

Indications: Nosebleeds and sinus conditions.

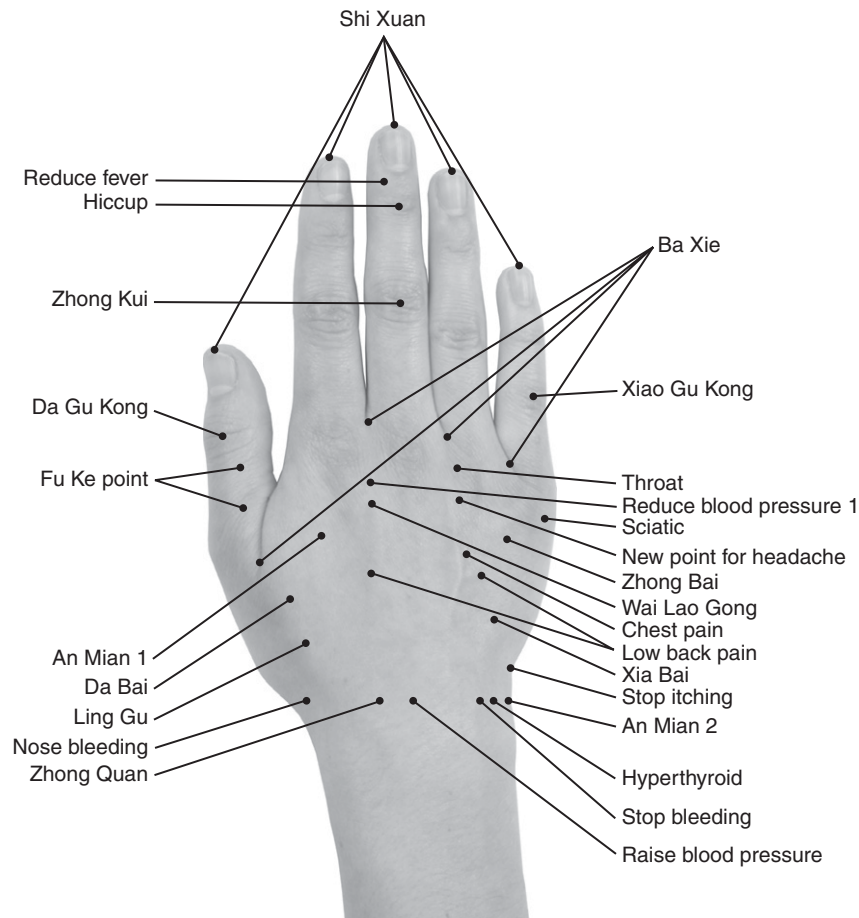


FIGURE 19-11 New hand acupuncture system special effect points on the dorsal aspect of the hand.

AN MIAN 1

Location: On the dorsal side of the hand on the radial side of the distal one-third of the second metacarpal bone.

Indications: Insomnia.

DA BAI

Location: On the dorsal side of the hand between the first and second metacarpal bones in the depression proximal to the head of the second metacarpal bone.

Indications: Infantile asthma, high fever, and sciatic nerve pain.

LING GU

Location: On the dorsal side of the hand in the connecting area between the first and second metacarpal bones.

Indications: Sciatic nerve pain, low back pain, foot pain, paralysis, irregular menses, difficult labor, back pain, tinnitus, deafness, and migraine headache.

REDUCE FEVER

Location: On the dorsal side of the hand on the radial side of the middle finger about 0.1 cun posterior to the corner of the nail.

Indications: Fever and diarrhea.

REDUCE BLOOD PRESSURE 1

Location: On dorsal side of the hand between the second and third metacarpal bones close to the metacarpophalangeal joint.

Indications: Whiplash and neck and shoulder pain and high blood pressure.

WAI LAO GONG

Location: On the dorsal side of the hand between the second and third metacarpal bones about 0.5 cun posterior to the metacarpophalangeal joint.

Indications: Sore neck and pain in the shoulder and arm.

RAISE BLOOD PRESSURE

Location: On the dorsal side of the hand at the midpoint of the transverse crease of the wrist.

Indications: Low blood pressure.

HICCUP

Location: On the dorsal side of the middle finger at the midpoint of the distal interphalangeal joint transverse crease.

Indications: Hiccups.

THROAT

Location: On the dorsal side of the hand between the third and fourth metacarpophalangeal joints close to the third metacarpophalangeal joint.

Indications: Acute tonsillitis, sore throat, toothache, and trigeminal neuralgia.

NEW POINT FOR HEADACHE

Location: On the dorsal side of the hand between the third and fourth metacarpal bones 0.5 cun proximal to the metacarpophalangeal joint.

Indications: Headache and migraine.

CHEST PAIN

Location: On the dorsal side of the hand between the third and fourth metacarpal bones in the depression proximal to the head of the metacarpal bone when pressed.

Indications: Chest injury, intercostal nerve pain, and pain in the four extremities.

LOW BACK PAIN

Location: Two points are located on the dorsal side of the hand 1.5 cm distal to the transverse crease of the wrist; one is on the radial side of the tendon of the second extensor digitorum manus and one is on the ulnar side of the fourth extensor digitorum manus.

Indications: Acute low back pain and leg pain.

STOP BLEEDING

Location: On the dorsal side of the hand between the ring finger vertical line and the little finger vertical line on the transverse crease of the wrist.

Indications: Bleeding conditions.

ZHONG BAI

Location: On the dorsal side of the hand on the distal one-third between the fourth and fifth metacarpal bones.

Indications: Low back pain, dizziness, eye strain, fatigue, sciatic nerve pain, edema, high blood pressure, and headache.

XIA BAI

Location: On the dorsal side of the hand on the proximal one-third between fourth and fifth metacarpal bones.

Indications: Low back pain, dizziness, eye strain, fatigue, sciatic nerve pain, edema, high blood pressure, and headache. Xia Bai is more specific for sensitivity of the teeth and hypochondriac area pain.

HYPERTHYROID

Location: On the dorsal side of the hand on the little finger vertical line and the transverse crease of the wrist in a depression distal to the ulnar bone.

Indications: Hyperthyroidism.

SCIATIC

Location: On the dorsal side of the little finger on the ulnar side of the metacarpophalangeal joint close to the light and dark skin.

Indications: Sciatic nerve pain and leg pain.

STOP ITCHING

Location: On the dorsal and ulnar side of the hand 1.0 cun distal to the transverse crease of the wrist close to the light and dark skin.

Indications: Itchy skin.

AN MIAN 2

Location: On the ulnar side of the transverse crease of the wrist in a depression just lateral to Ht 7 (Shen Men).

Indications: Insomnia.

DA GU KONG

Location: On the dorsal side of the thumb at the midpoint of the interphalangeal joint transverse crease.

Indications: Eye pain, blurry eyes, vomiting, and diarrhea.

ZHONG KUI

Location: On the dorsal side of the middle finger at the midpoint of the proximal interphalangeal joint transverse crease.

Indications: Nausea, vomiting, and hiccups.

XIAO GU KONG

Location: On the dorsal side of the little finger at the midpoint of the proximal interphalangeal joint transverse crease.

Indications: Eye swelling and pain, blurred vision, sore throat, and arthritis.

SHI XUAN

Location: On the tip of each of the ten fingers about 0.1 cun distal to the fingernail.

Indications: Coma, shock, summer heat, high fever, infantile convulsions, seizures, tonsillitis, and numbness of the fingertips.

BA XIE

Location: On the dorsal side of the hand while making a loose fist, the eight points are at the junction of the light and dark skin of the web between the fingers.

Indications: Excessive heat, finger numbness, spasm and contraction of the fingers, and redness and swelling of the dorsum of the hand.

ZHONG QUAN

Location: On the dorsal side of the wrist at the transverse crease in the depression radial to the tendon of the muscle extensor digitorum communis.

Indications: Chest fullness, stomach pain, and vomiting blood.

Koryo Hand Acupuncture Therapy

Koryo hand acupuncture therapy (KHT) was originally studied and developed by a Korean acupuncturist, Dr. Tae Woo Yoo, between 1971 and 1975. He has spent the last 20 years researching KHT worldwide. The theory was established in a systematic way, and the whole system is divided into correspondence

points, micro-meridians, Five Elements, eight extraordinary points, and special points therapy. Koryo hand acupuncture therapy is a special theory that looks at the hands as a miniature of the whole human body. Just as the human body has 14 basic meridians, so does the hand. The hand meridians are known as the 14 micro-meridians and there are 345 points on the hand micro-meridians. The energy flows not only in the 14 meridians of the body, but also in the 14 hand micro-meridians. By stimulating the points on the micro-meridians, the physiologic functions of the whole body can be regulated.

KHT diagnoses can be divided into traditional method of diagnosis, correspondence points, three constitution, Yin and Yang pulse, electronic beam, biorhythm, and five finger diagnosis.

The Koryo hand acupuncture system views the hand as a person sitting with the arms and legs stretched out. The middle finger represents the body's head, neck, and trunk. The thumb and little finger represent the legs, and the index and ring fingers represent the arms.

This miniature system of the whole body views the hand's palm side as the anterior side of the body and the hand's dorsal side as the posterior side of the body (Figure 19-12).

In the Koryo hand acupuncture system, as the 14 macro-meridians, each has their own special pathways and use the same meridian systems.

- The Du meridian is located on the dorsal side of the middle finger and the third metacarpal bone, just as it is located on the dorsal side of the spine in the macro-acupuncture system.
- The Ren meridian is located on the palm side of the middle finger and metacarpal bone.
- The Large Intestine, Small Intestine, and San Jiao meridians are located on the dorsal side of the index and ring fingers.
- The Kidney, Urinary Bladder, and Gallbladder meridians are located on the dorsal side of the thumb and little finger.
- The Heart, Pericardium, and Lung meridians are located on the palm side of the index and ring finger.
- The Liver, Spleen, and Stomach meridians are located on the palm side of the thumb and little finger.

The palm side of the hand facing away from the body is the standard position. Draw a vertical line in the middle of the hand to form right and left sides. When both hands are in the same direct position with the body, the same side of the hands will represent the same side of the body. For example:

- The dorsal side of the right thumb and dorsal side of the left little finger represent the left posterior part of the leg.
- The dorsal side of the right index finger and the dorsal side of the left ring finger represent the dorsal side of the left arm.
- The palmar side of the right thumb and the palm side of the left little finger represent the anterior side of the left leg.
- The palmar side of the right index finger and the palm side of the left ring finger represent the medial side of the left arm.
- The distal phalanx corresponds to the hand and foot.
- The distal interphalangeal joint corresponds to the wrist and ankle.
- The middle phalanx corresponds to the forearm and lower leg.

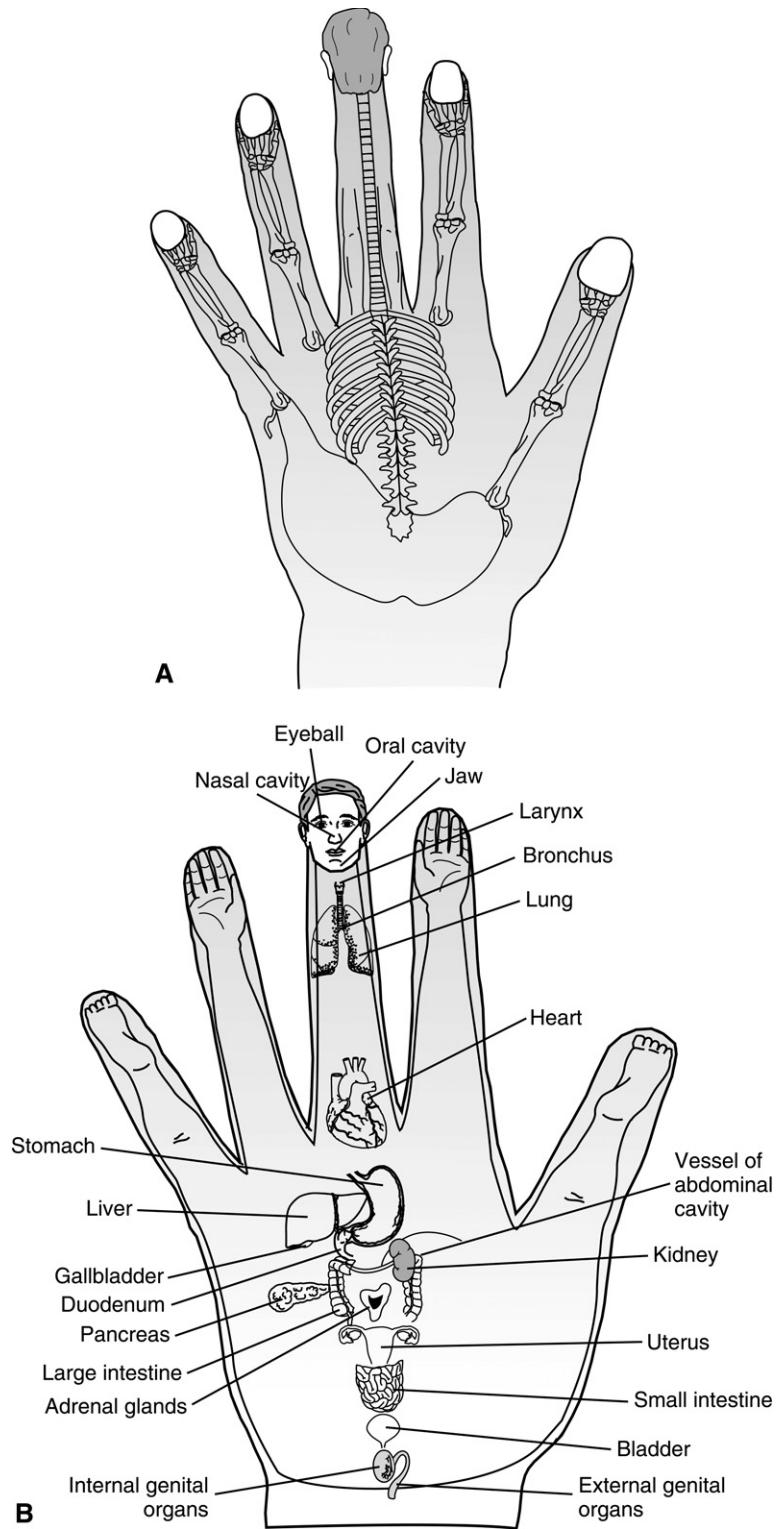


FIGURE 19-12 A, In the Koryo hand acupuncture system, the human body lies face up on the palmar side of the hand and the internal organs are distributed on the palm. **B**, In the Koryo hand acupuncture system, the human body lies face down on the dorsal side of the hand.

- The proximal interphalangeal joint corresponds to the elbow and knee.
 - The proximal phalanx corresponds to the upper arm and upper leg.
 - The metacarpophalangeal joint corresponds to the shoulder and hip.
- See Figures 19-13 and 19-14.

TABLE OF STANDARDS FOR PROPORTIONAL MEASUREMENTS

The measurements of KHT use the terms *chon* instead of *cun* and *bun* instead of *fen* (Figure 19-15 and Table 19-1).

THE 14 MICROMERIDIANS, SYMBOLS, AND PATHWAYS See Figure 19-13 and Table 19-2.

KORYO HAND ACUPUNCTURE POINTS AND LOCATIONS For the point locations in this section, the term *medial* means the side of the finger that is closest to the middle finger, and the term *lateral* means the side of the finger that is away from the middle finger.

- Four extremities and trunk points** See Figure 19-16
- Dorsal side of the hand for the arm. See Table 19-3A
- Palmar side of the hand for the arm. See Table 19-3B
- Dorsal side of the hand for the leg. See Table 19-4A
- Palmar Side of the hand for the leg. See Figure 19-16. See Table 19-4B

Internal organ points

Palmar side of the hand for the internal organs. *Note:* The location of point A8 is midway between the transverse crease of the wrist and the third metacarpophalangeal joint transverse crease (Table 19-5).

See Figure 19-17.

Dorsal side of the hand for the trunk of the body. See Table 19-6.

See Figure 19-18.

For more detailed information about Koryo hand therapy, refer to the book *Koryo Hand Therapy* by Dr. Tae Woo Yoo and other related information.

Hand Imaging Acupuncture

FANG SYSTEM Dr. Yuen-Peng Fang of Xian, China, invented hand imaging acupuncture in the early 1970s. This therapy uses needles to stimulate points on the hand to treat whole-body disease. Dr. Yuen-Peng Fang developed this technique from his long-term clinical experience after discovering the many special functions of certain points and how these points are systematically distributed on the hand. There are three small ratios of the human body that are vertically distributed on the hand. These three human body figures distribute separately

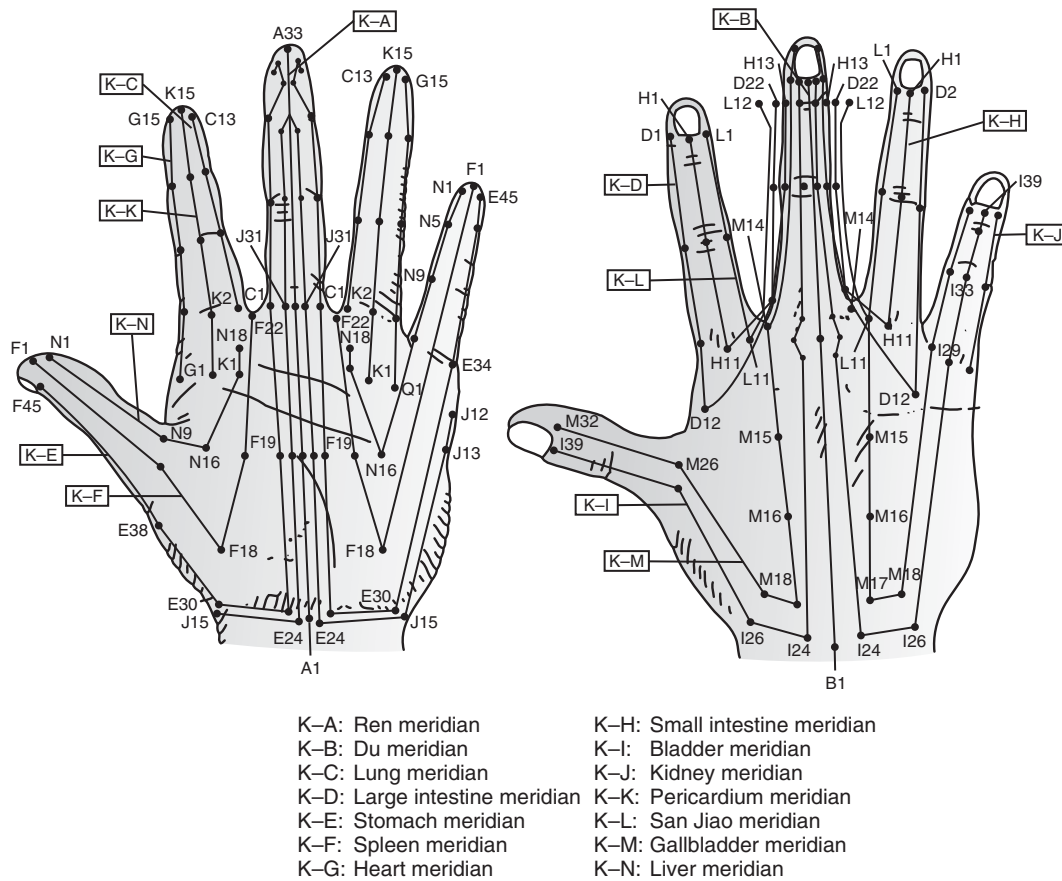


FIGURE 19-13 The Koryo hand acupuncture system 14 micro-meridians on the palmar and dorsal aspect of the hand.

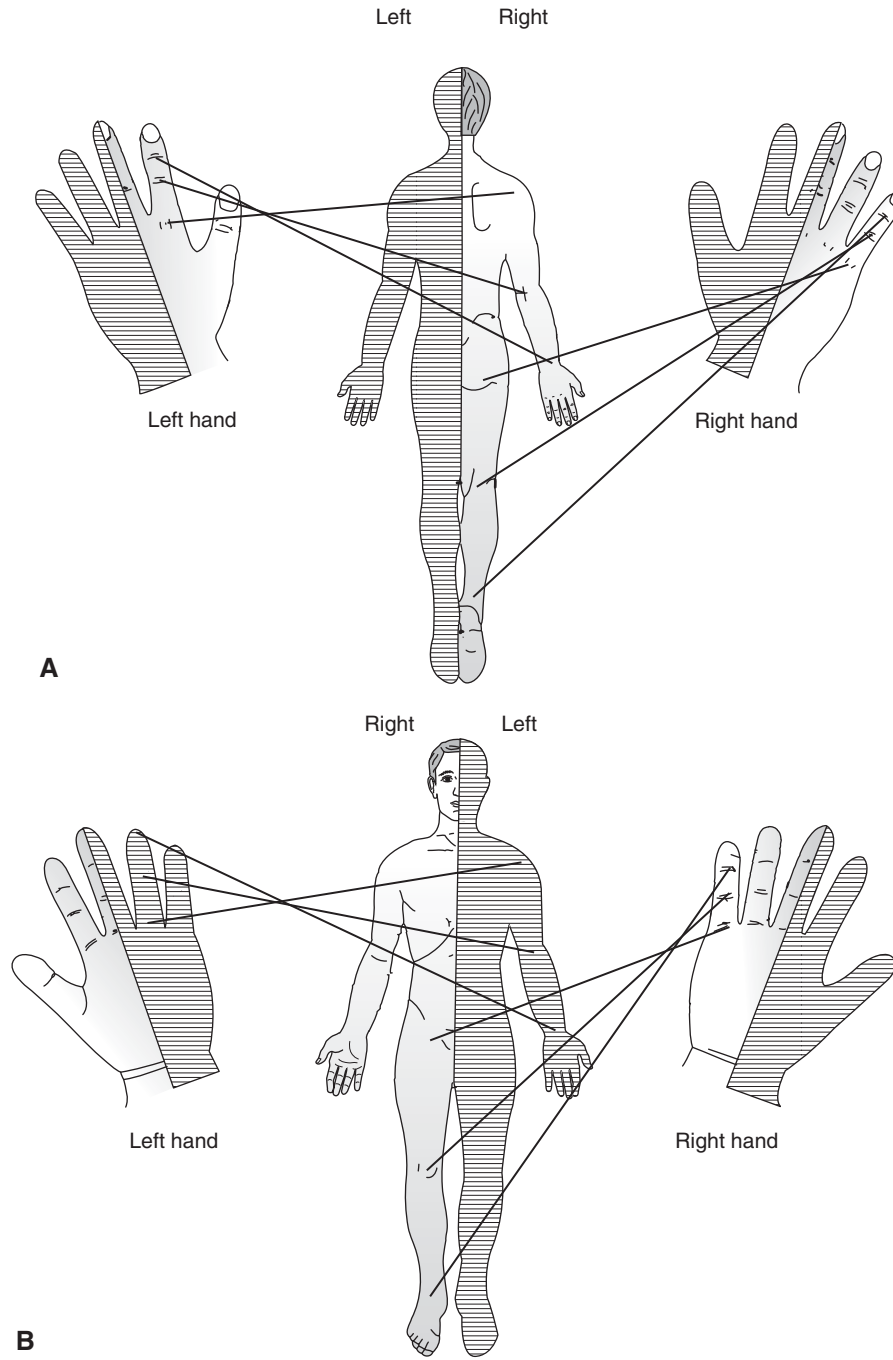


FIGURE 19-14 A, In the Koryo hand acupuncture system, when both hands are in the same position as the body, the same side of the hands will represent the same side of the body. In addition, the segments of the hand will correspond to the segments of the body. Posterior view of the hands and body. **B**, In the Koryo hand acupuncture system, when both hands are in the same position as the body, the same side of the hands will represent the same side of the body. In addition, the segments of the hand will correspond to the segments of the body. Anterior view of the hands and body.

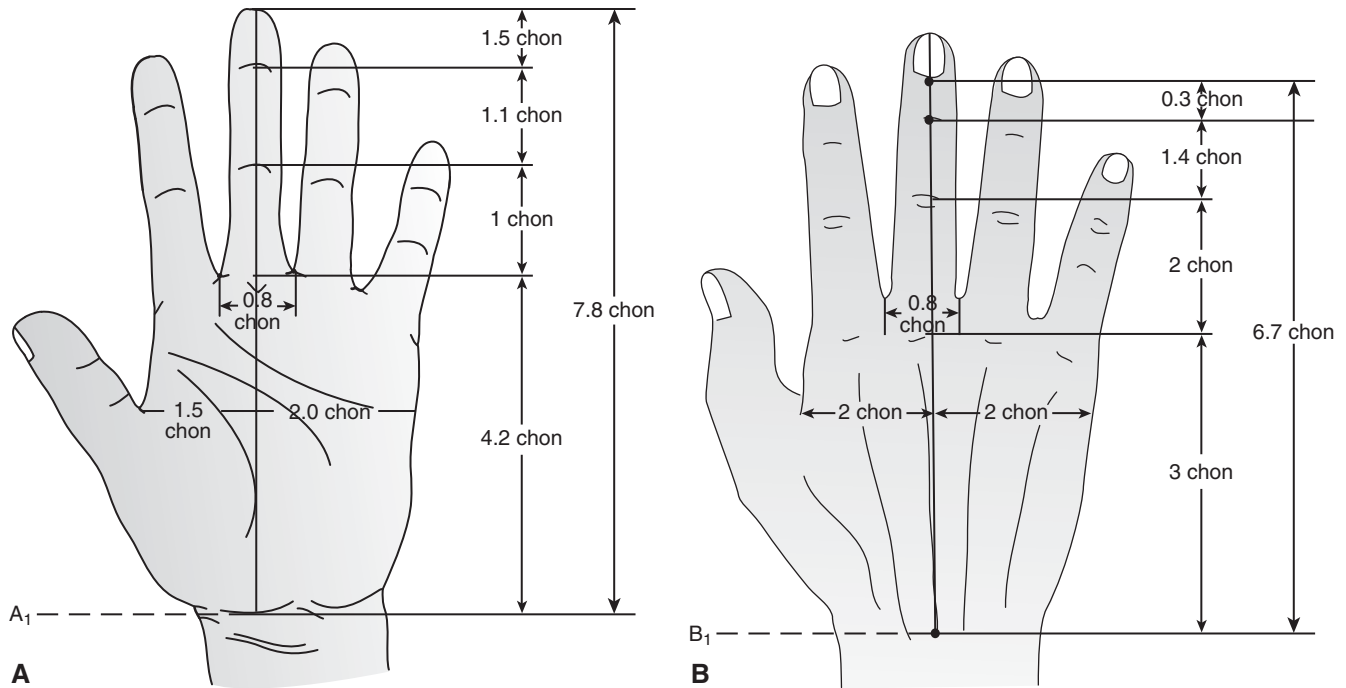


FIGURE 19-15 **A**, The Koryo hand acupuncture system proportional measurements of the palmar side of the hand. **B**, The Koryo hand acupuncture system proportional measurements of the dorsal side of the hand.

PALM SIDE

TABLE 19-1A

Hand Acupuncture: KHT Proportional Measurement Standards for the Palmar Side of the Hand

Hand Part	Distance	Proportional Measurements	Method	Explanation
Palm	From the midpoint of the palmar transverse crease of the wrist to the middle fingertip	7 chon and 8 bun	Longitudinal measurements	A1 to the middle of the fingertip
Palm	From the midpoint of the palmar transverse crease of the wrist to the midpoint of the third metacarpophalangeal joint crease	4 chon and 2 bun	Longitudinal measurements	A1 to A16
Palm side of the middle finger	From the midpoint of the third metacarpophalangeal joint crease to the middle finger proximal interphalangeal joint crease	1 chon	Longitudinal measurement	A16 to A20
Palm side of the middle finger	From the midpoint of the middle finger proximal interphalangeal joint crease to the middle finger distal phalangeal joint crease	1 chon and 1 bun	Longitudinal measurements	A20 to A24
Palm side of the middle finger	From the midpoint of the middle finger distal interphalangeal joint crease to the middle fingertip	1 chon and 5 bun	Longitudinal measurements	A26 to A33
Palm	From the vertical midline to the red and white skin junction on the thumb side of the index finger	1 chon and 5 bun	Transverse measurements	
Palm	From vertical midline to the red and white skin junction of the little finger	2 chon	Transverse measurements	
Palm	Between the end of the transverse crease of the metacarpophalangeal joint on the middle finger of the palmar side	0.8 chon	Transverse measurements	

DORSAL SIDE

TABLE 19-1B

Hand Acupuncture: KHT Proportional Measurement Standards for the Dorsal Side of the Hand

Hand Part	Distance	Proportional Measurement	Method	Explanation
Dorsum	From the midpoint of the dorsal transverse crease of the wrist to the lower border of the middle fingernail	6 chon and 7 bun	Longitudinal measurement	B1 to middle fingertip
Dorsum	From the midpoint of the dorsal transverse crease of the wrist to the middle finger metacarpophalangeal joint	3 chon	Longitudinal measurement	B1 to B14
Dorsum of the middle finger	From the middle finger metacarpophalangeal joint to the middle finger proximal interphalangeal joint	2 chon	Longitudinal measurement	B14 to B19
Dorsum of the middle finger	From the middle finger proximal interphalangeal joint to the middle finger distal interphalangeal joint	1.4 chon	Longitudinal measurement	B19 to B24
Dorsum of the middle finger	From the middle finger distal interphalangeal joint to the lower border of the middle finger	0.3 chon	Longitudinal measurement	B24 to B27
Dorsum	From the middle metacarpal bone to the borders of the hand in both the radial and ulnar directions	2 chon	Transverse measurements	
Dorsum	Between the end of the transverse crease of the third metacarpophalangeal joint	0.8 chon	Transverse measurements¶	

TABLE 19-2

Hand Acupuncture: KHT 14 Micro-meridians, Symbols, and Pathways

Micro-meridians	Letter Symbol	Pathway on Hands	Total Acupuncture Points
Ren	K-A	Located on the palmar side of the hand and runs from the transverse crease of the wrist to the tip of the middle finger.	33
Du	K-B	Located on the dorsal side of the hand and runs from the transverse crease of the wrist to the lower border of the third fingernail.	27
Lung	K-C	Located on the palmar side and originates at K-A12 point and runs to the index and ring fingers from the metacarpophalangeal joint to the tip of the finger along the edges of the fingers adjacent to the middle finger.	13
Large Intestine	K-D	Located on the dorsal side of the index and ring fingers and runs from the tip of the finger to the metacarpophalangeal joint along the lateral side of the finger. It continues to flow on the dorsal side of the middle finger on the lateral side from the metacarpophalangeal joint and then turns to the palmar side ending midway between the distal interphalangeal joint and the tip of the finger.	22
Stomach	K-E	Located on the palmar side of the hand; starts midway between the tip of the middle finger and the distal interphalangeal joint and runs proximally 0.2 chon lateral from the midline of the middle finger. Then it runs proximally 0.3 chon after the metacarpophalangeal joint to the transverse crease of the wrist, and it then turns and runs distally along the lateral side of the thumb and little finger.	45
Spleen	K-F	Located on the palmar side of the hand; starts at the top of the thumb and little finger and runs along the center line of each finger to the palm. Then it runs distally to the side of the base of the metacarpophalangeal joint of the middle finger.	22
Heart	K-G	Located on the palmar side of the index and ring fingers. It originates at the KA-16 and runs on the side away from the middle finger from the metacarpophalangeal joint. It flows distally along the side of the index and ring fingers to the lower part of the fingernail.	15
Small Intestine	K-H	Located on the dorsal side of the index and ring fingers; starts at the lower part of the fingernail on the center line of the fingers and runs to the metacarpophalangeal joint. It then runs up along the side of the middle finger from the side of the metacarpophalangeal joint to the tip of the middle finger.	14
Urinary Bladder	K-I	Located on the dorsal side of the hand; originates below the fingernail of the middle finger 0.1 chon lateral to the midline and runs to the metacarpophalangeal joint. It then runs 0.2 chon lateral to the midline to the transverse crease of the wrist. From here, two branches separate to the center line of the dorsum of the thumb and little finger and continue below the fingernail.	39
Kidney	K-J	Located on the dorsal side of the hand and starts lateral to the corner of the thumb and little fingernail. Then it runs along the dark and white skin of the finger to the transverse crease of the wrist and runs along the crease on the palmar side. It then goes up and runs 0.5 chon lateral to the midline and ends below the distal interphalangeal joint.	38
Pericardium	K-K	Located on the palmar side of the hand; originates at the midpoint of the proximal phalanx on the middle finger and then travels 1.0 chon proximal to the metacarpophalangeal joint of the index and ring fingers and runs on the center line to the tip of the fingers.	15
Triple Heater	K-L	Located on the dorsal side of the index and ring fingers; starts 0.1 chon to the corner of the fingernail and then runs along the edges of the fingers adjacent to the middle finger to the metacarpophalangeal joints. It then runs up the sides of the middle finger.	12

Continued

TABLE 19-2**Hand Acupuncture: KHT 14 Micro-meridians, Symbols, and Pathways—cont'd**

Micro-meridians	Letter Symbol	Pathway on Hands	Total Acupuncture Points
Gallbladder	K-M	Located on the dorsal side of the hand; starts on the side of the top of the middle finger and runs down next to the bladder micro-meridian to the transverse crease of the wrist. It then turns to the side of the thumb and little finger and continues up to the side of the fingernail toward the middle finger.	32
Liver	K-N	Located on the palmar side of the hand and starts at the top of the thumb and little finger on the side closest to the middle finger. It then flows down to the palm and redirects its flow up and ends at the point 0.7 chon bilateral to A13.	18

TABLE 19-3A**Hand Acupuncture: KHT Points for the Arm on the Dorsal Side of the Hand**

Corresponding Area	Micro-meridian Point	Corresponding 14 Macro-meridian Points	KHT Points Location
Wrist	D 3	LI 5	Located on the dorsal side of the index and ring fingers on the lateral side of the distal interphalangeal joint transverse crease.
	H 3	SI 5	Located on the dorsal side of the index and ring fingers at the center of the distal interphalangeal joint transverse crease.
	L 3	SJ 4	Located on the dorsal side of the index and ring fingers at the medial side of the distal interphalangeal joint transverse crease.
Elbow	D 7	LI 11	Located on the dorsal side of the index and ring fingers at the lateral side of the proximal interphalangeal joint transverse crease.
	H 7	SI 8	Located on the dorsal side of the index and ring fingers at the center of the proximal interphalangeal joint transverse crease.
	L 7	SJ 10	Located on the dorsal side of the index and ring fingers at the medial side of the proximal interphalangeal joint transverse crease.
Shoulder	D 11	LI 15	Located on the dorsal side of the index and ring fingers at the lateral side of the metacarpophalangeal joint transverse crease.
	H 11	SI 11	Located on the dorsal side of the index and ring fingers at the center of the metacarpophalangeal joint transverse crease.
	L 11	SJ 14	Located on the dorsal side of the hand between the metacarpophalangeal joint of the index and middle fingers and the ring and middle fingers.

TABLE 19-3B**Hand Acupuncture: KHT Points for the Arm on the Palm Side of the Hand**

Corresponding Area	Micro-meridian Point	Corresponding 14 Macro-meridian Points	KHT Points Location
Wrist	G 11	HT 7	Located on the palmar side of the index and ring fingers at the lateral side of the distal interphalangeal joint transverse crease.
	K 10	P 7	Located on the palmar side of the index and ring fingers at the center of the distal interphalangeal joint transverse crease.
	C 9	LU 9	Located on the palmar side of the index and ring fingers at the medial side of the distal interphalangeal joint transverse crease.
Elbow	G 7	HT 3	Located on the palmar side of the index and ring fingers at the lateral side of the proximal interphalangeal joint transverse crease.
	K 6	P 3	Located on the palmar side of the index and ring fingers at the center of the proximal interphalangeal joint transverse crease.
	C 5	LU 5	Located on the palmar side of the index and ring fingers at the medial side of the proximal interphalangeal joint transverse crease.
Shoulder	G 3	HT 1	Located on the palmar side of the index and ring fingers at the lateral side of the metacarpophalangeal joint transverse crease.
	K 1	P 2	Located on the palmar side of the index and ring fingers at the center of the metacarpophalangeal joint transverse crease.
	C 1	LU 1	Located on the palmar side of the index and ring fingers at the medial side of the metacarpophalangeal joint transverse crease.

TABLE 19-4A**Hand Acupuncture: KHT Points for the Leg on the Dorsal Side of the Hand**

Ankle	J 3	Kid 3	Located on the dorsal side of the thumb and little finger at the lateral side of the interphalangeal joint on the thumb and the distal interphalangeal joint on the little finger.
	I 37	UB 60	Located on the dorsal side of the thumb and little finger at the center of the interphalangeal joint on the thumb and the distal interphalangeal joint on the little finger.
	M 30	GB 40	Located on the dorsal side of the thumb and little finger at the medial side of the distal interphalangeal joint transverse crease on the little finger and the interphalangeal joint transverse crease on the thumb.
Knee	J 7	Kid 10	Located on the dorsal side of the thumb and little finger on the lateral side of the metacarpophalangeal joint on the thumb and lateral side of the proximal interphalangeal joint on the little finger.
	I 33	UB 40	Located on the dorsal side of the thumb and little finger on the center of the metacarpophalangeal joint of the thumb and center of the proximal interphalangeal joint on the little finger.
	M 26	GB 33	Located on the dorsal side of the thumb and little finger on the medial side of the metacarpophalangeal joint transverse crease on the thumb and the proximal interphalangeal joint transverse crease on the little finger.
Hip	J 11	Kid 11	Located on the dorsal side of the thumb and little finger on the lateral border at the midpoint of the first metacarpal bone on the thumb and lateral side of the metacarpophalangeal joint transverse crease on the little finger.
	I 29	UB 36	Located on the dorsal side of the thumb and little finger midway between the transverse crease of the wrist and the first metacarpophalangeal joint on the thumb and on the center of the metacarpophalangeal joint on the little finger.
	M 22	UB 30	Located on the dorsal side of the thumb and little fingers between the transverse crease of the wrist and the first metacarpophalangeal joint on the medial side of the thumb and on the medial side of the metacarpophalangeal joint of the little finger.

TABLE 19-4B**Hand Acupuncture: KHT Points for the Leg on the Palm Side of the Hand**

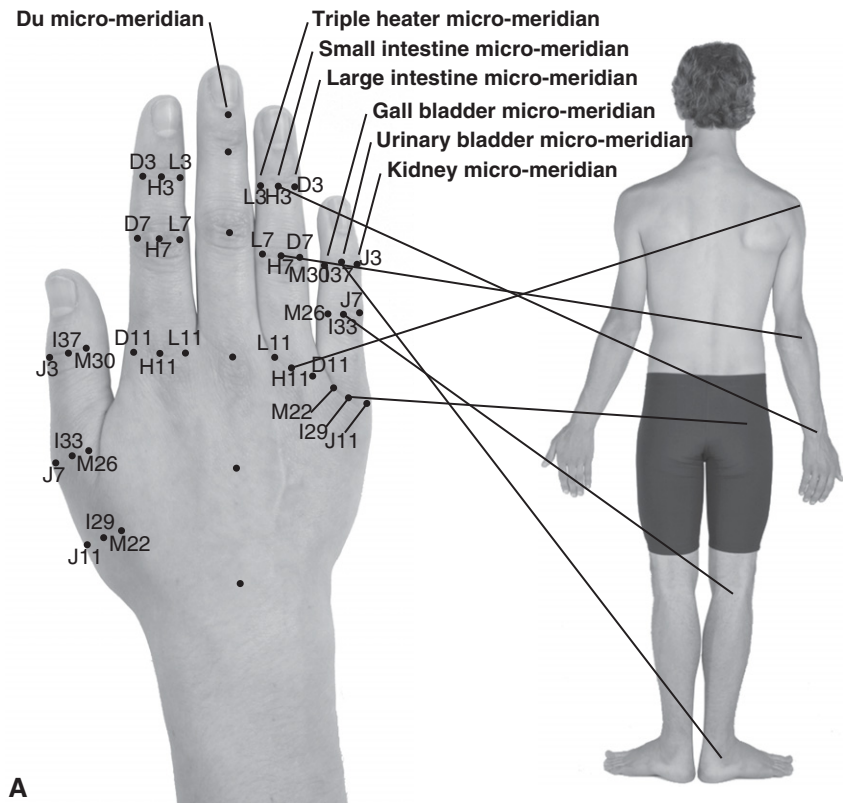
Ankle	N 5	Liv 4	Located on the palmar side of the thumb and little finger at the medial side of the interphalangeal joint transverse crease on the thumb and the distal interphalangeal joint transverse crease on the little finger.
	F 5	Sp 5	Located on the palmar side of the thumb and little finger at the center of the interphalangeal joint on the thumb and the distal interphalangeal joint on the little finger.
	E 42	St 41	Located on the palmar side of the thumb and the little fingers at the lateral side of the interphalangeal joint transverse crease on the thumb and the distal interphalangeal joint transverse crease on the little finger.
Knee	N 9	Liv 8	Located on the palmar side of the thumb and little finger at the medial side of the metacarpophalangeal joint transverse crease on the thumb and the proximal interphalangeal joint transverse crease on the little finger.
	F 9	Sp 9	Located on the palmar side of the thumb and the little fingers at the center of the metacarpophalangeal joint on the thumb and the proximal interphalangeal joint on the little finger.
	E 38	St 35	Located on the palmar side of the thumb and the little fingers at the lateral side of the metacarpophalangeal joint transverse crease on the thumb and the proximal interphalangeal joint transverse crease on the little finger.
Hip	N 13	Liv 12	Located on the palmar side of the hand midway between the radial side of the transverse crease of the wrist and midpoint of the first metacarpophalangeal joint transverse crease on the thumb and the medial side of the transverse crease of the metacarpophalangeal joint on the little finger.
	F 13	Sp 12	Located on the palmar side of the thumb and little fingers at the midpoint between the transverse crease of the wrist and the first metacarpophalangeal joint on the thumb and midpoint of the metacarpophalangeal joint transverse crease on the little finger.
	E 34	St 31	Located on the palmar side of the thumb and little fingers on the lateral side between the first metacarpophalangeal joint transverse crease and the transverse crease of the wrist on the thumb and on the lateral side of the metacarpophalangeal joint transverse crease on the little finger.

but overlap in the different parts of the hand. The stimulation points that reflect the chest, abdomen, and anterior part of the body onto the hand are distributed on the palm of the hand. They are given the name “Zang,” or organ. The stimulation points that reflect the neck, back, and posterior part of the body onto the hand are distributed on the dorsal side of the hand. They are given the name “Xiang,” or imaging. So the insertion of needles on the hand to treat whole-body disease is called hand imaging acupuncture. This system functions to stop pain, reduce blood pressure, calm the Shen, reduce inflammation, and revive the senses; it has especially good results for pain control, nervous system,

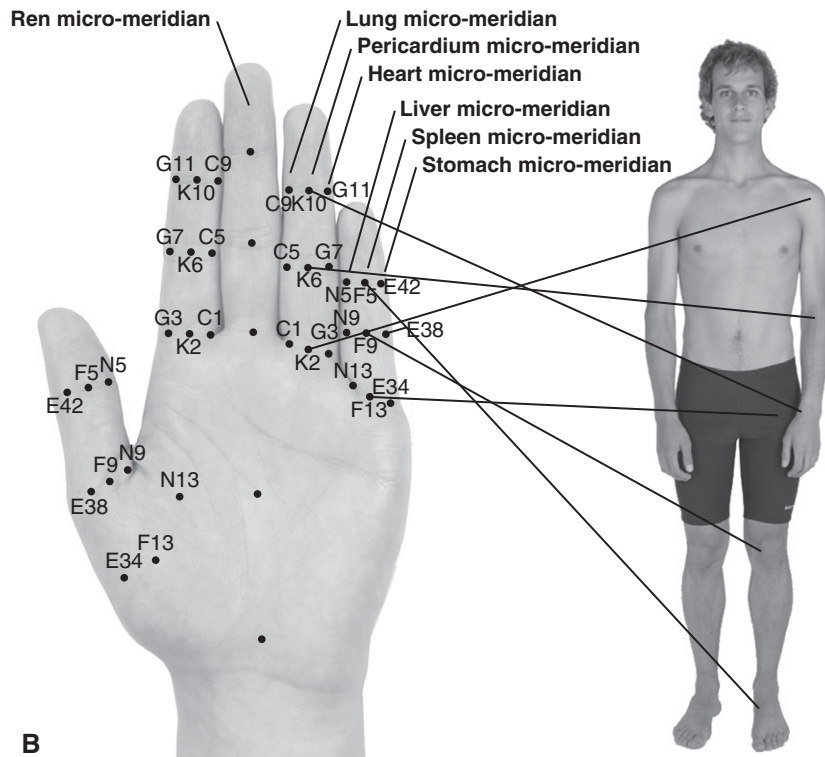
vascular system, motor system, internal organ, and skin disorders.

SYSTEM The hand imaging acupuncture system has three reflex body figures, reflex function areas, and acupuncture systems. The distribution is standard and consists of three small visual body figures, including the six areas, which are hand prone imaging, hand prone organ, hand radial inverted imaging, hand radial inverted organ, hand ulnar inverted imaging, and hand ulnar inverted organs (Figure 19-19).

1. Hand prone imaging. In this image, the head is located on the middle finger toward the tip of the finger, prone, lying on the dorsal side of the hand.



A



B

FIGURE 19-16 **A**, Dorsal view of the Koryo hand acupuncture system micro-meridians found on the legs, arms, and posterior part of the body. **B**, Palmar view of the Koryo hand acupuncture system micro-meridians found on the legs, arms, and anterior part of the body.

TABLE 19-5

Hand Acupuncture: KHT Points for the Internal Organs on the Palmar Side of the Hand

External genital organs	A 1	Ren 1	Located on the palm of the hand one-eighth of the distance from the transverse crease of the wrist to A 8.
Internal genital organs	A 2	Ren 2	Located on the palm of the hand two-eighths of the distance from the transverse crease of the wrist to A 8.
Bladder	A 3	Ren 3	Located on the palm of the hand three-eighths of the distance from the transverse crease of the wrist to A 8.
Small intestine	A 4	Ren 4	Located on the palm of the hand one-half of the distance from the transverse crease of the wrist to A 8.
Uterus	A 5	Ren 5	Located on the palm of the hand five-eighths of the distance from the transverse crease of the wrist to A 8.
Adrenal gland	A 6	Ren 6	Located on the palm of the hand one-half of the distance between the A 4 and A 8 points.
Ureter	A 7	Ren 7	Located on the palm of the hand seven-eighths of the distance from the transverse crease of the wrist to A 8.
Navel	A 8	Ren 8	Located on the palm of the hand midway between the transverse crease of the wrist and the third metacarpophalangeal joint transverse crease.
Duodenum	A 10	Ren 10	Located on the palm of the hand one-fourth of the distance from A 8 to A 16.
Stomach	A 12	Ren 12	Located on the palm of the hand one-half of the distance from A 8 to A 16.
Heart	A 16	Ren 14	Located on the palm of the hand at the midpoint of the third metacarpophalangeal joint transverse crease.
Pericardium	A 18	Ren 17	Located on the palm of the hand midway between A 16 and the midpoint of the middle finger proximal interphalangeal joint.
Bronchus	A 20	Ren 22	Located on the palm of the hand at the midpoint of the middle finger proximal interphalangeal joint transverse crease.
Larynx	A 23	Ren 23	Located on the palm of the hand three-fourths of the distance from A 20 to A 24.
Jaw	A 24	Ren 23	Located on the palm of the hand at the midpoint of the middle finger distal interphalangeal joint transverse crease.
Oral cavity	A 26	Du 26	Located on the palm of the hand two-tenths of the distance from A 24 to A 33.
Nasal cavity	A 28	Du 25	Located on the palm of the hand four-tenths of the distance from A 24 to A 33.
Eyeball	E 2	St 1	Located on the palm of the hand 0.15 chon bilateral to A 30, which is six-tenths of the distance from A 24 to A 33.
Head	A 32	Du 23	Located on the palm of the hand two-tenths of the distance below the end of the nail of the middle finger.
Top of the head	A 33	Du 20	Located on the palm of the hand one-tenth of the distance below the end of the nail of the middle finger.
Kidney	J 23	Kid 16	Located on the palm of the hand 0.1 chon bilateral to A 8.
Large intestine	E 22	St 25	Located on the palm of the hand 0.3 chon bilateral to A 8.
Pancreas	F 19	Sp 15	Located on the palm of the hand 1 chon bilateral to A 8.
Gallbladder	N 17	GB 24	Located on the palm of the hand 0.7 chon bilateral to A 12.
Liver	N 18	Liv 14	Located on the palm of the hand 0.7 chon bilateral to A 13.
Lung joints	C 1	Lu 1	Located on the palm of the hand on the medial side of the transverse crease of the index and ring finger metacarpophalangeal bilateral to the middle finger.

2. Hand prone organ. This image is the opposite and corresponds to the hand prone imaging in the same direction but located on the palmar side of the hand.

There are two body figures that distribute in a different direction with the hand prone imaging and organ. The head is located on the proximal part of the hand on the radial and ulnar side. Therefore they are called hand inverted imaging or hand inverted organs.

3. Hand radial inverted imaging. This is located on the radial dorsal side of the hand with the head toward the wrist.

4. Hand radial inverted organ. This is located on the radial palmar side of the hand with the head toward the wrist.

5. Hand ulnar inverted imaging. This is located on the ulnar dorsal side of the hand with the head toward the wrist.

6. Hand ulnar inverted organ. This is located on the ulnar palmar side of the hand with the head toward the wrist. Hand imaging standard line (Figure 19-20).

In order to locate points, use the 11 standard lines on the hand:

1. Yin-Yang line. This is the line located on the ulnar and radial side at the red and white skin. Use this line to separate the hand from the palmar side and the dorsal side.

2. Palm first line. This is the line that is located on the palmar side of the hand. It is on the radial side of the palm starting at the midpoint of the tip of the thumb along the phalange bone, the middle of the metacarpal bone, ending at the

intersection point on the transverse crease of the wrist radial side one-sixth point and on the ulnar side five-sixths point.

3. Palm second line. This line is on the palmar surface at the radial side of the palm starting at the midpoint at the tip of the index finger traveling along the middle line of the phalanges, the metacarpal bone, and ending at the intersection point of the transverse crease of the wrist one-third of the radial side with two-thirds of the ulnar side.

4. Palm third line. This line is at the middle of the palm side of the hand starting at the midpoint of the tip of the finger traveling along the third phalange bone, the metacarpal bone, and ending at the midpoint of the transverse crease of the wrist.

5. Palm fourth line. This line is located on the ulnar side of the palm starting at the midpoint of the fourth finger traveling along the middle line of the fourth phalange bone and metacarpal bone and ending at the intersection point of the transverse crease of the wrist at the radial side two-thirds with one-third of the ulnar side.

6. Palm fifth line. This line is located on the ulnar side of the palm starting at the tip of the little finger traveling along the midline of the fifth phalanges and metacarpal bone and ending at the intersection point on the transverse crease of the wrist five-sixths on the radial side with one-sixth on the ulnar side.

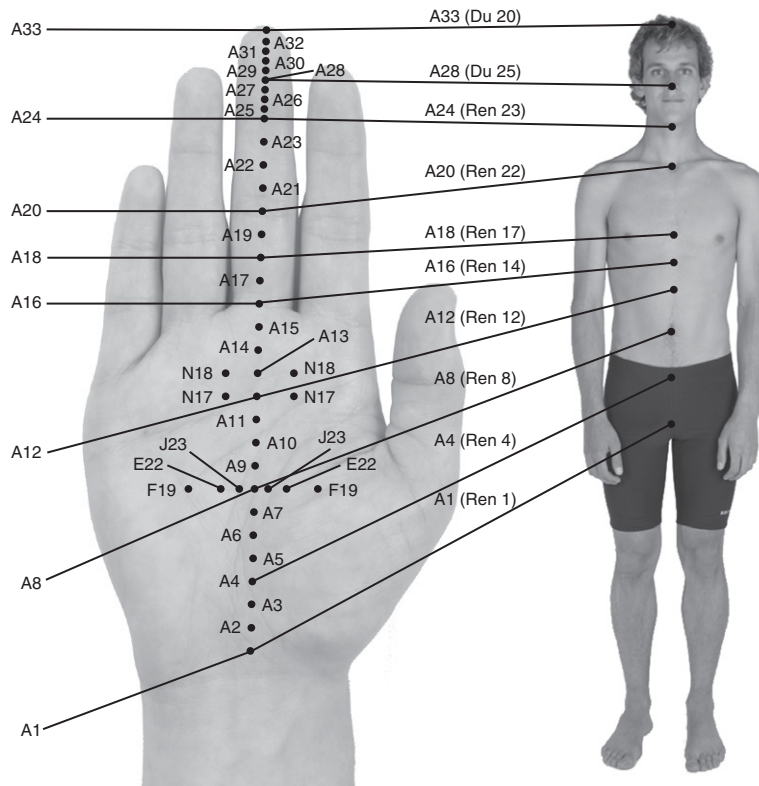


FIGURE 19-17 Palmar view of the Koryo hand acupuncture system micro-meridians found on the face, chest, and abdomen representing internal organs.

TABLE 19-6
Hand Acupuncture: KHT Points for the Trunk of the Body on the Dorsal Side of the Hand

Anus	B 1	Du 1	Located on the dorsal side of the hand immediately below the transverse crease of the wrist at the proximal end of the third metacarpal bone.
Sacrum	B 3	Du 2	Located on the dorsal side of the hand two-sixths of the distance from B 1 to B 7.
Low back	B 5	Du 3	Located on the dorsal side of the hand two-thirds of the distance from B 1 to B 7.
Ming Men	B 7	Du 4	Located on the dorsal side of the hand midway between B 1 and B 14.
Middle back	B 14	Du 9	Located on the dorsal side of the hand at the center of the third metacarpophalangeal joint.
Upper back	B 17	Du 12	Located on the dorsal side of the hand one-half the distance from B 14 to B 19.
Neck	B 19	Du 14	Located on the dorsal side of the hand at the center of the middle finger proximal interphalangeal joint transverse crease.
Occipital	B 24	Du 15	Located on the dorsal side of the hand at the center of the middle finger distal interphalangeal joint.
Wind gate	B 25	Du 16	Located on the dorsal side of the hand one-third of the distance from B 24 to B 27.
Back of the Head	B 27	Du 19	Located on the dorsal side of the hand 0.1 chon proximal to the nail of the middle finger.

7. **Dorsal first line.** This line is on the radial side of the dorsal side of the hand opposite the palm first line.
8. **Dorsal second line.** This line is on the radial side of the dorsal side of the hand opposite the palm second line.
9. **Dorsal third line.** This line is on the middle of the dorsal side of the hand opposite the palm third line.
10. **Dorsal fourth line.** This line is on the ulnar side of the dorsal side of the hand opposite the palm fourth line.

11. **Dorsal fifth line.** This line is on the ulnar side of the dorsal side of the hand opposite the Palm Fifth Line.

Hand prone imaging (Figure 19-21) Hand prone imaging is located on the dorsal side of the hand around the phalange bones and the metacarpophalangeal bones. On the left hand, the ring finger and little finger will be the left side of the body, and the index finger and the thumb will be the right side of the body. On the right hand, the ring finger and the little finger will

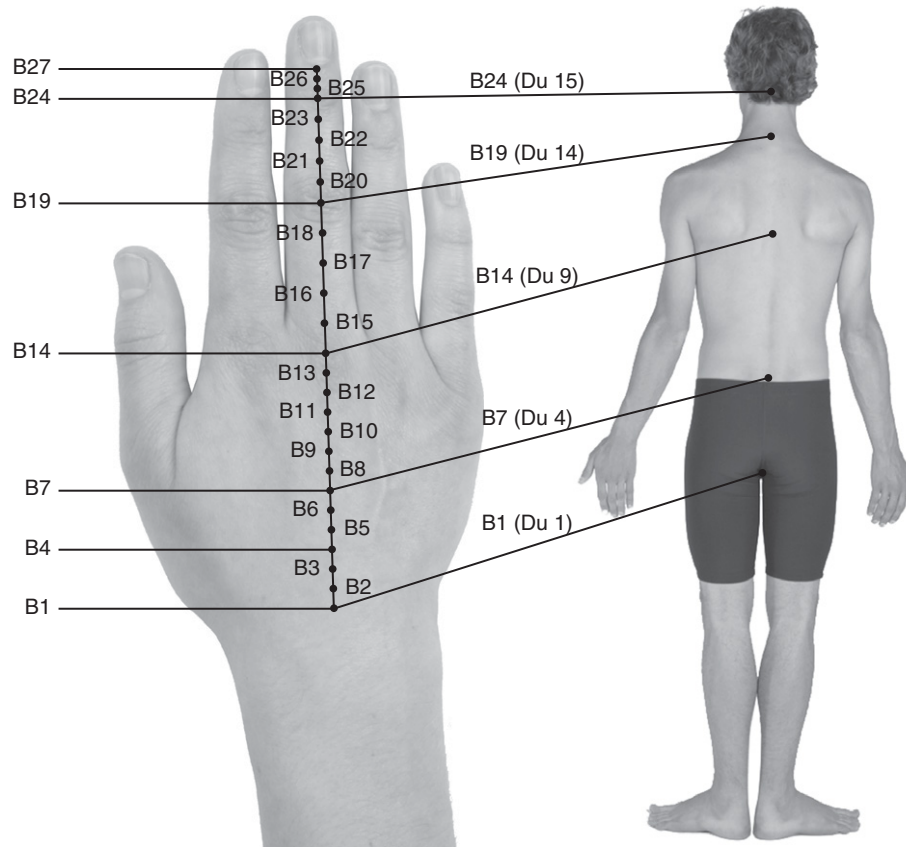


FIGURE 19-18 Dorsal view of the Koryo hand acupuncture system micro-meridians found on the back of the head and spine.

be the right side of the body, and the index finger and the thumb will be the left side of the body.

a. **Head and neck.** The head and neck are located on the dorsal side of the middle finger from the tip of the finger to the third metacarpophalangeal joint in the order of vertex, occipital, and neck. From the midpoint of the fingertip along the dorsal third line at the middle finger, the midline distributes evenly on the left and right sides of the body.

b. **Body trunk.** The body trunk is located on the dorsal side of the third metacarpal bone along with the third line distribution on both sides of the line evenly. The metacarpophalangeal joint equals the intersection of the neck and thoracic vertebrae, such as the Du 14 (Da Zhui) point. The carpometacarpal joint will be the perineum area. The whole trunk area will be divided into three parts: the back, lumbar, and buttocks. The back will occupy three-sevenths, the lumbar will occupy two-sevenths, and the buttocks will occupy two-sevenths.

c. **Arm.** The left and right arm distribution on the hand mostly stays the same, but the left and the right hand will be reversed. The left arm is located on the left hand on the ring finger, but on the right hand it is located on the index finger. The right arm on the left hand is located on the index finger, but on the right

hand it is located on the ring finger. The second and fourth metacarpophalangeal joints will equal the two shoulders. The proximal interphalangeal joints will be the elbows and the distal interphalangeal joints will be the wrists. Distal to the distal interphalangeal joints will be the fingers.

d. **Leg.** The left leg is located on the left hand on the little finger and on the right hand on the thumb. The right leg is located on the left hand on the thumb and on the right hand on the little finger. The first and fifth metacarpophalangeal joints will be the hips. The proximal interphalangeal joint on the little finger and the interphalangeal joint on the thumb will be the knees. The distal interphalangeal joint on the little finger and both sides of the corner of the nail of the thumb will be the ankle.

Hand prone organ (Figure 19-22) The hand prone organ is distributed opposite and corresponding to the hand prone imaging. It is the body imaging flexion surface. The point distribution corresponds with the hand prone imaging on the dorsal side of the hand. At the middle finger, from the tip of the finger to the third metacarpophalangeal joint will be in the order of forehead, face, and neck. From the trunk area it will be located on the third metacarpal bone. It can also be divided into

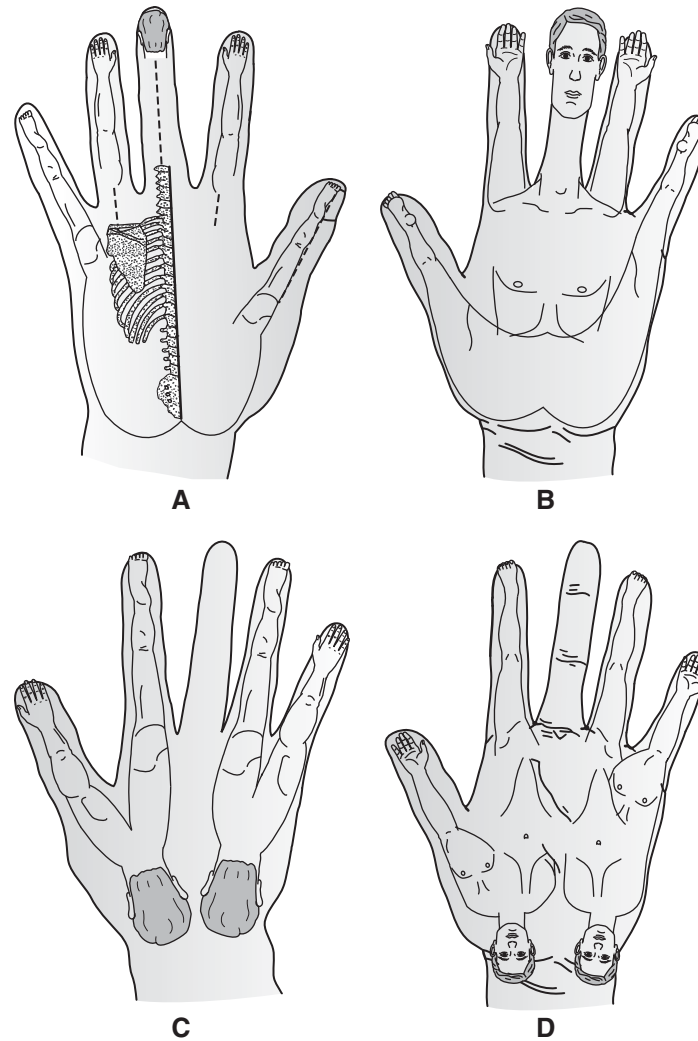


FIGURE 19-19 The hand imaging acupuncture system has six areas: hand prone imaging, hand prone organ, hand radial inverted imaging, hand radial inverted organ, hand ulnar inverted imaging, and hand ulnar inverted organs.

three sections, the chest, abdomen, and perineum. The chest area will be three-sevenths, the abdomen will be two-sevenths, and the perineum will be two-sevenths. The arm and leg distribution will be equal to that of hand prone imaging.

Hand radial inverted imaging (Figure 19-23) Hand radial inverted imaging is the whole-body figure, which is located on the dorsal side of the radial side of the hand. It is distributed around the first and second phalanges, the metacarpal bone, the scaphoid bone, the trapezium bone, and the radial styloid process.

a. Head. The head is located on the dorsal side of the first line around the radial styloid process. The width is between the dorsal second line and the radial side of the Yin-Yang line. The length is 1.5 times the width.

b. Neck. The neck is located on the dorsal side of the first line around the scaphoid bone and the trapezium bone from

proximal to distal on the hand, in the order of the first through seventh cervical vertebrae.

c. Trunk. The trunk has three parts: back, lumbar, and hip. The back is located on the first metacarpal bone from distal to proximal in the order of the first through twelfth thoracic vertebrae. The back can also be divided into the upper, middle, and lower thirds. The lumbar and hips will be located on the second metacarpal bone from proximal to distal in the order of the first through fifth lumbar vertebrae, sacral vertebrae, and hips. The lumbar and hips each occupy half of the distance in this area.

d. Arms. The left arm is located on the left hand on the ulnar side of the dorsal first line on the thumb, and on the right hand it will be on the radial side of the dorsal first line. The right arm will be on the left hand on the radial side of the dorsal first line, and on the right hand it will be on the ulnar side of the dorsal first line. The left and right shoulder, elbow, and wrist will distribute at

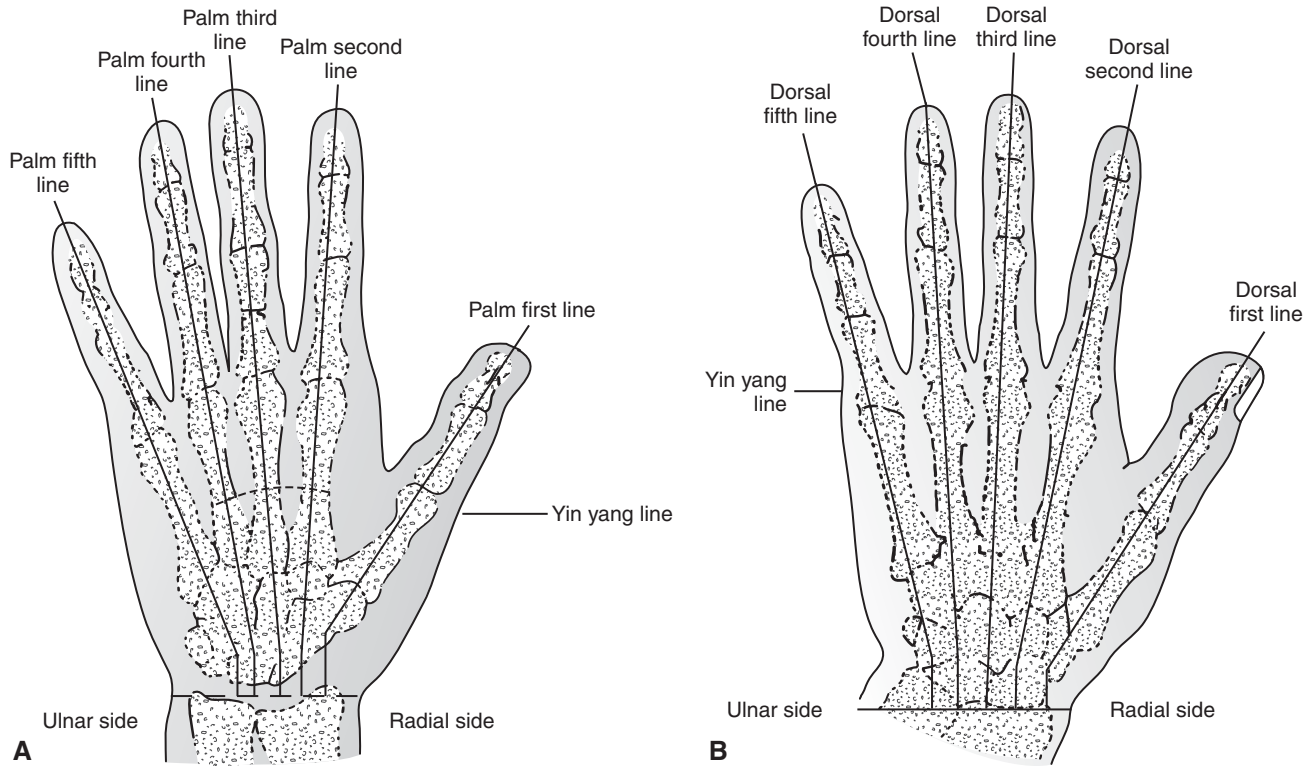


FIGURE 19-20 **A**, The Fang system hand imaging palm first through palm fifth standard lines. The Yin-Yang line separates the dorsal and palmar sides. **B**, The Fang system hand imaging dorsal first through dorsal fifth standard lines. The Yin-Yang line separates the dorsal and palmar sides.

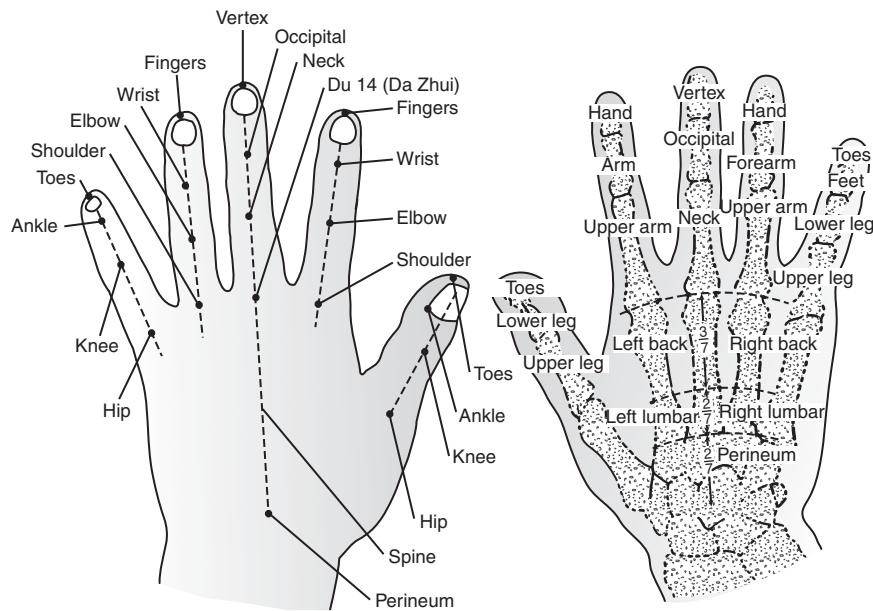


FIGURE 19-21 The Fang system hand prone imaging is located on the dorsal side of the hand around the phalanges and metacarpophalangeal bones.

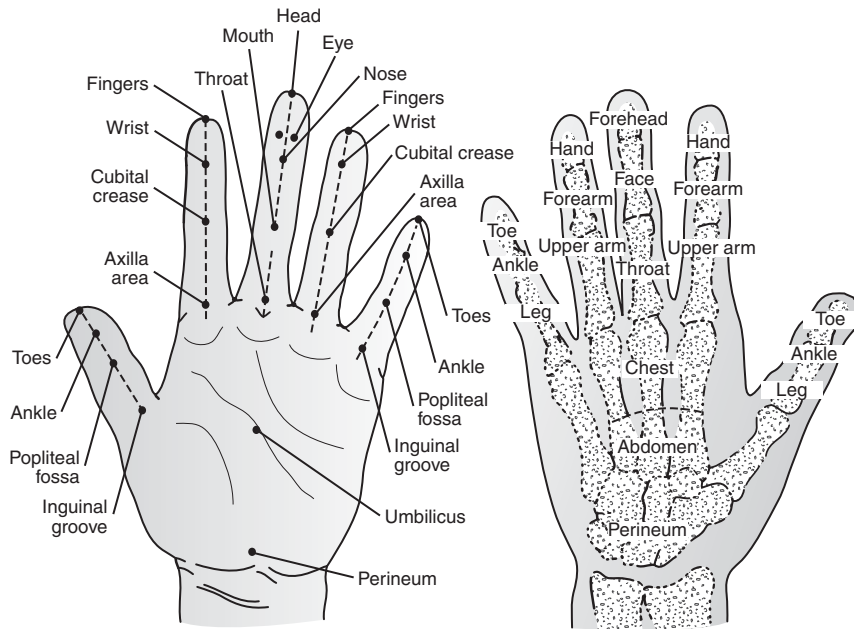


FIGURE 19-22 The Fang system hand prone organ is located on the palmar side of the hand around the phalanges and the metacarpophalangeal bones.

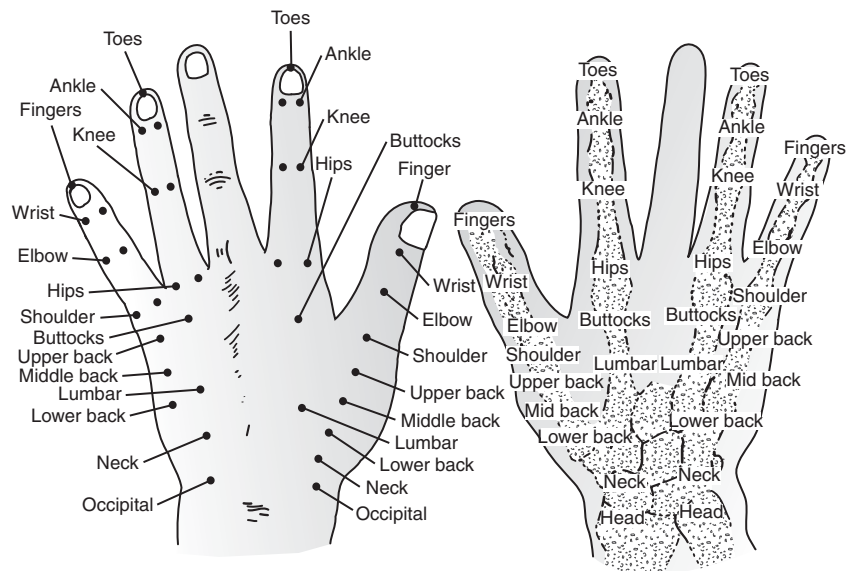


FIGURE 19-23 Actual points and body parts on the dorsal side of hand.

the metacarpophalangeal joint, interphalangeal joint, and both sides of the corner of the fingernail on the thumb.

e. Legs. The left leg is located on the left hand at the ulnar side of the dorsal second line, and on the right hand it will be on the radial side of the dorsal second line. The right leg is located on the left hand at the radial side of the dorsal second line, and on the right hand it will be on the ulnar side of the dorsal second line. The left and right hip, knee, and ankle will be distributed on the second metacarpophalangeal joint, proximal interphalangeal joint, and distal interphalangeal joint.

Hand radial inverted organs (Figure 19-24) Hand radial inverted organ is located corresponding to hand radial inverted imaging but located on the palm of the hand. The point distribution will be the same as that of hand radial inverted imaging. However, it is the flexion surface of the human body and indicates the chest, abdomen, and internal organs.

Hand ulnar inverted imaging Hand ulnar inverted imaging is located on the fourth and fifth phalanges, fourth and fifth metacarpal bones, hamate bone, and triquetrum bone.

a. Head. The head is located on both sides of the hand on the dorsal side at the ulnar styloid process.

b. Neck. The neck is located on the hamate bone from proximal to distal in the order of the first through seventh cervical vertebrae.

c. Trunk. The back is located on the fifth metacarpal bone divided into three parts: upper, middle, and lower. Each of the parts will be one-third. The lumbar and hips are located on the fourth metacarpal bone. The lumbar and hips will each be half of the distance in this area.

d. Arm. The left and right arms are distributed at the dorsal fifth line on the little finger. The metacarpophalangeal joint will

be the shoulder, the proximal interphalangeal joint will be the elbow, and the distal interphalangeal joint will be the wrist.

e. Leg. The left and right leg will be located on the dorsal side of the hand on both sides of the dorsal fourth line on the ring fingers. The metacarpophalangeal joint will be the hip, the proximal interphalangeal joint will be the knee, and the distal interphalangeal joint will be the ankle.

Hand ulnar inverted organ Hand ulnar inverted organ is located on the palmar side of the hand and is the flexion surface of the body figures. The point distribution is the same as that of the hand ulnar inverted imaging system and corresponds to the same area.

Hand imaging acupuncture indications correspond to the locations. For example, the Eye point will treat problems of the eye. The point located around the upper Jiao will treat heart disease, insomnia, or mental disorders, following traditional Chinese medical diagnosis.

PRINCIPLES FOR CHOOSING POINTS ON HAND IMAGING ACUPUNCTURE

1. Choose points corresponding to the diseased area. For hand imaging acupuncture, the imaging and organ body figures indicate specific areas of the body and the body's organs. So if the patient has low back pain, choose the hand prone imaging lumbar area. If the patient has stomach pain, choose the Stomach point on the hand radial inverted organs. This principle also follows the Ashi point selection method from the macro-acupuncture system. For example, if the patient's right lower leg is diseased, find the sensitive point on the body figure on the hand that corresponds to the diseased area. In general, on the thumb, the dorsal side of the thumb indicates the extension surface of the leg and the palm side indicates the leg's flexion surface.

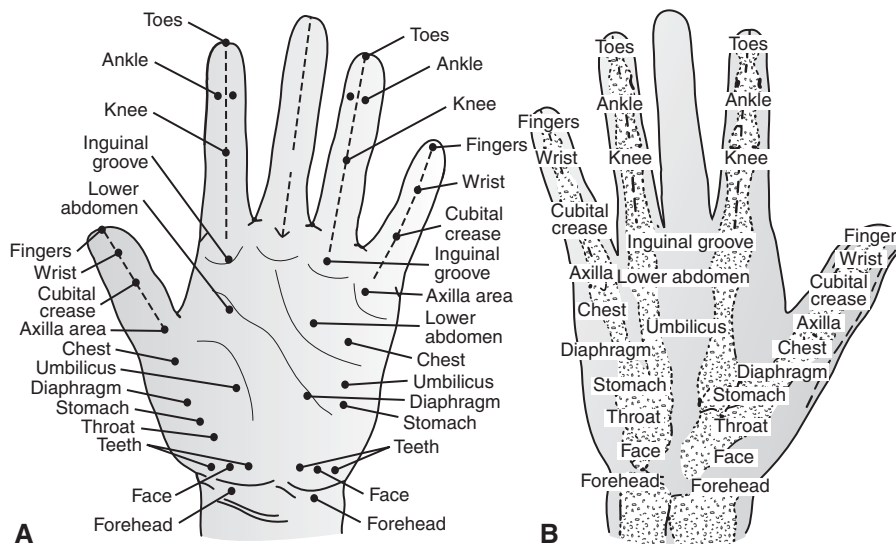


FIGURE 19-24 Hand radial and ulnar inverted organ shows two bodies lying on the palmar side of the hand with the head close to the carpal bones. Points and body parts on the dorsal side of the hand.

2. Choose points on the same side of the disease.
 - a. Choose points at the diseased side. For example, if a patient is paralyzed, choose the point on the paralyzed hand.
 - b. Choose points according to the imaging or organs corresponding to the diseased side. For example, if the left side of the leg has paralysis, choose the hand prone imaging Left Leg point on either the left or right hand, if the patient has right leg paralysis, choose to treat both hands for the right leg.
3. Choose points contralateral to the diseased side. Either choose the point on the contralateral side of the hand or choose the contralateral location on the hand imaging and organ from the diseased area.
4. Choose points similar to selection in the macro-acupuncture system. For example, if the patient has lower abdominal pain, choose the hand prone organ abdominal area, in addition to the Spleen 6 (San Yin Jiao) point of the macro-system on the hand. If the left shoulder is diseased, choose the hand radial inverted imaging left shoulder area, as well as the hand radial inverted imaging right shoulder area as a cross-contralateral selection point. Also, choose a point in the lower body to treat the upper body or choose a point on the left side to treat the right side. For example, choose a point in the hip joint area to treat shoulder disease. If the disease indicates a problem on the imaging side, treat the problem on the organ side.
5. Choose points in combination. The hand imaging acupuncture technique has several ways of choosing points in combination. There are four different methods:
 - a. *Hand prone imaging, hand radial inverted imaging, and hand ulnar inverted imaging combination.* Use this method if the disease is on the extension surface of the body. For example, if the patient has low back pain, choose a point on the lumbar area of hand prone imaging. If there is no result, choose lumbar areas on hand radial inverted imaging and hand ulnar inverted imaging.
 - b. *Hand prone organ, hand radial inverted organ, and hand ulnar inverted organ combination.* Use this method if the patient has a disease of the organs or a problem at the flexion surface of the body. For example, if the patient has a gallbladder condition that causes hypochondriac area pain, insert the needle on the gallbladder area of the hand prone organ. If there is no release of the pain, choose gallbladder areas on the hand radial inverted organ or hand ulnar inverted organ.
 - c. *Hand organ and hand imaging combination.* The human body is a holistic unit, and each of the organ's functions will correspond to each other and have a close relationship, so we should use the organ and imaging combination method. For example, when a patient performs extension of the fingers, the patient is using both the finger extensor and flexor muscles in combination. So in helping people with paralysis or difficulty with finger movement, choose points on the imaging side finger area.

At the same time, insert needles on the corresponding finger area of the palmar side.

- d. *Left-hand and right-hand combination.* According to the disease, choose the same points on both hands. You can also use left-hand points to treat right-side body disease or use right-hand points to treat left-side body disease.

Remark: Hand prone imaging, hand radial inverted imaging, and hand ulnar inverted imaging relate the body motor nerve activities and mostly control and adjust the body's motor functions. In the clinic, these imaging areas are especially useful for nervous system, vascular system, and motor system diseases. So the three imaging areas are used to treat patients who have nervous system, vascular system, and motor system disorders, as well as corresponding extension body surface disease.

Hand prone organ, hand radial inverted organ, and hand ulnar inverted organ relate the body sensory nerve activities. They control and adjust the body sensory functions. In the clinic, these organ areas are useful for patients with pain, cold, hot, numbness, and itching sensations, as well as internal organ disease and human body flexion surface problems.

Hand Meridians and Points Therapy

Hand meridians and points therapy is based on the traditional theory of the meridians. The meridians are pathways in which the Qi and blood of the human body are circulated. The meridians form a network and link the tissues and organs into an organic whole. Records from as early as the *Nei Jing* (内经) have reported on the relationship of the hand with the Zang Fu, such as the following: how the three hand Yang meridians travel from the hand to the head, how the three hand Yin meridians travel from the chest to the hand, and also detailed descriptions of how these meridians intersect. Because the hand is located at the end of the upper extremities, it is the area where the hand three Yin and three Yang meridians connect, so the hand has the important function of connecting the energy flow of these meridians. The hand is also the area where the meridian energy originates for distribution. Stimulating specific points on the hand can stimulate Qi and blood and harmonize Zang Fu function with good results.

The Lung meridian of the hand Taiyin originates from the middle Jiao and runs downward to connect with the large intestine of the hand Yangming and it then enters the lung, travels down the arm, and ends at the radial side of the corner of the thumbnail.

The Large Intestine meridian of the hand Yangming starts from the tip of the index finger and links with the Stomach meridian of the foot Yangming.

The Small Intestine meridian of the hand Taiyang starts from the ulnar side of the tip of the little finger and links with the Bladder meridian of the foot Taiyang.

The Pericardium meridian of the hand Jueyin originates from the chest and emerges as it enters its pertaining organ, the pericardium. Then it passes along the middle finger down to its tip.

The San Jiao meridian of the hand Shaoyang originates from the tip of the ring finger and links with the Gallbladder meridian of the foot Shaoyang.

The Heart meridian of the hand Shaoyin originates at the heart, then travels and links with the Small Intestine meridian of the hand Taiyang. A branch then connects with the eyes and brain.

In conclusion, stimulation of the hand meridians will transport Qi and blood and regulate Yin and Yang of the body to treat body and organ disease.

POINTS ON THE FINGERS See Figure 19-25.

LU 11 (SHAO SHANG)

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

Indications: Coma, shock, stroke, common cold, summer heat, nosebleeds, sore throat, cough, asthma, fever, vomiting, and Zang Zao syndrome.

LI 1 (SHANG YANG)

Location: On the radial side of the index finger about 0.1 cun posterior to the corner of the nail.

Indications: Wind stroke, coma, fever, tooth pain, bleeding gums, febrile disease, anhidrosis, tinnitus, deafness, fullness of the chest, cough, asthma, numbness of the fingers, tonsillitis, acute gastroenteritis, vomiting, and diarrhea.

LI 2 (ER JIAN)

Location: On the radial side of the index finger distal to the metacarpophalangeal joint at the junction of the light and dark skin.

Indications: Sore throat, deviation of the mouth and eye, nosebleeds, toothache, and febrile disease.

P 9 (ZHONG CHONG)

Location: At the center of the tip of the middle finger.

Indications: Wind stroke, summer heat, coma, loss of consciousness, convulsions, palmar heat, high fever, stiffness and swelling of the tongue, stomach pain, vomiting, diarrhea, and febrile disease.

SJ 1 (GUAN CHONG)

Location: On the ulnar side of the ring finger about 0.1 cun posterior to the corner of the nail.

Indications: Headache, sore throat, redness of the eye, stiffness of the tongue, febrile disease, irritability, elbow and forearm pain, and malaria.

SJ 2 (YE MEN)

Location: When the fist is clenched, the point is located in the depression proximal to the margin of the web between the ring and small fingers.

Indications: Headache, redness of the eyes, sore throat, malaria, pain in the arm.

SI 1 (SHAO ZHE)

Location: On the ulnar side of the little finger about 0.1 cun posterior to the corner of the nail.

Indications: Headache, febrile disease, stiffness of the neck, insufficient lactation, redness of the eye, nosebleeds, and irritability.

SI 2 (QIAN GU)

Location: When a loose fist is made, the point is located on the ulnar side distal to the fifth metacarpophalangeal joint at the junction of the light and dark skin.

Indications: Finger pain, inability to make a fist, arthritis, numbness of the hand, burning sensation of the palm, forearm soreness and pain, febrile disease, malaria, seizures, tinnitus, sinusitis, nosebleeds, and insufficient lactation.

HT 9 (SHAO CHONG)

Location: On the radial side of the little finger about 0.1 cun posterior to the corner of the nail.

Indications: Stroke, febrile disease, irritability, cardiac pain, chest pain, hot sensations in the palms, and pain in the hypochondriac region.

POINTS ON THE DORSUM AND PALM OF THE HAND

LU 10 (YU JI)

Location: At the mid point on the radial aspect of the first metacarpal bone at the junction of the light and dark skin.

Indications: Fever, headache, asthma, cough, wind heat, Xiao Ke syndrome, night sweats, sore throat, dryness of the throat, pain of the elbow, arthritis, abdominal pain, and mastitis.

P 8 (LAO GONG)

Location: On the palm between the second and third metacarpal bones, when the fist is clenched the point is just below the tip of the middle finger.

Indications: Cardiac pain, mental disorders, irritability, febrile disease, chest and hypochondriac area pain, abdominal pain, poor appetite, blood in the urine and stools, nosebleeds, jaundice, thirst, Zang Zao syndrome, wind stroke, and coma.

HT 8 (SHAO FU)

Location: On the palm between the fourth and fifth metacarpal bones, when the fist is clenched the point is just below the tip of the little finger.

Indications: Palpitations, chest pain, spasmodic pain of the little finger, feverish sensation in the palm, uterine prolapse, itching of the external genitalia, and scanty urination.

LI 3 (SAN JIAN)

Location: When a loose fist is made, the point is located on the radial side of the index finger in the depression proximal to the head of the second metacarpal bone.

Indications: Toothache, sore throat, redness and swelling of the fingers and the dorsum of the hand, dry lips, asthma, and diarrhea.

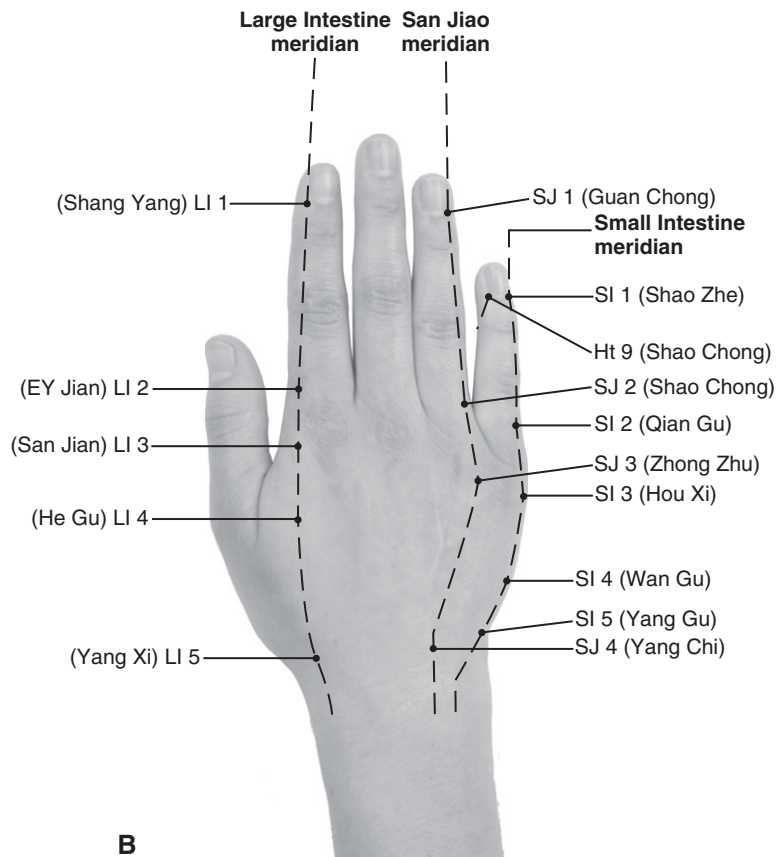
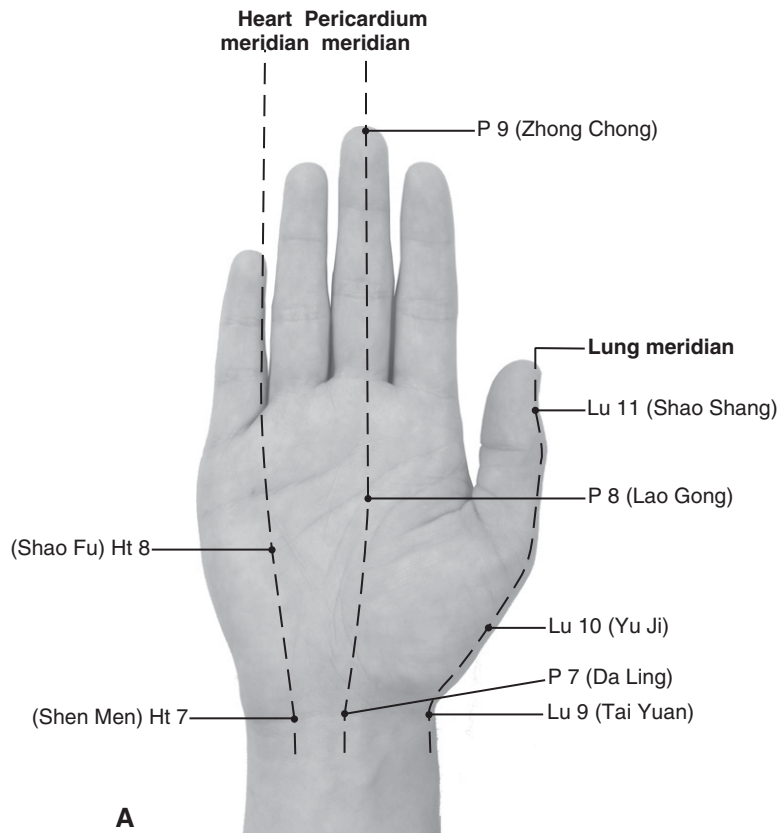


FIGURE 19-25 A, Hand macro-acupuncture meridians and points on the palm of the hand. B, Hand macro-acupuncture meridians and points on the dorsum of the hand.

LI 4 (HE GU)

Location: On the dorsal side of the hand between the first and second metacarpal bones approximately in the middle of the second metacarpal bone on the radial side.

Indications: Treats all diseases at the head and face, cold, cough, asthma, diarrhea, vomiting, jaundice, edema, Bi syndrome, wind stroke, amenorrhea, and insufficient lactation; also a common point for anesthesia.

SI 3 (HOU XI)

Location: When a loose fist is made, the point is located on the ulnar side just proximal to the fifth metacarpophalangeal joint at the junction of the light and dark skin.

Indications: Pain and rigidity of the neck, tinnitus, deafness, sore throat, malaria, acute lumbar sprain, night sweating, febrile disease, contraction and numbness of the fingers, pain in the shoulder and elbow, intercostal nerve pain, and insomnia.

SI 4 (WAN GU)

Location: On the ulnar side of the palm in the depression between the base of the fifth metacarpal bone and the triquetral bone.

Indications: Weakness of the wrist, Bi syndrome, spasm of the fingers, forearm pain, limited range of motion of the elbow, jaundice, headache, tinnitus, diabetes, and rigidity of the neck.

SJ 3 (ZHONG ZHU)

Location: When the fist is clenched, the point is located on the dorsal side of the hand between the fourth and fifth metacarpal bones in the depression proximal to the metacarpophalangeal joints.

Indications: Headache, redness of the eye, deafness, tinnitus, sore throat, febrile disease, pain in the elbow and arm, motor impairment of the fingers, malaria, and dizziness.

POINTS ON THE WRIST**LU 9 (TAI YUAN)**

Location: At the radial end of the transverse crease of the wrist, in the depression at the lateral side of the radial artery.

Indications: Cough, asthma, sore throat, palpitations, pain in the chest, wrist, and arm, and amenorrhea.

HT 7 (SHEN MEN)

Location: At the ulnar end of the transverse crease of the wrist in the depression on the radial side of the tendon of the flexor carpi ulnaris muscle.

Indications: Irritability, aversion to cold, fever, sore throat, abdominal pain, jaundice, poor appetite, hypochondriac area pain, vomiting blood, insomnia, forgetfulness, feverish sensation on the palms, and epilepsy.

P 7 (DA LING)

Location: In the middle of the transverse crease of the wrist between the tendons of the palmaris longus and flexor carpi radialis muscles.

Indications: Heart pain, palpitations, stomach pain, vomiting, psychosis, and chest and hypochondriac area pain.

LI 5 (YANG XI)

Location: On the radial side of the wrist when the thumb is tilted upward, it is in the depression between the tendons of the extensor pollicis longus and brevis muscles.

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

SI 5 (YANG GU)

Location: On the dorsal aspect at the ulnar end of the transverse crease of the wrist in the depression between the styloid process of the ulna and the triquetral bone.

Indications: Swelling of the neck and submandibular region, pain of the hand and wrist, febrile disease, tinnitus, deafness, and toothache.

SJ 4 (YANG CHI)

Location: On the dorsal side at the transverse crease of the wrist in the depression lateral to the tendon of the extensor digitorum communis muscle.

Indications: Shoulder and arm pain, wrist pain, malaria, deafness, and Xiao Ke.

Hand Acupuncture Therapy**Point Selection**

The hand acupuncture points are very sensitive, so the practitioner should select only a few related points on one or both hands. For most treatments, only one or two points are needed. Koryo hand therapy uses relatively more points based on the diagnosis. The following information outlines the basic principles of how to select points to use as a cross-reference.

1. Choose points according to the traditional Chinese medical diagnosis. For example, the liver opens to the eyes; so, if the patient has eye problems, use the Liver point. The lungs control the skin; so, to treat a skin problem, use the Lung point. The kidneys open to the lower orifice; so, to treat a urinary condition, use a Kidney or Bladder point. This type of point selection is mostly based on the Zang Fu conditions. It is possible to choose palm side points and dorsal side spots at the same time.
2. Choose points that correspond to the area in which the disease is manifesting. For example, for shoulder pain use the Shoulder point and for ankle pain use the Ankle point. This type of point selection usually uses one-hand point selection or two-hand point selection. For one-hand point selection, usually choose one or two points on one side of the hand and alternate every other day with both hands.

- a. *One-hand point selection.* There are three different methods for using one-hand point selection:
 - 1) *Single-point selection:* The single point usually has good results for common four extremity or trunk conditions. It is easy to use and usually only needs one needle to be effective, such as for neck pain choose the Luo Zhen point.
 - 2) *Combination medial and lateral side on one hand:* This means choosing two points on one hand at the same time. Use the same point to increase the effectiveness of the treatment and increase stimulation. It is useful for acute conditions or new conditions; for example, if the patient has a sprained ankle where there is swelling and limited range of motion, choose left and right Ankle points on the thumb and little finger or choose medial and lateral side ankle points on right little finger only for right ankle pain.
 - 3) *Combination upper and lower point:* This is when the disease happens in the lower part of the body and we use points on the upper part of the body. For example, when treating left ankle pain we can choose a left Ankle point as a lower point and then choose a left Wrist point as a upper point.
- b. *Two-hand point selection:* This method uses the same point on both hands at the same time. For example, if a patient has a headache, we can choose the Headache point on both hands. This method is used for some chronic conditions or difficult cases.
3. Choose the special effect points. This group of points usually has a specific result for certain conditions. On the respiratory system, we have a Common Cold point used to treat people who have influenza, cough, and tonsillitis. We also use the New Point for Headache to treat headache and memory problems. There are also An Mian 1 and 2, which are specific points for insomnia.
4. Choose points from the side of the body opposite the disease. For example, for left-sided shoulder pain, needle the Shoulder point on the right hand, or use the Right shoulder point. Clinically, the points may be needled bilaterally as well.

Indications

1. Hand acupuncture is highly effective at relieving pain, especially acute pain due to sprained muscles and tendons, nerves, sprained ankle pain, sciatic nerve pain, acute low back pain, neck pain, headache, dysmenorrhea, and stomach pain.
2. Hand acupuncture is also effective for treating insufficient lactation, spasms of the eye muscles, and spasms of the abdomen and stomach.
3. Hand acupuncture can be used in conjunction with body acupuncture for symptoms such as cough, asthma, palpitations, headache, dizziness, diarrhea, and abdominal pain.

Techniques

ACUPUNCTURE NEEDLE THERAPY This therapy uses regular filiform acupuncture needles, hand acupuncture needles with

manual needle dispensers, or hand acupuncture needles with automatic needle dispensers. Choose a very comfortable position for the patient, with the hand in a loose, relaxed at rest position. Use a 30 to 34 gauge filiform needle that is 0.5 to 1.0 cun in length. Insert the needle perpendicular to the skin, taking care not to insert it into the periosteum. Needle to a depth of 0.1 to 0.3 cun on the finger area or up to 0.5 to 0.8 cun on the palm and dorsal metacarpal area, using a pushing, lifting, thrusting, and rotating method of stimulation. Use massage or have the patient exercise the affected area as the needles are being manipulated. For acute conditions, retain the needles for 3 to 5 minutes or up to 20 to 30 minutes. If this method is being used for pain control, you will still need to continue manipulation for 1 to 3 minutes once the pain has resolved. When treating patients with severe low back pain, insert Lumbar and Leg points, with the needles in a position at a 15° to 30° angle towards to center of the palm with a depth of about 0.5 to 0.8 cun.

BLOODLETTING THERAPY The bleeding technique uses three-edge needles, lancets, or pricking needles with a dispenser for a fast puncture of the point to release a few drops of blood. In general, for hand acupuncture therapy use a small-gauge needle or use a lancet to stimulate the point. The pricking needle with dispenser has a better result to minimize pain. When using the bleeding technique on the hand it is critical to follow proper clean needle technique and the practitioner should wear gloves. The surface of the skin should be fixed and the needle pushed into the point fast and strong to a depth of 1.0 to 2.0 fen and then release some blood. You also can insert or prick to squeeze out a small amount of clear, yellowish viscous fluid between the phalangeal joints. The bleeding technique is used for acute and severe conditions. Mostly use three-edge needles for the Jing Well points and Shi Xuan points, which have functions to invigorate blood, clear heat, and open the orifices. This is used for patients with coma, stroke, summer heat, high fever, headache, sore throat, eye redness and pain, excess heat, and blood stasis conditions. The bleeding technique should have a controlled depth and should not penetrate too deeply, but deeply enough to draw a couple of drops of blood. For elderly patients, patients with a weak constitution, or patients with a tendency toward bleeding or who are hungry, the bleeding technique should not be used. Usually, treat patients every other day, alternating treatments between both hands. If the patient experiences continuous bleeding (longer than needed), the practitioner can hold the sides of the finger for a while to stop the bleeding.

MOXA THERAPY The moxabustion technique uses moxa corns and moxa rolls. The moxa corns can be used as direct moxa or indirect moxa. For direct moxa, we usually use a rice grain type of moxa and put a little garlic juice on the area to help the moxa grain stay in place and to help stimulate the point. Usually 2 to 3 Zhuang rice grain moxa is used. This technique is mostly used on the dorsal side of the hand. Indirect moxa should be used with ginger, garlic, or an herbal paste that is put underneath the moxa corn.

Also, indirect moxa with a moxa roll can be used. Moxa roll is a common technique for hand therapy. Light the moxa roll and gently surround the surface of the point. Usually, a moxa roll around an inserted needle may produce a better result. With hand acupuncture, the patient should incorporate movement of the related area. For example, if treating the patient with face and jaw pain, when the needle is inserted on the point or moxibustion is used, instruct the patient to open and close his or her mouth a few times during the treatment.

Seo Am moxa, which has adhesive tape underneath the moxa corn, can also be used. It adheres directly to the skin to provide moxa while the hand is in any position.

ELECTRO-ACUPUNCTURE THERAPY The hand electro-stimulation technique is done by inserting the needles and then using the electro-machine to stimulate the point. Generally, use the continuous wave, dense wave, or intermittent wave. Usually treat for 20 to 30 minutes with seven treatments to a course. It is cautioned to avoid needling on the tendons when using electro-therapy for hand acupuncture.

HAND MASSAGE THERAPY Hand massage is when the practitioner applies pressure to the Hand points. There are several methods: the pressure technique, tapping technique, rolling technique, and fingernail technique.

The pressure technique usually uses the thumb and index finger to apply pressure to the Hand point. Generally, the power of the thumb should be stronger than the power of the index finger. The tip of the fingers will have a stronger power than the belly of the fingers. Treatment should start from gentle and progress to heavy with constant frequency and equal pressure. Usually perform this technique for 3 to 5 minutes.

With the tapping technique, the practitioner uses the middle finger or index finger. With the finger curved slightly, tap on the surface of the hand with a flexible wrist and the finger perpendicular to the surface of the skin. Usually use a frequency of 80 to 100 times per minute.

The rolling technique is when the practitioner puts his or her hand on the patient's hand with a relaxed wrist and gentle pressure on the hand point. Alternatively, the practitioner can perform the rotation technique to create power that directly penetrates internally with a frequency of 80 to 100 times per minute for a duration of about 5 to 10 minutes. This is usually used for deficiency or chronic conditions.

Fingernail pressure on the hand points will cause the patient to feel soreness and pain, but continue to apply pressure to the point for about 30 seconds and then release for 30 seconds and repeating the treatment will cause less pain. This is used for patients with acute or painful conditions.

INTRADERMAL NEEDLE THERAPY Two types of intradermal needles are used: thumbtack or grain-like needles. Use routine clean needle technique on the hand. When inserting thumbtack needles, the practitioner should tighten up the skin with the pressing hand and insert with the puncture hand using a vertical insertion and then adhesive tape to affix the needles.

Alternatively, use the grain-like needle and insert the needle underneath the subcutaneous tissue and affix with adhesive tape. T-bong needles are specialized for use in hand therapy because they come in a package with an adhesive plaster to protect the needle and hold the needle in place.

After the needle is inserted, the patient should not feel any sensations when moving his or her hand. Generally, retain the needle for 1 to 2 days and advise the patient to apply pressure to the point several times during the day to increase stimulation.

PRESSURE THERAPY A pressure needle is usually made of metal or hardwood. The needle is usually about 90 to 100 mm long and the tip of the needle looks like a round ball. When using this technique, place the tip of the needle on the surface of the hand. For a deficiency condition, use the tonifying technique by putting the pressure needle very gently on the surface of the skin until red-pink skin appears. For an excess condition, use the sedation technique by applying the pressure needle with heavy pressure on the hand point, and the patient will feel local soreness or a distending sensation extending from the hand. Alternatively, use the needle by rolling it on the surface of the skin.

PELLET THERAPY The pellet is a gold, silver, or aluminum pellet with adhesive plaster to protect and hold it in place. It comes with one or more protrusions. This therapy is used to adjust the ionic balance of the body. The pellet can be applied for a longer duration than needles and is almost painless.

HAND ROLLER THERAPY Hand roller therapy is made of metal with multiple dull needles on a column. Roll it while rubbing in between the palm or dorsum and the fingers. Repeat rolling up to 10 to 20 times during the treatment.

Box 19-1 describes what to expect during hand acupuncture.

BOX 19-1

Hand Acupuncture: What to Expect

1. When using the pressure needle to apply pressure to the surface of the skin, the patient will usually feel some soreness and pain on the corresponding area of the finger. If needle pressure caused these sensations, use moxa and pellets. If the soreness and pain disappear when the point is rechecked after treatment, there will be a better result.
2. When inserting a needle on the Lumbar and Leg 1 and 2 points to treat acute low back pain, it is important for the patient to do physical exercise during the treatment. First instruct the patient to cough a few times, and then instruct the patient to do bending, stretching, and knee lifting exercises until the patient starts to perspire and has better range of motion. The patient will feel much improvement during the exercise.
3. When stimulating the appropriate points on the hand, one of the remarkable sensations is when the patient has a warm, burning, or relaxed sensation in the corresponding organ. This type of reaction shows a good result to the treatment.
4. When the needle is inserted on the hand, the patient will sometimes feel a radiating sensation along the meridians or a distending sensation. This type of reaction indicates a very good result.

Continued

BOX 19-1**Hand Acupuncture: What to Expect—cont'd**

5. It is important that the bleeding technique is used on the same side of the body as the problem area and that the needling technique is used on the same side or opposite side of the body as the problem area to have a better result.
6. Profuse bleeding after withdrawal of the needles: A small amount of bleeding after withdrawal of the needle from the corresponding point is normal. Use a cotton ball to put pressure on the point to stop bleeding. However, if bleeding is profuse, keep the cotton ball on the point, and use your other hand to hold and apply pressure on the radial and ulnar sides of the finger to help stop the bleeding. The hand blood vessels are distributed on the sides of the fingers, so the bleeding should stop.
7. One of the significant benefits of hand acupuncture is leading Qi from the hand to the corresponding disease area. When doing this, it is important to instruct the patient to do physical movement, especially for acute conditions. If the patient is not capable of moving his or her body for any reason, use massage or moxibustion to work on the diseased or painful area. In addition, you can use aromatic herbs and flowers for the patient to smell. Instruct the patient to take deep breaths when treating respiratory disease.
8. Some patients experience hand temperature and color changes during the course of the needle therapy. They either feel a change at the time of insertion, during the treatment, when the needles are taken out, or after having needle therapy a few times. This is a sign of an effective treatment. Patients will feel symptom relief right away and noticeable healing after treatment.
9. Active Qi on the hand is another important technique. You can use moxibustion to move back and forth longitudinally or transversely. For Korean hand therapy, you can use moxibustion to move along the direction of the micro-meridians of the hand. This usually achieves better results.
10. Bleeding techniques work very well for hand acupuncture treatments. It is an effective way to open meridians, release stagnation, help circulation, and speed up the healing process, especially for chronic and difficult diseases.
11. For diseases that require longer treatment duration or consistent stimulation, you can use intradermal needles or pellets. Embed the needle under the skin or place pellets on the skin that the patient will retain for a few days.
12. If a patient experiences stiffness, soreness, and motor impairment from nerve pressure, ask the patient to correct his or her posture before inserting the needles. If pain is preventing the patient from correcting his or her posture, insert needles on the hand first to elicit Qi. Then ask patient to correct his or her posture or help the patient to correct by passive movement.
13. Although hand acupuncture needles are very sensitive, if the patient experiences excessive pain on insertion, it usually means the needle has bent, the needle has been inserted too deeply, or there is a local infection. Adjustments in care should be given for such situations.
14. If the patient experiences itching and tingling sensations when you withdraw the needles, that usually indicates that there is bleeding underneath the skin and a hematoma will be formed. You should press on the point for a while to stop the bleeding. If a hematoma is already formed shortly after the needle is removed, you can gently press on the hematoma against the bone. By doing this, sometimes you can make the hematoma diffuse and disappear. In this case, the patient will experience a "bruise" but not a hematoma, which affects hand movement and takes longer to heal.
15. When using hand acupuncture, the patient might notice a tingling or itching sensation on another part of the body, even if you cannot determine any relationship with the disease you are treating. To achieve better results, insert needles on that area or massage it right away.
16. It is a good idea to use hand acupuncture with Mu and Shu combination because these points are the Zang Fu organ energy collection and responding areas. For example, when you are treating liver disorder, in addition to choosing points on the hand you can also choose UB 18 (Gan Shu) and Liv 14 (Qi Men) to directly work on the organ itself.
17. For points that are located on the transverse crease of the joint, try to find the space between the joints to insert the needle.

Cautions

1. Hand acupuncture is a strong stimulation technique, and this should be explained to the patient before treatment. This is important for patients who are elderly, pregnant, or deficient, and especially for people with heart disease or hypertension. Insertion must be done carefully to avoid fainting.
2. The hand has an abundance of blood vessels that can cause swelling and bruising as a result of needling, so insertion should be gentle. Avoid inserting into the artery, which may cause a hematoma on the palm. Apply pressure to the point with a cotton ball after removing the needles.
3. Insert the needles near the periosteum, but take care not to needle into the periosteum in order to avoid infection.
4. Excessive pain on insertion is caused by either too-deep insertion, insertion into a blood vessel, a bent needle, or local infections. The needles should be adjusted to the right layer, or carefully remove bent needles and then massage the painful area. The needles should not be inserted on infected areas.

Introduction

Foot therapy stimulates points or areas on the feet to treat diseases of the whole body. Acupuncture, massage, acupressure, moxibustion, and external medical applications are commonly used in combination with this therapy. Foot acupuncture focuses on stimulating points on the feet. Also points are chosen based on the theory of meridians and relationships with Zang Fu, Qi, and blood to stimulate energy flow and balance internal organs. In ancient times, the Chinese and Egyptians used feet for therapeutic treatments. As early as the book of *Nei Jing* there has been highly detailed information introducing the meridians and points. There are many points on the feet used to treat whole-body disease. In China's Tang dynasty (618–907 AD) foot massage therapy continued to develop and it eventually spread to Japan. Early in the twentieth century, an American doctor, William Fitzgerald, used methods of modern medicine to do research and analysis to develop foot reflex therapy. He published a book called *Zone Therapy* in 1917.

Foot acupuncture has become a more prevalent form of therapy since the 1970s. Chinese health practitioners have studied and researched the ancient writings. They also have recognized different theories and methods from all over the world. Through this research and experience, they have discovered many new sensitive reflex spots on the feet which lead to the development of foot acupuncture reflex therapy.

As with the hands, the feet are the starting area and the root of the energy. There is a close relationship with the Zang Fu, Qi, and blood to the meridian connections on the feet. Therefore by stimulating points on the feet, one is able to increase the energy of the body and adjust the function of the Zang Fu to release and prevent disease.

Modern science has recognized that the human feet have an abundance of blood vessels and nerves. Many nerve receptors function to feel the sensations of touch, pressure, and pain. The receptors send information to the central nervous system, which sends the output to the corresponding internal organs and parts of the body to improve blood circulation, metabolism, and whole-body physiological functions.

There are wide-ranging indications for foot acupuncture and different foot therapy, ranging from chronic digestive problems to sleep and mental disorders. It is highly effective in treating acute pain conditions, external pathogen invasions, palpitations, and dizziness.

Six different foot acupuncture systems exist:

1. Foot acupuncture point therapy

2. New foot acupuncture therapy
3. Foot imaging acupuncture (Fang system)
4. Foot meridians and points therapy
5. Special effect points on the feet
6. Foot reflexology

Foot Anatomy

Four Sides of the Feet

The four sides of the feet are the dorsal, plantar, lateral, and medial sides.

Skeleton of the Feet

There are 26 major bones and many joints in the human foot (Figure 20-1). The skeleton of the foot is divided into three parts: the tarsals, metatarsals, and phalanges.

TARSAL BONES The tarsal bones consist of seven short bones located at the proximal region of the foot. They are arranged in proximal and distal rows.

1. **Calcaneus bone:** The largest tarsal bone that projects posteriorly as the heel. The calcaneal tuberosity on the plantar surface can be felt under the skin.
2. **Talus bone:** The talus bone rests on the upper surface of the calcaneus. It is the link between the foot and the leg through the ankle joint.
3. **Cuneiform bone:** Located at the distal row articulating with the metatarsal bones and navicular bone. The cuneiform consists of three bones: the medial, intermediate, and lateral cuneiform bones.
4. **Navicular bone:** Interposed between the talus and three cuneiform bones.
5. **Cuboid bone:** Located at the lateral side of the distal row. It articulates with the calcaneus to the fourth and fifth metatarsals.

METATARSALS The five metatarsal bones lie distal in the foot and connect the tarsals and the phalanges. These miniature long bones have a proximal base and a distal head. From medial side to lateral side, they are named in order of the first to fifth metatarsal bones.

PHALANGES The phalanges consist of 14 bones, 2 bones in the hallux and 3 in each of the other toes. From proximal to distal are the proximal phalanges, middle phalanges, and distal phalanges. There are three joints in the phalanges: the metatarsal phalangeal joint, the first interphalangeal joint—proximal interphalangeal joint, and the second interphalangeal joint—distal interphalangeal joint.

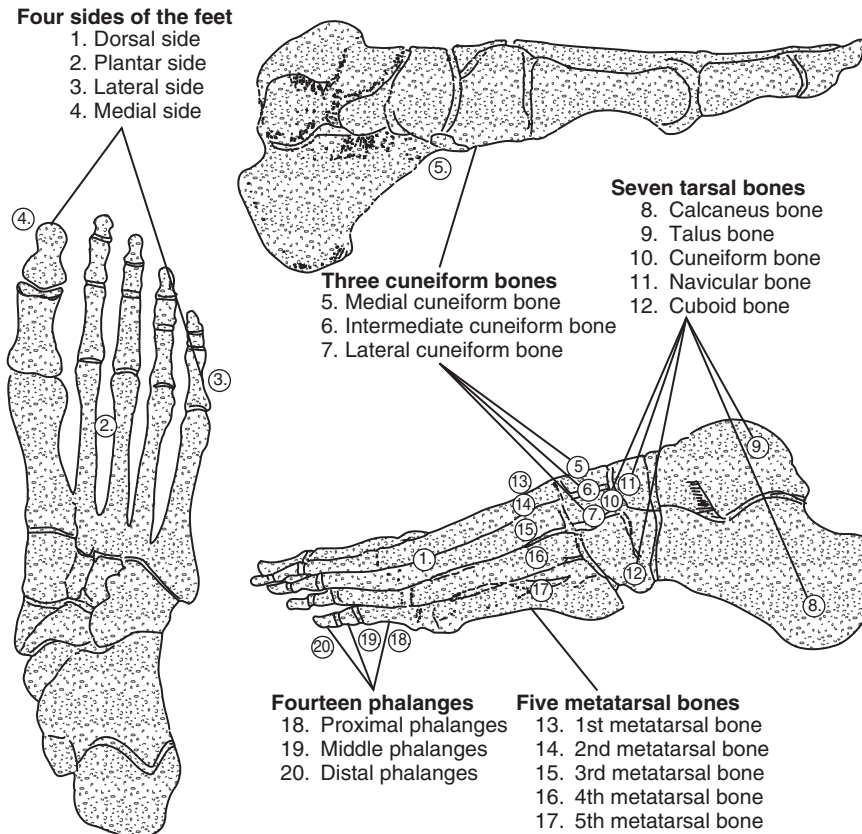


FIGURE 20-1 Foot anatomy. There are 26 major bones and many joints in the human foot.

Soft Tissue

The skin over the plantar surface is very thick compared to the skin of the dorsal surface. The skin around the ankle area is less tight. The plantar fascia is composed of densely compacted fibers that are oriented mainly longitudinally. The center part is the strongest and thickest, and it narrows posteriorly. It becomes broader and thinner as it diverges toward the metatarsal heads. Over the ball of the foot, additional sagittal septa connect the plantar fascia that covers the interosseous muscles. Tunnels are created for tendons and nerves to transmit. Cushions of connective tissue sprouting and fat pads protect the tendon, muscles, and nerves from compression. The deep fascia on the dorsum of the foot is a thin layer that covers the dorsal extensor tendons.

The muscles on the plantar area of the foot have four layers. The superficial layer consists of the flexor digitorum brevis centrally, the abductor hallucis medially, and the abductor digiti minimi laterally. The second layer contains the tendon of the flexor digitorum longus, the quadratus plantae, four lumbrical muscles, and the tendon of the flexor hallucis longus. The third layer consists of three muscles, the flexor hallucis brevis, the adductor hallucis, and the flexor digiti minimi brevis. The fourth layer consists of three plantar and four dorsal interosseous muscles.

The muscles on the dorsum of the foot are tendons of the long digital extensors, the extensor digitorum brevis, and the extensor hallucis brevis. The extensor digitorum longus goes to the second, third, and fourth toes, joined by corresponding tendons of the extensor digitorum brevis. The extensor hallucis brevis goes to the proximal phalanx of the big toe.

Blood Vessel Supply

The arterial supply to the skin of the feet is rich. It is derived from branches of the three major arteries that supply blood to the foot. Cutaneous venous drainage is via dorsal and plantar venous arches. The fourth and fifth lumbar spinal nerve roots and the first sacral spinal nerve roots supply sensation to the foot. The blood flow of the plantar surface of the foot comes from the posterior tibial artery. The artery is divided into the following branches:

1. The lateral plantar artery forms the plantar arch. As the arch crosses the foot, it branches into four plantar metatarsal arteries and then goes to the proper plantar digital arteries.
2. The medial plantar artery further divides into a superficial branch and a deep branch. The superficial branch supplies blood to the surface of the medial side of the foot and big toe before terminating at the proper digital arteries. The deep branch passes into the intrinsic muscle of the big toe.

The dorsal side blood supply comes from the anterior tibial artery, which ends by dividing into two branches. The large branch is the deep plantar artery, which goes into the sole of the foot. The smaller branch is the arcuate artery, which runs transversely across the dorsum. It supplies most of the dorsal metatarsal arteries that end as tiny dorsal digital arteries.

Nerves

The dorsal digital nerves, which terminate from both superficial and deep fibular nerves, provide sensation to the dorsal side of the foot. The deep nerve also has muscular and articular branches. The medial and lateral plantar nerves correspond in the plantar side of the foot. They are terminal branches of the tibial nerve and divide into plantar digital nerves.

Foot Acupuncture System

Foot Acupuncture Point Therapy

Foot acupuncture point therapy was developed in the 1960s in China. It is based on the meridian theory and the relationship of the foot with the Zang Fu, Qi, blood, and Yin and Yang. According to the root and branch theory, the foot is the root where the meridian energy starts and is distributed. There are many reflex points, which contain information of the human body and organs. Stimulation to those reflex points on the foot can treat and adjust this area or other associated organ diseases. The meridian theory and the biographic theory have provided information for the foot acupuncture system. After many years of clinical research and practice, foot acupuncture has been extensively developed and refined.

The foot can be viewed as a person lying flat with the plantar surface being the front of the body. The head is located at the heel and the buttocks toward the toes; the five Zang and six Fu organs are distributed around the metatarsal bones (Figure 20-2).

Foot acupuncture point therapy uses proportional measurement and anatomic landmarks in the location of points. The width and length of the foot are divided into equal units as is standard for proportional measurement. Draw a line from the midpoint of the heel to the midpoint between the second and third toes. This line is divided into 10 equal parts. The area from the malleolus to the bottom of the heel is divided into three equal parts, on both the medial and lateral sides of the foot. The widest area of the bottom of the foot is divided into five equal parts, each of which runs from between the toes downward to the heel (Figure 20-3).

PLANTAR ASPECT OF THE FOOT (Figure 20-4)

HEAD

Location: On the plantar surface, 1 unit distal from the red and dark skin of the heel.

Indications: Headache and toothache.

NOSE

Location: 1.0 unit distal to the Head point (2.0 units from the red and dark skin of the heel).

Indications: Acute and chronic sinusitis.

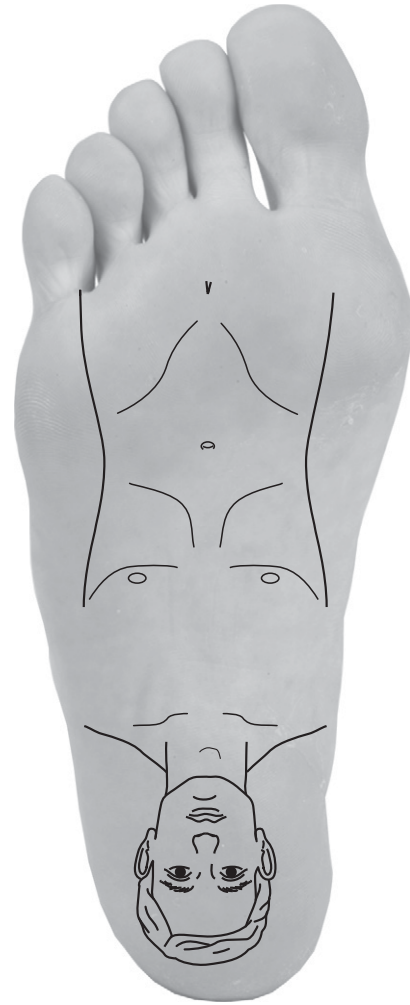


FIGURE 20-2 In the foot acupuncture point therapy system, the plantar surface of the foot contains the image of a person lying flat with the head located on the heel.

EYE

Location: 0.6 units lateral to the Nose point (2.0 units from the heel and 0.6 unit from the midline).

Indications: Acute and chronic eye problems.

EAR

Location: 0.6 units lateral to the Eye point (2.0 units from the heel and 1.2 units from the midline).

Indications: Deafness and tinnitus.

MOUTH

Location: 1.0 unit distal to the Nose point (3.0 units from the heel on the midline).

Indications: Toothache and tonsillitis.

THROAT

Location: 0.6 units distal to the Mouth point (3.6 units from the heel).

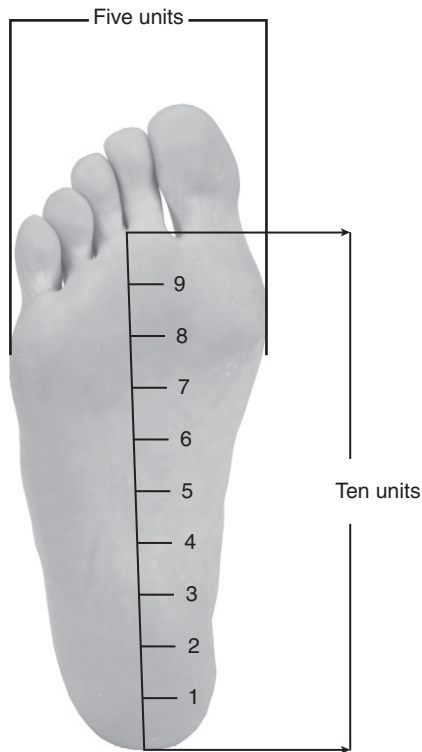


FIGURE 20-3 The foot acupuncture point therapy system uses proportional measurements and anatomic landmarks to find the location of points. The length of the foot is divided into 10 equal units from the second metatarsophalangeal joint to the heel. The width of the foot is divided into five parts based on the spaces between the toes.

Indications: Fever, sore throat, tonsillitis, and upper respiratory infections.

REGENERATION

Location: 0.6 units distal to the Throat point (4.2 units from the heel).

Indications: Tumor on the brain or spinal cord, and painful conditions such as Bi syndrome associated with the muscles, tendons, and bones.

HEART

Location: 0.5 units distal to the Regeneration point (4.7 units from the heel).

Indications: High blood pressure, heart failure, tonsillitis, tongue ulcers, insomnia, and excessive dreaming.

LUNG

Location: 0.4 units distal to the Regeneration point and 1.0 unit medial and lateral to the midline (4.6 units from the heel and 1.0 unit medial and lateral to the midline).

Indications: Cough, shortness of breath, and chest pain.

ANMIAN

Location: 0.6 units distal to the Heart point (5.3 units from the heel).

Indications: Psychasthenia, schizophrenia, insomnia, hysteria, and neurasthenia.

STOMACH

Location: 0.8 units distal to the Anmian point (6.1 units from the heel).

Indications: Stomach pain, vomiting, and indigestion.

LIVER

Location: 1.2 units medial to the Stomach point (6.1 units from the heel and 1.2 units medial to the midline).

Indications: Chronic hepatitis, cholecystitis, eye problems, and intercostal nerve pain.

SPLEEN

Location: 1.2 units lateral to the Stomach point (6.1 units from the heel and 1.2 units lateral to the midline).

Indications: Indigestion, urinary retention, and blood diseases.

GALLBLADDER

Location: 0.3 units proximal to the Liver point (5.8 units from the heel and 1.2 units to the midline).

Indications: Cholecystitis and hypochondriac area pain.

SMALL INTESTINE

Location: 0.3 units distal to the Stomach point and 1.0 unit medial and lateral to the midline (6.4 units from the heel and 1.0 unit lateral to the midline).

Indications: Abdominal regurgitation, borborygmus, and abdominal pain.

QIAN YIN ZHU

Location: 0.4 units distal to the Kidney 1 point (Yong Quan) (7.4 units from the heel on the midline).

Indications: High blood pressure, seizures, schizophrenia, and coma due to high fever.

HOU YIN ZHU

Location: 0.6 units proximal to the Kidney 1 point (Yong Quan) (6.4 units from the heel on the midline).

Indications: High blood pressure, seizures, schizophrenia, and coma due to high fever.

KIDNEY 1 (YONG QUAN)

Location: On the midline and at the junction between the anterior one-third and posterior two-thirds of the sole of the foot (7.0 units from the heel).

Indications: High blood pressure, vertex pain, infant convulsions, shock, and seizure.

KIDNEY

Location: 1.0 unit medial and lateral to the Kidney 1 point (Yong Quan) (7.0 units from the heel and 1.0 unit medial and lateral from the Kidney 1 point).

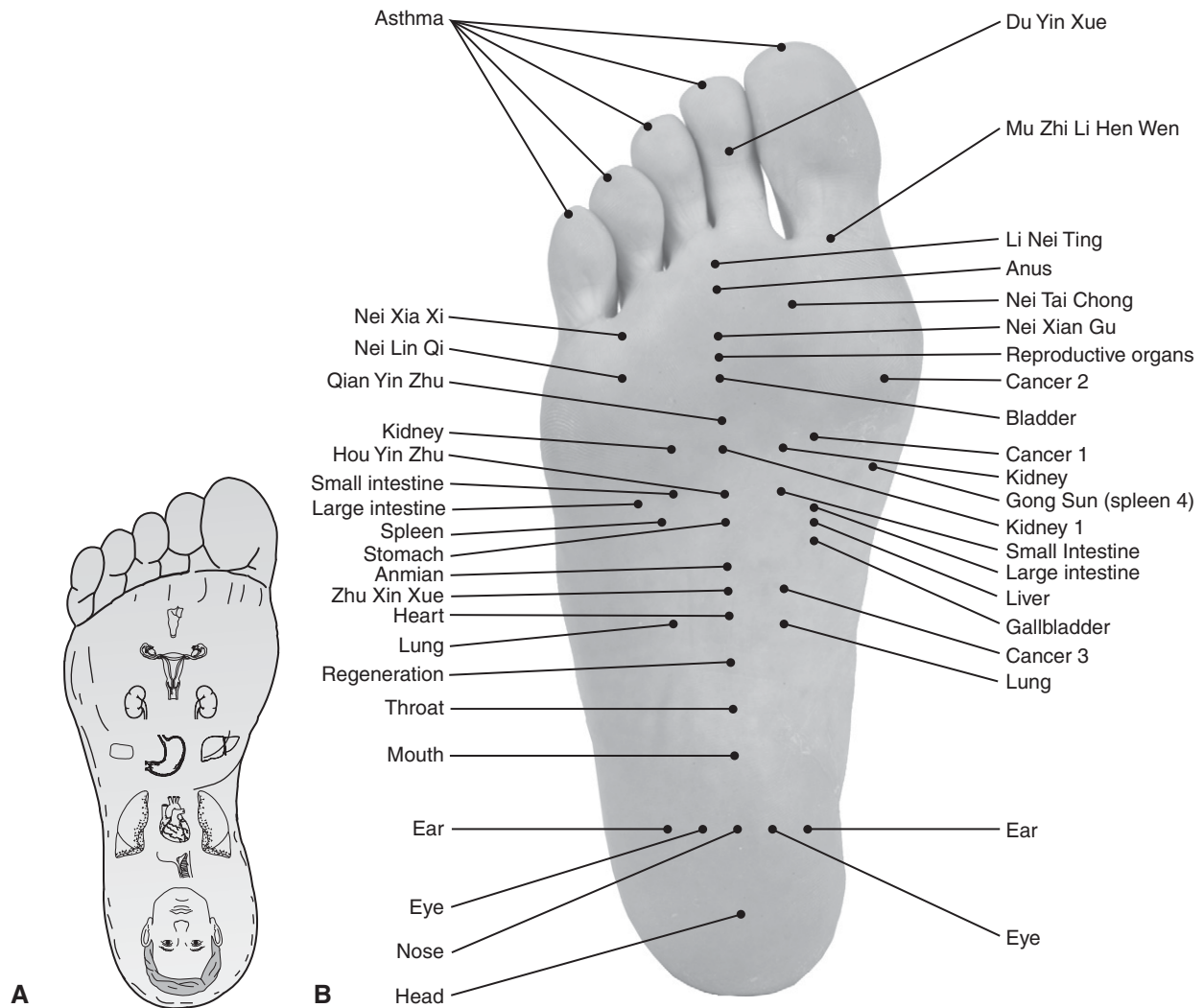


FIGURE 20-4 **A**, The plantar aspect of the foot showing organ distribution in the foot acupuncture point therapy system. **B**, Basic points of foot acupuncture point therapy on the plantar surface of the foot. (Continued)

Indications: High blood pressure, schizophrenia, acute low back pain, and urinary retention.

CANCER 1

Location: 1.0 unit distal to the Liver point (7.1 units from the heel and 1.2 units medial to the midline).

Indications: Stomach, cardiac orifice, and lower esophageal tumors.

LARGE INTESTINE

Location: **Medial:** 0.2 units proximal to Hou Yin Zhu and 1.2 units medial to the midline (6.2 units from the heel and 1.2 units medial to the midline).

Lateral: 0.2 units proximal to Hou Yin Zhu and 2.0 units lateral to the midline (6.2 units from the heel and 2.0 units lateral to the midline).

Indications: Abdominal pain, diarrhea, and irritable bowel syndrome.

SPLEEN 4 (GONG SUN)

Location: In the depression distal and inferior to the base of the first metatarsal bone, at the junction of the red and white skin.

Indications: Abdominal pain, vomiting, and bloating.

BLADDER

Location: 1.0 unit distal to the Kidney 1 point (Yong Quan) (8.0 units from the heel on the midline).

Indications: Urinary retention and urinary incontinence.

REPRODUCTIVE ORGANS

Location: 0.3 units distal to the Bladder point (8.3 units from the heel on the midline).

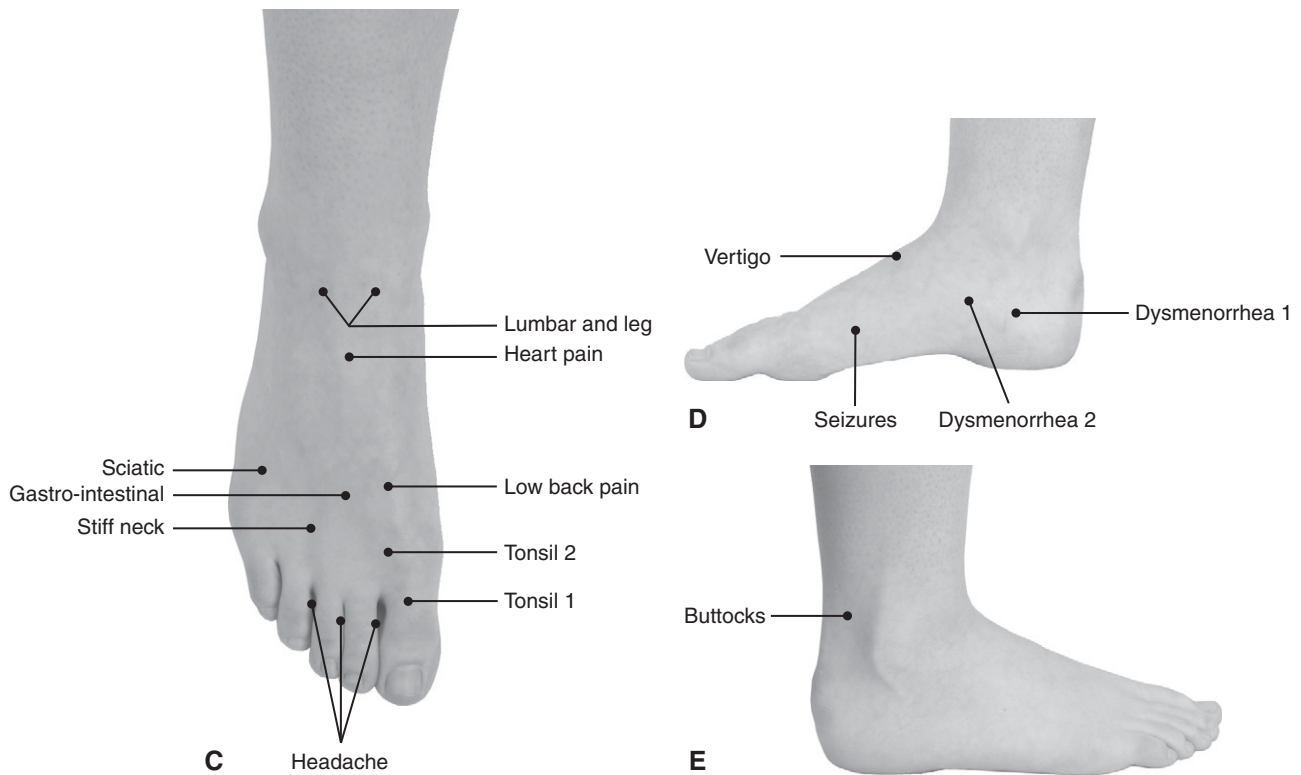


FIGURE 20-4, CONT'D C, Basic points of foot acupuncture point therapy on the dorsal surface of the foot. **D,** Basic points of foot acupuncture point therapy on the medial surface of the foot. **E,** Basic points of foot acupuncture point therapy on the lateral surface of the foot.

Indications: Irregular menses, abnormal leukorrhea, testitis, urinary retention, and incontinence.

CANCER 2

Location: 0.1 unit distal to the Bladder point and 2.0 units medial to the midline (8.1 units from the heel on the midline and 2.0 units medial to the midline).

Indications: Internal organ tumors below the umbilicus.

NEI LIN QI

Location: Opposite GB 41 (Zhu Lin Qi) on the plantar surface of the foot.

Indications: Migraine headache, hypochondriac area pain, eye problems, tinnitus, and fever.

NEI XIA XI

Location: Opposite GB 43 (Xia Xi) on the plantar surface of the foot.

Indications: Migraine headache, hypochondriac area pain, eye problems, tinnitus, and fever.

NEI XIAN GU

Location: Opposite Stomach 43 (Xian Gu) on the plantar surface of the foot.

Indications: Acute stomach pain, indigestion, and schizophrenia.

ANUS

Location: 0.6 units distal to Nei Xian Gu.

Indications: Constipation and diarrhea.

NEI TAI CHONG

Location: Opposite Liver 3 (Tai Chong) on the bottom of the foot.

Indications: Testitis, herniation, abnormal uterine bleeding, irregular menses, dysmenorrhea, hepatitis, eye problems, and high blood pressure.

LI NEI TING

Location: Opposite Stomach 44 (Nei Ting) at the bottom of the foot.

Indications: Child convulsions.

DU YIN XUE

Location: At the midpoint of the transverse crease of the distal interphalangeal joints of the second toe, on the plantar surface of the foot.

Indications: Herniation, irregular menses, and difficult labor.

MU ZHI LI HEN WEN

Location: At the midpoint of the transverse crease of the great toe at the metatarsophalangeal joint, on the plantar surface.

Indications: Testitis and herniation pain.

CANCER 3

Location: 0.6 units distal to the medial side of the Lung point (5.2 units from the heel on the midline and 1.0 unit medial to the midline).

Indications: Upper esophageal, lung, neck, throat, and nose tumors.

ASTHMA

Location: At the center of the tip of each toe, on the plantar surface.

Indications: Numbness of the feet, renal syndrome, and asthma.

ZHU XIN XUE

Location: At the center of the plantar surface of the foot, on the midline (5.0 units from the heel on the midline).

Indications: Psychasthenia and schizophrenia.

DORSAL ASPECT OF THE FOOT**HEADACHE**

Location: At the border of the light and dark skin on the medial aspect of the proximal interphalangeal joint of the second, third, and fourth toes.

Indications: Headaches.

TONSIL 1

Location: On the medial side of the extensor hallucis longus tendon at the metatarsophalangeal joint.

Indications: Acute tonsillitis, eczema, and skin rash.

TONSIL 2

Location: At the midpoint between Liver 2 (Xing Jian) and Liver 3 (Tai Chong).

Indications: Acute tonsillitis and parotitis.

LOW BACK PAIN

Location: In the depression anterior to the base of the first metatarsal bone.

Indications: Acute low back injury, back spasm, and back pain.

SCIATICA

Location: At the midpoint between GB 41 (Zhu Lin Qi) and GB 42 (Di Wu Hui).

Indications: Sciatic nerve pain.

STIFF NECK

Location: 2.0 units proximal to the midpoint of the line between the third and fourth metatarsal bones.

Indications: Whiplash.

GASTROINTESTINAL

Location: 3.0 units proximal to the midpoint of the line between the second and third metatarsal bones.

Indications: Acute and chronic gastroenteritis and stomach and duodenal ulcers.

HEART PAIN

Location: 2.5 units inferior to Stomach 41 (Jie Xi).

Indications: Chest pain, palpitations, asthma, and common colds.

LUMBAR AND LEG

Location: 0.5 units inferior to Stomach 41 (Jie Xi), in the depression on either side of the tendons of the extensor digitorum longus and hallucis longus muscles.

Indications: Lumbar and leg pain, and spasm of the lower leg.

MEDIAL ASPECT OF THE FOOT**VERTIGO**

Location: In the depression above the tubercle of the navicular bone.

Indications: Vertigo, headache, high blood pressure, and acute tonsillitis.

DYSMENORRHEA 1

Location: 2.0 units directly below the medial malleolus.

Indications: Uterine bleeding, irregular menses, and dysmenorrhea.

DYSMENORRHEA 2

Location: In the depression posterior and inferior to the tubercle of the navicular bone.

Indications: Dysmenorrhea, uterine bleeding, and ovarian cysts.

SEIZURES

Location: The midpoint between Spleen 3 (Tai Bai) and Spleen 4 (Gong Shun).

Indications: Seizures, hysteria, and psychasthenia.

LATERAL ASPECT OF THE FOOT**BUTTOCKS**

Location: Located 1.0 unit directly above UB 60 (Kun Lun), on the lateral aspect of the ankle (4.0 units above the base of the heel).

Indications: Sciatic nerve pain, headache, and abdominal pain.

New Foot Acupuncture Therapy

See Figure 20-5.

POINT 1

Location: On the bottom of the foot, 1.0 unit distal from the heel midline.

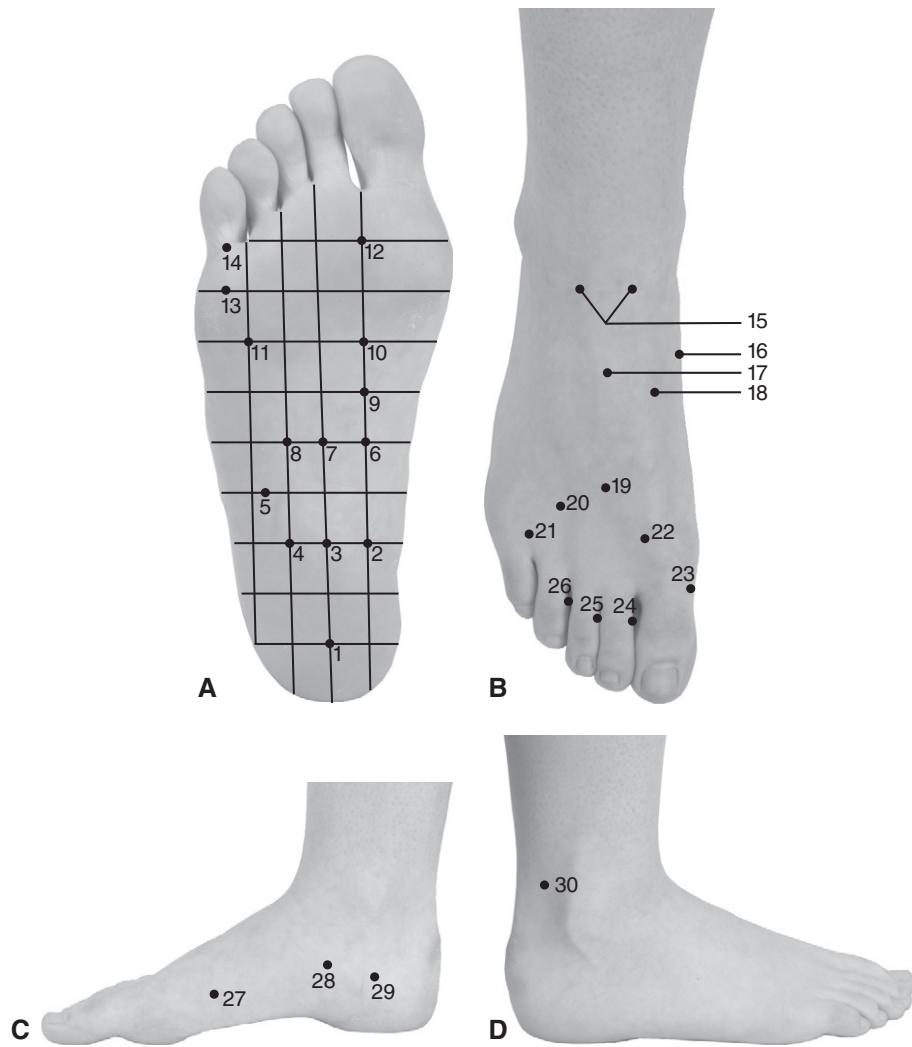


FIGURE 20-5 **A**, New points of foot acupuncture point therapy on the plantar surface of the foot. **B**, New points of foot acupuncture point therapy on the dorsal surface of the foot. **C**, New points of foot acupuncture point therapy on the medial surface of the foot. **D**, New points of foot acupuncture point therapy on the lateral surface of the foot.

Indications: Cold, headache, sinus problems, and sinusitis.

POINT 2

Location: 3.0 units distal from the heel, 1 unit medial to the midline.

Indications: Trigeminal neuralgia.

POINT 3

Location: 3.0 units distal from the heel, on the midline at the midpoint of the line between the medial and lateral malleolus.

Indications: Hysteria, insomnia, coma, and low blood pressure.

POINT 4

Location: 3.0 units distal from the heel, 1 unit lateral to the midline.

Indications: To treat intercostal nerve pain, chest pain, and fullness of the chest.

POINT 5

Location: 4.0 units distal from the heel, 1.5 units lateral to the midline.

Indications: Sciatic nerve, appendix, and chest pain.

POINT 6

Location: 5.0 units distal from the heel, 1.0 unit medial to the midline.

Indications: Diarrhea, duodenal ulcer, and dysentery.

POINT 7

Location: 5.0 units distal from the heel.

Indications: Asthma and maldevelopment of the brain.

POINT 8

Location: 5.0 units distal from the heel, 1.0 unit lateral to the midline.

Indications: Psychasthenia and seizure.

POINT 9

Location: 4.0 units proximal from the space between the big toe and second toe.

Indications: Diarrhea and ovarian cyst.

POINT 10

Location: 1.0 unit medial to the Kidney 1 point (Yong Quan).

Indications: Gastroenteritis and spasm of the stomach.

POINT 11

Location: 2.0 units lateral to the Kidney 1 point (Yong Quan).

Indications: Shoulder pain and skin rash.

POINT 12

Location: 1.0 unit proximal from the space between the big and second toes.

Indications: Toothache.

POINT 13

Location: 1.0 unit proximal from the midpoint of the transverse crease of the metatarsophalangeal joint of the small toe.

Indications: Toothache.

POINT 14

Location: The midpoint of the transverse crease of the metatarsophalangeal joint of the small toe.

Indications: Frequent urination and incontinence.

POINT 15

Location: 0.5 units inferior to the midpoint of the transverse crease, between the medial and lateral malleolus on both sides of the tendons of the extensor digitorum longus muscle.

Indications: Lumbar and leg pain and spasm of the leg muscle.

POINT 16

Location: In the depression above the tubercle of the navicular bone, on the medial aspect of the foot.

Indications: High blood pressure, acute parotitis, and acute tonsillitis.

POINT 17

Location: 2.5 units distal to the transverse crease of the ankle.

Indications: Heart pain, asthma, and common colds.

POINT 18

Location: In the depression inferior and anterior to the base of the first metatarsal bone.

Indications: Chest pain, fullness of the chest, and acute lumbar injury.

POINT 19

Location: 3.0 units proximal to the midpoint of the line between the second and third metatarsal bones on the dorsum of the foot.

Indications: Headache, ear pain, acute or chronic gastroenteritis, and stomach and duodenal ulcers.

POINT 20

Location: 2.0 units proximal to the midpoint of the line between the third and fourth metatarsal bones, on the dorsum of the foot.

Indications: Whiplash.

POINT 21

Location: 0.5 units proximal to the midpoint of the line between the fourth and fifth metatarsal bones, on the dorsum of the foot.

Indications: Sciatic nerve pain, parotitis, and tonsillitis.

POINT 22

Location: 1.0 unit proximal to the midpoint of the line between the first and second metatarsal bones, on the dorsum of the foot.

Indications: Acute tonsillitis and high blood pressure.

POINT 23

Location: On the medial aspect of the extensor hallucis longus tendon, at the medial side of the metatarsophalangeal joint on the dorsum of the foot.

Indications: Acute tonsillitis and high blood pressure.

POINT 24

Location: At the border of the light and dark skin on the medial aspect of the distal interphalangeal joint of the second toe.

Indications: Headache and ear pain.

POINT 25

Location: At the border of the light and dark skin, on the medial aspect of the distal interphalangeal joint of the third toe.

Indications: Headache.

POINT 26

Location: At the border of the light and dark skin, on the medial aspect of the distal interphalangeal joint of the fourth toe.

Indications: Headache and low blood pressure.

POINT 27

Location: At the midpoint between Spleen 3 (Tai Bai) and Spleen 4 (Gong Shun).

Indications: Seizures, hysteria, and abdominal pain.

POINT 28

Location: In the depression posterior and inferior to the tubercle of the navicular bone, on the medial aspect of the foot.

Indications: Dysmenorrhea, uterine bleeding, and abdominal pain.

POINT 29

Location: 2.0 units directly below the middle of the medial malleolus.

Indications: Abdominal bleeding, bronchitis, and asthma.

POINT 30

Location: 1.5 units posterior and superior to the lateral malleolus, 4.0 units above the base of the heel.

Indications: Sciatic nerve pain, low back pain, and headache.

Foot Imaging Acupuncture

FANG SYSTEM

Dr. Yuen-Peng Fang of Xian, China, invented foot imaging acupuncture in the early 1970s. This therapy uses needles to stimulate points on the feet to treat whole-body disease. Fang and colleagues, through their research, found that the foot is similar to the hand. There are many special function points, and these points are systematically distributed on the feet. There are three small ratios of the human body that are vertically distributed on the feet. The stimulation points that reflect the chest, abdomen, and anterior part of the body onto the feet are distributed on the bottom of the feet. They are given the name “Zang,” or organ. The stimulation points that reflect the neck, back, and posterior part of the body onto the feet are distributed on the dorsal side of the feet. They are given the name “Xiang,” or imaging. This system is called foot imaging acupuncture and functions to stop pain, reduce blood pressure,

calm the Shen, and revive the senses. There are especially good results for nervous system, vascular system, motor system, internal organ, and skin disorders.

SYSTEM

The foot imaging acupuncture system has three reflex body figures and reflex function areas. The distribution is standard and consists of three small visual body figures, including the six areas, which are: feet prone imaging, feet prone organ, feet tibia inverted imaging, feet tibia inverted organ, feet fibula inverted imaging, and feet fibula inverted organs.

1. **Feet prone imaging.** In this image the head is toward the top of the toe. The body figure is face down on the top of the feet.
2. **Feet prone organ.** The image corresponds to the feet prone imaging in the same direction but located on the bottom of the feet.

There are two body figures that distribute in a different direction with the feet prone imaging and organs. Therefore they are called the feet inverted imaging or feet inverted organs.

3. **Feet tibia inverted imaging.** Located on the medial side of the dorsal surface of the feet with the head toward the ankle.
4. **Feet tibia inverted organs.** Located on the medial side of the bottom surface of the feet with the head toward the heel.
5. **Feet fibula inverted imaging.** Located on the lateral side of the dorsal surface of the feet with the head toward the ankle.
6. **Feet fibula inverted organs.** Located on the lateral side of the bottom surface of the feet with the head toward the heel.

FOOT IMAGING STANDARD LINE

In order to locate points, use the 11 standard lines on the feet (Figure 20-6).

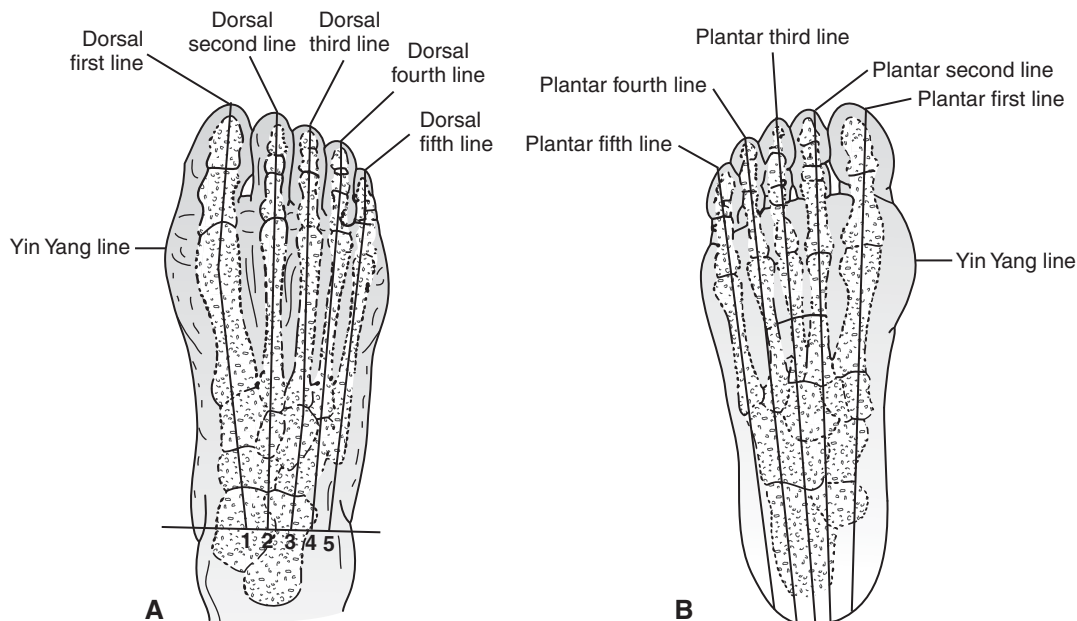


FIGURE 20-6 **A**, Standard measurement lines of the foot imaging acupuncture system on the dorsal surface of the foot. The margin of the red and white skin makes up the Yin-Yang line that separates the dorsal and plantar aspects of the foot. **B**, Standard measurement lines of the foot imaging acupuncture system on the plantar surface of the foot. The margin of the red and white skin makes up the Yin-Yang line that separates the dorsal and plantar aspects of the foot.

1. **Yin-Yang line.** This is the line located on the medial and lateral side at the red and white skin. Use this line to separate the feet to the plantar side and the dorsal side.
2. **Plantar first line.** This line is located on the plantar side of the feet. It is on the medial side of the plantar surface starting at the midpoint of the tip of the big toe along the phalangeal bone and metatarsal bone, ending at the intersecting area of the red and white skin on the heel.
3. **Plantar second line.** This line is on the plantar surface at the medial side of the plantar surface starting at the midpoint of the tip of the second toe traveling along the midline of the phalanges, the metatarsal bone, and ending at the intersecting area of the red and white skin of the heel.
4. **Plantar third line.** This line is at the middle of the plantar side of the feet starting at the midpoint of the tip of the third toe traveling along the third phalangeal bone, the metatarsal bone, and ending at the intersection area of the red and white skin of the heel.
5. **Plantar fourth line.** This line is located on the lateral side of the plantar surface starting at the midpoint of the fourth toe traveling along the midline of the fourth phalangeal bone and metatarsal bone and ending at the intersection area of the red and white skin of the heel.
6. **Plantar fifth line.** This line is located on the lateral side of the plantar surface starting at the tip of the little toe traveling along the midline of the fifth phalangeal bone and metatarsal bone and ending at the intersecting area of the red and white skin of the heel.
7. **Dorsal first line.** This line is on the medial side of the dorsal surface of the feet opposite the plantar first line.
8. **Dorsal second line.** This line is on the medial side of the dorsal surface of the feet opposite the plantar second line.
9. **Dorsal third line.** This line is on the middle of the dorsal surface of the feet opposite the plantar third line.
10. **Dorsal fourth line.** This line is on the lateral side of the dorsal surface of the feet opposite the plantar fourth line.
11. **Dorsal fifth line.** This line is on the lateral side of the dorsal surface of the feet opposite the plantar fifth line.

Feet prone imaging (Figure 20-7) Feet prone imaging is the human body image that is distributed on the dorsal side of the feet. On the left foot, the fourth and fifth metatarsal and phalangeal bones indicate the left side of the body, while the first and second metatarsal and phalangeal bones indicate the right side of the body. On the right foot, the fourth and fifth metatarsal and phalangeal bones indicate the right side of the body, while the first and second metatarsal and phalangeal bones indicate the left side of the body.

a. **Head and neck.** The head and neck are located on the dorsal side of the third toes; from the tip of the third toe to the third metatarsophalangeal joint will be the top of the head, occipital area, and neck.

b. **Trunk.** The body trunk is located on the dorsal side of the third metatarsal bone. The metatarsophalangeal joint equals the intersection of the neck with the thoracic vertebrae, such as the Du 14 (Da Zhui) point. The ankle area is the sacral area, such as Du 1 (Chang Qiang). The whole body trunk area is divided into

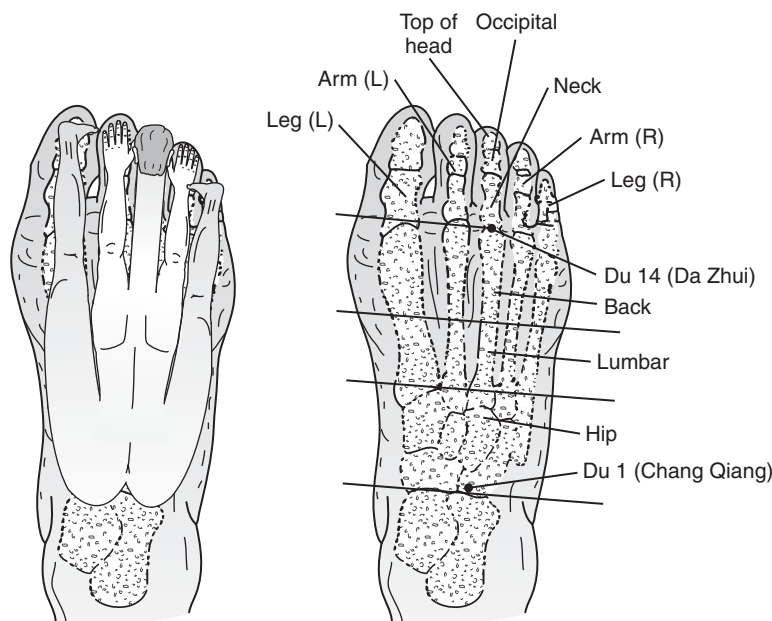


FIGURE 20-7 Feet prone imaging distributes the human body on the dorsal side of the feet. The third toe indicates the head and neck, the second and fourth toes indicate the arms, and the big and little toes indicate the legs.

three parts: back, lumbar, and hip. The back is three-sevenths, the lumbar is two-sevenths, and the hip is two-sevenths of the distance.

c. **Arm.** The left arm on the left foot is located on the fourth toe, but on the right foot it is on the second toe. The right arm on the left foot is located on the second toe, but on the right foot it is on the fourth toe. The second and fourth metatarsophalangeal joints equal the shoulder area. The proximal interphalangeal joint is the elbow, and the distal interphalangeal joint is the wrist. The distal phalangeal parts of the second and fourth toes are the fingers.

d. **Leg.** The left leg on the left foot is located on the fifth toe, while on the right foot it is on the big toe. The right leg on the left foot is located on the big toe, while on the right foot it is on the fifth toe.

e. **Hip.** The hip is located on the first and fifth metatarsophalangeal joints. The proximal interphalangeal joint is the knee, and the distal interphalangeal joint is the ankle. The area distal to the distal interphalangeal joint is the toes. However, the big toe only has one interphalangeal joint, so the ankle is located on the side of the nail.

Feet prone organs (Figure 20-8) The feet prone organs are located on the bottom of the feet. Combining the feet prone imaging with the prone organs forms the complete human body. The feet prone organs represent the human body on the anterior part (face, chest, abdominal area, and perineum). The internal organs are located on the bottom of the feet, the position corresponding to the prone imaging figures on the dorsal side.

Feet tibia inverted imaging (Figure 20-9) The feet tibia inverted imaging is the whole body figure located on the medial side of the dorsal surface of the feet. The image is located close to the medial side of the first and second phalangeal bones, first and second metatarsal bones, navicular bone, and medial cuneiform bone, as well as the corresponding area. In this

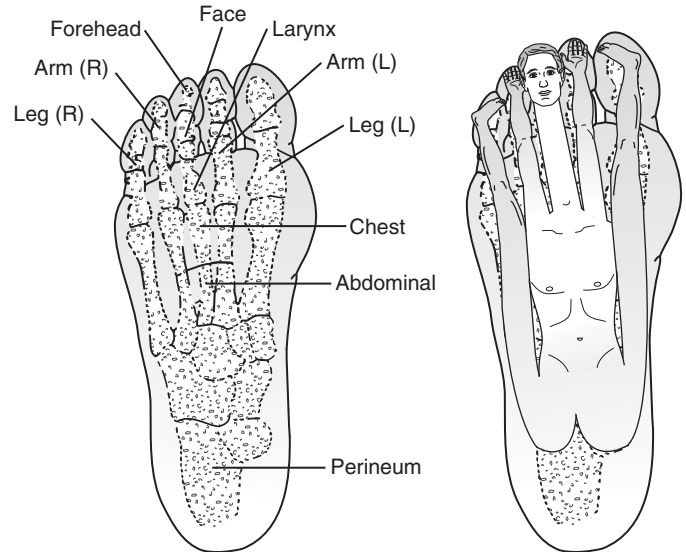


FIGURE 20-8 Feet prone organs distribute the human body on the plantar side of the feet and indicate the anterior part of the body (the face, chest, abdomen, and perineum).

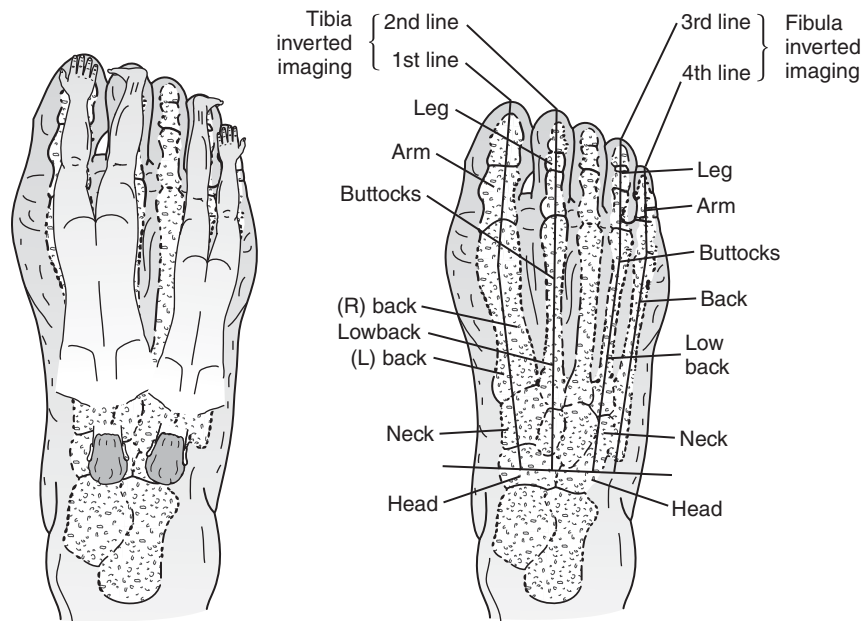


FIGURE 20-9 The feet tibia and fibula inverted imaging shows two bodies lying on the dorsal side of the feet with the head close to the tarsal bones.

system, the head is located at the proximal part of the feet opposite the feet prone imaging, and is called the feet tibia inverted imaging.

a. **Head.** The head is distributed at the navicular bone and one-half proximal to the medial cuneiform bone.

b. **Neck.** The neck is distributed at the distal one-half area of the medial cuneiform bone from the proximal to the distal direction in order of first to seventh cervical vertebrae.

c. **Trunk.** The trunk includes the back, low back, and buttocks. The back is located on the first metatarsal bone. The low back and buttocks are located on the second metatarsal bone. The low back and buttocks each occupy half of the distance on the second metatarsal bone.

d. **Arms.** The left arm is located on the left foot on the lateral side of the first phalanx bones. The left arm is located on the right foot on the medial side of the first phalanx bones. The left and right shoulder, elbow, and wrist distribute at the metatarsophalangeal joint, interphalangeal joint, and both sides of the corner of the nail.

e. **Legs.** The left side of the leg is located on the left foot and distributed on the lateral side of the second phalangeal bones on the dorsal side of the foot. On the right foot, the left leg is located on the medial side of the second toe. On the left foot, the right leg is located on the medial side of the second line of the second phalangeal bones. The right leg is located on the right foot on the lateral side of the second metatarsal midline. The left and right hip, knee, and ankle are distributed on the metatarsophalangeal joint, proximal interphalangeal joint, and distal interphalangeal joint, respectively.

Feet tibia inverted organ (Figure 20-10) The feet tibia inverted organ and feet tibia inverted imaging become the whole body system. The feet tibia inverted organ is located opposite the feet tibia inverted imaging on the bottom of the feet. It is the internal organ corresponding area. The position of the body structure is opposite the feet tibia inverted imaging.

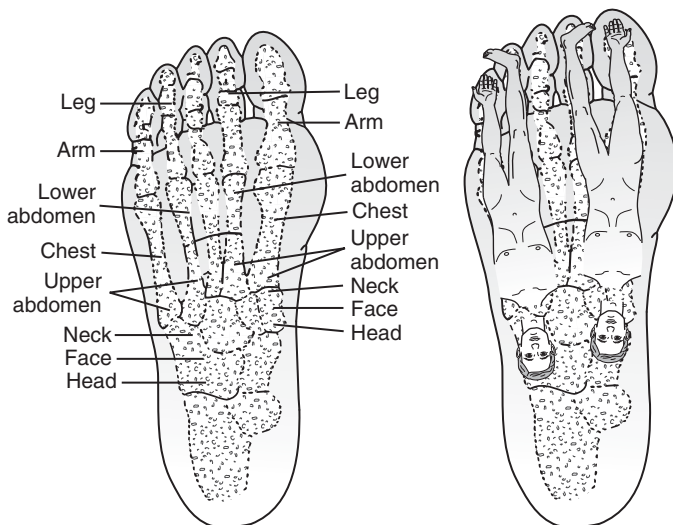


FIGURE 20-10 The feet tibia and fibula inverted organ shows two bodies lying on the plantar side of the feet with the head close to the tarsal bones.

Feet fibula inverted imaging Feet fibula inverted imaging is distributed at the lateral and dorsal sides of the feet. It is the reflex system associated with the fourth and fifth phalangeal bones, fourth and fifth metatarsal bones, and cuboid bone area. This area is similar to the feet tibia inverted imaging. The left side of the body is distributed on the dorsal side of the left feet along the fourth and fifth metatarsal and phalangeal bones on the lateral side of the fourth and fifth midlines. The right side of the body is distributed on the dorsal side of the fourth and fifth metatarsal and phalangeal bones on the medial side of the lines on the left feet. On the right feet, the lateral side of the fourth and fifth of the metatarsal phalangeal midline area is the right side of the body in the feet fibula inverted imaging system. In other words, the medial side of the area is the left side of the body.

a. **Head.** Located on the dorsal side of the feet above the cuboid bone. The length is 1.5 times the width.

b. **Neck.** Located between the anterior part of the cuboid bone and the tuberosity of the fifth metatarsal bone.

c. **Trunk.** Located on the dorsal side of the feet of the fifth metatarsal bone. The low back and buttocks are located on the fourth metatarsal bone, with each part distributed over half of the distance.

d. **Arm.** The left and right arms distribute at both sides of the fifth phalangeal bones based on the metatarsal midline. The shoulder is located on the metatarsophalangeal joint. The elbow is located at the proximal interphalangeal joint. The wrist is located at the distal interphalangeal joint.

e. **Leg.** The left and right legs are distributed on both sides of the metatarsal midline of the fourth toe. The hip is located on the metatarsophalangeal joint. The knee is located at the proximal phalangeal joint. The ankle is located at the distal phalangeal joint.

Feet fibula inverted organ Feet fibula inverted organ indicates the bottom of the feet. The internal organs are located on this area. The structure on the body is similar but opposite to that of feet fibula inverted imaging.

Foot Meridians and Points Therapy

The foot has a close relationship with the meridians. The foot three Yin meridians all start at the foot, and the foot three Yang meridians all terminate at the foot. The foot Yangming stomach meridian ends at the lateral side of the second toe, and the internal branch terminates at the medial side of the tip of the great toe. The foot Taiyang urinary bladder meridian runs along the tuberosity of the fifth metatarsal bone and reaches the lateral side of the tip of the little toe. The foot Shaoyang gallbladder meridian runs along the lateral side of the fourth metatarsal bone and terminates at the tip of the fourth toe, and an internal branch ends at the great toe. The foot three Yin meridians link with their foot Yang meridians through their internal-external meridian relationships. The foot Taiyin spleen meridian starts at the medial tip of the great toe, and the foot Shaoyin kidney meridian starts on the inferior aspect of the small toe, and runs obliquely toward the sole. The foot Jueyin liver meridian starts at the dorsal lateral region of the great toe. The 12 regular

meridians link to one another in a fixed order. A cyclical flow of Qi is maintained by the connection of the meridians of the foot, Yin and Yang, and exterior and interior. The eight extraordinary meridians (the Yang Wei, Yin Wei, Yang Qiao, and Yin Qiao meridians) all pass through the feet. Thus the feet connect to the whole body, including the Zang Fu via their relationship with the meridians. The feet are the connecting place of the foot three Yin and foot three Yang meridians. Like the hand, the foot is a meridian starting and ending area, as well as a Yin and Yang connecting area (Figure 20-11).

**POINTS ON THE FOOT YANGMING STOMACH MERIDIAN
ST 41 (JIE XI)**

Location: On the dorsum of the foot at the midpoint of the transverse crease of the ankle joint in the depression between the tendons of the muscles extensor digitorum longus and hallucis longus.

Indications: Headache, dizziness, pain from abdominal distension, constipation, weakness of the lower extremities, pain of the ankle joint, muscular atrophy, motor impairment, and pain and paralysis of the lower extremities.

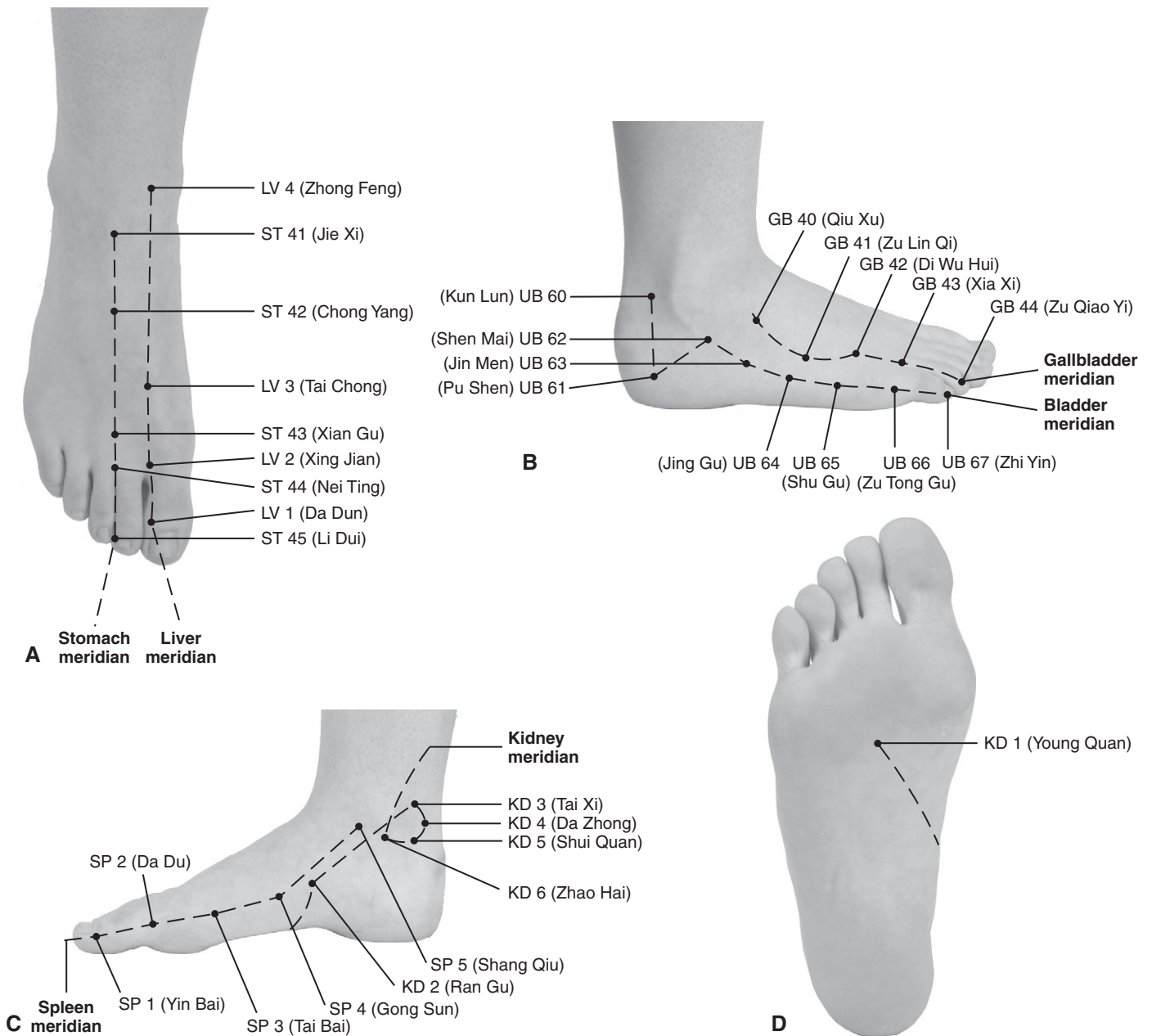


FIGURE 20-11 **A**, Foot macro-acupuncture meridians and points on the dorsal aspect of the foot. **B**, Foot macro-acupuncture meridians and points on the lateral aspect of the foot. **C**, Foot macro-acupuncture meridians and points on the medial aspect of the foot. **D**, Foot macro-acupuncture meridians and points on the plantar aspect of the foot.

ST 42 (CHONG YANG)

Location: At the highest point of the dorsum of the foot distal to ST 41 in the depression between the second and third metatarsal bones and the cuneiform bone.

Indications: Pain of the upper teeth, swelling of the face, facial paralysis, deviation of the mouth and eye, redness and swelling of the dorsum of the foot, and muscular atrophy and motor impairment of the foot.

ST 43 (XIAN GU)

Location: On the dorsum of the foot in the depression distal to the junction of the second and third metatarsal bones.

Indications: Facial and general edema, redness and swelling of the eye, abdominal pain, borborygmus, and swelling and pain of the dorsum of the foot.

ST 44 (NEI TING)

Location: Proximal to the web margin between the second and third toes in the depression distal and lateral to the second metatarsal digital joint.

Indications: Toothache, sore throat, pain in the face, deviation of the mouth, nosebleeds, gastric pain, acid regurgitation, abdominal distension, diarrhea, dysentery, constipation, swelling and pain of the dorsum of the feet, and febrile disease.

ST 45 (LI DUI)

Location: On the lateral side of the second toes 0.1 cun posterior to the corner of the nail.

Indications: Nosebleeds, facial swelling, deviation of the mouth, sore throat, toothache, hoarse voice, abdominal distension, febrile disease, and dream-disturbed sleep.

POINTS ON THE FOOT TAIYANG BLADDER MERIDIAN**UB 60 (KUN LUN)**

Location: In the depression between the external malleolus and the calcaneal tendon.

Indications: Headache, neck rigidity, dizziness, blurred vision, and nosebleeds; pain in the shoulder, back, and arm; seizures, difficult labor, and swelling and pain of the heel.

UB 61 (PU SHEN)

Location: Posterior and inferior to the external malleolus directly below UB 60 in the depression of the calcaneum at the junction of the red and white skin.

Indications: Muscular atrophy, weakness of the lower extremities, pain in the heel, and seizures.

UB 62 (SHEN MAI)

Location: In the depression directly below the external malleolus.

Indications: Headache, dizziness, seizures, insomnia, redness of the eye, backache, and aching of the leg.

UB 63 (JIN MEN)

Location: Anterior and inferior to UB 62 in the depression lateral to the cuboid bone.

Indications: Headache, seizures, infantile convulsions, back pain, pain in the external malleolus, and motor impairment and pain in the lower extremities.

UB 64 (JING GU)

Location: Below the tuberosity of the fifth metatarsal bone at the junction of the red and white skin.

Indications: Headache, neck rigidity, pain in the lower back and thigh, epilepsy, and blurred vision.

UB 65 (SHU GU)

Location: Posterior to the head of the fifth metatarsal bone at the junction of red and white skin.

Indications: Mania, headache, neck pain, blurred vision, backache, and pain in the lower extremities.

UB 66 (ZU TONG GU)

Location: In the depression anterior to the fifth metatarsophalangeal joint.

Indications: Headache, neck rigidity, dizziness, nosebleeds, seizures, and blurred vision.

UB 67 (ZHI YIN)

Location: On the lateral side of the small toe about 0.1 cun posterior to the corner of the nail.

Indications: Headache, nasal obstruction, eye pain, nosebleeds, difficult labor, abdominal distension after birth, and feverish sensation in the sole of the foot.

POINTS ON THE FOOT SHAOYANG GALLBLADDER MERIDIAN**GB 40 (QIU XU)**

Location: Anterior and inferior to the external malleolus in the depression on the lateral side of the tendon of the extensor digitorum longus muscle.

Indications: Pain in the neck, swelling of the axillary region, pain in the hypochondriac region, muscular atrophy of the lower limbs, malaria, and pain and swelling of the external malleolus.

GB 41 (ZU LIN QI)

Location: In the depression distal to the junction of the fourth and fifth metatarsal bones on the lateral side of the tendon of the extensor digiti minimi muscle of the foot.

Indications: Headache, vertigo, pain of the outer canthus, pain in the hypochondriac region, irregular menses, breast distension and pain, scrofula, and spastic pain of the foot and toes.

GB 42 (DI WU HUI)

Location: Between the fourth and fifth metatarsal bones on the medial side of the tendon of the extensor digiti minimi muscle of the foot.

Indications: Headache, pain and redness of the canthus, tinnitus, breast distension and pain, hypochondriac area pain, and swelling and pain of the dorsum of the foot.

GB 43 (XIA XI)

Location: On the dorsum of the foot between the fourth and fifth toes proximal to the margin of the web.

Indications: Headache, dizziness, vertigo, tinnitus, deafness, pain of the outer canthus, swelling of the cheeks, pain in the hypochondriac region, febrile disease, and breast distension and pain.

GB 44 (ZU QIAO YIN)

Location: On the lateral side of the fourth toe about 0.1 cun posterior to the corner of the nail.

Indications: Headache, migraine, deafness, tinnitus, sore throat, insomnia, dream-disturbed sleep, hypochondriac area pain, irregular menses, and febrile disease.

POINTS ON THE FOOT TAIYIN SPLEEN MERIDIAN

SP 1 (YIN BAI)

Location: On the medial side of the great toe 0.1 cun posterior to the corner of the nail.

Indications: Abdominal distension, bloody stools, bloody urination, profuse menstruation, mental disorders, dream-disturbed sleep, and convulsions.

SP 2 (DA DU)

Location: On the medial side of the great toe distal and inferior to the first metatarsal-digital joint at the junction of the red and white skin.

Indications: Abdominal distension, gastric pain, vomiting, diarrhea, constipation, and febrile disease.

SP 3 (TAI BAI)

Location: Proximal and inferior to the head of the first metatarsal bone at the junction of the red and white skin.

Indications: Gastric pain, abdominal distension, constipation, diarrhea, dysentery, hemorrhoids, sluggishness, and a sensation of heaviness in the body.

SP 4 (GONG SUN)

Location: In the depression distal and inferior to the base of the first metatarsal bone at the junction of the red and white skin.

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

SP 5 (SHANG QIU)

Location: In the depression distal and inferior to the medial malleolus midway between the tuberosity of the navicular bone and the tip of the medial malleolus.

Indications: Abdominal distension, constipation, diarrhea, jaundice, pain and rigidity of the tongue, and pain in the feet and ankles.

POINTS ON THE FOOT JUEYIN LIVER MERIDIAN

LIV 1 (DA DUN)

Location: On the medial side of the dorsum of the terminal phalanx of the great toe between the medial corner of the nail and the interphalangeal joint.

Indications: Hernia, enuresis, uterine bleeding, amenorrhea, uterine prolapse, and epilepsy.

LIV 2 (XING JIAN)

Location: On the dorsum of the foot between the first and second toes proximal to the margin of the web.

Indications: Headache, dizziness, redness and swelling of the eye, hernia, seizures, irregular menses, dysmenorrhea, abnormal leukorrhea, stroke, urinary retention, and painful urination.

LIV 3 (TAI CHONG)

Location: On the dorsum of the foot in the depression distal to the junction of the first and second metatarsal bones.

Indications: Headache, dizziness, vertigo, swelling and pain of the eye, insomnia, depression, infantile convulsions, deviation of the mouth, pain in the hypochondriac area, uterine bleeding, hernia, retention of urine, and pain in the anterior aspect of the medial malleolus.

LIV 4 (ZHONG FENG)

Location: 1.0 cun anterior to the medial malleolus midway between SP 5 (Shang Qiu) and ST 41 (Jie Xi) in the depression on the medial side of the tendon of the tibialis anterior muscle.

Indications: Hernia, pain in the external genitalia, nocturnal emissions, retention of urine, and distending pain in the hypochondrium.

POINTS ON THE FOOT SHAOYIN KIDNEY MERIDIAN

KID 1 (YONG QUAN)

Location: On the sole of the foot in the depression when the foot is in plantar flexion and approximately at the junction of the anterior third and the posterior two-thirds of the sole.

Indications: Headache, dizziness, vertigo, blurred vision, sore throat, dryness of the tongue, loss of voice, constipation, scanty urination, infantile convulsions, feverish sensation in the sole, and loss of consciousness.

KID 2 (RAN GU)

Location: Anterior and inferior to the medial malleolus in the depression on the lower border of the tuberosity of the navicular bone.

Indications: Uterine prolapse, irregular menses, nocturnal emissions, thirst, diarrhea, swelling and pain of the dorsum of the feet, and acute infantile omphalitis.

KID 3 (TAI XI)

Location: In the depression between the medial malleolus and the calcaneus tendon at the level of the tip of the medial malleolus.

Indications: Sore throat, toothache, deafness, tinnitus, dizziness, asthma, thirst, irregular menses, insomnia, nocturnal emissions, impotence, frequent urination, and constipation.

KID 4 (DA ZHONG)

Location: Posterior and inferior to the medial malleolus in the depression medial to the attachment of the calcaneus tendon.

Indications: Asthma, stiffness and pain of the lower back, pain in the heel, constipation, and coughing blood.

KID 5 (SHUI QUAN)

Location: 1.0 cun directly below Kid 3 (Tai Xi) in the depression anterior and superior to the medial side of the tuberosity of the calcaneus.

Indications: Amenorrhea, dysmenorrhea, irregular menses, uterine prolapse, and blurred vision.

KID 6 (ZHAO HAI)

Location: In the depression of the lower border of the medial malleolus or 1.0 cun below the medial malleolus.

Indications: Irregular menses, abnormal leukorrhea, uterine prolapse, frequent urination, retention of urine, constipation, sore throat, seizures, and insomnia.

Special Effect Points on the Feet

Special effect points on the feet are also called “Jing Wai Qi Xue.” This refers to the experimental points beyond the 14 meridian points. As early as the *Nei Jing* (内经), there have been records of many points on the feet to treat whole-body disease. Later, more points were recorded in the books *Zhou Hou Fang*, *Qian Jin Fang*, and *Wai Tai Mi Yao*. The book *Zhen Jiu Da Cheng* has a chapter recording special effect points. These points have been proven to exhibit very effective results in clinical practice (Figure 20-12).

NEI HUAI QIAN XIA

Location: 1.0 cun anterior to the lower border of the medial malleolus.

Indications: Vomiting and stomach pain.

WAI HUAI QIAN JIAO MAI

Location: On the dorsum lateral side of the foot at the medial three-fourths and lateral one-fourth point on the connected line between the highest point of the medial and lateral malleoli.

Indications: Toothache.

XIA KUN LUN

Location: 1.0 cun below the lateral malleolus anterior to the calcaneus tendon.

Indications: Bi syndrome, low back pain, paralysis of the body, and swelling and pain of the heel.

YING CHI

Location: Two points located in the depression on the anterior and posterior aspect of the lower border of the medial malleolus.

Indications: Irregular menstruation and morbid leukorrhea.

YIN YANG

Location: At the medial side of the transverse crease of the metatarsophalangeal joint.

Indications: Bloody yellow leukorrhea, diarrhea, and coma.

NU XI

Location: At the posterior side of the heel on the midpoint above the red and white skin.

Indications: Vomiting, diarrhea, palpitations, and toothache.

QUAN (SPRING WATER)

Location: In the middle of the transverse crease of the upper border of the calcaneus in the center of the Achilles tendon.

Indications: Difficult labor, low back pain, and esophageal spasm.

INSOMNIA

Location: At the bottom of the feet at the intersecting point between the foot midline with the medial and lateral malleolus connecting line.

Indications: Insomnia and swelling and pain of the bottom of the feet.

SHU WEI

Location: On the midline of the heel at the upper border of the calcaneus bone.

Indications: Scrofula.

QU CHI

Location: At the dorsal side of the feet anterior and superior to the medial malleolus in the depression between the tendons of the tibialis anterior and extensor hallucis longus muscles.

Indications: Pain in the lower abdomen, nocturnal emissions, and hernia.

TONG LI

Location: At the dorsal side of the foot in the depression distal to the junction of the fourth and fifth metatarsal bones.

Indications: Uterine bleeding.

RAN HOU

Location: In the depression posterior and inferior to the tuberosity of the navicular bone, 0.4 cun posterior to the Kidney 2 (Ran Gu) point.

Indications: Indigestion.

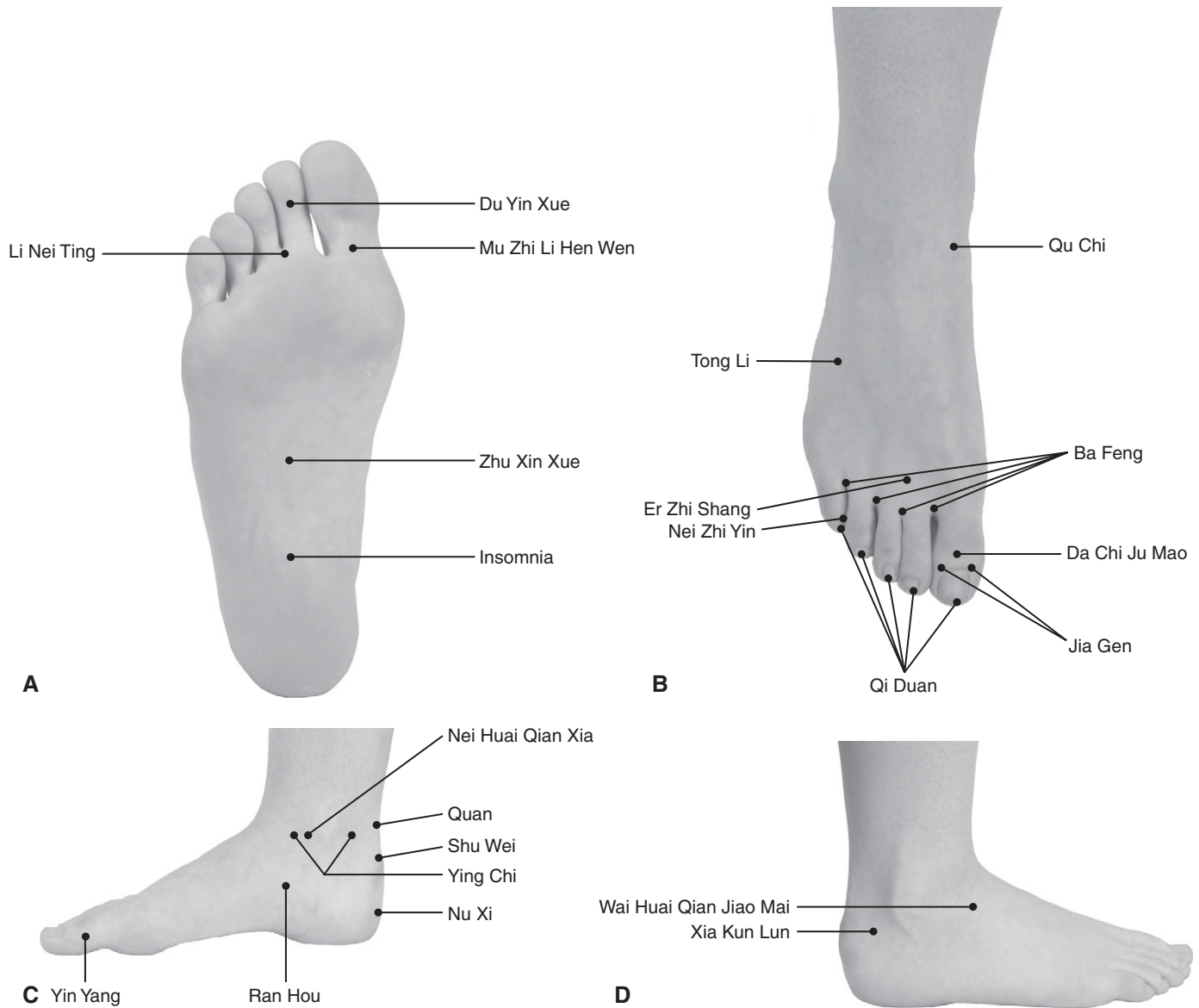


FIGURE 20-12 **A**, Foot acupuncture special effect points on the plantar aspect of the foot. **B**, Foot acupuncture special effect points on the dorsal aspect of the foot. **C**, Foot acupuncture special effect points on the medial aspect of the foot. **D**, Foot acupuncture special effect points on the lateral aspect of the foot.

JIA GEN

Location: On both sides of the great toe 0.1 cun lateral to the corner of the nail.

Indications: Hernia.

DA CHI JU MAO

Location: On the dorsal side of the great toe at the midpoint of the interphalangeal joint.

Indications: Wind stroke, headache, dizziness, hernia, and pain in the external genitalia.

MU ZHI LI HEN WEN

Location: At the midpoint of the transverse crease of the great toe at the metatarsophalangeal joint on the plantar surface.

Indications: Testitis and pain due to herniation.

ER ZHI SHANG

Location: At the midpoint between St 43 (Xian Gu) and St 44 (Nei Ting).

Indications: Edema.

DU YIN XUE

Location: At the midpoint of the transverse crease of the second toe at the distal interphalangeal joint on the plantar surface of the foot.

Indications: Herniation, irregular menses, difficult labor, and vomiting.

ZHU XIN XUE

Location: In the center of the plantar surface on the midline of the foot.

Indications: Psychasthenia, uterine bleeding, headache, dizziness, and pain on the bottom of the feet.

NEI ZHI YIN

Location: On the medial side of the small toe about 0.1 cun posterior to the corner of the nail.

Indications: Infantile convulsions, dizziness, and Zang Zao syndrome.

LI NEI TING

Location: On the bottom of the foot opposite St 44 (Nei Ting).

Indications: Infantile convulsions and epilepsy.

BA FENG

Location: On the dorsum of the foot in the depression on the web between the toes proximal to the margin of the web.

There are eight points in all.

Indications: Headache, toothache, irregular menses, and redness and swelling of the dorsum of the foot.

QI DUAN

Location: At the center of the tip of each toe. There are 10 points in all.

Indications: Redness and swelling of the dorsum of the foot, coma, and numbness of the toes.

Foot Reflexology

Foot reflexology started in ancient Egypt, Greece, India, China, and some Middle Eastern countries. An American doctor, William Fitzgerald, gained a lot of attention in the Western world by using modern medical research and methods to develop foot reflex therapy. Foot reflexology has been gradually developed into a system and spread throughout the world. The foot reflexology method recognizes that there are many reflex areas on the feet that are associated with internal organs. By using massage methods to stimulate those reflex areas, one is able to adjust the physiological functions of the human body to prevent and treat disease. This method has adapted to acupuncture practice and is easy to study and learn, is highly practical and effective, and has no side effects.

Based on extensive clinical research, it has been noted that when the feet are close together, they resemble a seated person. The head is located at the toes of the feet, the chest area is located on the balls of the feet, and the shoulders, elbows, and knees are on the lateral sides of the feet. The abdominal area is located in the center of the feet, and the abdominal cavity is located on the heel of the foot, including the reproductive organs, bladder, urethra, and anus. The arch of the foot is the location of the spinal vertebrae. The internal organs are reflected on the areas of the feet bilaterally, meaning the right side of the body is located on the right foot and the left side of the body is represented on the left foot. However, the organs and tissues located on the head are reflected on the feet contralaterally, as is the central nervous system (Figure 20-13).

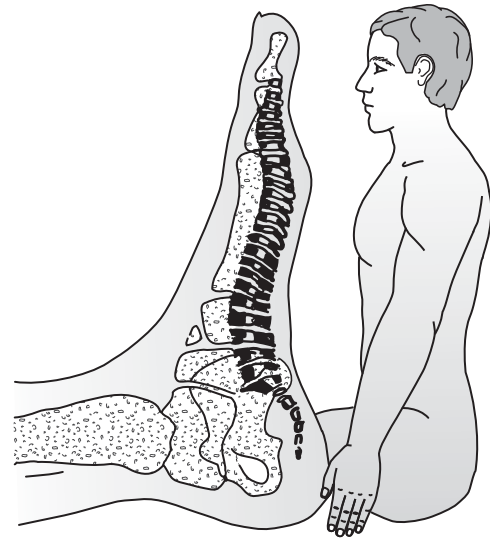


FIGURE 20-13 The foot reflexology method views the surface of the foot as a human body with the head located at the toes.

DORSAL SIDE

FOREHEAD (Figure 20-14)

Location: On the nail of the great toe.

Indications: Headache, dizziness, high blood pressure, heaviness of the head, vision problems, cerebrovascular disease, and posttraumatic brain syndrome.

TEMPORAL BONE (TRIGEMINAL NERVE)

Location: On the lateral side of the nail of the great toe.

Indications: Migraine headaches, facial paralysis, trigeminal neuralgia, facial spasms, insomnia, parotitis, and disorders of the head, face, ear, eye, and nose.

FRONTAL SINUSES (NOSE)

Location: On the medial side of the corner of the nail of the great toe.

Indications: Acute and chronic sinusitis, nosebleeds, rhinitis, and upper respiratory infections.

ROOF OF SKULL

Location: The full surface of the distally rounded top of the great toe.

Indications: Posttraumatic brain syndrome and sinusitis.

EYE

Location: Located at the second and third toes on the distal interphalangeal joint.

Indications: Acute conjunctivitis and pseudomyopia.

LATERAL HEAD AND NECK

Location: On the lateral side between the interphalangeal joint and the metatarsophalangeal joint.

Indications: Headache, neck pain, face pain, and parotitis.

UPPER ROW OF TEETH

Location: On the second to fifth distal interphalangeal joints of the feet.

Indications: Toothache and temporomandibular joint pain.

LOWER ROW OF TEETH

Location: Located around the second to fifth proximal interphalangeal joints of the toes.

Indications: Toothache and temporomandibular joint pain.

TEMPOROMANDIBULAR JOINT

Location: On the lateral end of the interphalangeal joint at the edge of the dark skin.

Indications: Facial pain, temporomandibular joint pain, and trigeminal neuralgia.

TONSIL

Location: Lateral to the base of the first metatarsophalangeal joint.

Indications: Lymphatic disorder, tonsillitis, and sore throat.

NASOPHARYNX

Location: On the middle of the first proximal phalangeal bone.

Indications: Sinusitis, headache, heaviness of the head, rhinitis, and nosebleeds.

EAR

Middle and Inner Ear Location: Located around the lateral side of the proximal interphalangeal joint of the fourth toe.

Outer Ear Location: On the medial side of the proximal interphalangeal joint of the fifth toe.

Indications: Dizziness, blurred vision, motion sickness, hypertension, low blood pressure, tinnitus, vertigo, coma, balance problems, and Ménière's disease.

THYROID

Location: On the dorsal and plantar sides of both feet. On the dorsum it is placed on the proximal two-thirds of the proximal phalanx. On the plantar side it covers a larger area around the first metatarsophalangeal joint.

Indications: Hyperthyroidism, hypothyroidism, and goiter.

TRACHEA

Location: On both sides of the foot, close to the first metatarsophalangeal joint.

Indications: Bronchitis, pneumonia, cough, asthma, fullness of the chest, and pulmonary emphysema.

UPPER EDGE OF THE TRAPEZIUS

Location: The transverse arch of the first to fifth metatarsophalangeal joints on both dorsal and plantar sides.

Indications: Neck, shoulder, and back soreness and pain, scapular pain, weakness of the upper arm, numbness, and whiplash.

STERNUM

Location: Located at the distal two-thirds of the first metatarsal bone.

Indications: Chest pain, cough, and heart disease.

MAMMARY GLAND

Location: Located at the middle part of the second, third, and fourth metatarsal bones.

Indications: Mastitis, breast cancer, breast fullness from premenstrual syndrome (PMS), fullness of the chest, chest pain, intercostal nerve pain, and diseases of the esophagus.

CLAVICLE

Location: Extending from the first metatarsophalangeal joint to the fifth metatarsophalangeal joint. The sternoclavicular joint at the head of the first and second metatarsals and the acromioclavicular joint at the head of the fourth and fifth metatarsals.

Indications: Chest pain and posttraumatic pain.

SHOULDER JOINT

Location: Between the fourth and the fifth heads of the metatarsals.

Indications: Shoulder pain, sprain of the shoulder joint, frozen shoulder, and periarthrititis of the shoulder.

AXILLARY LYMPH GLANDS

Location: On the dorsal and plantar sides of the foot between the fourth and fifth metatarsal bones.

Indications: Lymphatic disorders and mastitis.

UPPER ARM

Location: On the fifth metatarsal bone extending the whole length and width of this bone.

Indications: Arm pain.

SPLEEN

Location: On the dorsal and plantar sides of the foot, close to the base of the fourth metatarsal bone.

Indications: Anemia, poor appetite, indigestion, weakness of the four extremities, and irregular menses.

ABDOMINAL WALL

Location: On the dorsal side of the foot. The area covers the first to third cuneiform bones, navicular bone, and part of the talus.

Indications: Abdominal pain and distension and diarrhea.

APPENDIX

Location: On the dorsal and plantar side of the right foot, on the bottom of the cuboid bone.

Indications: Abdominal pain, diarrhea, constipation, acute and chronic enteritis, and dysentery.

FALLOPIAN TUBE

Location: Extending across the dorsal side of the foot on the connecting line between the ovaries and the uterus.

Indications: Dysmenorrhea, irregular menses, and infertility.

FEMORAL HEAD

Location: Superior and anterior to the external malleolus.

Indications: Pain of the hip joint and sciatic nerve pain.

THIGH FRONTAL

Location: On the anterior and distal third of the tibia.

Indications: Sciatica and leg pain.

PLANTAR SIDE

LYMPHATIC SYSTEM HEAD

Location: On the plantar side of the foot at the base between each toe.

Indications: Lymphatic disorders.

MASTOID PROCESS

Location: On the great toe, lateral and proximal to the transverse crease of the interphalangeal joint.

Indications: Facial pain and temporomandibular joint pain.

LATERAL SKULL

Location: On the lateral side of the nail of the great toe next to the temporal bone on the plantar side.

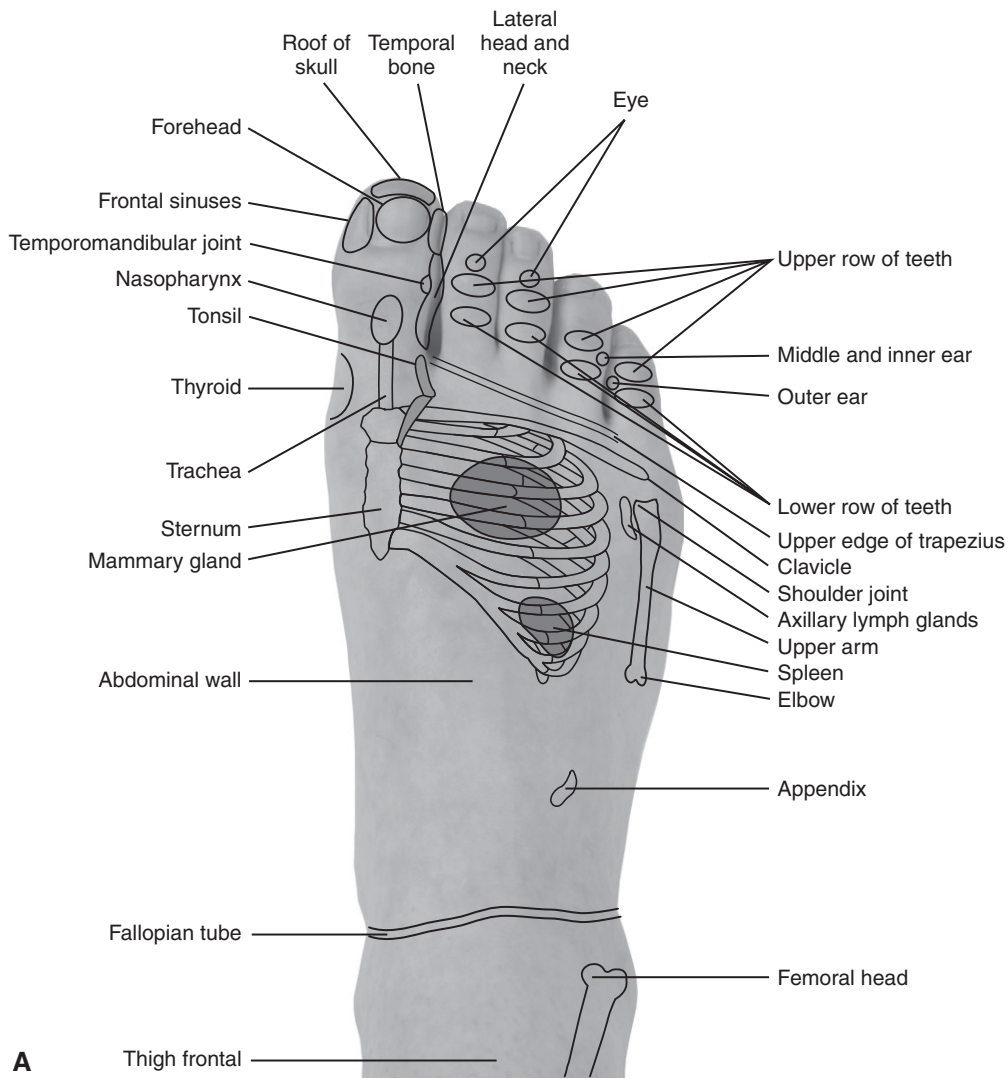
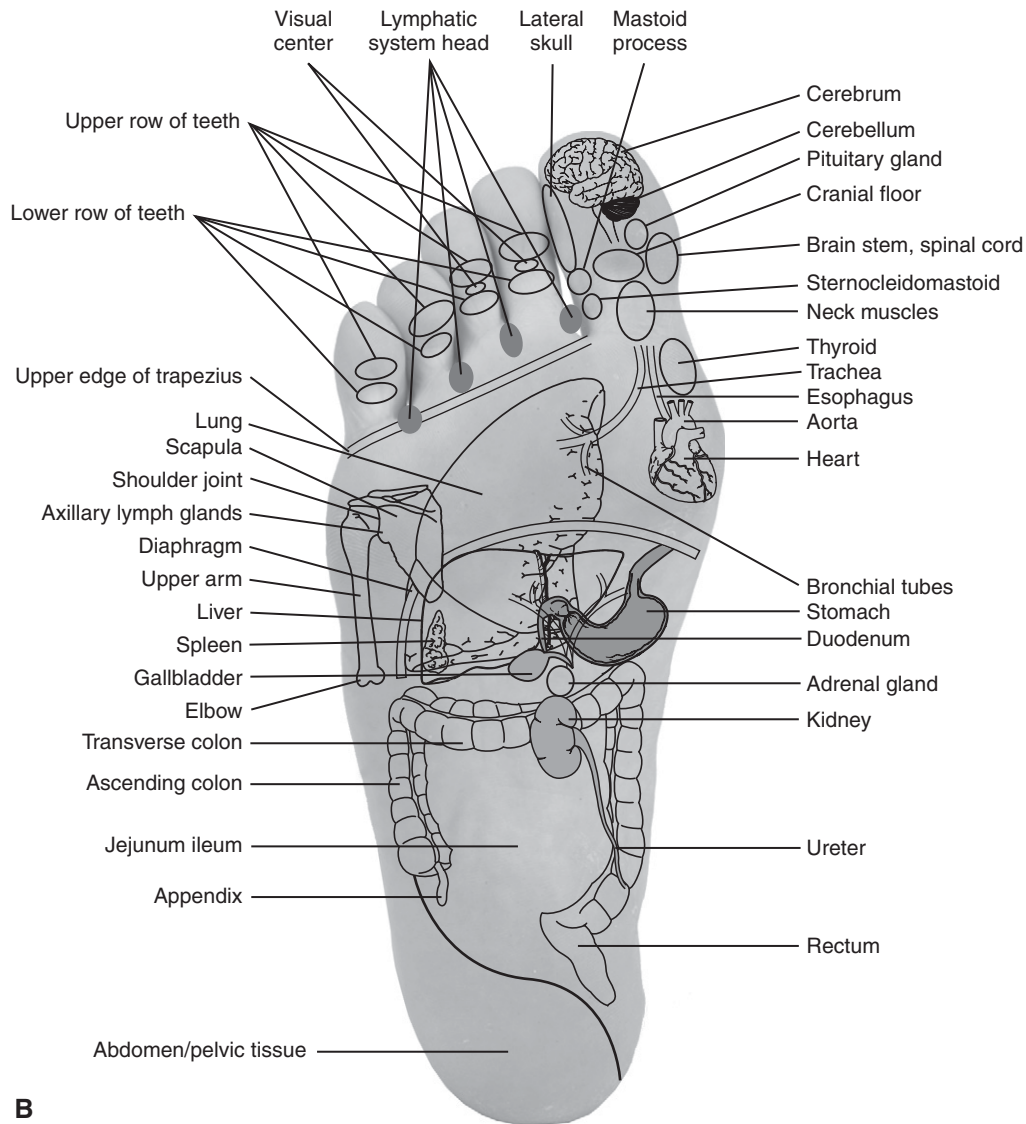


FIGURE 20-14 A, The dorsal aspect of foot reflexology areas.

(Continued)



B

FIGURE 20-14, CONT'D B, The plantar aspect of foot reflexology areas.

Indications: Migraine headache and trigeminal neuralgia.

VISUAL CENTER

Location: Located at the second and third toes on the proximal interphalangeal joint.

Indications: Acute conjunctivitis and pseudomyopia.

CEREBRUM

Location: On the tip of the distal phalanx of the great toe, below the area of the Roof of the Skull area.

Indications: Endocrine imbalance, childhood malnutrition, incontinence, menopause, and paralysis.

CEREBELLUM

Location: At the proximal end of the distal phalanx of the great toe, above the Cranial Floor area.

Indications: Posttraumatic brain injury, brain tumor, high blood pressure, insomnia, dizziness, tremors, spasms, and poor coordination of movement.

PITUITARY GLAND

Location: On the medial edge of the proximal phalanx of the great toe where the bone widens to the proximal part.

Indications: Endocrine imbalance (e.g., thyroid, parathyroid, or adrenal), infantile intellectual maldevelopment, and menopause syndrome.

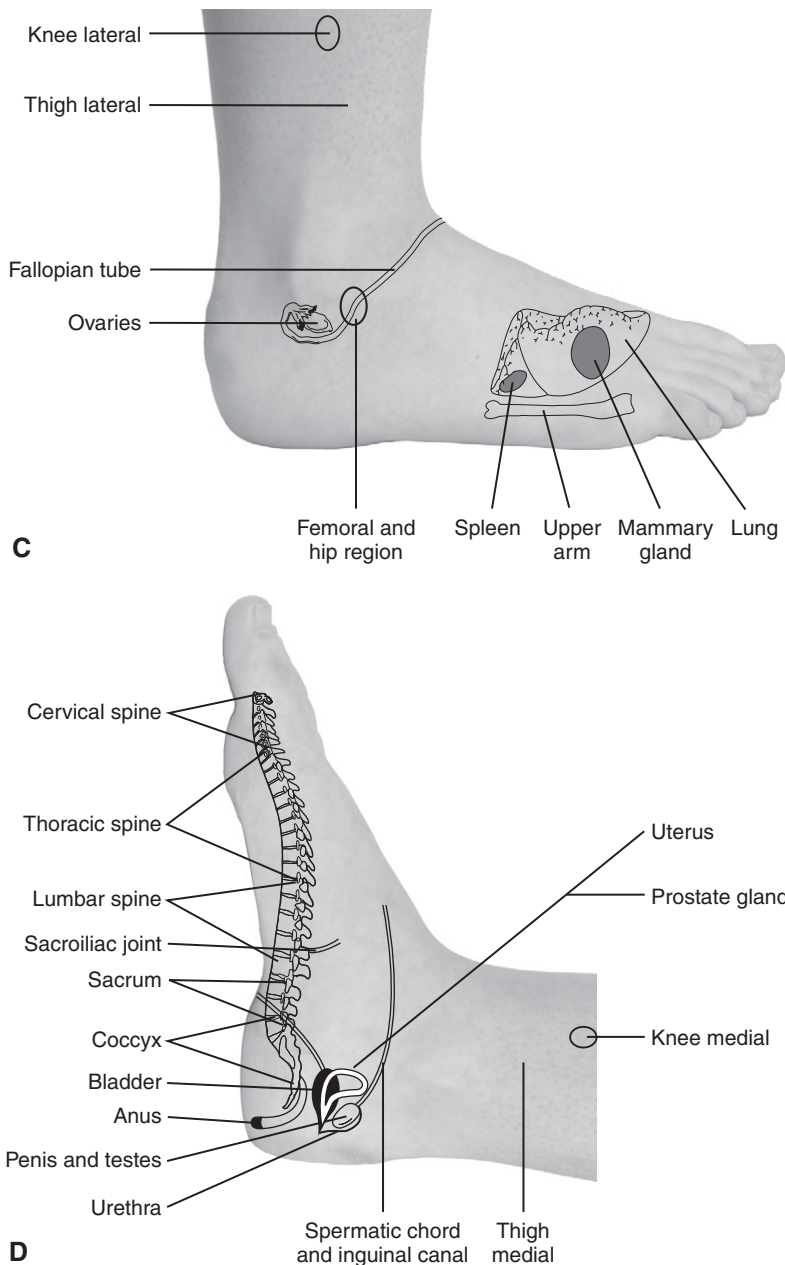


FIGURE 20-14, C, The lateral aspect of foot reflexology areas. **D,** The medial aspect of foot reflexology areas. The foot reflexology method recognizes that there are many reflex areas on the feet related to the internal organs and other parts of the body.

BRAINSTEM AND SPINAL CORD

Location: On the medial side of the first phalanx of the great toe.

Indications: Posttraumatic brain injury, hypertension, and dizziness.

CRANIAL FLOOR

Location: On the transverse crease of the interphalangeal joint of the great toe.

Indications: Posttraumatic brain syndrome, brain tumor, hypertension, insomnia, dizziness, and tension headache.

STERNOCLEIDOMASTOID

Location: On the plantar side of the great toe, lateral and proximal to the transverse crease of the interphalangeal joint.

Indications: Facial pain, temporomandibular joint pain, and migraine headache.

NECK MUSCLES

Location: On the plantar side of the great toe at the base of the proximal phalanx.

Indications: Soreness and stiffness of the neck, soft tissue injury, and cervical spondylosis.

ESOPHAGUS

Location: Located close to the first metatarsal joint, medial to the tracheal area.

Indications: Esophagitis and difficulty swallowing.

AORTA

Location: At the medial side of the foot, close to the base of the first metatarsal bone.

Indications: Palpitations and fullness of the chest.

HEART

Location: On the distal part of the medial side of the first metatarsal bone.

Indications: Heart dysfunction, chest pain, angina, and hypertension.

BRONCHIAL TUBES

Location: On both sides of the foot, located on the middle space between the first and second metatarsal bones.

Indications: Bronchitis, pneumonia, cough, asthma, fullness of the chest, and pulmonary emphysema.

LUNGS

Location: On both sides of the foot, at the distal and middle parts of the second to fourth metatarsal bones.

Indications: Bronchitis, pneumonia, cough, asthma, fullness of the chest, and pulmonary emphysema.

SCAPULA

Location: On the plantar side of the foot shaped as a triangle. The distal lateral angle is located at the fifth metatarsophalangeal joint. The lower angle is one-half the distance between the second and third metatarsals. The distal medial angle is located at the base of the fourth and fifth metatarsal bones.

Indications: Scapular region pain, shoulder pain, shoulder sprain, peri-arthritis of the shoulder, and weakness and muscle atrophy of the upper arm.

DIAPHRAGM

Location: Just lateral from the liver zone, which is the large area of the proximal metatarsal bone on the foot.

Indications: Abdominal pain, abdominal distension, hiccups, nausea, and vomiting.

GALLBLADDER

Location: On the right foot at the base of the second and third metatarsal bones.

Indications: Gallbladder infection, gallstones, indigestion, jaundice, bitter taste in the mouth, nausea, and hypochondriac pain.

LIVER

Location: On the right foot on the proximal one-third of the second, third, and fourth metatarsal bones.

Indications: Hypochondriac pain, hepatitis, liver cyst, enlarged liver, and dysfunction of the liver.

ELBOW

Location: Surrounding the base of the fifth metatarsal bone on both sides of the foot.

Indications: Elbow pain and tennis elbow.

STOMACH

Location: On the center plantar side of the foot, distal from the Kidney area.

Indications: Stomach pain, excess stomach acid, stomach ulcer, nausea, vomiting, acute and chronic gastritis, indigestion, and prolapse of the stomach.

DUODENUM

Location: On the right foot, lateral and proximal to the Stomach area.

Indications: Stomach and duodenal disease, bloating, indigestion, stomach ulcer, duodenal ulcer, poor appetite, and food poisoning.

TRANSVERSE COLON

Location: Located between the base of the first through fifth metatarsal bones and the medial, intermediate, and lateral cuneiform bones.

Indications: Abdominal pain, diarrhea, constipation, acute and chronic enteritis, colitis, tuberculosis in the intestines, and dysentery.

ASCENDING COLON

Location: On the plantar side of the foot, on the lateral edge from the cuboid bone to the base of the fifth metatarsal bone.

Indications: Abdominal pain, diarrhea, constipation, acute and chronic enteritis, colitis, tuberculosis in the intestines, and dysentery.

JEJUNUM ILEUM

Location: Located at the proximal one-third of the foot around the cuneiform bone.

Indications: Indigestion, bloating, abdominal pain, diarrhea, and dysentery.

ADRENAL GLAND

Location: Located at the center of the foot between the bases of the second and third metatarsal bones.

Indications: Disturbed balance of adrenocortical functions, Addison's disease, stress-related disorders, and immune system disorders.

KIDNEY

Location: Located on the center of the foot between the base of the second and third metatarsal bones.

Indications: Acute and chronic nephritis, kidney stones, kidney tuberculosis, urinary tract infections, edema, rheumatoid fever, arthritis, hypertension, and vertigo.

URETER

Location: Located in the area from the center of the foot to the medial anterior part of the heel.

Indications: Difficulty urinating, retention of urine, urinary tract stones, urinary infection, rheumatoid fever, arthritis, hypertension, and atherosclerosis.

RECTUM

Location: On the medial side of the foot, immediately below the head of the navicular bone.

Indications: Colitis, constipation, and tumor of the colon.

ABDOMEN/PELVIC TISSUE

Location: On the plantar part of the calcaneus.

Indications: Abdominal pain, pelvic cavity inflammation, and painful menstruation.

LATERAL SIDE

KNEE LATERAL

Location: On the ventral-lateral side of the fibula.

Indications: Knee pain, swelling and pain of the knee joint, and posttraumatic knee pain.

THIGH LATERAL

Location: On the lateral and distal third of the fibula.

Indications: Hip pain and sciatica.

OVARY

Location: On the lateral side of the foot midway from the external malleolus to the angle of the heel.

Indications: Dysmenorrhea, irregular menses, menopause syndrome, sexual dysfunction, and endocrine disorders.

FEMORAL AND HIP REGION

Location: Lying in a crescent immediately inferior to the external malleolus.

Indications: Pain in the corresponding area, lumbosacral region pain, and sciatica.

MEDIAL SIDE

CERVICAL SPINE

Location: On the medial side of both feet along the longitudinal arches. They are arranged on the medial-plantar side of

the proximal phalanx of the great toes. They begin with the first cervical vertebra at the medial base of the distal phalanx of the great toes, and the seventh cervical vertebra ends at the medial end of the transverse crease of the metatarsal phalangeal bone.

Indications: Stiffness and pain of the neck, cervical spondylosis, degeneration of a cervical intervertebral disc, and herniation of a cervical disc.

THORACIC SPINE

Location: Starts at the first metatarsophalangeal joint along the medial-plantar side of the first metatarsal bone.

Indications: Back soreness, thoracic disc herniation, and other chest problems.

LUMBAR SPINE

Location: At the medial edges of the first cuneiform and navicular bones.

Indications: Low back pain and herniation of a lumbar disc.

SACROILIAC JOINT

Location: At the articulation between the navicular, talus, and calcaneus bones.

Indications: Low back pain and sciatic nerve pain.

SACRUM

Location: Proximal from the medial edge of the navicular bone.

Indications: Low back pain.

COCCYX

Location: From the proximal edge of the medial malleolus toward the heel.

Indications: Sciatic nerve pain, posttraumatic coccyx pain, and coccygia.

BLADDER

Location: 2.0 cm below the medial malleolus.

Indications: Kidney or urinary stone, bladder stone, urinary infection, urinary frequency, urgent and painful urination, urinary retention, and hypertension.

ANUS

Location: At the medial side of the foot, 2.5 cm below the medial malleolus, medial and anterior to the calcaneus bone.

Indications: Hemorrhoids, anal fissures, constipation, and anal prolapse.

PENIS AND TESTES

Location: At the medial side of the foot in males, midway from the medial malleolus to the end of the heel at red and dark skin.

Indications: Prostatitis, prostate cancer, impotence, painful urination, premature ejaculation, and nocturnal emissions.

URETHRA

Location: Located on the posterior half of the calcaneum, near the Penis and Testes area.

Indications: Urinary infection, urinary frequency, urinary incontinence, urinary retention, and prostatitis.

SPERMATIC CORD AND INGUINAL CANAL

Location: Medial side of the foot extending from the dorsal side of the foot across the medial talus and calcaneus before connecting with the reproductive organs.

Indications: Prostatitis, prostate cancer, impotence, painful urination, premature ejaculation, and nocturnal emissions.

UTERUS

Location: On the medial side of the foot in females over the posterior half of the calcaneum.

Indications: Dysmenorrhea, irregular menses, infertility, and uterine bleeding.

PROSTATE GLAND

Location: On the medial side of the foot in males over the posterior half of the calcaneum.

Indications: Prostatitis, prostate cancer, impotence, painful urination, premature ejaculation, and nocturnal emissions.

KNEE MEDIAL

Location: On the ventral side of the tibia.

Indications: Knee pain, swelling and pain of the knee joint, and posttraumatic knee pain.

THIGH MEDIAL

Location: On the medial and distal third of the tibia.

Indications: Reproductive system diseases, herniation, impotence, and premature ejaculation.

Foot Acupuncture Therapy**Point Selection**

1. Choose points according to the symptom. For example, for a patient with a headache, choose the Headache point. If the patient has a headache with insomnia, use the An Mian point along with the Headache point.
2. Choose points according to the location of the disease. For example, for a patient with stomach pain, use the Stomach point.
3. Choose points according to the principles of traditional Chinese medicine. For example, for a patient with dizziness due to liver and kidney deficiency causing liver Yang rising, the Dizziness point may be selected, as well as the Liver and Kidney points.
4. Choose points based on clinical experience. For example, for patients with a migraine headache, use the foot points of Nei Lin Qi, Nei Xia Xi, and so on (Table 20-1).

Acupuncture Techniques

1. Acupuncture is the most common treatment method. Use 30 to 34 gauge, 1.0 cun long filiform needles. Have the

TABLE 20-1**Foot Acupuncture: Treatment Protocols**

Indication	Protocol (Points)
Headache	Head, Kidney, Vertigo
Migraine	Nei Ling Qi, Nei Xia Xi
Pain at the vertex	Nei Tai Chong, Spleen 1
Insomnia	Anmian, Heart, Stomach, Spleen, Seizure
Vertigo	Kidney, Vertigo, Liver
Low back pain	Kidney, Low Back Pain, Sciatica, Lumbar and Leg
Dysmenorrhea	Uterus, Dysmenorrhea 1, Dysmenorrhea 2
Coma caused by stroke	Zhu Xin Xue, Qi Duan
Facial palsy	Head, Stomach, Liver
Neck pain	Stiff Neck
Painful and red eyes	Eye, Liver, Kidney, Nei Tai Chong, Nei Ling Qi
Nose problems	Nose, Lung
Toothache	Mouth, Li Nei Ting
Sore throat, tonsillitis	Throat, Mouth, Li Nei Ting
Tinnitus	Ear, Nei Xia Xi, Nei Lin Qi, Kidney
Plum seed Qi	Throat, Nei Tai Chong, Li Nei Ting
Asthma	Lung, Spleen, Kidney
Chest pain and fullness of the chest	Lung, Heart
Stomach pain, vomiting	Stomach, Li Nei Ting, Nei Xian Gu, Spleen 4
Abdominal pain, diarrhea	Large Intestine, Small Intestine, Nei Xian Gu
Irregular menstruation	Nei Tai Chong, Du Yin Xue
Leukorrhea	Nei Lin Qi, Stomach, Nei Tai Chong
Mastitis	Nei Ling Qi, Stomach, Nei Tai Chong
Hernia testitis	Nei Tai Chong, Mu Zhi Li Hen Ven
Hypertension	Zhu Xin Xue, Kidney 1, Kidney, Heart
Urinary retention	Urinary Bladder, Kidney, Spleen
Hypochondriac pain	Liver, Gallbladder, Nei Tai Chong, Nei Xia Xi
Seizures	Qian Yin Zhu, Hou Yin Zhu, Kidney 1, Heart
Coma due to high fever	Qian Yin Zhu, Hou Yin Zhu, Nei Tai Chong
Convulsions	Kidney 1, Nei Tai Chong, Heart

patient lying down on his or her back with the legs stretched out and relaxed. Use the clean needle technique to clean the points well. Insert the needle perpendicularly, obliquely, or horizontally, with a fast insertion. After the needle has been inserted to a depth of 0.5 to 0.8 cun, use lifting, thrusting, and rotation techniques to elicit Qi, and then retain the needle for about 20 minutes, stimulating the point about every 5 to 10 minutes. Use strong stimulation for sedating and to tonify, use mild stimulation, inserting the needle only 2.0 to 5.0 fen, rotating lightly, and then withdraw needle, or retain for no longer than 15 minutes. While retaining needles you can also direct the patient to activate Qi through body activity, breathing activity, massage activity, or mental activity or by providing passive activity to the patient; this will usually bring better results. Ten treatments constitute a course, with a resting period of 3 to 5 days between courses.

2. Moxibustion may be used to stimulate specific points or the whole foot, or follow specific directions on the foot with heat. Moxibustion has the effect of warming the meridians, expelling cold, moving Qi, and invigorating blood. Direct moxibustion may be used on specific points, using

three to seven cones per point. Remove the moxa immediately once the patient feels the heat. Indirect moxibustion may be used also, about 3.0 cm from the point, lightly warming the points, until the skin turns pink. Apply 5 to 15 minutes per treatment, once to twice daily. Ten treatments constitute a course, with 2 to 3 days of rest between courses. When patients receive moxibustion treatments, they should be lying face down, with the feet plantar side up with a small pillow under their feet to keep the feet flat. During the moxibustion treatment, if the patient notices a burning pain, the moxa should be removed immediately. If, after the treatment, a vesicle forms, follow the protocol for treating burns and preventing infection. It is a good idea to use Seo Am moxa, which has adhesive tape underneath the moxa cone. It adheres directly to the skin to allow for a moxa treatment while the feet are in any position.

3. External medical applications may be used. This technique uses herbs on the feet. Warm herbs are mostly used for cold diseases. Garlic, Wu Zhu Yu (*Fructus Evodiae Rutaecarpae*), and Fu Zi (*Radix Aconiti Carmichaeli Praeparata*) are most commonly used for foot applications. Make the garlic into a paste and apply directly to the foot area or corresponding area. If herbs are used, grind them into a powder and mix with vinegar, wine, egg white, and honey to make into a paste, and apply to the Kidney 1 (Yong Quan) or Zhu Xin points. Apply the herbs to an area about the diameter of a penny and observe the reaction. Some herbs with acrid and hot properties may cause vesicles to form. The herbs should be removed immediately and the area treated to prevent infection. Patients with asthma, dysentery, vomiting, eye redness, nosebleeds, and toothaches are especially good candidates for this treatment.
4. Massage technique uses the hands to massage specific points or zones on the feet in the treatment of disease. This technique is safe and easy to use, and is painless for the patient. It is especially effective for young children, elderly patients, and weak patients. The practitioner uses his or her thumb or fingers to apply appropriate pressure to the point or reflex zone on the feet. Start with very light pressure on the area for a few seconds and move away once the patient has a reaction. Then return to the area three to four times during the session. You can also use quick pulsing stimulation or hold unwavering without movement for a while. Reduce pressure or frequency of pressure when the patient starts to feel that it is too painful. Foot massage not only can treat disease, it is also effective in the prevention of disease, to increase the function of the metabolic system, to benefit longevity and the brain, and to stimulate the immune system to fight diseases.

Special Features of Foot Acupuncture

1. Foot therapy provides a holistic result. Stimulating specific points on the feet can have the effect of regulating Zang Fu function through the meridian systems. This therapy can improve the immune function to help the body fight and recover from disease.
2. Foot acupuncture can be used to treat various diseases, especially internal organ disorders. The results are especially effective with nervous system, urinary, and endocrine system disorders. In most cases, patients with a common cold, red and painful eyes, toothache, cough, asthma, tinnitus, stomach pain, urinary retention, stroke, high fever, or coma will have positive results with this therapy.
Box 20-1 describes what to expect during foot acupuncture.

BOX 20-1

Foot Acupuncture: What to Expect

1. When inserting needles on the feet, it is important to passively provide active Qi to the patient during the treatment. The patient will feel much improvement during these activities.
2. When stimulating the appropriate points on the foot, the patient will experience the sensations of warming, burning, or a relaxing sensation in the corresponding organ. This type of reaction indicates a good treatment result.
3. When inserting the needles on the foot, the patient will sometimes feel a radiating sensation along the meridians or a distending sensation. This type of reaction indicates a very good result as well.
4. It is important that bleeding and needling techniques are used on the same side of the body as the problem areas in order to obtain good results.
5. A small amount of bleeding after withdrawing the needles is normal. Use a cotton ball to put pressure on the point to stop bleeding. However, if bleeding is profuse, keep the cotton ball on the point and use a hand to hold and apply pressure on the medial and lateral side of the toes to help stop the bleeding. The foot blood vessels are distributed on the sides of the toes, so the bleeding should stop.
6. One of the advantages of foot acupuncture is leading Qi from the foot to the corresponding disease area. By doing this, it is important to provide a passive active Qi therapy by massage or moxibustion to work on the disease area or painful place. In addition, you can use aromatic herbs and flowers for the patient to smell. Also, instruct the patient to take deep breaths when treating respiratory disease.
7. Some patients experience foot temperature and color changes during the course of the needle therapy. They either feel a change at the time of insertion, during the treatment, when the needle is taken out, or after having needle therapy a few times. This is a sign of an effective treatment. Patients will feel symptom relief right away and noticeable healing after treatment.
8. Bleeding techniques work very well for foot acupuncture treatments. Bleeding is an effective way to open meridians, release stagnation, help circulation, and speed up the healing process, especially for chronic and difficult diseases.
9. Although foot acupuncture points are very sensitive, if the patient experiences excessive pain on insertion, it usually means the needle has bent, the needle has been inserted too deeply, or there is a local infection. Adjustments or care should be given for such situations.
10. If the patient experiences itching and tingling sensations when you withdraw the needles, this usually indicates that there is bleeding underneath the skin and a hematoma will form. You should press on the point for a while to stop the bleeding. If a hematoma is already formed shortly after the needle is removed, you can gently press on the hematoma against the bone. By doing this, sometimes you can make the hematoma diffuse and disappear. In this case, the patient will experience a "bruise" but not a hematoma, which affects foot movement and takes longer to heal.
11. During foot acupuncture, the patient might notice tingling or itching sensations on another part of the body even if the practitioner cannot determine the relationship with the disease being treated. The practitioner can insert needles on that area or massage it immediately to achieve better results.

BOX 20-1**Foot Acupuncture: What to Expect—cont'd**

12. It is a good idea to use foot acupuncture with Mu and Shu points in combination because these points are the Zang Fu organ energy collection and responding points. For example, when you are treating a liver disorder, in addition to choosing points on the foot you can also choose UB 18 (Gan Shu) and Liv 14 (Qi Men) to directly work on the organ itself.
13. For points that are located on the transverse crease of the joint, try to find the space between the joints to insert the needle.
14. Foot herbal bath therapy is a very effective way to reach a holistic result. It can calm the patient, warm the meridians, tonify Yang, and relieve pain. The practitioner should use this therapy along with the acupuncture treatment.

Cautions and Contraindications

1. Foot points can have strong reactions to stimulation. Before inserting the needle, it is important to explain this to the patient in order to prevent fainting.
2. If the patient is weak, anemic, profusely sweating, bleeding, pregnant, or menstruating, or has low blood pressure, it is advised to use this therapy with caution, or consider that such patients may not be suitable candidates for this technique.
3. It is important to use clean needle technique in order to avoid infection.
4. Always avoid needling into the periosteum and blood vessels.

Introduction

Wrist and ankle acupuncture is a relatively new acupuncture technique that was invented in 1975 by Professor Xin-Shu Zhang in Shanghai, China. It is a special acupuncture technique that involves acupuncture performance from complicated to simple, choosing points from more to fewer, insertion from deep to shallow, and stimulation from strong to gentle. This technique is convenient, safe, easy to understand, easy to perform, and it has very good clinical results.

Wrist and ankle acupuncture therapy uses filiform needles to stimulate subcutaneous tissues of the areas around the wrist and ankle to treat diseases of the whole body. Depending on the area of disease manifestation along the six longitudinal areas of the body, 1 of the 12 points is chosen around the wrist and ankle. The wrist is used for disease above the diaphragm, and the ankle for disease below the diaphragm. The point is stimulated using a filiform needle in the subcutaneous tissue; however, this technique does not require that the patient have a strong sensation from needling or that the patient feel the Qi.

1. The relationship between the wrist and ankle points with the meridians. The subcutaneous regions are the parts of the meridians located in the superficial layers of the body, based on the 12 regular meridians. Wrist and ankle acupuncture therapy divides the body into six longitudinal areas, similar to the 12 meridians of the body. For example, the Shao Yin meridian is located at the middle of the body, which is similar to area 1 on wrist and ankle acupuncture system. From anterior to posterior, the order of the meridians is as follows: Shao Yin, Jue Yin, Tai Yin, Yang Ming, Shao Yang, and Tai Yang. This is similar to longitudinal areas 1 through 6. Upper areas 1, 2, and 3 follow the Yin aspect and are equal to the three hand Yin meridians. Upper areas 4, 5, and 6 follow the Yang aspect of the arm and are equal to the three Yang hand meridians. Lower areas 1 through 6 also are equivalent to the three foot Yin and the three foot Yang meridians. The hand three Yin and three Yang meridians travel along the wrist, and the foot three Yin and three Yang meridians travel along the ankle. Also, specific points around the wrist and ankle, such as Small Intestine 3 (Hou Xi), San Jiao 5 (Wai Guan), Pericardium 6 (Nei Guan), Lung 7 (Lie Que), Urinary Bladder 62 (Shen Mai), Gallbladder 41 (Zu Lin Qi), Kidney 6 (Zhao Hai), and Spleen 4 (Gong Sun), connect with the Du, Yang Wei, Yin Wei, Ren, Yang Qiao, Dai, Yin Qiao, and Chong meridians. The wrist and ankle

areas have a close relationship with the meridians and Zang Fu organs.

- 2. The relationship between wrist and ankle acupuncture with the five Zang organs.** The six longitudinal areas are divided at the diaphragm, with the upper area containing the heart and lung, and the lower area containing the liver, spleen, and kidney. This is the same as the six hand meridians and the six foot meridians with relation to the organs. Wrist and ankle acupuncture has a close relationship with the whole body, as well as the five Zang and six Fu organs. Also, the wrist and ankle acupuncture points have a total of 12 stimulation points, all located around the wrist and ankles, which are the root areas of the meridian system, and can treat diseases of the whole body. The 12 stimulation points are all distributed along the meridians in almost the same areas as some Luo points or passing close to the Luo points. Superficial stimulation of the subcutaneous areas can harmonize local meridian Qi and blood, indirectly connecting the Zang Fu, to treat diseases of the whole body.
- 3. The principle of treating upper body disease from points in the lower body.** The four extremities are the root of the body. Many important, effective points are located below the knee and elbow area and through their meridian connections. Wrist and ankle acupuncture matches the principle of treating upper body disease by choosing points on the lower or distal area of the body.
- 4. Treating the protective Qi.** Wrist and ankle acupuncture stimulates the subcutaneous tissue, which is a superficial layer of the body. This technique chooses protective Qi as a treatment target without damage to or stimulation of nutritive Qi. This theory has been since the time of the ancient book *Nan Jing* (难经). Insert the needle to the protective level without damaging the nutritive level.
- 5. Archery to target.** Wrist and ankle acupuncture also focuses on bringing Qi directly to the diseased area. Wrist and ankle acupuncture requires inserting the needle toward the body's center direction on a superficial layer, which activates the body's energy toward the disease manifestation area to treat the disease.
- 6. Work on nerve endings with superficial insertion.** Wrist and ankle techniques are adopted from ancient techniques of superficial insertion such as Zhi Chi and Fu Chi. This technique works on the superficial layer of the skin without insertion into the muscle layer. The needle insertions follow the six longitudinal areas of the body and cover a rather large area from the spinal nerves and

12 cutaneous regions. It has good results based on sensitive reactions of nerve endings.

Characteristics of Wrist and Ankle Acupuncture

1. Wrist and ankle acupuncture is easy to learn because there are only a few points. There are only 12 total points on the wrist and ankle to treat whole-body diseases; therefore it is easy to understand and remember point locations.
2. The patient needs to expose only the local wrist and ankle areas for needle insertion, making this treatment easy to perform. There are no time or environmental limits to performing this technique.
3. For wrist and ankle acupuncture techniques, the needles are inserted into the superficial layers of the skin in the subcutaneous tissues. At this layer the muscles and nerves are easy to avoid, resulting in a painless treatment. In addition to the initial insertion through the skin, the patient has a very minor sensation without pain once the needles are in the correct layer of skin.
4. Wrist and ankle acupuncture is safe to use because there are no important internal organs and no large blood vessels or nerves in these areas; therefore there is no risk of any needling accident. Seldom are there incidents of fainting in the clinic when using wrist and ankle acupuncture.
5. Wrist and ankle acupuncture often produces immediate effects in the patient when inserting the needles in the correct layer of tissues. Working very close to the superficial layers of the skin where many nerve endings are distributed results in a quick response to the treatment.
6. Wrist and ankle acupuncture provide long-term effects. Due to the superficial insertion of the needles, this treatment does not limit the patient's physical activities. The patient can retain the needles for a few hours or a few days while still carrying out his or her normal activities.
7. There are a wide range of indications for wrist and ankle acupuncture. Due to its remarkably effective and fast results,

wrist and ankle acupuncture is preferred for painful conditions such as headaches, toothaches, joint and nerve pain, menstrual pain, and postsurgical pain. In addition, it is useful for sinusitis, asthma, skin conditions, and hysteria. It is sometimes used to treat high blood pressure, stroke, paralysis due to strokes, and insomnia.

Wrist and Ankle Acupuncture System

Area Locations and Indications

DIVISIONAL LINES OF THE BODY There are five divisional lines of the body (Figure 21-1):

1. **Anterior midline:** A line located at the center of the front side of the body that goes from the midsagittal line to the suprapubic bone.
2. **Posterior midline:** A line located at the center of the back the body, along the spine, that goes from the midsagittal line to the end of the coccyx bone.
3. **Transverse line:** A horizontal line drawn from the end of the sternum to the costal arch, traveling to the vertebral spine, that is used to divide the body into upper and lower parts.
4. **Brachiotruncal line:** From the upper border of the deltoid muscle to the axillary area, this circular line separates the arms from the body trunk.
5. **Femorotruncal line:** From the groin to the iliac crest, this circular line separates the legs from the body trunk.

The midsagittal plane divides the human body into left and right. On each side, divide the body further with six longitudinal lines creating six bilateral areas.

HEAD, NECK, AND BODY TRUNK AREAS

 See Figure 21-2.

Area 1: Central area that is bilateral from the anterior midline that includes the forehead, eye, nose, tongue, esophagus, trachea, heart, abdomen, and perineum.

Area 2: Located bilateral to area 1; includes the temporal region of the head, cheek area, molar teeth, mandibular area, breasts, lungs, liver, costal areas, hypochondriac area, and lateral abdominal area.

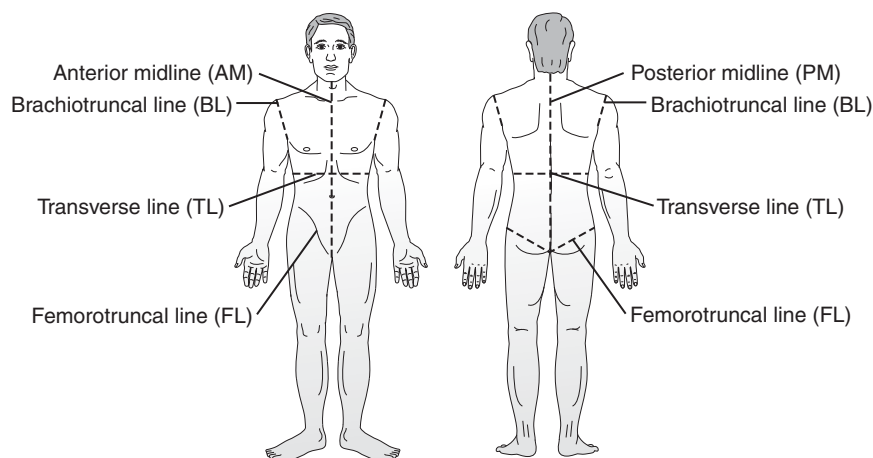


FIGURE 21-1 The five divisional lines of the body used in wrist and ankle acupuncture.

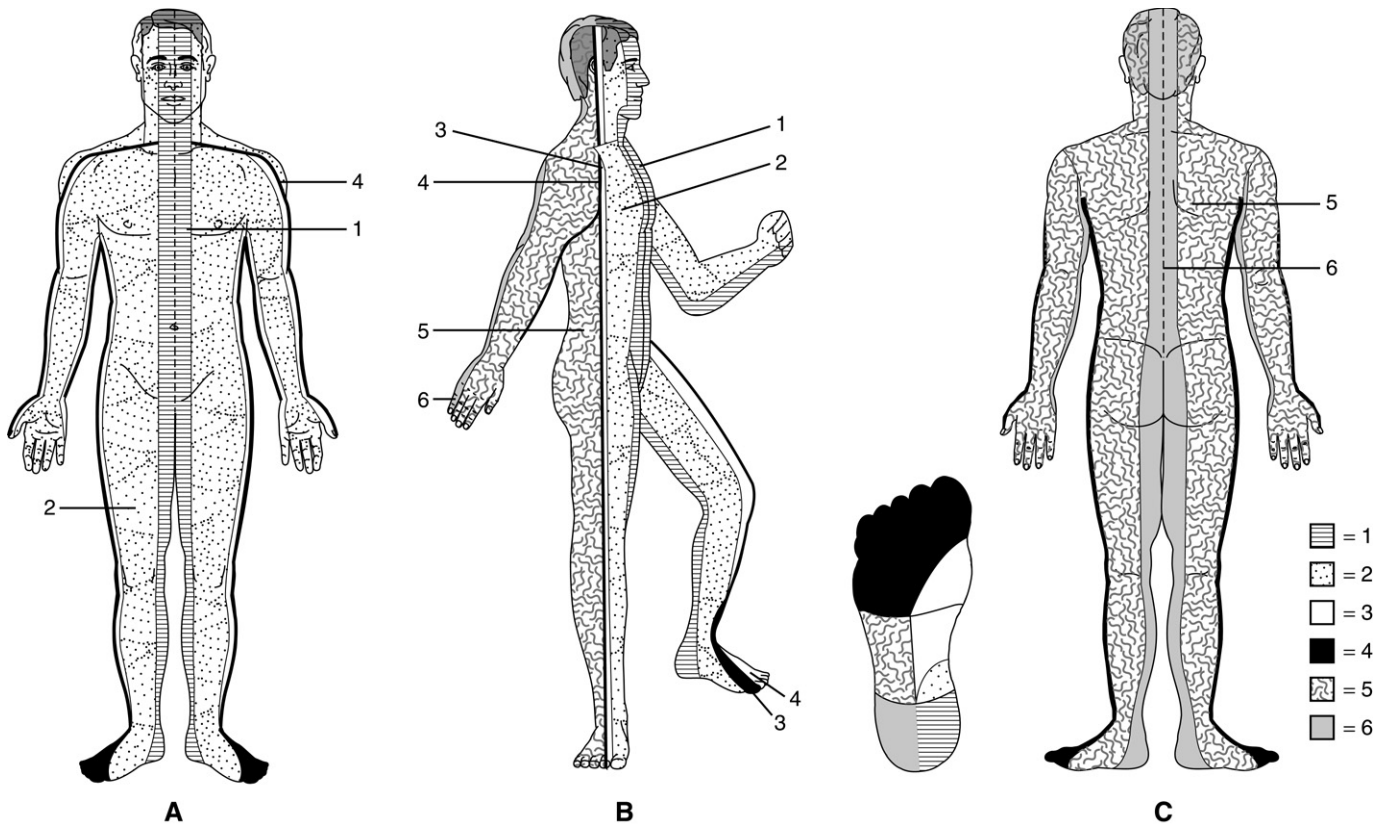


FIGURE 21-2 **A**, Wrist and ankle acupuncture system anterior view. The head, neck, and body trunk regions are divided into areas 1 through 6. **B**, Wrist and ankle acupuncture system lateral view. The head, neck, and body trunk regions are divided into areas 1 through 6. **C**, Wrist and ankle acupuncture system posterior view. The head, neck, and body trunk regions are divided into areas 1 through 6.

Area 3: Located bilaterally to area 2, on the front lateral side of the body. It covers a narrow vertical area along the anterior border of the ear and the anterior border of the axilla.

Area 4: Located at the intersection of the front and back of the body. This is the area from the vertex Du 20 (Bai Hui) down to the earlobe and directly below the axilla.

Area 5: Located bilaterally on the dorsal side of the body, on the opposite side of the body as area 2; includes the posterior aspect of the temples, the lateral aspect of the neck, and the lower part of the shoulders.

Area 6: Central area bilateral from the posterior midline, on the opposite side of the body as area 1; includes the occipital area of the head, neck, back of the neck, and spinal cord.

UPPER AND LOWER BODY TRUNK A horizontal line is now drawn from the end of the sternum to the costal arch. The connecting point is at both sides of the ribs. This line divides the upper and lower parts of the body. The areas above this line make up upper areas 1 through 6; the areas below this line make up lower areas 1 through 6. The areas are named according to location, including left or right, upper or lower, and 1 through 6. For example, the areas may be called upper right 4 with the designated nomenclature as R⁴, or lower left 3 as L₃.

Four extremities area The areas are located with the limbs in an externally rotated position, so that the palmar sides of the hands are facing forward, and the medial leg is also forward. The ulnar part of the arm and between the two legs will be the middle line and the four limbs are divided into six zones as in the trunk. In this position, the longitudinal lines of the body are all in a straight vertical line (Figure 21-3).

The following is the designated nomenclature for wrist and ankle acupuncture:

L = left side
R = right side
U = upper zone
D = lower zone

↑ or ↓ = the direction the needle tip is pointing

All the needle tips are directed proximally unless ↓ is marked.

L¹ = upper 1 on the left side

R₆ = lower 6 on the right side

LR^{4,5} = upper 4 and upper 5 on both sides

L₁↓R¹ = lower 1 on the left side with tip of the needle pointing distally and upper 1 on the right side with the tip of the needle pointing proximally

LR¹₁ = upper 1 on both sides and lower 1 on both sides

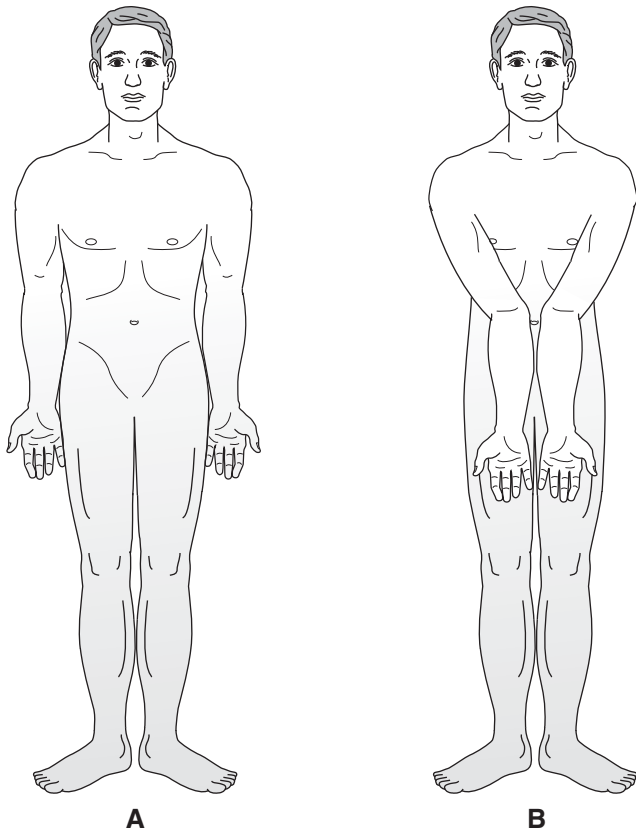


FIGURE 21-3 **A**, The areas are located with the limbs in an externally rotated position, so that the palmar sides of the hands are facing forward, and the medial sides of the legs are also forward. A line down the center of the body represents the anterior midline for the head and trunk. A line between the legs and between the body trunk and ulnar side of the arm represents the anterior midline as well. **B**, The medial parts of the arms and legs represent the anterior midline for the limbs. This is shown by a body with the arms externally rotated and palms facing forward so that the medial aspect of the arms and legs are in line with the anterior midline of the body. The right side of the arm and leg relate to the right side of the body.

Point Locations and Indications

WRIST POINTS The wrist points are all located about 2.0 cun above the transverse crease of the wrist, which represents the upper body. There are a total of six points (Figure 21-4).

UPPER 1

Location: On the ulnar side of the anterior forearm in the depression between the ulna and the tendon of the flexor carpi ulnaris muscle.

Indications: Frontal headache, diseases of the eyes and nose, trigeminal neuralgia, facial edema, toothache, hypertension, heart disease, chills, night sweats, insomnia, sore throat, stomach pain, bronchitis, nausea, hiccups, dizziness, vertigo, and hysteria.

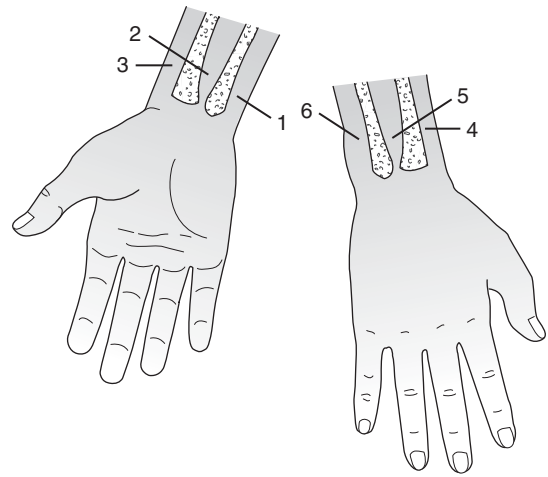


FIGURE 21-4 In wrist and ankle acupuncture, the wrist points are all located about 2.0 cun above the transverse crease of the wrist, which represents the upper body. There are a total of six points on each wrist.

UPPER 2

Location: In the center of the anterior, distal forearm between the tendons of the palmaris longus and flexor carpi radialis muscles.

Indications: Temporal headache, molar toothache, chest pain, stuffy chest, asthma, palmar pain, numbness of the fingers, and discontinued lactation.

UPPER 3

Location: On the anterior forearm in the depression on the lateral side of the radial artery between the radius and the radial artery.

Indications: Hypertension, pain in the side of the chest and abdomen, migraine headache, pain of the anterior lateral aspect of the shoulder, and pain of the thumb.

UPPER 4

Location: With the palm facing the body on the lateral border of the radius.

Indications: Pain in the vertex, tinnitus, deafness, disorders of the temporomandibular joint, frozen shoulder, and pain in the chest below the armpit.

UPPER 5

Location: On the dorsal aspect of the wrist, this point is located between the radius and the ulna bones.

Indications: Temporal headache, shoulder pain, frozen shoulder, pain and numbness or paralysis of the upper limbs, elbow pain, pain in the wrist and fingers, and stiff neck.

UPPER 6

Location: On the dorsal aspect of the forearm, on the ulnar side of the ulna.

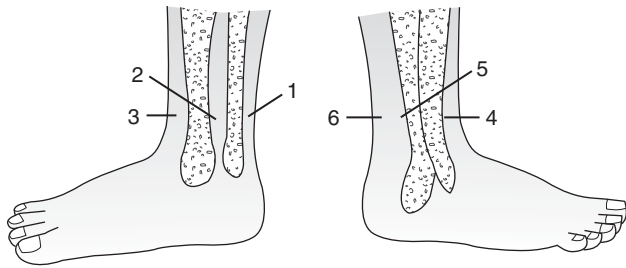


FIGURE 21-5 In wrist and ankle acupuncture, the ankle points are all located about 3.0 cun above the medial and lateral malleoli, which represents the lower body. There are a total of six points on each ankle.

Indications: Occipital pain and pain around the cervical and thoracic spine.

ANKLE POINTS

There are a total of six ankle points, located about 3.0 cun above the medial and lateral malleolus, around the level of Spleen 6 (San Yin Jiao), from the medial aspect of the calcaneal tendon to the lateral border of the calcaneal tendon (Figure 21-5).

LOWER 1

Location: On the medial aspect on the distal portion of the leg, at the medial border of the calcaneal tendon.

Indications: Used to treat distending pain in the upper abdomen, pain around the navel, dysmenorrhea, leukorrhea, genital itching, and heel pain.

LOWER 2

Location: On the medial aspect of the distal portion of the leg and posterior to the border of the tibia.

Indications: Used to treat pain in the hypochondriac area and the side of the abdomen.

LOWER 3

Location: Located 1.0 cm medial to the anterior crest of the tibia.

Indications: Used to treat pain in the medial aspect of the knee.

LOWER 4

Location: Between the tibia and fibula.

Indications: Used to treat knee pain, numbness and paralysis of the lower limbs, and toe pain.

LOWER 5

Location: At the posterior border of the fibula.

Indications: Used to treat hip pain, sprained ankle, and pain in the lateral side of the leg.

LOWER 6

Location: On the lateral border of the calcaneal tendon.

Indications: Used to treat back pain, sciatica, spasm of the gastrocnemius muscles, and anterior sole pain.

Wrist and Ankle Acupuncture Therapy

Point Selection

Wrist and ankle acupuncture therapy uses points based on the area of the disease. For disease manifesting above the diaphragm, use the wrist points; for disease below the diaphragm, use the ankle points.

- The Ankle and Wrist points are used on the same side of the body as the disease. For a temporal headache located on the left side, use upper 2 on the left wrist.
- If the disease is located bilaterally on the body, needle the points bilaterally. For example, if a headache were located medially on the forehead, upper 1 would be stimulated bilaterally.
- For disease that is located on both the anterior and posterior parts of the body, the points should be used on both sides of the wrist and ankle. For example, use upper 2 and upper 5 at the same time.
- For motor disorders of the four limbs or to reduce excess sensations, use upper 5 or 6 for the arms, or lower 5 or 6 for the legs.
- For whole-body disorders or diseases that cannot be located in a specific area, such as a skin disorder, insomnia, or mental disorders, upper 1 may be used bilaterally.
- For a patient with several diseases occurring in the body at the same time, it is best to treat the most severe or the acute disease first.
- For painful conditions, the pain should be treated before any chronic disease is addressed.

Important Factors of Point Selection

Choosing the right point is an essential part of wrist and ankle acupuncture. It is based on two important factors:

1. Manifestation area of the disease
2. Pressure point

Choosing the correct wrist and ankle acupuncture points is based on a combination of clinical conditions and the presence of pressure points in the body. Pressure points are sensitive spots on the surface of the body. They usually indicate dull pain, sharp pain, or stiffness. It is a local manifestation of the body's abnormal condition. Usually, the pressure point is due to local swelling, spasm contractions, and edema from skin, vessels, nerves, muscles, joints, bones, and internal organs causing circulation stagnation. The occurrence of the pressure point can be a functional disorder. The muscle spasm can usually be seen when the body's sensitivity is increased. The pressure point will show an increase in degree of pain. After treatment, when body sensitivity decreases, the pressure point will reduce as well. Pressure points can occur with some diseases, which show manifestation of the pain. Also, they can be seen with some diseases without pain, such as vertigo or sleep disorders. Pressure points can occur with certain diseases at multiple locations, such as sciatic nerve pain. There are multiple pressure points along the sciatic nerve distribution. When a patient has a digestive ulcer, there is a pressure point on the left upper abdomen, and sometimes pressure points can occur at the fifth thoracic

vertebra on the back toward either the right or the left. In the clinic, when treating disease by using wrist and ankle acupuncture, focus on the pressure point first. Choose points based on where the pressure point occurs. Pressure points can also be used for the evaluation of treatment effectiveness. When the patient is feeling better after acupuncture treatment, the pressure point should be smaller or less painful.

Two common points routinely used to check body disease are UB 10 (Tian Zhu) and GB 21 (Jian Jing). UB 10 (Tian Zhu) is located in area 5 between the second cervical vertebra and the earlobes in the depression on the lateral aspect of the trapezius muscle. It is the most common pressure point of upper body disease. GB 21 (Jian Jing) is located in area 5 midway between Du 14 (Da Zhui) and the highest point of the shoulder. It is commonly used along with UB 10 (Tian Zhu).

These two points will occur in the most painful diseases, so use these points in routine examination. In the clinic, we also need to check for other pressure points based on the patient's clinical condition.

Indications

Wrist and ankle acupuncture can have excellent results for pain control, for conditions such as headache, toothache, dysmenorrhea, and postsurgical pain. For some conditions, such as runny or congested nose, excess saliva, asthma, itchy skin, leukorrhea, hysteria, hypertension, post-stroke rehabilitation, and insomnia, it also has good results.

Techniques

Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient in a position that is comfortable for the patient. Insert the needle at a 5° to 15° angle, with the needle tip directed toward the diseased area. Usually the stimulation is directed toward the heart; however, if the disease is in the hands or feet, have the needle tip directed toward the hands or feet.

Use the pressing hand to hold and stretch or pinch the skin, with the thumb of the puncture hand under the needle; use the index and middle fingers to hold the needle handle, and support the needle with the ring and little fingers. You can also use the needle with a tube for stable insertion. Make a rapid insertion into the skin at about a 30° angle first, and then slowly insert the needle further into the subcutaneous tissues at a 5-15° angle as a transverse running insertion. The practitioner should feel

the sensation change from resistant to loose, with a soft sensation under the needle. If the patient has a sensation of heaviness, numbness, soreness, or tingling, or a general Qi sensation, this is an indication that the needle has been inserted too deeply into the muscle layer, and should be relocated to the subcutaneous layer by pulling back and adjusting the needle angle and reinserting. Insert up to 1.4 cun in length.

The needle is usually retained for 20 to 30 minutes without stimulating the needles. For diseases that are more severe, the needle may be retained longer. The withdrawal technique should be rapid, and pressure should be applied with a clean cotton ball to prevent bleeding. The treatment course consists of 10 treatments, one every other day. For acute conditions, needling may be done twice daily. Needles may also be left inserted for up to 2 days, taking precautions to prevent needle sensation.

The following signs show that the tip of the needle has reached the ideal layer of tissue:

1. The body of the needle should lie flat on the skin surface, without any angle.
2. The practitioner should not feel any resistance when gently pushing the needle forward.
3. If wrinkles are visible in the skin when the needle is being advanced, this is usually an indication that the needle is still in the dermal layer.
4. The patient should feel no pain when the needle is being pushed forward.
5. If the patient experiences soreness, numbness, distension, heaviness, or pain, this often indicates that the tip of the needle may have been inserted too deeply.
6. The patient may experience sharp pain if the needle is inserted too superficially, or if the needle is inserted into the wall of a blood vessel.

It is important to stimulate the disease manifestation area while retaining the needle around the wrist and ankle areas. Practitioners can use massage, moxibustion, cutaneous needles, or cupping along the six longitudinal areas of the body where the disease is located or manifested. By inserting the needle around the wrist and ankle areas to bring the energy to the target area, these techniques will cause a corresponding energy reaction and will usually achieve better results.

Box 21-1 describes what to expect during wrist and ankle acupuncture.

BOX 21-1

Wrist and Ankle Acupuncture: What to Expect

1. For wrist and ankle acupuncture, UB 10 (Tian Zhu) and GB 21 (Jian Jing) are routine pressure points selected during the basic examination to confirm treatment methods. In the clinic, you can also combine them with any other area painful spots such as Ashi points. The evaluation of treatment results is based on the patient's feelings of changes after treatment or the disappearance of the pressure pain point.
2. When doing wrist and ankle acupuncture, it is required to stimulate the area without eliciting a Qi sensation. Also, the patient will have better results with passive movements, such as cupping, moxibustion, or massage, performed at the target diseased area. Although Qi is not elicited at the insertion area, it is directed elsewhere. Eliciting Qi without needle sensation is the most important characteristic of wrist and ankle acupuncture.
3. Needle sensation and direction should be directed toward the heart unless the patient has a hand or foot disease. In these cases, the needle should point to the end of the extremities. This is because the needle reaction and result have a relationship with the needle direction.

BOX 21-1**Wrist and Ankle Acupuncture: What to Expect—cont'd**

4. One of the most important features of wrist and ankle acupuncture is that the patient's range of physical movement is not limited while the needles are retained. Performing physical activities creates a stimulation feedback to the needles, making the treatment more effective.
5. Wrist and ankle stimulation is very shallow. It works on the nerve endings so that the body has a very strong reaction and results are achieved immediately.
6. Wrist and ankle acupuncture uses only a few selected points, but the stimulation area is large. The stimulation area is a vertical line, so the results are obvious.
7. Wrist and ankle stimulation points should be selected on the same side as the disease.
8. Thinner and softer needles, such as 34 to 38 gauge needles, should be selected for wrist and ankle acupuncture. This will reduce the pain as they are inserted into the body. Softer needles also enter the subcutaneous layer of the skin more easily.
9. When inserting the needle, the practitioner should feel a soft sensation of resistance. This usually indicates that the needle is in the correct layer of the subcutaneous tissue.
10. The patient should be able to walk or use his or her hands after insertion is finished. If the patient still experiences needle sensation or pain, it indicates that the needles are not in the correct layer. Five possibilities need to be considered:
 - a. *Needle insertion is too shallow:* When the needle is insertion is too shallow, above the subcutaneous layer, the patient will experience sharp pain. The practitioner will feel resistance and notice that the patient's skin looks like the skin of an orange, forming wrinkles along the direction of the needling.
 - b. *Needle insertion is too deep:* The needles are inserted at the distal areas of the four extremities in wrist and ankle acupuncture. The distal areas are thin and small, but the proximal areas are thick and rather large. Although wrist and ankle acupuncture requires shallow insertion, it is very easy to insert too deeply. The patient will feel soreness and pain, which will affect the treatment results. In this case, readjust the needle to the correct layer.
 - c. *Needle direction is wrong:* Wrist and ankle acupuncture divides the body into six longitudinal areas. The direction of the needles should match the direction of the six longitudinal areas. Missing the correct direction will affect the treatment results. Sometimes the practitioner might find that pain spots have moved after inserting the needles. In this case, redirect the needle toward the new painful area.
 - d. *Needle length is incorrect:* The needle length required is 1.3 to 1.4 cun in order to cover more area to treat the pain more effectively. However, in recent years, more practitioners prefer to use shorter needles that are 1.0 cun in length to prevent the needles from being inserted too deeply.
 - e. *Physical reactions occur:* Sometimes the patient experiences dizziness and palpitations during the treatment. This is an indication that the needle may be inserted too deeply. The practitioner should readjust the needle and the symptoms will disappear.
11. Adjusting the needle is a very important step in wrist and ankle acupuncture. If the patient feels a Qi sensation when the practitioner inserts the needles, adjust the needle immediately to make the Qi sensation go away.
12. Most dysfunctional conditions, diseases, and nervous system pain have better results with wrist and ankle acupuncture. This is a good reference so that the practitioner can make the decision of what type of micro-acupuncture system to choose.

Cautions

1. There are a number of vessels under the subcutaneous tissues. When inserting the needles, it is important to avoid needling into the vessels. If a vessel is located in the point, the needle may be inserted slightly above or below the point, based on the principle of needling on the meridian, but not exactly on the point. The insertion should be on the superficial cutaneous level and never too deep.
2. Wrist and ankle acupuncture needles are inserted around the end of the extremities and are exposed to the environment. The needles are often left in the points for a few hours or a few days while the patient continues his or her normal physical activities, so the needle areas can easily get infected. Therefore, insert needles following clean needle techniques, and follow up carefully to prevent infection.

Introduction

A Chinese professor, Ying-Qing Zhang, at Shan Dong University of China developed the bioholographic theory in 1973, based on holographic photography technology. According to the bioholographic theory, any part of the human body is a holographic unit, which is called *Embryo Containing the Information of the Whole Organism* (ECIWO). Many holographic units form the biologic bodies. In the human body, these units are miniature systems of the whole body and contain similar biologic information. So any abnormal changes will be effective both on a specific organ and on the holographic unit at the other part of the body. These holographic units can be used to diagnose and treat disease.

According to bioholographic theory, any part of the body has a specific group of points that is called the holographic group of points. Because the human body can be divided into many different parts, each part of the body will have many different points that will contain whole-body information. The concept of this theory used in medicine is as follows:

1. Any relatively independent part of the body will have many points that are associated with the whole body's internal organs and tissues. The distribution of the points is like a miniature system called a homunculus of the whole body.
2. According to the holographic theory, at each independent part of the body, the points are always connected from the nearest to the farthest, such as the Head point is always connecting with the Foot point, from one body part to another. For example, on the leg there are three units: upper leg, lower leg, and feet. At the connection area of each unit will be the Foot point from one unit connecting to the Head point of the next unit.
3. If the human body has disease at a local area or an internal organ, the related bioholographic points will have abnormal changes such as itching, pain, and abnormal sensations. If we insert needles or use massage on these points, we can treat the related location or organ disease.

(See Figure 1-1.)

Several bioholographic therapies have been developed, including second metacarpal bone acupuncture, fifth metacarpal bone acupuncture, and lateral forearm acupuncture.

Holographic Acupuncture System

Second Metacarpal Bone Acupuncture

Second metacarpal bone acupuncture therapy is a micro-system of acupuncture in which the radial side of the second

metacarpal bone is needled in the treatment of diseases of the whole body. The second metacarpal bone has a close relationship with the Zang Fu and meridians and is the pathway of the hand Yangming large intestine meridian. Its internal-external relationship is with the hand Taiyin lung meridian, and it shares its name in the meridian system with the foot Yangming stomach meridian. The stomach is the Sea of Nutrition, the root of post-heavenly Qi, and the source of Qi and blood generation. The hand Taiyin Lung meridian is the first of the 12 meridians. The whole body's Zang Fu, Qi, and blood are all reflected on the pulse along the lung meridian. Thus the second metacarpal bone carries the energy of the 12 meridians and can influence the state of disease in the whole body.

POINT LOCATIONS AND INDICATIONS See Figure 22-1.

HEAD

Location: When a loose fist is made, the point is on the radial side of the distal end of the second metacarpal bone.

Indications: Disorders of the head, eyes, ears, nose, mouth, and teeth.

FOOT

Location: At the radial side of the second metacarpal bone, proximal to the end of the second metacarpal base.

Indications: Foot and ankle problems.

STOMACH

Location: Midway between the Head and Foot points.

Indications: Stomach, pancreas, and spleen disorders.

LUNG/HEART

Location: Midway between the Head and Stomach points.

Indications: Lung, heart, chest, breast, trachea, esophagus, and back problems.

NECK

Location: At the intersection of the distal one-third and proximal two-thirds between the Head and Lung/Heart points.

Indications: Problems of the neck, thyroid, throat, esophagus, and trachea.

ARM

Location: At the intersection of the proximal one-third and distal two-thirds between the Head and Lung/Heart points.

Indications: Problems of the shoulder, upper arm, elbow, forearm, wrist, hand, trachea, and esophagus.

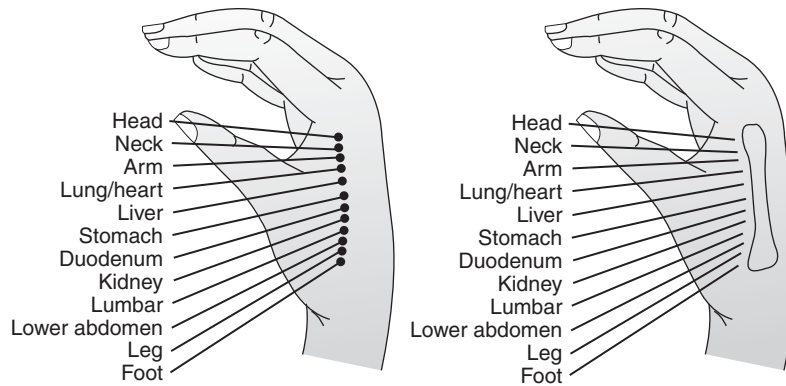


FIGURE 22-1 Second metacarpal bone acupuncture point locations. The second metacarpal system is a micro-system in which the radial side of the second metacarpal bone is needed in the treatment of diseases of the whole body.

LIVER

Location: Midway between the Lung/Heart and Stomach points.

Indications: Liver and gallbladder problems.

LUMBAR

Location: Midway between the Stomach and Foot points.

Indications: Back, umbilicus, large intestine, and small intestine disorders.

DUODENUM

Location: At the intersection of the distal one-third and proximal two-thirds between the Stomach and Lumbar points.

Indications: Problems of the duodenum and colon.

KIDNEY

Location: At the intersection of the proximal one-third and distal two-thirds between the Stomach and Lumbar points.

Indications: Kidney, large intestine, and small intestine problems.

LOW ABDOMEN

Location: At the intersection of the distal one-third and proximal two-thirds between the Lumbar and Foot points.

Indications: Abdominal pain, as well as bladder, uterus, ovary, testicle, vagina, urethra, rectum, appendix, anus, sacrum, leg, and knee problems.

LEG

Location: At the intersection of the proximal one-third and distal two-thirds between the Lumbar and Foot points.

Indications: Leg and knee problems.

EXAMINATION OF THE SECOND METACARPAL BONE The second metacarpal bone may be examined using palpation with pressure. The patient should be sitting opposite the practitioner. The examiner should hold one hand of the patient, while the patient

relaxes the muscles of the hand and makes a loose fist. Palpate firmly with the thumb, holding the thumb vertical with the bone, using pressure and slight rotation. Use moderate pressure one to three times on each point, beginning with the Head point. If the patient has a sensation of numbness, soreness, heaviness, or distension, apply more pressure to the point. If the patient reacts strongly by pulling the hand away or making a facial expression of pain, this point has a positive reaction. A positive reaction usually indicates one of the following:

1. It indicates disease in the related organ or area of the body. For example, if the Lung point is tender on palpation, this may indicate that the patient has disease in the lung, heart, chest, esophagus, or back.
2. It indicates that part of the disorder is related to the internal organs. For example, if the patient has tenderness on the Liver point, this might indicate an eye disorder, or possibly a tendon problem.
3. If the patient's tenderness on palpation is more on the left side than on the right, this is an indication that the disorder is manifested on the left side of the body.

Fifth Metacarpal Bone Acupuncture

POINT LOCATIONS (Figure 22-2) Fifth metacarpal bone acupuncture is the same as second metacarpal bone acupuncture; both use the metacarpal bone to target a specific part of the body. As with bioholographic theory, each part of the body is an individual small ratio body unit. Point distribution and indications are similar as the second metacarpal bone acupuncture system.

HEAD/FACE

Location: Ulnar side of the hand in the depression at the distal end of the fifth metacarpal bone.

FOOT

Location: Ulnar side of the hand in the depression at the proximal end of the fifth metacarpal bone.

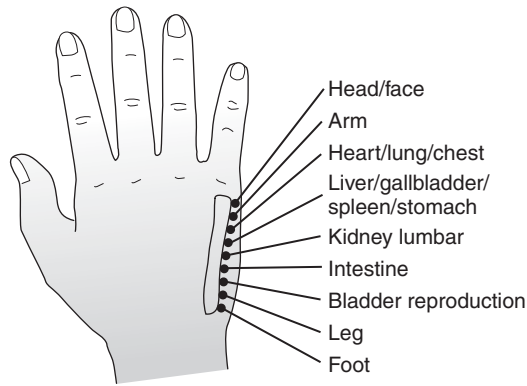


FIGURE 22-2 Fifth metacarpal bone acupuncture point locations. The fifth metacarpal system is a micro-system in which the ulnar side of the fifth metacarpal bone is needed in the treatment of diseases of the whole body.

KIDNEY/LUMBAR

Location: Midpoint between the Head and Foot points.

HEART/LUNG/CHEST

Location: Midpoint between the Head/Face and Kidney/Lumbar points.

ARM

Location: Midway between the Heart/Lung/Chest and Head/Face points.

LIVER/GALLBLADDER/SPLEEN/STOMACH

Location: Midway between the Heart/Lung/Chest and Kidney/Lumbar points.

BLADDER/REPRODUCTION

Location: Midway between the Kidney/Lumbar and Foot points.

INTESTINE

Location: Midway between the Kidney/Lumbar and Bladder/Reproduction points.

LEG

Location: Midway between the Bladder/Reproduction and Foot points.

Lateral Forearm Acupuncture

POINT LOCATIONS Lateral forearm acupuncture follows the bioholographic theory, using the forearm bones to represent parts of the body as individual small ratio body units. All indications for the lateral forearm acupuncture system are directly related to the bioholographic body part area that is being treated (Figure 22-3).



FIGURE 22-3 Lateral forearm acupuncture point locations. The points are located on three lines running along the forearm.

First line On the radial side of the radius bone.

OCCIPITAL

Location: On the radial side of the wrist in the depression between the tendons of the extensor pollicis longus and brevis muscles. Same as the LI 5 (Yang Xi) point.

BUTTOCKS

Location: Midway between the lateral end of the transverse cubital crease and the lateral epicondyle of the humerus. Same as the LI 11 (Qu Chi) point.

SPLEEN

Location: Midway between the Occipital and Buttocks points on the radial side of the radius.

LUNG

Location: Midway between the Occipital and Spleen points on the radial side of the radius.

NECK

Location: Midway between the Occipital and Lung points.

LIVER

Location: Midway between the Lung and Spleen points on the radial side of the radius.

HEART

Location: Midway between the Lung and Liver points on the radial side of the radius.

KIDNEY

Location: At the junction of the distal one-third and proximal two-thirds of the distance between the Spleen and Buttocks points.

LUMBAR

Location: At the junction of the proximal one-third and distal two-thirds of the distance between the Spleen and Buttocks points.

Second line Between the radius and ulnar bones.

SIDE OF HEAD

Location: Directly above the transverse crease of the dorsal side of the wrist, between the radius and ulnar bones. At the midpoint between the transverse crease and SJ 5 (Wai Guan).

URINARY BLADDER

Location: At the proximal end of the radius and ulnar bones, midway between the Lumbar and Buttocks points.

STOMACH

Location: Between the radius and ulnar bones. Midway between the Side of the Head and the Urinary Bladder points.

GALLBLADDER

Location: Between the radius and ulnar bones, midway between the Hand and Liver points.

SHOULDER

Location: Between the radius and ulnar bones, 2.0 cun above the transverse crease at the dorsal side of the wrist; same as SJ 5 (Wai Guan).

EAR

Location: Midway between the Side of the Head and Shoulder points.

SMALL INTESTINE

Location: At the junction of the distal one-third and proximal two-thirds of the distance between the Gallbladder and Urinary Bladder points.

LARGE INTESTINE

Location: Directly below the Urinary Bladder point, at the junction of the proximal one-third and the distal two-thirds of the distance between the Urinary Bladder point and the Gallbladder point.

Third line On the ulnar side of the ulnar bone.

FOREHEAD

Location: In the depression between the styloid process of the ulna and the triquetral bone.

FOOT

Location: On the ulnar side of the ulnar bone level close to the humeroulnar joint.

KNEE

Location: On the ulnar side of the ulnar bone level with the Lumbar point.

HAND

Location: Midway between the Forehead and Knee points on the ulnar side of the ulna bone.

MOUTH

Location: At the junction of the distal one-third and proximal two-thirds of the distance between the Forehead and Hand points.

ELBOW

Location: At the junction of the proximal one-third and distal two-thirds of the distance between the Hand and Forehead points.

EYE

Location: At the junction of the distal one-third and proximal two-thirds of the distance between the Forehead and Mouth points.

NOSE

Location: At the junction of the proximal one-third and distal two-thirds of the distance between the Mouth and Forehead points.

Holographic Acupuncture Therapy**Indications**

The indications for bioholographic acupuncture therapy are as follows: treatment of nerve conditions, spasm of the facial muscles, redness of the eyes, headache, trigeminal neuralgia, toothache, insomnia, Bell's palsy, wryneck, cervical spondylitis, Ménière's syndrome, shoulder pain, neurosis, tonsillitis, sore throat, deafness, sinus conditions, swollen and painful neck lymph nodes, seizures, coma, bronchitis, belching, high blood pressure, chest pain, intercostal nerve pain, mastitis, gallbladder infection, irregular heartbeat, hepatitis, gall stones, stomach spasm, ulcer of the stomach and the duodenum, acute and chronic stomatitis, diarrhea, dysentery, diabetes, acute low back injury, soft tissue injury, sprained ankle, leg pain, acute abdominal pain, sciatic nerve pain, nephritis, kidney prolapse, paralysis, rheumatoid arthritis, chronic low back pain, painful menstruation, amenorrhea, irregular menses, itching of the

external genitalia, and pain from cancer. Bioholographic acupuncture therapy is especially useful for functional disorders and pain control.

Point Selection and Principles

1. Choose points according to the Zang Fu or disease location. This principle means choosing a point by Zang Fu location or disease as it has been diagnosed. Also, choose the points at the relative area of the most sensitive point from insertion of the needle or massage.
 - a. For disease located on the hand, eye, ear, nose, mouth, teeth, or brain, choose a point on the head area.
 - b. For disease located on the neck, thyroid, throat, upper part of the trachea, or upper part of the esophagus, choose points located on the neck area.
 - c. For disease located on the shoulder, upper arm, elbow, hand, wrist, trachea, esophagus, or upper part of the lung, choose a point on the shoulder or upper arm area for insertion and massage.
 - d. For disease located in the lung, heart, chest, breast, trachea, esophagus, or back area, choose the Lung and Heart point using acupuncture and massage.
 - e. For disease associated with liver and gallbladder conditions, choose the Liver point or find the most sensitive point at the middle area of the forearm to needle and massage.
 - f. For disease located in the stomach, spleen, or pancreas, choose a point on the Stomach area or find the most sensitive point to needle and massage.
 - g. For disease located in the kidney, lumbar, umbilicus, large intestine, or small intestine, choose a point at the Lumbar or Kidney area or find the most sensitive spot to needle and massage.
 - h. For disease located in the lower abdomen, rectum, uterus, bladder, appendix, or ovary, choose a point at the Urinary bladder or Large intestine area or choose the most sensitive spot for needling and massage.
 - i. For disease located on the sacral area, leg, knee, foot, ankle, testicle, or anus, choose points at the Knee or Foot points or find the most sensitive spot for needling and massage.

When choosing the point, always look and palpate with pressure at the second metacarpal bone, fifth metacarpal bone, or lateral forearm's miniature area. Then find the most sensitive spot at the local area.
2. Also follow the rule of choosing an upper point for an upper area disease. For example, with a lung problem there can be an upper lung problem or a lower lung problem, and the same with the esophagus. So choose a point that is located at the upper part around the point or most sensitive located at this area. Also choose a point closer to the Zang Fu location. For example, if the disease manifests more at the abdomen than the back, choose a point closer to the palmar side for the abdomen and closer to the dorsal side for the back.

3. Choose a point on the same side as the disease location. For example, if the patient's condition is manifesting on the left side of the body, choose the left hand second metacarpal bone, fifth metacarpal bone, or lateral forearm systems.
4. Choose the point based on traditional Chinese medical theory. For example, if the patient has an eye disorder, you may decide to use the Liver point, as the liver opens to the eyes according to the theory of traditional Chinese medicine. For any disease associated with the spirit, Qi, blood, and tongue, choose the Heart point. For any disease associated with the muscles, mouth, and lips, choose the Spleen or Stomach points. For any disease associated with the nose or skin, choose the Lung point. For any disease associated with a reproductive, development, ear, or urinary condition, choose the Kidney point.
5. Usually, use two needles in both hands on the same point. Alternatively, use one needle on one hand. For each treatment, the whole treatment uses two needles or one needle.

Techniques

1. **Needle method.** First complete the palpation examination to find a reactive point. Use a 30 to 34 gauge filiform needle that is 0.5 cun in length for the second and fifth metacarpal bones, and 1.0 cun in length for the lateral forearm system. Insert the needle along the edge of the radial side of the second metacarpal bone or the edge of the ulnar side of the fifth metacarpal bone. The forearm system follows the technique of regular needle insertion. The needle should be directed toward the palmar surface of the hand, perpendicular to the skin. Insert to a depth of about 0.3 to 0.5 cun. If, after insertion, the patient does not notice a reaction, the needle tip may be adjusted to find a more sensitive point. The needle may be retained for about 45 minutes, with rotation and manipulation every 5 to 10 minutes for more constant needle sensation. Most patients will have a physical reaction in the diseased area related to the point within about 5 to 10 minutes, such as a warm sensation in the related organ or area and sometimes a sweating or burning sensation. This indicates that the response to treatment will be favorable.
2. **Massage.** Using the tip of the thumbnail to massage the related area of the second metacarpal bone or fifth metacarpal bone will also have a good result. Usually, put one hand on the point and use gentle massage by applying mild clockwise pressure. The patient should feel numbness, distension, heaviness, and soreness. Usually massage for 3 to 5 minutes. Do not apply too much pressure, and do not apply pressure for too long, because it may cause injury to the skin. Using the second metacarpal bone massage technique will usually have an immediate result or at least release the pain. In most cases, the patient will recover in one treatment if it is an acute condition.

3. Electro-acupuncture. Use a filiform needle and connect it to an electro-machine. Generally, for numbness and decreased function disorders, use a sparse wave. For the patient who has inflammation, use dense wave or dense-sparse wave. For the patient who has acute pain, use an intermittent wave.

FAINING PREVENTION AND MANAGEMENT Occasionally, when using acupuncture and massage, a patient may have fainting symptoms such as nausea, dizziness, vertigo, or sweating. In this case, stop the treatment immediately and instruct the patient to lie down. In a severe case, you should use fingernail pressure on Du 26 (Ren Zhong). During the treatment of acupuncture and massage, if the patient is already lying down, fainting usually does not occur.

PROGRESS For the patient who has an acute condition or a new disease, usually needling or massage once gives an excellent chance to recover. If the patient does not recover after one treatment, continue treating several times once per day. For chronic or long-term conditions, the patient usually needs more treatments. Usually treat once a day with 7 days for a course, rest 2 to 3 days, and then start another course of treatment. Usually after one to three courses of treatment, you will see good results with second metacarpal bone treatment for chronic conditions.

Box 22-1 describes what to expect during holographic acupuncture.

BOX 22-1

Holographic Acupuncture: What to Expect

1. Choosing fewer correct points and eliciting a strong reaction are the keys to achieving better results. If multiple points are selected at the small areas, there will be a decrease of power in the stimulation. So the principle of the second and fifth metacarpal bones acupuncture are: less points, correct location, and strong stimulation.
2. When using massage techniques, alternate using gentle and heavy pressure. Do not use too much pressure, and do not apply pressure for too long. Fainting can happen even with finger pressure.
3. While inserting needles, closely watch the patient's whole-body reaction. If the patient feels warm, sweaty, and a comfortable sensation, it usually indicates a better result.
4. While inserting needles, use lifting and thrusting techniques several times until the patient feels a sensitive point.
5. For bioholographic acupuncture, retain the needles for a bit longer than in other systems.

Cautions

1. This technique may cause a strong reaction, and it easily causes patients to faint. For patients with a previous history of fainting easily, or patients in a weak condition, use this therapy with caution.
2. Choose points carefully and insert the needles in the most sensitive area, using a maximum of two needles, either one needle per hand bilaterally, or two needles in only one hand.

Micro-Acupuncture Therapeutics

23

COMMON COLD—GAN MAO

The common cold is an exogenous ailment mainly characterized by nasal obstruction, runny nose, sneezing, sore throat, and hoarseness of the voice. It can be accompanied by a low-grade fever, headache, pain, and soreness in the body. Gan Mao can occur at any time of the year, but is seen most often in the winter and spring or when the weather changes rapidly. Usually caused by wind, cold, heat, or dampness, the condition can last from 3 to 7 days. Patients with a common cold can exhibit underlying Qi or Yin deficiency.

Western medicine refers to this condition as a common cold, influenza, or upper respiratory infection.

Traditional Chinese Medicine Differential Diagnosis

- Wind cold type:** Aversion to cold, fever, headache, whole-body pain, nasal obstruction, runny nose, sneezing, itchy and sore throat, cough without phlegm or with clear sputum, thin white tongue coating, and a floating, tight pulse.
- Wind heat type:** High fever, slight aversion to wind, distending headache, sore throat, thirst, cough with yellow or white sticky phlegm, a thin yellow tongue coating, and a floating, rapid pulse.
- Summer heat with damp type:** Fever, slight aversion to cold, soreness and heaviness of the body, headache with a heavy sensation, distending pain, cough, sticky phlegm, nasal obstruction with a yellow sticky discharge, irritability, thirsty but without desire to drink, abdominal fullness, low appetite, nausea with vomiting, painful urination, a thin, yellow, sticky tongue coating, and a rapid, soft pulse.
- Qi deficiency type:** Fever, aversion to cold, blocked nasal passages with watery discharge, shortness of breath with rapid breathing, a weak and low-sounding cough, a pale tongue, and a weak pulse.
- Yin deficiency type:** Low-grade fever, aversion to cold, dry nose, dry cough, five palm heat, a red tongue without coating, and a floating, rapid, and empty pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. INTERNATIONAL STANDARD OF NOMENCLATURE FOR SCALP ACUPUNCTURE (ISNSA)

Points:

Middle Line of the Forehead

Line 1 Lateral to Forehead

Posterior Oblique Line of Vertex-Temporal middle one-third and lower one-third bilaterally

Middle Line of the Vertex

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles.

For Middle Line of Forehead, insert the needle transversely with a rapid insertion from the superior to the inferior direction to a depth of 1.0 cun. For severe headache, fever, and sore throat, use the against insertion technique.

For Line 1 Lateral to Forehead, use transverse insertion from the superior to the inferior direction to a depth of 1.0 cun.

For Posterior Oblique Line of Vertex-Temporal, use a transverse insertion in the anterior and inferior direction. For body aches, soreness, and headache with severe symptoms, use connecting power insertion.

For Middle Line of Vertex, insert the needle from the posterior to the anterior direction.

Once the needles are inserted into the subaponeurotic tissue layer, use the false lifting technique continuously for 1 to 3 minutes on each needle. While manipulating the needles, use massage or moxibustion. For example, manipulate the needles while massaging the head where there is pain or on the four extremities. If the patient has no sweating, ask the patient to breathe deeply and increase the frequency of manipulation. If the patient has aversion to cold, ask the patient to move the entire body. If the patient has a sore throat, ask the patient to swallow his or her saliva. If the patient has severe aversion to cold, use the false thrusting technique or the warming needle technique for 10 minutes. Retain the needles for 30 minutes, and manipulate the needles once during the retention.

2. JIAO SYSTEM

Points:

Thoracic Cavity

Lower two-fifths of Sensory Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert the needle transversely and quickly push the needle into the subaponeurotic tissue layer. Use the fast rotation technique up to 150 to 200 times per minute. The rotation angle depends on the clinical symptom. Each needle should be rotated for 1 to 3 minutes, and the practitioner should be sure the patient has an obvious needle sensation. If the patient feels a rush of warmth, or begins sweating, or if the patient feels like his or her fever is

starting to break, the patient will have a better result from the treatment. Retain the needles for 30 minutes, and manipulate the needles once during the retention. Treat the patient one to two times a day for up to 1 to 3 days.

3. FANG SYSTEM

Points:

Upper Jiao of Prone Organ
Head Area of Prone Imaging—Headache and Sore Throat
Inverted Imaging (Area Corresponding to Pain)—Pain in the Four Extremities

Breathing and Circulation—Cough

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast insertion at a perpendicular angle to a depth of 2.0 to 3.0 fen until the needle reaches the periosteum. Rotate the needle until the patient feels Qi. Then retain the needle for 30 minutes while rotating the needles one or two times during the retention.

Scalp acupuncture is more effective when patients feel cold with a headache condition, as well as when the patient is starting to feel warm.

Face Acupuncture

Points:

Lung
Throat
Top of Face

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at an oblique or a transverse angle. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding and hematoma.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Lung
Inner Nose
Throat
Adrenal
Cold

Supplemental Points:

Headache—Forehead, Temple, Occiput
Cough—Trachea, Infratragic Apex
Fever—Ear Apex, Helix 1
Dizziness—Occiput
Indigestion—Stomach

2. EUROPEAN AURICULAR THERAPY

Points:

Throat
Inner Nose
Forehead
Vitality point
Tonsil
Trachea
Lung
Frontal Sinus
Thymus Gland

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the other hand to insert the needle in the selected point using a quick jab and twist to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use your pressing hand to hold the ear, and in your puncture hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat the patient once daily.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Head and Face
Throat
Lung
Arm
Hip and Thigh

Technique: Use standard clean needle technique.

Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use the oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the needles for 30 minutes and manipulate slowly and gently every 10 minutes during the retention.

Tongue Acupuncture

Points:

Lung
Upper Jiao

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. If needles are to be inserted on the surface of the tongue, ask the patient to stick his or her tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisor of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use a fast insertion on the local point to a depth of 0.5 to 1.2 cun.

Neck Acupuncture

Points:

5 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle slowly with the needle tip angled slightly downward to a depth of 0.5 to 0.8 cun, and then use lifting, thrusting, and rotation techniques. If using the rotation technique, you should use mild stimulation to elicit Qi. After neck needle insertion, using moxa along the spine up and down during the treatment or use the warming needle technique for 5 to 9 Zhuangs of moxa cones so that the patient feels warmth but not a burning sensation. The needles are usually retained for 20 to 30 minutes.

Back Shu Acupuncture

Points:

UB 13 (Fei Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi.

Retain the needles for about 15 to 30 minutes. You can use the moxa cone directly on the skin or use an insulator such as ginger, garlic, or herbal cake for cold conditions. The sparrow-pecking or rotating moxibustion technique on the Shu points is also beneficial.

Jia Ji Acupuncture

Points:

Thoracic Jia Ji Points T 1 through T 6

Technique: The patient should be in a comfortable prone position. Choose a 1.0 to 1.5 cun filiform needle, and insert it at a perpendicular angle. Depending on the patient's constitution, the needle may be inserted to a depth of 1.0 to 1.2 cun on the lumbar and sacral areas, but 0.5 to 1.0 cun on the cervical and thoracic areas. Use the lifting,

thrusting, and rotating techniques to stimulate the point. Electro-acupuncture is a very useful method on the Jia Ji system by providing continuous stimulation. Retain the needles for 30 minutes.

Abdominal Acupuncture

Points:

Head
Neck
Heaven and Earth combination

Technique: Use 30 to 34 gauge, 1.0-2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly in the sky, person, and earth layer to a depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedures. Retain the needles for 30 minutes.

Caution: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Reduce Fever
Malaria

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Lung 2 Spot
Head Spot
Vertex
Neck
Common Cold
Xiao Tian Xin
Da Bai
Reduce Fever
Shi Xuan

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the affected area of the body, and retain the needles for up to 20 to 30 minutes.

Bloodletting Therapy: Use a small gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin on Shi Xuan points to a depth of 1.0 to 2.0 fen, and then release some drops of blood. Treat the patient every other day, alternating treatment on both hands.

3. KORYO HAND THERAPY

Points:

Early Stage of Cold—B 24, B 19, D 2

A 1, 3, 4, 6, 8, 12

Moxa—A 8, 12, 16

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate into the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Moxibustion Therapy: Hold a moxa roll above the surface of the hand for a comfortable, warm, and moving sensation, or use direct moxa techniques. Apply a little garlic juice or massage oil to the skin to help the moxa cone stay in place. Use 2 to 3 Zhuangs of rice cone moxa during the treatment. Seo Am moxa, which has adhesive tape underneath the moxa cone, can also be used. Seo Am moxa is convenient because it adheres directly to the skin while the patient's hand is in any position.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Head

Lung

2. FOOT NEW POINT THERAPY

Points:

1, 17

Technique: Select a few points from the list for each treatment. Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles.

Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi, and then retain the needle for about 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine for working on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is becoming hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment.

Summary

Acupuncture can help the patient recover quickly from a common cold (while also reducing the chance of catching it), especially patients who have a fever at the time of the cold. If the patient's condition is excess, the best microsystems to use are ear, nose, scalp, abdominal, and hand acupuncture. Use strong techniques to induce sweating to expel the external pathogens. Use the ear and hand acupuncture bleeding technique to reduce fever. For the patient with a constitutional weakness or who catches colds frequently, use a minor technique with little stimulation, such as back Shu acupuncture, abdominal and ear acupuncture with moxabustion and seed therapy. Combine with macro-acupuncture to tonify the patient's lung and spleen to increase the patient's ability to fight and prevent the disease.

COUGH—KE SOU

Cough is a symptom that indicates a dysfunction of the lungs. It is a common illness that may manifest in any season. Cough may be classified as an exterior or interior condition depending on the pathogenic factors. Exterior cough is characterized by a dysfunction of the lungs' dispersing and descending functions, which may be caused by wind cold, wind heat, or wind dryness. An interior cough may be caused by Zang Fu internal organ disorders, such as disorders of the lung and liver.

Western medicine refers to cough as an upper respiratory infection, bronchitis, bronchiectasis, pneumonia, and pulmonary tuberculosis.

Traditional Chinese Medicine Differential Diagnosis

External Cough

1. **Wind cold:** Cough with white, watery phlegm, itchy, sore throat, in combination with nasal congestion, stuffy or runny nose, headache, body aches, aversion to cold, a low

fever, pink tongue with a thin white coating, and a floating, tight pulse.

2. **Wind heat:** Cough with yellow, sticky phlegm, severe cough with chest pain, itchy and sore throat, in combination with yellow nasal discharge, thirst, headache, body aches, fever, aversion to cold, a red tongue with a thin, yellow coating, and a rapid, floating pulse, or a rapid, slippery pulse.
3. **Wind dryness:** Dry cough that is constant and nonproductive or produces scanty, sticky phlegm that is difficult to expectorate and may be tinged with blood; the throat is dry, itching, and painful, with dry lips and nose, and strong thirst. The condition may initially be combined with stuffy nose, headache, and fever. The tongue will be red and dry with a thin, white coating, and there is a floating, rapid pulse.

Internal Cough

1. **Phlegm damp cough:** Cough with profuse phlegm, fullness of the chest, poor appetite, fatigue, diarrhea, a pale, swollen tongue with a sticky, white coating, and a soft, slippery pulse.
2. **Liver fire invading the lungs:** Cough with scanty, sticky phlegm, chest pain that radiates to the hypochondrium area, continuous cough with shortness of breath, restlessness, dry throat, a tongue with a yellow, dry coating, and a wiry, rapid pulse.
3. **Lung Qi deficiency cough:** Weak, quiet cough, fatigue, shortness of breath, no phlegm, spontaneous sweating, catches colds easily, weak voice, pale face, a pale tongue, and an empty pulse.
4. **Lung Yin deficiency cough:** Long-term illness that has progressed slowly, a dry, nonproductive cough or with scanty phlegm, worse in the afternoon or evening, a dry throat, blood-tinged phlegm, tidal fever, red face, insomnia, night sweats, five palm heat, fatigue, a red tongue with little coating, and a thin, rapid pulse.

Important Points for Diagnosis and Treatment

1. Determine the time of day, quality of cough and voice, duration of illness, and cause of the cough. If the cough is worse during the day with an acute onset, a heavy voice, and an itchy throat, it is related to an external wind cold or wind heat condition. If the cough is worse in the morning with a heavy voice and profuse phlegm that is better once phlegm is expectorated, it is mostly related to a phlegm dampness or phlegm heat condition. If the cough is worse in the afternoon or evening and is light with a weak voice, it is mostly related to lung Yin deficiency. If the cough occurs mostly in the evening and is accompanied by shortness of breath and asthma, it is usually related to a deficiency cold condition. A cough with a light sound and a low, weak voice indicate a deficiency, whereas a loud cough and a strong, heavy voice indicate excess. If the patient has a cough with a sore throat, hoarse voice, and an acute onset, which runs a short course, it will be related to an external wind cold or wind heat condition. A long-term illness that progresses slowly and is getting worse is indicative of a Qi or Yin deficiency.

Cough that is worse with greasy, cold, or raw foods is a phlegm damp type of cough. Cough that is worse with emotional upset is due to Qi stagnation. A cough that is worse with overworking, or with catching a cold, is the damp phlegm, deficient type.

2. Determine the quantity, quality, color, and smell of the phlegm. A cough with scanty phlegm is a dry heat or Yin deficiency type. A cough with profuse phlegm is a damp phlegm, phlegm heat, or deficiency cold type of cough. If the phlegm is watery, it is a wind cold, but if it is yellow and sticky, it is a heat type of cough. If the phlegm is sticky, it is a Yin deficient or dry heat type of cough, and clear or watery phlegm is a deficiency cold type. A cough with blood-tinged phlegm is lung heat or Yin deficiency. Phlegm that has a strong odor is a phlegm heat condition. Phlegm with a sweet taste indicates a phlegm damp condition, and a salty taste indicates a kidney deficiency.
3. To make a proper diagnosis, first determine if the condition is internal or external in origin, and then determine if it is excess or deficient in nature. An external cough will have an acute onset and a short duration, accompanied by other symptoms of an external invasion. An internal cough will occur after a long illness, will have repeated onset, will run a long course, and will be accompanied by symptoms of a Zang Fu disorder. Treatment of an external type of cough will involve the dispersing and descending of lung Qi. Treatment of an internal type of cough will involve tonifying the deficiency.
4. A phlegm damp type of cough is more likely to occur in an elderly patient. This cough will be characterized by a rapid onset with a preexisting lung and spleen Qi deficiency condition, which may cause profuse phlegm with asthma.
5. An external cough will have a short duration and should be easy to treat. The treatment principle is to disperse and descend the lung Qi. An interior cold condition with a chronic history is a disease that is rooted more deeply in the body and will be more difficult to treat. When dispersing and descending, it is important to also tonify lung Qi. Whether the cough is internal or external in nature, it is always necessary to transform phlegm. A patient with an internal cough should be advised to make lifestyle changes, such as maintaining good eating habits and exercise, as well as taking caution during seasonal and weather changes.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Line 1 Lateral to Forehead

Line 2 Lateral to Forehead—Excessive phlegm, cough with chest and hypochondrium area pain

Line 3 Lateral to Forehead—Cough with shortness of breath

Middle Line of Vertex—Cough with shortness of breath

Middle Line of Forehead—Fever

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle transversely from the superior to the inferior direction to a depth of 1.0 cun. If the patient has a cough with severe symptoms, use the against insertion technique. When inserting on the Middle Line of Vertex point, insert from the posterior to anterior direction. For the Middle Line of Vertex and Line 3 Lateral to Forehead points, use the false thrusting technique. While manipulating the needles, ask the patient to actively cough. While manipulating the needle on the Line 2 Lateral to Forehead point, ask the patient to massage the abdominal area, apply pressure on St 36 (Zu San Li) point, perform abdominal breathing, or perform Qi Gong to let energy circulate on Ren 6 (Qi Hai). Retain the needles for 30 to 60 minutes and manipulate the needles one to two times during the retention. For acute cough, treat once daily with two to five treatments to a course. For chronic cough, treat every other day with five to seven treatments to a course and 3 days of rest between courses.

2. JIAO SYSTEM

Points:

Thoracic Cavity Bilaterally

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use a fast insertion and push the needle quickly into the subaponeurotic tissue layer. Use the fast rotation technique with a frequency of 150 to 200 rotations per minute. For patients with an acute cough, rotate at a larger angle. For patients with a chronic cough, rotate at a small angle. Continuously manipulate for 30 to 60 seconds and then retain the needles for 30 minutes while manipulating one or two times during the retention.

Face Acupuncture

Points:

Throat

Lung

Spleen

Kidney

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun in long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then, insert the needle slowly at an oblique, or transverse angle. For the Kidney point, use a perpendicular insertion. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. For patients with chronic cough treat once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Trachea

Apex of Antitragus

Lung

Chest

Supplemental Points:

Shen Men

Adrenal

Wind Stream

2. EUROPEAN AURICULAR THERAPY

Points:

Sympathetic Autonomic

Zero

Asthma

Adrenal Gland

Trachea

Bronchi

Lung

Throat

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear, and use the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected point. Use 2 to 10 Hz lower frequencies. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulation current for 10 to 30 minutes. Treat the patient one to three times a week.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear, and the puncture hand to hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

Eye Acupuncture

Points:

Lung of Area 1

Upper Jiao of Area 3

Technique: Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your

pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the edge orbital margin insertion technique with transverse insertion to the subcutaneous tissue. This technique requires shallow insertion. The distance of the insertion point should be about 2.0 mm from the orbital margin. The distance of insertion is limited to avoid needling into a neighboring area. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure, and hold a clean cotton ball to the needle hole to prevent bleeding. For patients with a cough, avoid using the inner orbital margin insertion technique.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Lung
Throat
Spleen
Kidney

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. For a sedation technique, use a strong stimulation with a deeper insertion. For a tonification technique, use a shallow insertion. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Upper Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Head and Face point and manipulate the needle until you elicit Qi, and then gently lift the needle to the subcutaneous layer. Redirect the needle tip toward the Ear point until you elicit Qi. Now, gently lift the needle and redirect the tip toward the Ear point on the other side of the face until you elicit Qi. Next, gently lift the needle and thread the needle tip downward to the Heart point until you elicit Qi. Last, bring the needle back to the Head and Face point and retain it there for the duration of the treatment. The skin and muscles around the nose and face are thin so use thinner needles and gentle performance.

2. NOSE SAN JIAO THERAPY

Points:

4, 5, 6, 14

Technique:

For Point 4, use perpendicular insertion 1.0 fen deep or oblique insertion laterally 1.0 to 2.0 fen deep.
For Point 5, use perpendicular insertion 1.0 fen deep.

For Point 6, use perpendicular insertion 1.0 fen deep.
For Point 14, use perpendicular insertion 1.0 fen deep.

Mouth Acupuncture

Points:

Area of Five Zang Organs

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Follow clean needle technique strictly to avoid infection of the membranes of the mouth.

Tongue Acupuncture

Points:

Lung
Upper Jiao

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. If needles are to be inserted on the surface of the tongue, ask the patient to stick his or her tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisor of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion on the local point to a depth of 0.5 to 1.2 cun. Do not use tongue acupuncture for patients who bleed easily, patients who have a condition that causes them to have difficulty stopping bleeding, or patients who are weak or have severe conditions.

Neck Acupuncture

Points:

15 Point Locations

Anterior Neck Points

Technique: Use 30 to 34 gauge, 1.0 cun in length filiform needles.

For the 15 point locations technique, insert the needle slowly with the needle tip angled slightly downward to a depth of 0.5 to 0.8 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 0.5 to 0.8 cun. Use gentle lifting and thrusting rotation to elicit Qi, and retain the needle for 20 to 30 minutes. All 15 points are needled in the same treatment.

For Anterior neck points, use group needle stimulation techniques, or, in other words, traditional ancient techniques (the "Yang Ci" technique). The practitioner can also use a

cutaneous needle such as a seven star needle. This technique involves multiple needles inserted closely together at one point. Choose 0.5 cun long, 30 to 34 gauge filiform needles. Hold several needles together and insert them at the same time in one point or insert them one by one closely together on one point. Insert to a depth of 0.2 to 0.3 cun and gently use lifting and thrusting techniques to stimulate the area until the skin turns pink-red in a circle around the needles. Retain the needles for 30 to 60 minutes.

Back Shu Acupuncture

Points:

UB 13 (Fei Shu)

UB 15 (Xin Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. You can also use cupping on specific Shu points. Alternatively, you can use the running cupping technique on the entire back to cover more area. Then place the cups at UB 13 and UB 15 to focus on treating the lungs. Treat the patient every other day, with 10 treatments to a course.

Jia Ji Acupuncture

Points:

Thoracic Jia Ji Points T 1 through T 8

Technique: The patient should be in a comfortable prone position. Choose a 1.0 to 1.5 cun filiform needle, and insert it at a perpendicular angle. Depending on the patient's constitution, the needle may be inserted to a depth of 0.5 to 1.0 cun on the cervical and thoracic areas. Use the lifting, thrusting, and rotating techniques to stimulate the point. Electro-acupuncture is a very useful method on the Jia Ji system and can provide continuous stimulation. Retain the needles for 30 minutes.

Spinal Acupuncture

Points:

Major Spinous Process Point

Thoracic 3

Thoracic 5

Technique: For the major spinous process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the back spinous process points, use 30 to 32 gauge, 2.0 cun long filiform needles. The practitioner should use his or her thumb and index finger of the pressing hand to pinch the skin of the spinous process. Then, with the puncturing hand, insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. Use rotation techniques until the patient feels a Qi sensation along the spine. The needle should be in the correct layer for a smooth insertion. During the treatment,

be cautious of the direction of the needle tip. It should be right along the center of the spinous process. Retain the needles for 40 minutes or up to 1 to 2 hours.

Chest Acupuncture

Points:

Sternal-Costal Points

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on the patient's body size. Elicit Qi and withdraw the needle. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course.

Acupressure: Find the chest acupuncture point or positive trigger point, especially working any points with a ropey or bumpy feel. Use your thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, children, weak patients, or if the chest point area has obvious pressure pain or a sensitive reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. For urgent conditions, treat two to three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days to a course, and then rest 2 to 3 days and continue another course.

Intradermal Embedding Technique: Clean needle technique is critical for preparing the point. Use the pressing hand to tightly stretch the skin, and use the puncturing hand to hold a small hemostat to insert a disposable grain-like intradermal needle into the skin and tape the needle down when finished. Retain the needle for 3 to 5 days with 10 treatments to a course. If the embedding needle area develops pain that affects sleep, adjust the needle direction or depth until the patient is pain-free.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Asthma

Lung

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Throat Point

Lung Point

Trachea Point

Lung 1 Spot

Lung 2 Spot

San Jiao Spot

Large Intestine Spot

Zhong Xian

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the affected area of the body, and retain the needles for up to 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes and instruct the patient to breathe deeply as the needles are being manipulated.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and release a few drops of blood. Treat the patient every other day, alternating treatment on both hands.

3. KORYO HAND THERAPY

Points:

A 8, 12, 16, 18, 20, 22, 24; C 1, 5, 9, 13; E 38; D 3; F 5; B 24

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin very shallowly (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Throat
Lung
Head

2. FOOT NEW POINT THERAPY

Points:

29

3. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Chest Corresponding Area of Feet Prone Organs
Chest Corresponding Area of Feet Tibia Inverted Organs
Chest Corresponding Area of Feet Fibula Inverted Organs

Technique: Select a few points from the list for each treatment. Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Instruct the patient to lie on his or her back with the legs

stretched out and relaxed, or instruct the patient to lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Ask patient to take deep breaths. Use lifting, thrusting, and rotation techniques to elicit Qi, and retain the needles for about 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is becoming hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed. The patient usually feels relaxed but without overexertion. This technique is used for patients with chronic conditions.

Wrist and Ankle Acupuncture

Points:

Upper 1
Upper 2

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles.

Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then, slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive activity, including Tui Na, Qi Gong, moxibustion, or cupping along the six longitudinal areas of the body where the disease is located or manifested. There are 10 treatments to a course. When retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Cough is a commonly seen symptom in the clinic.

Micro-acupuncture therapy is especially effective for cough using the nose, ear, hand, and back Shu microsystems. For the back Shu system, it is important to keep insertions shallow to avoid needling into internal organs. For a chronic cough, treat the patient during the summer, as chronic coughs are more likely to recur in winter. Ear balls and foot massage are helpful in preventing chronic coughs from recurring. Recommend that the patient exercise regularly to prevent getting colds, and if the patient smokes, advise him or her to quit.

ASTHMA—XIAO CHUAN

Asthma is characterized by shortness of breath, difficulty breathing with a fixed shoulder girdle, nasal flaring, cough with phlegm, dyspnea and wheezing, and difficulty breathing when lying flat. Asthma may be caused by rapid invasion of external wind cold or wind heat, excess phlegm in the lungs, emotional imbalance, overwork, or long-term illness injuring the kidney and lung, thereby damaging the dispersing and descending functions of the lung and the grasping Qi function of the kidneys.

Western medicine refers to this condition as bronchial asthma, asthma, pneumonia, emphysema, cardiac asthma, lung tuberculosis, and silicosis.

Traditional Chinese Medicine Differential Diagnosis

Excess Types

1. **Wind cold invading the lungs:** Cough and breathlessness, difficulty exhaling, tightness of the chest, sneezing, in combination with headache, aversion to cold and low-grade fever, a pink tongue with a white coating, and a tight pulse.
2. **Lung heat:** Cough, shortness of breath, tightness of the chest with pain, sticky phlegm, fever, body aches, irritability, a red tongue with a white, thick coating, and a rapid, floating pulse.
3. **Damp phlegm obstructing the lungs:** Asthma, cough, tightness of the chest, poor appetite, nausea, a thick, sticky tongue coating, and a slippery pulse.
4. **Phlegm heat obstructing the lungs:** Asthma, cough with yellow, foul-smelling sputum, shortness of breath, fever, thirst with a preference for cold drinks, red face, dry throat, yellow urine, constipation, a red tongue with a yellow, sticky coating, and a rapid, slippery pulse.

Deficiency Types

1. **Lung Qi deficiency:** Asthma, weak cough, shortness of breath, weak voice, spontaneous sweating, aversion to wind, red face, dry mouth, a pink tongue, and a weak, soft pulse.
2. **Kidney Yang deficiency:** Frequent asthma attacks, daytime sweating, shortness of breath that is worse with movement, fatigue, sweats easily, cold hands and feet, pale face, and a deep, thin pulse.

3. **Kidney Yin deficiency:** Chronic asthma with frequent attacks, usually occurring at night, wheezing and breathlessness, night sweats, backache, tinnitus, five palm heat, dry throat, a red tongue with little coating, and a weak pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Forehead

Line 1 Lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert into the subaponeurotic tissue layer to a depth of 1.0 to 1.5 cun. Use a strong stimulation technique for 3 minutes, retain the needles for 40 minutes, and repeat the manipulation two to three times during the treatment. Treat once daily for a course of 10 treatments. For excess conditions, use the false lifting technique, and repeat for 2 to 3 minutes during the treatment. For deficiency conditions, use the false thrusting technique, with mild stimulation for 2 to 3 minutes.

- If the patient has a deficiency or long-term illness and shortness of breath, use the Middle Line of Vertex point.
- If the patient has phlegm, use the Line 2 Lateral to Forehead point.
- If the patient has asthma in an acute stage, use the against insertion technique. When inserting the needles, instruct the patient to hold his or her breath during insertion and then use the false lifting technique. Manipulate the needles for 1 minute on each needle. While manipulating the needles, ask the patient to do chest breathing or lifting shoulder activities.
- If the patient has shortness of breath, insert the needle on the Middle Line of the Vertex point from the posterior to the anterior direction, and then manipulate the needle for 30 to 60 seconds and instruct the patient to relax his or her body, use abdominal breathing activity, or use Qi Gong to concentrate energy on Ren 6 (Qi Hai). Retain the needles for up to 2 hours, and manipulate the needles two to three times during the retention.

2. JIAO SYSTEM

Points:

Thoracic Cavity

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use fast insertion and push the needle quickly into the subaponeurotic tissue layer. Use the fast rotation technique with a frequency of 150 to 200 rotations per minute. Continuously manipulate for 30 to 60 seconds, and then retain the needles for 30 minutes manipulating one or two times during the retention. For patients who have continuous difficulty breathing, treat twice daily. Use intradermal needles on both sides of the thoracic cavity once the acute stage is over.

Face Acupuncture

Points:

Lung
Kidney
Throat
Liver

Technique: Use 32 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at a perpendicular, oblique, or transverse angle. For the zygomatic and cheek areas, use a perpendicular insertion. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding. For pain control, use the electro-acupuncture technique.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Trachea
Apex of Antitragus
Lung
Chest
Wind Stream
Asthma
Middle Triangular Fossa

Supplemental Points:

Shen Men
Adrenal
Kidney
Spleen

2. EUROPEAN AURICULAR THERAPY

Points:

Sympathetic Autonomic
Lung
Zero
Allergy Point

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle

for 20 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Eye Acupuncture

Points:

Lung of Area 1
Upper Jiao of Area 3

Technique: It is important to observe the eye before the treatment. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the edge orbital margin insertion technique with transverse insertion to the subcutaneous tissue or use the inner orbital margin insertion technique with perpendicular insertion. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure, and hold a clean cotton ball to the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Lung
Chest
Kidney

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. These reactions usually indicate a better response from the treatment. Observe the patient, and if the asthma improves, slow down the manipulation. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

2. NOSE SAN JIAO THERAPY

Points:

4, 5, 6, 14, 15, 31

Technique:

For Point 4, use perpendicular insertion 1.0 fen deep or oblique insertion laterally 1.0 to 2.0 fen deep.
For Point 5, use perpendicular insertion 1.0 fen deep.
For Point 6, use perpendicular insertion 1.0 fen deep.
For Point 14, use perpendicular insertion 1.0 fen deep.
For Point 15, use oblique insertion upward 1.0 to 2.0 fen deep.
For Point 31, use perpendicular insertion 1.0 fen deep.

Philtrum Acupuncture

Points:

Philtrum 3

Philtrum 4

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with a perpendicular insertion. Insert the needle to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary. The philtrum is located in the so-called “dangerous triangle”; therefore it is advisable to strictly follow clean needle technique in order to avoid infection.

Mouth Acupuncture

Points:

Area of Five Zang Organs

Technique: Use fresh water to cleanse the patient’s mouth. Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Instruct the patient to perform a swallowing movement or take deep breath for few times to increase the treatment effect. Treat once daily with 10 treatments to a course.

Tongue Acupuncture

Points:

Lung

Upper Jiao

Kidney

Technique: Use fresh water to cleanse the patient’s mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. If needles are to be inserted on the surface of the tongue, ask the patient to stick his or her tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisor of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion on the local point to a depth of 0.5 to 1.2 cun.

Neck Acupuncture

Points:

15 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. For the 15 point locations technique, insert the needle slowly

with the needle tip angled slightly downward to a depth of 0.5 to 0.8 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 0.5 to 0.8 cun. Use gentle lifting and thrusting rotation to elicit Qi, and retain the needle for 20 to 30 minutes. All 15 points are needled in the same treatment.

These points are located close to the medulla. When inserting the needle and manipulating, it is important that you keep the needle at a shallow level to avoid the needle contacting the medulla, which could have a fatal outcome.

Back Shu Acupuncture

Points:

UB 13 (Fei Shu)

UB 20 (Pi Shu)

UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Jia Ji Acupuncture

Points:

Thoracic Jia Ji Points T 1 through T 6

Technique: The patient should be in a comfortable prone position. Choose a 1.0 to 1.5 cun filiform needle, and insert it at a perpendicular angle. Depending on the patient’s constitution, the needle may be inserted to a depth of 1.0 to 1.2 cun on the lumbar and sacral areas, but 0.5 to 1.0 cun on the cervical and thoracic areas. Use the lifting, thrusting, and rotating techniques to stimulate the point. Electro-acupuncture is a very useful method on the Jia Ji system and can provide continuous stimulation. Retain the needles for 30 minutes.

Spinal Acupuncture

Points:

Major Spinous Process Point

Thoracic 3

Thoracic 5

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the Back Spinous Process points, use 30 to 32 gauge, 2.0 cun long filiform needles. The practitioner should use his or her thumb and index finger of the pressing hand to pinch the skin of the spinous process and use the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. Use rotation techniques until the patient feels a Qi sensation along the spine. Instruct the patient to take deep breaths to increase the Qi sensation and effect. Retain the needles for 40 minutes or up to 1 to 2 hours.

Chest Acupuncture

Points:

Sternal-Costal Points

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on the patient's body size. Elicit Qi and withdraw the needle. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course.

Intradermal Embedding Technique: Clean needle technique is critical for preparing the point. Use the pressing hand to tightly stretch the skin, and use the puncturing hand to hold a small hemostat to insert a disposable grain-like intradermal needle into the skin and tape the needle down when finished. Retain the needle for 3 to 5 days with 10 treatments to a course. If the embedded needle becomes painful and disrupts the patient's sleep, adjust the needle direction or depth until the patient is pain-free.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Asthma

Lung

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Throat Point

Lung Point

Trachea Point

Lung 1 Spot

Lung 2 Spot

Large Intestine Spot

Da Bai

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the affected area of the body, and retain the needles for up to 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes and instruct patient to do breathe deeply as the needles are being manipulated.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release a few drops of blood. Treat the patient every other day, alternating treatment to both hands.

3. KORYO HAND THERAPY

Points:

A 8, 12, 16, 18, 20, 22, 24; C 5, 8; D 3; E 38

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the treatment area on the hand. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Asthma

Lung

Spleen

Kidney

2. FOOT NEW POINT THERAPY

Points:

7, 17, 29

Technique: Select a few points from the list for each treatment. Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi and retain the needle for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes and instruct the patient to take deep breaths. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Although foot acupuncture points are very sensitive, if the patient experiences excessive pain on insertion, it usually means the needle has bent, been inserted too deeply, or there is a local infection. Adjustments or care should be given for such situations.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the

feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels the moxa becoming hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Wrist and Ankle Acupuncture

Points:

Upper 1

Upper 2

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles.

Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive activity, such as Tui Na, Qi Gong, moxibustion, cupping, and breathing techniques while retaining the needles. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Asthma is a chronic disease with an acute onset. Treatment plans should be based on immediate care for acute phases with follow-up constitutional treatments for chronic care aimed at tonifying the lungs and kidneys. For acute onset, use the micro-systems with strong stimulation. Nose, hand, and ear systems have the strongest effect. For chronic care, back Shu micro-systems with moxibustion, herbal plasters, embedded needles, and massage are effective additions to the treatment. Macro-acupuncture and food therapy are important to include in treatments, as well as encouraging the patient to exercise, practice self-foot massage, and avoid catching colds.

HEADACHE—TOU TONG

Headache is primarily characterized by pain in a local area of the head or pain that encompasses the entire head. Headache is a symptom that may occur with an acute or a chronic disease, and it has multiple etiologies. Headaches may be divided into two basic types: external or internal causes. These causes have different pathologies, which include wind combined with heat, cold, or damp for the external causes, and phlegm, blood stasis, Qi and blood deficiency, kidney deficiency, and liver Yang rising for the internal causes.

Western medicine refers to this condition as related to an infectious disease, hypertension, intracranial illness, and psychoneurosis. It is commonly seen in internal medicine, surgery, neurology, mental diseases, and eye, ear, nose, throat, and sensory organ problems.

Traditional Chinese Medicine Differential Diagnosis

External Causes

1. **Wind cold headache:** This headache is characterized by a sudden onset, pain in the occipital area, neck, and upper back with aversion to cold and wind, a pink tongue with a white, thin coating, and a floating pulse.
2. **Wind heat headache:** This headache has a distending pain, worsens with fever, an aversion to wind, red face, red eyes, thirst with desire to drink, constipation, yellow urine, a red tongue with a yellow coating, and a floating, rapid pulse.
3. **Wind damp headache:** This headache has pain with a heavy sensation of the head and body, a feeling of a tight band around the head, poor appetite, fullness of the chest, decreased urination, diarrhea, pale or red tongue with a white, sticky coating, and a soft pulse.

Internal Causes

1. **Liver Yang rising headache:** This headache has pain with dizziness, irritability, bad temper, disturbed sleep, hypochondrium pain, red face, bitter taste in the mouth, a red tongue with yellow coating, and a wiry, forceful pulse.
2. **Blood deficiency headache:** This headache has pain with dizziness, worsens in the afternoon, palpitations, low energy, pale or yellow face, a small, pale tongue with a white, thin coating, and a thin, weak pulse.
3. **Phlegm headache:** This headache has pain with dizziness, a heavy sensation, disorientation, chest and abdominal fullness, vomiting with phlegm, a white, swollen tongue with a white, sticky coating, and a wiry, slippery pulse.
4. **Kidney deficient headache:** This headache has pain with an empty sensation, dizziness, low back pain, weakness, low energy, premature ejaculation, profuse leukorrhea, ringing in the ears, insomnia, a red tongue with little coating, and a thin, weak pulse.
5. **Blood stasis headache:** This headache has chronic pain with a fixed, sharp quality, history of traumatic injury, a purple tongue with a thin, white coating, and a thin, choppy pulse.

Important Points for Diagnosis and Treatment

1. Diagnosis should be based on the history, quality of pain, and location of the headache to determine whether the headache is internal or external in nature. External headaches generally have a short history with a sudden onset, progress quickly, and are severe. Burning, heaviness, and distending or pulsating pain characterize the external headache. An internal headache usually has a chronic history, progresses slowly, and is characterized by dull, empty pain, vertigo, is worse with overwork, and is intermittent.
2. Diagnosis should be based on the location of pain to determine the meridians that are involved. For example, a Tai Yang meridian headache will be located mostly at the back of the head and involve the neck. Yang Ming headaches will be located at the forehead and eyebrows. Shao Yang headaches mostly occur at the side of the head and connect with the ear. Jue Yin headaches mostly occur at the vertex and connect with the eye.
3. Headaches should be treated on the basis of the traditional Chinese medicine diagnosis and focus on the main source of the headache using a holistic treatment principle.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Vascular Headache

- Line 1 Lateral to Forehead
- Posterior Temporal Line
- Anterior Oblique Line of Vertex-Temporal
- Middle Line of Vertex

Muscular Tension Headache

Frontal Pain: Middle Line of Vertex, Middle Line of Forehead,
Line 2 Lateral to Forehead

Temporal Pain: Posterior Temporal Line and Anterior
Temporal Line

Neck and Occipital Pain: Upper Middle Line of Occiput,
Upper Lateral Line of Occiput

Headache due to Trauma: Middle Line of Vertex, Middle Line
of Forehead, Posterior Oblique Line of Vertex-Temporal

Headache due to the Eyes: Upper Middle Line of Occiput,
Upper Lateral Line of Occiput

Headache Due to the Ears: Anterior Temporal Line

Headache Due to the Nose: Middle Line of Forehead,
Line 1 Lateral to Forehead

Headache Due to the Teeth: Line 2 Lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform
needles.

- For the Posterior Temporal Line, alternate this area bilaterally and use only gentle manipulation with the false lifting technique.
- For the Line 2 Lateral to Forehead, use a transverse insertion from the superior to the inferior direction for the patient

with nausea, vomiting, or toothache. If the patient has severe symptoms, use the against insertion technique. For patients with nausea, use the false lifting technique, have the patient massage Ren 12 (Zhong Wan), apply pressure to P 6 (Nei Guan), or combine with Qi Gong. Manipulate the needles two to three times during the treatment, and retain the needles for 1 to 2 hours.

- For the Middle Line of Vertex, if the patient has a headache, insert the needles from the anterior to the posterior direction, which is against the channel; however, if the patient is in a period where there is no headache, follow the channel and insert the needles from the posterior to the anterior direction. When the patient has a headache, use the false lifting technique continuously for 2 to 3 minutes. For patients with a severe headache, use a Qi Ci insertion by adding another two points on the side. During the retention and manipulation, have the patient breathe from their abdomen.
- For the Anterior Oblique Line of Vertex-Temporal, use transverse insertion from superior to the anterior-inferior direction to a depth of 1.0 cun. Use the false lifting or false thrusting technique continuously for 1 to 2 minutes, and retain the needle for 30 to 60 minutes. Also ask the patient to give themselves a head massage once or twice daily.
- For the Posterior Oblique Line of the Vertex-Temporal, mostly insert the needle on the lower one-third of this line toward the anterior and inferior direction to a depth of 1.0 cun. After the needle is inserted to the subaponeurotic tissue layer, use the false lifting technique for up to 1 minute. For headache due to eye, ear, nose, or teeth problems, massage the local area while manipulating the needles.
- For headache due to the eyes, ask the patient to apply pressure to UB 1 (Jing Ming), UB 2 (Zan Zhu), or massage above and below the eye.
- For headache due to the ears, ask the patient to use both hands to cover and release the ear quickly a few times or apply pressure to the auditory orifice.
- For headache due to the nose, ask the patient to apply pressure to LI 20 (Ying Xiang) or rub the ala nasi area of the nose.
- For headache due to the teeth, ask the patient to use his or her hand to palpate the teeth while the needles are manipulated on the scalp.

If there is a result during the treatment, retain the needles for 30 to 60 minutes and manipulate the needles one or two times during the retention.

2. JIAO SYSTEM

Points:

Headache Due to the Eyes: Lower Two-Fifths of Sensory Area
in Combination with Vision Area

Headache Due to the Ears: Speech 3

Headache Due to the Nose: Thoracic Cavity

Headache Due to the Teeth: Stomach Area

All of the points and areas can be combined with St 8 (Tou Wei).

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform
needles.

- For the St 8 (Tou Wei) point, use the needle cross insertion technique. This technique uses two needles, one needle from the superior to the inferior direction and one needle from the anterior to posterior direction for a cross of the needles over the point. Needle to a depth of 1.0 to 1.2 cun and use the false lifting technique to manipulate the needles continuously for 1 to 2 minutes. Ask the patient to massage the temples, such as on the Tai Yang point.
- For the Lower Two-Fifths of the Sensory Area, use fast insertion, quickly pushing the needle into the subaponeurotic tissue layer and using the rotation technique. Usually keep a frequency of 100 to 200 rotations per minute for 1 minute.

Retain the needles for 15 to 20 minutes while manipulating the needles every 5 minutes. Treat the patient once every other day with seven treatments to a course.

Scalp acupuncture is effective for patients with arteriosclerosis. For a tension headache or hormonal headache, treat patients before the headache has started.

Face Acupuncture

Points:

Top of Face
Liver
Kidney
Head
Arm

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at a perpendicular, oblique, or transverse angle. For the Kidney point, use a perpendicular insertion. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding. For pain control, use the electro-acupuncture technique. For a tension headache or hormonal headache, treat patients before the headache has started. The needling technique should be gentle when the patient has a migraine.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men
Subcortex
Endocrine
Ear Apex
Liver Yang
Superior Triangle

Supplemental Points:

Frontal Headache—Stomach, Forehead

Temporal Headache—Temple, Gallbladder, Sympathetic, External Ear

Occipital Headache—Occiput, Urinary Bladder

Vertex Headache—Occiput, Liver

Whole Head—Forehead, Temple, Occiput, Sympathetic, Neck

2. EUROPEAN AURICULAR THERAPY

Points:

Zero
Cervical Spine
Cerebellum
Lesser Occipital nerve
Master Cerebral
Forehead
Temple
Occiput
Thalamus Point
Omega 2

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected points. Use higher than 100 Hz frequencies. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulation current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks for chronic headaches.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure

to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Using Betadine to clean the ear surface, then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear and in the puncture hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

Eye Acupuncture

Points:

Liver of Area 4—Temporal Headache

Upper Jiao of Area 3

Bladder of Area 2—Occipital Headache

Upper Jiao of area 3 and Gallbladder area—Migraine Headache

Technique: It is important to observe the patient before the treatment to locate points. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the inner margin insertion technique with perpendicular insertion, needling the point slightly toward the eyeball. Insert needles to a depth of 0.2 to 0.5 cun. Retain the needles for 5 to 20 minutes. If the patient experiences tearing, aversion to light, a numb sensation around the eye, eyelid twitches, muscles spasms in the four extremities and involuntary movement, and feels warm sensations this usually indicates better results. Gently remove the needle with light pressure and hold a clean cotton ball to the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course. Do not retain the needles for too long when using eye acupuncture. The standard is 5 to 10 minutes, but it can last up to 20 minutes if the condition warrants.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Head and Face

Kidney

Liver

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the

needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Intradermal Needle: Intradermal needles are used for conditions that require stimulation for a longer period, such as a few days. Usually use grain-like intradermal needles. Before needling, the surface of the nose should be cleaned well. Hold the needle with forceps, insert it horizontally into the point, and then apply adhesive tape to fix the needle to the skin. The needled area should be kept dry and clean.

Fast Spot Pricking Technique: Use 32 to 34 gauge, 0.5 cun long filiform needles. Quickly prick the point. The nose area has fewer muscles and skin and therefore is very sensitive, so needle insertion should be shallow and gentle.

Upper Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Head and Face point and manipulate the needle until you elicit Qi, and then gently lift the needle to the subcutaneous layer. Redirect the needle tip toward the Ear point until you elicit Qi. Now, gently lift the needle and redirect the tip toward the Ear point on the other side of the face until you elicit Qi. Next, gently lift the needle and thread the needle tip downward to the Heart point until you elicit Qi. Last, bring the needle back to the Head and Face point and retain it there for the duration of the treatment.

2. NOSE SAN JIAO THERAPY

Points:

1, 2, 13, 38, 40

Technique:

For Point 1, use transverse insertion extending upward 2.0 to 3.0 fen for vertex pain.

For Point 2, use transverse insertion extending upward 1.0 to 2.0 fen.

For Point 13, use perpendicular insertion to a depth of 1.0 fen.

For Point 38, use oblique insertion extending upward for forehead pain, or use transverse insertion along the eyebrow to a depth of 2.0 to 4.0 fen to treat migraines.

For Point 40, use perpendicular insertion to a depth of 2.0 fen.

Philtrum Acupuncture

Points:

Philtrum 2

Philtrum 3

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion or angle the needle upward. Insert the needle to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

This area of the face has an abundance of nerves, and can be more sensitive than other points. The patient should be advised before the treatment that the needling may be

more painful, and the needling should then be light and performed quickly to prevent overstimulation.

Bloodletting Technique: Use a three-edged needle with the spot pricking technique to release a few drops of blood. This is especially useful for headache, stroke, and toothache.

Mouth Acupuncture

Points:

Area of the Eye and Reduce Blood Pressure

Area of the Head

Area of Nerves

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles.

Ask the patient to sit up straight with the mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

The mouth is a rather sensitive area of the human body, causing the patient to be more alert both physically and mentally. So, mouth acupuncture can be a very effective treatment tool.

Tongue Acupuncture

Points:

Heart

Forehead

She Gen

Ye Pang

Zhi Mai

Eye

Nose

Ear

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles.

If needles are to be inserted on the surface of the tongue, ask the patient to stick his or her tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisor of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion at the local point to a depth of 0.5 to 1.2 cun. The tongue is a highly sensitive and active area of the body, which makes it a useful treatment modality.

Neck Acupuncture

Points:

5 Point Locations

15 Point Locations

Anterior Neck Points

Technique:

Use 30 to 34 gauge, 1.0 cun long filiform needles.

- For the 5 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun and then use lifting, thrusting, and rotation techniques. If using the rotation technique, you should use mild stimulation to elicit Qi. The needles are usually retained for 20 to 30 minutes.
- For the 15 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 0.5 to 0.8 cun. Use gentle lifting and thrusting rotation to elicit Qi, and retain the needles for 20 to 30 minutes. All 15 points are needled in the same treatment.
- For anterior neck points, use group needle stimulation techniques, or, in other words, traditional ancient techniques (the "Yang Ci" technique). The practitioners can also use a cutaneous needle such as a seven star needle. This technique involves multiple needles inserted closely together at one point. Choose 0.5 cun long, 30 to 34 gauge filiform needles. Hold several needles together and insert them at the same time in one point or insert them one by one closely together at one point. Insert to a depth of 0.2 to 0.3 cun and gently use lifting and thrusting techniques to stimulate the area until the skin turns pink-red in a circle around the needles. Retain the needles for 30 to 60 minutes.

Neck acupuncture has a close relationship with the Du meridian. The neck is the starting location of the spinal nerves so it is effective, especially for headache due to central nervous system disorders.

Back Shu Acupuncture

Points:

UB 18 (Gan Shu)

UB 19 (Dan Shu)

UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Insert the needle perpendicularly to a depth of 0.8 to 1.2 cun on the point UB 23 (Shen Shu). Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Spinal Acupuncture

Points:

Major Spinous Process Point

Thoracic 5

Hou He Gu

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the Thoracic

Spinous Process points, use 30 to 32 gauge, 2.0 cun long filiform needles. For the Hou He Gu point, choose 30 to 34 gauge, 1.0 cun long regular filiform needles. The practitioner should use his or her thumb and index finger of the pressing hand to pinch the skin of the spinous process and then the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. Use rotation techniques until the patient feels a Qi sensation along the spine. Retain the needles for 40 minutes or up to 1 to 2 hours. For the Hou He Gu point, insert the needle into the point and elicit Qi. Lift the needle up to the subcutaneous tissue and move the needle to a 15-degree angle along the second metacarpal bone. Retain the needle for 30 minutes.

Remarks: This technique requires needle insertion at the correct layer. If the skin becomes rough on the surface, this indicates that the needle is inserted too shallowly. If the needle is difficult to push in any further, this indicates that insertion is too deep and the needle may be hitting the spinous process. In either case, the needle should be adjusted. The needles should be inserted above the center of the spine.

Chest Acupuncture

Points:

Clavicular 1, 2

Upper Xiphoid Process

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on the patient's body size. Elicit Qi and withdraw the needle. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course.

Intradermal Embedding Technique: Clean needle technique is critical for preparing the point. Use the pressing hand to tightly stretch the skin, and use the puncturing hand to hold a small hemostat to insert a disposable grain-like intradermal needle into the skin and tape the needle down when finished. Retain the needle for 3 to 5 days with 10 treatments to a course. If the embedded needle becomes painful and affects sleep, adjust the needle direction or depth until the patient is pain-free.

Abdominal Acupuncture

Points:

Head, Neck, and Occiput

Qi Wai

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use a gentle and slow technique to insert needles perpendicularly into the sky layer and use a rotation technique to elicit Qi, and then gently move the needle to the person layer and

use the rotation technique with very gentle lifting and thrusting. Lastly, push the needle deeper into the earth layer and use the rotation technique to elicit Qi. So, the gentle lifting and thrusting technique is mainly used on the person layer. Use moxibustion or TDP lamp on the stomach area. Meanwhile, massage the patient's diseased areas. Follow the steps of waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Caution: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Forehead

Vertex

Occiput

Side of Head

Kidney

Liver

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Liver Point

Pericardium Spot

Lung 2 Spot

San Jiao Spot

Large Intestine Spot

Head Spot

Vertex

Occipital of Head

Neck

Fiver Tiger Point

Ling Gu

New Point for Headache

Zhong Bai

3. HAND IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Head and Neck of Hand Prone Imaging

Head and Neck of Radial Inverted Imaging

Head of Hand Ulnar Inverted Imaging

Head of Hand Ulnar Inverted Organ

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Select a few points from the lists. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the affected area of the hand, and retain the needles for 20 to 30 minutes.

Let the patient breathe in herbs or aromatic fragrances during the acupuncture treatment as it stimulates sensory nerve reactions, and different stimulations can cause different responses in the body. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides, and massage the affected area or have the patient exercise the affected area as the needles are being manipulated.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and release a few drops of blood. Treat the patient every other day, alternating treatment on both hands.

4. KORYO HAND THERAPY

Points:

A 8, 12, 16, E 2; N 5, 9; B 24, B 19

Moxa: A 1, 3, 6, 8, 12, 18

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Moxibustion Therapy: Hold a moxa roll above the surface of the hand for a comfortable, warm, and moving sensation, or use direct moxa techniques. Apply a little garlic juice or massage oil to the skin to help the moxa cone stay in place. Use 2 to 3 Zhuangs of rice cone moxa during the treatment. Seo Am moxa, which has adhesive tape underneath the moxa cone, can also be used. Seo Am moxa is convenient because it adheres directly to the skin while the patient's hand is in any position.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Head

Anmian

Qian Yin Zhu

Hou Yin Zhu

Kidney 1

Kidney

Nei Lin Qi

Nei Xia Xi

Headache

Vertigo

2. FOOT NEW POINT THERAPY

Points:

1, 16, 19, 22, 24, 25, 30

3. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Da Chi Ju Mao

Zhu Xin Xue

Ba Feng

4. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Head and Neck of Feet Prone Imaging

Head of Feet Tibia Inverted Imaging

Head of Feet Fibula Inverted Imaging

Head Corresponding Area of Feet Prone Organs

Head Corresponding Area of Feet Tibia Inverted Organs

Head Corresponding Area of Feet Fibula Inverted Organs

Technique: Select a few points from the list for each treatment.

Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi, then retain the needles for about 20 to 30 minutes. It is important to provide a passive active Qi therapy by massaging or applying moxibustion to the patient's head. In addition, you can use aromatic herbs and flowers for the patient to smell. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels the moxa becoming hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching.

Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Wrist and Ankle Acupuncture

Points:

Upper 1

Upper 2

Upper 3—for Migraine Headaches

Upper 4—for Vertex Headaches

Upper 6—for Occipital Headaches

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles.

Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive movement, such as Tui Na, Qi Gong, or moxibustion on the head while retaining the needles. There are 10 treatments to a course. Rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Holographic Acupuncture

SECOND METACARPAL BONE

Points:

Head

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles.

1. Insert the needle along the edge of the radial side of the second metacarpal bone. Direct the needle toward the palmar surface of the hand to a depth of 0.3 to 0.8 cun. Adjust the needle direction for a more sensitive reaction. Retain the needles for 30 to 45 minutes with rotation and manipulation every 5 to 10 minutes. Better results occur if the patient has a warm, burning, or sweating sensation in the diseased area.
2. Use the tip of your thumbnail to massage the points of the second metacarpal bone with mild clockwise pressure until the patient feels numbness, distension, heaviness, or soreness on the hand. The patient will usually have an immediate result from the treatment.
3. Electro-acupuncture: Insert the needles and connect an electro-machine to the needles. Use sparse wave, and treat the patient once daily or every other day, with seven treatments to a course.

Summary

Micro-acupuncture therapy is effective in the treatment of headaches. Usually, the pain is relieved immediately during the treatment. For people with acute-onset headaches, use stronger rotation stimulation or retain the needle longer with repeated manipulation of the needles several times during the treatment. Bleeding techniques may also be used to relieve acute, excess headaches. After the headache is relieved, use ear balls, foot point massage, moxibustion, or a topical plaster for continued stimulation for a period of 3 to 5 days. This therapy may be combined with macro-acupuncture to prevent headaches from returning. It is also important to consider counseling to offer the patient assistance in maintaining emotional stability. When using macro-acupuncture therapies, it is important to follow the meridians that are involved in the headache. Scalp, hand, foot, and ear micro-systems show the best results with headaches. The abdominal micro-system has good results for chronic conditions.

DIZZINESS AND VERTIGO—XUAN YUN

Dizziness is characterized as a feeling that the body or the surroundings are spinning. Other symptoms include nausea, vomiting, tinnitus, sweating, and, in severe cases, loss of consciousness. Dizziness may be caused by liver Yang rising agitating the orifices of the head, Qi and blood deficiency, kidney Jing deficiency failing to nourish the brain, and phlegm obstructing the orifices of the head.

Western medicine refers to this condition as hypertension, brain artery sclerosis, auditory vertigo, neurosis, auditory tube obstruction, and brain tumors.

Traditional Chinese Medicine Differential Diagnosis

1. **Liver Yang rising:** Severe vertigo with tinnitus, distending headache that is worse with overwork or emotional distress, red face, irritability, angers easily, insomnia with disturbed sleep, bitter taste in the mouth, a red tongue with yellow coating, and a wiry pulse.
2. **Qi and blood deficiency:** Dizziness that is worse with overwork or change in posture, fatigue, pale face, poor memory, insomnia, palpitations, depression, poor appetite, a pale, thin tongue, and a choppy or fine pulse.
3. **Kidney Jing deficiency:** Persistent dizziness with an empty sensation in the brain, tinnitus, depression, exhaustion, waking frequently in the night, poor memory, sore low back and knees, and premature ejaculation. Jing deficiency may be combined with Yin deficient symptoms such as five center heat, a red tongue, and a wiry, thin, rapid pulse, or with Yang deficient symptoms such as cold limbs, coldness of the body, and a pale tongue with a deep, thin pulse.
4. **Turbid phlegm obstructing the brain:** Dizziness, heaviness, and fuzziness of the head, difficulty in thinking and

concentrating, dizziness that is worse in the morning, chest oppression, poor appetite, disturbed sleep, a swollen tongue with a sticky coating, and a slippery pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. JIAO SYSTEM

Points:

Blood Vessel Dilation and Constriction Area

Balance Area

Vertigo and Hearing Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert along the line into the subaponeurotic tissue layer. Use fast rotation up to 200 times per minute until the patient feels a needle sensation, and continue for 3 to 4 minutes. Retain for 5 to 10 minutes, manipulating three more times before withdrawing the needle. Treat the patient once daily for a course of 5 to 10 treatments. Electro-acupuncture can also be applied, combined with GB 20 (Feng Chi), SI 19 (Ting Gong), GB 2 (Ting Hui), and LI 2 (Er Jian). Treat the patient once daily with electrical stimulation for 5 to 10 minutes each time for a course of 10 treatments. The patient should rest for 3 to 6 days between courses.

2. TANG SYSTEM

Points:

Quiet Line

Vertex Area

Frontal Area

Temple Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle perpendicularly into the scalp to a depth of 2.0 to 3.0 fen. Use the rotation technique to manipulate the needles to elicit Qi, and retain the needles for up to 2 hours.

Face Acupuncture

Points:

Top of Face

Liver

Kidney

Technique: Use 32 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at an oblique or a transverse angle on Top of Face and Liver points. For the Kidney point, use a perpendicular insertion. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Subcortex

Central Rim

Liver

Occiput

Heart

Shen Men

Superior Triangle

Sympathetic

Adrenal

Liver Yang

Vertigo

Supplemental Points:

Kidney

Spleen

Occiput

Inner Ear

2. EUROPEAN AURICULAR THERAPY

Points:

Heart

Inner Ear

Lesser Occipital Nerve

Endocrine

Kidney

Zero

Thalamus Point

Sympathetic Autonomic

Cerebellum

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensations. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear and in the puncture hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

Eye Acupuncture

Points:

Liver of Area 4

Middle Jiao of Area 5

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the inner margin insertion technique with perpendicular insertion, needling the point slightly toward the eyeball. Insert needles to a depth of 0.2 to 0.5 cun. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball to the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course. You can also apply pressure to the area of the orbital margin, using light, slow, and even pressure to determine sensitive areas. When the sensitive areas are palpated, the patient might experience distension, soreness, numbness, heaviness, or a hot or cold sensation. The practitioner can increase pressure for a couple of seconds.

Nose Acupuncture

1. NOSE THERAPY

Points:

Head and Face

Technique: Usually, have the patient lie down during the treatment to prevent fainting. If a point has scar tissue, it is best to avoid needling there to prevent bleeding and sharp pain. Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location.

Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Intradermal Needle: Intradermal needles are used for conditions that require stimulation for a longer period of time, such as a few days. Usually use grain-like intradermal needles. Before needling, the surface of the nose should be cleaned well. Hold the needle with forceps, insert it horizontally into the point, and then apply adhesive tape to fix the needle to the skin. The needled area should be kept dry and clean.

2. NOSE SAN JIAO THERAPY

Points:

6, 13

Technique:

For Point 6, use perpendicular insertion 1.0 fen deep.

For Point 13, use perpendicular insertion 1.0 fen deep.

The skin and muscles around the nose and face are thin so be careful not to insert needles too deeply or stimulate too strongly.

Philtrum Acupuncture

Points:

Philtrum 1

Philtrum 2

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with perpendicular insertion, or angle the needle toward the left or right depending on the location of the diseased side. Insert the needle to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. When inserting the needle on the philtrum area, have the patient perform active Qi movements. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Tongue Acupuncture

Points:

Heart

Kidney

Forehead

Ye Pang

Zhi Mai

Technique: Use fresh water to cleanse the mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. If needles are to be inserted on the surface of the tongue, ask the patient to stick the tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisor of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on

the tongue to release a few drops of blood. For the spot pricking technique, use a fast insertion on the local point to a depth of 0.5 to 1.2 cun. Tongue acupuncture in combination with macro-acupuncture points can increase treatment results.

Neck Acupuncture

Points:

5 Point Locations

15 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

- For the 5 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun and then use lifting, thrusting, and rotation techniques. If using the rotation technique, you should use mild stimulation to elicit Qi. Then use the warming needle technique for 5 to 9 Zhuangs of moxa cones so that the patient feels warmth but not a burning sensation. The needles are usually retained for 20 to 30 minutes.
- For the 15 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 0.5 to 0.8 cun. Use gentle lifting and thrusting rotation to elicit Qi, and retain the needle for 20 to 30 minutes. All 15 points are needed in the same treatment.

Neck acupuncture has a close relationship with the Du meridian.

The neck is the starting location of the spinal nerves so it is particularly effective for dizziness and vertigo due to central nervous system disorders.

Back Shu Acupuncture

Points:

UB 15 (Xin Shu)

UB 18 (Gan Shu)

UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Insert the needle perpendicularly to a depth of 0.8 to 1.2 cun on UB 23 (Shen Shu). Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Chest Acupuncture

Points:

Upper Xiphoid Process

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on the patient's body size. Elicit Qi and withdraw the needle. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course.

Intradermal Embedding Technique: Clean needle technique is critical for preparing the point. Use the pressing hand to tightly stretch the skin, and use the puncturing hand to hold a small hemostat to insert a disposable grain-like intradermal needle into the skin and tape the needle down when finished. Retain the needle for 3 to 5 days with 10 treatments to a course. If the embedded needle becomes painful and affects sleep, adjust the needle direction or depth until the patient is pain-free.

Abdominal Acupuncture

Points:

Head, Neck, and Occiput

Heaven and Earth combination: Ren 12 (Zhong Wan), Ren 4 (Guan Yuan) with Ren 8 (Shen Que)

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth.

Use the gentle and slow technique to insert needles perpendicularly into the sky, person, and earth layers to the depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massaging the patient's diseased areas. Follow the steps of waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

If the patient has an enlarged liver or spleen, a prolapsed stomach, or fullness of the urinary bladder, insert the needles carefully.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Vertex

Side of the Head

Forehead

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Kidney Point

Pericardium Spot

Liver Point

Liver Spot

Head Spot

Neck

Reduce Blood Pressure 2

Zhong Bai

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use pushing,

lifting, thrusting, and rotating methods of stimulation. Massage the affected area of the body, and retain the needles for 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes and massage the affected area as the needles are being manipulated.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen to release some drops of blood. Treat the patient every other day, alternating treatment on both hands.

3. KORYO HAND THERAPY

Points:

A 1, 4, 6, 8, 12, 18; B 1, 7, 14, 19, 24; H 2

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will be penetrated into the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Vertigo
Qian Yin Zhu
Hou Yin Zhu
Kidney

2. FOOT NEW POINT THERAPY

Points:

2, 8, 27

3. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Da Chi Ju Mao
Zhu Xin Xue
Nei Zhi Yin

4. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Head and Neck of Feet Prone Imaging

Head of Feet Tibia Inverted Imaging

Head of Feet Fibula Inverted Imaging

Head Corresponding Area of Feet Prone Organs

Head Corresponding Area of Feet Tibia Inverted Organs

Head Corresponding Area of Feet Fibula Inverted Organs

Technique: Select a few points from the list for each treatment.

Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi and retain the needle for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful to not burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Massage the patient for 5 to 10 minutes, or as needed.

Wrist and Ankle Acupuncture

Points:

Upper 1
Upper 3

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles.

Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective

when combined with passive activity, including Tui Na, Qi Gong, moxibustion, cupping, and breathing techniques while retaining the needles. There are 10 treatments to a course. When retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Dizziness may be caused by wind, phlegm, fire, or deficiency. Usually the condition is a combination of pathologic factors, identified as a root deficiency with branch excess. For patients with primarily an excess condition, the treatment principle is to clear heat and transform phlegm. For deficient patients, the treatment principle is to tonify blood, nourish the kidneys, soften the liver, and tonify the spleen. Micro-acupuncture treatments should focus on the deficiency and excess with different techniques. The micro-acupuncture systems are very effective in treating dizziness, especially the scalp, ear, and foot systems. Scalp acupuncture will cause a significant improvement after treatment. It is important to use in combination with herbal therapy and macro-acupuncture as well. The patient should be instructed to change his or her diet to include less salty and fatty foods and to discontinue cigarette, alcohol, coffee, and strong tea use. Practicing Qi Gong will benefit the patient as well.

INSOMNIA—BU MEI

Insomnia is characterized by the following: difficulty falling asleep, inability to stay asleep, waking up frequently during the night with inability to fall asleep again, or waking up and not feeling rested in the morning. In severe cases, the patient cannot sleep at all during the night. Associated symptoms include dizziness, headache, palpitations, forgetfulness, and anxiety. Insomnia may be caused by emotional upset, abnormal lifestyle such as irregular sleep patterns, internal organ imbalance, and dietary causes. Insomnia is usually related to a condition of the heart, kidney, liver, or spleen, or a deficiency of blood. Pathological changes are related to Yang excess, Yin deficiency, or Yin and Yang disharmony. The pathology may be due to an excess or a deficiency syndrome.

Western medicine refers to this condition as neurosis, related to menopause, and cerebral artery sclerosis.

Traditional Chinese Medicine Differential Diagnosis

Excess Patterns

1. **Liver fire rising:** Restless sleep, unpleasant dreams, irritability, bitter taste in the mouth, headache, dizziness, strong thirst, dark, concentrated urine, red eyes, dry stools, and red on the sides of the tongue with a dry, yellow coating, and a wiry, rapid pulse.
2. **Heart fire blazing:** Waking frequently during the night, nightmares, dreams of flying, mental restlessness, bitter taste, strong thirst, tongue and mouth ulcers, palpitations,

and a red tongue tip, with red prickles and a yellow coating, and a rapid, overflowing pulse.

3. **Phlegm heat harassing the mind:** Restless sleep, irritability, tossing and turning with unpleasant dreams, feelings of heaviness, dizziness, nausea with lack of appetite, palpitations, heaviness of the chest, belching, a red tongue with a sticky, yellow coating, and a slippery, rapid pulse.

Deficiency Patterns

1. **Heart Yin deficiency:** Waking frequently at night, disturbed sleep, mental restlessness, palpitations, night sweats, poor memory, five palm heat, a red tongue without coating and a heart crack in the tongue with a redder tongue tip, and a floating, empty pulse.
2. **Heart and spleen deficiency:** Difficulty falling asleep, easily woken, forgetfulness, palpitations, dizziness, fatigue, poor appetite, blurred vision, anxiety, poor memory, pale face, a pale tongue, and a thin, weak pulse.
3. **Heart and kidney disharmony:** Waking frequently during the night, difficulty falling asleep, dry throat, night sweats, five palm heat, poor memory, palpitations, dizziness, mental restlessness, tinnitus, backache, a red tongue without coating and a heart crack, and a floating, rapid, and empty pulse.
4. **Heart and gallbladder deficiency:** Waking up very early in the morning and unable to go back to sleep, light sleep with many dreams, propensity to be startled easily, timidity, palpitations, a pale tongue with a heart crack, and an empty pulse.
5. **Stomach Qi disharmonized:** Difficulty falling asleep and waking up frequently, abdominal and stomach fullness, stomach pain, nausea, vomiting, foul smelling regurgitation, diarrhea with a foul smell, a yellow, greasy tongue coating, and a wiry or slippery, rapid pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Forehead
Line 1 Lateral to Forehead
Middle Line of Vertex

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle on Line 1 Lateral to Forehead, Middle Line of Forehead, Middle Line of Vertex, and use immediate stimulation. Retain for 20 to 40 minutes, and manipulate one to two times during the treatment. The needle may be retained for 24 to 48 hours. Treat once every other day for a course of 10 treatments. Alternatively, treat once at night and withdraw the needle the next morning.

2. JIAO SYSTEM

Points:

Lower One-Fifth of Sensory Area
Vertigo and Hearing Area
Thoracic Cavity

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use fast insertion and quickly push the needle to the subaponeurotic tissue layer. Manipulate the needle up to 200 rotations per minute, elicit Qi, and retain the needle for 30 minutes while manipulating the needles once every 10 minutes during the retention.

3. FANG SYSTEM

Points:

Head of Prone Imaging
Upper Jiao of Prone Organ
Thought
Signal
Memory

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert rapidly into the point. The needle should be deep enough to touch the periosteum. Use the rotation technique, and retain the needle for 30 minutes while manipulating the needle once or twice during the retention. Use 10 treatments for a course.

For insomnia, the best results are achieved if the treatment is given a half hour before the patient goes to sleep. Leaving the needles in longer usually achieves better results.

4. EXPERIMENTAL SYSTEM

Points:

Head Triangle Area
Head Three Needle

Technique: Use 30 to 34 gauge, 0.5 cun long filiform needles.

- Head Triangle Area—Locate two points directly above the inner canthus of the eye bilaterally at the border of the anterior hairline. The other point is directly above the nose on the forehead. Make the three points into an equilateral triangle. Insert the needle at a 15-degree angle to the scalp toward the center of the triangle. Use a rapid insertion to a depth of about 1.0 cm. Use the gentle rotation technique, and retain the needles for about 1 hour while manipulating the needles two to three times during the treatment. Treat the patient once daily for a course of 10 treatments with 2 to 5 days of rest between courses. The Head Triangle Area responds well to insomnia conditions.
- Head Three Needle—Use Du 24 (Shen Ting) to locate the three points. One point is located 1.0 cun above Du 24, and the other two points are 1.0 cun lateral on both sides. Use in combination with the Vertigo and Hearing Areas of the Jiao system. Insert the needle quickly into the point to the depth of the periosteum. Do not rotate or try to elicit Qi. Retain the needle for 30 minutes. Treat the patient once daily for a course of six treatments with 1 day of rest between courses.

Face Acupuncture

Points:

Lung
Heart
Top of Face

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Then insert the needle slowly at an oblique or a transverse angle. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes. Treat the patient every other day, with 10 treatments to a course. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men
Subcortex
Heart
Occiput
Forehead

Supplemental Points:

Heart and Kidney Disharmony—Kidney
Heart and Spleen Deficiency—Spleen
Liver Fire—Liver, Large Intestine
Liver Overacting on Stomach—Stomach, Liver

2. EUROPEAN AURICULAR THERAPY

Points:

Insomnia
Zero
Heart
Master Cerebral
Thalamus Point
Endocrine
Pineal Gland
Forehead
Occiput

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located.

Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Eye Acupuncture

Points:

Heart of Area 6

Upper Jiao of Area 3

Technique: Use 30 to 34 gauge, 0.5 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your left hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the edge orbital margin insertion technique with transverse insertion to the subcutaneous tissue. This technique requires shallow insertion. The insertion point should be about 2.0 mm from the orbital margin. To avoid needling into another area, keep your insertion shallow. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure, and hold a clean cotton ball over the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Heart

Intradermal Needle: Intradermal needles are used for conditions that require stimulation for a longer period, such as a few days. Usually use grain-like intradermal needles. Before needling, the surface of the nose should be cleaned well. Hold the needle with forceps, insert it horizontally into the point, and then apply adhesive tape to fix the needle to the skin. The needled area should be kept dry and clean.

2. NOSE SAN JIAO THERAPY

Points:

1, 4, 5, 6, 19

Technique:

For Point 1, use perpendicular insertion 0.5 to 1.0 fen deep.
For Point 4, use perpendicular insertion 1.0 fen deep or oblique insertion laterally 1.0 to 2.0 fen deep.
For Point 5, use perpendicular insertion 1.0 fen deep.
For Point 6, use perpendicular insertion 1.0 fen deep.
For Point 19, use perpendicular insertion 1.0 fen deep.

Tongue Acupuncture

Points:

Heart

Upper Jiao

Kidney

Forehead

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles.

If needles are to be inserted on the surface of the tongue, ask the patient to stick the tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisors of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use a fast insertion at the local point to a depth of 0.5 to 1.2 cun.

Neck Acupuncture

Points:

5 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

- For the 5 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun, and then use lifting, thrusting, and rotation techniques. If using the rotation technique, you should use mild stimulation to elicit Qi. The needles are usually retained for 20 to 30 minutes.

After neck needle insertion, use moxa up and down the spine during the treatment. If a patient notices a tingling sensation or whole-body relaxation, it usually indicates better results.

Back Shu Acupuncture

Points:

UB 14 (Jue Yin Shu)

UB 15 (Xin Shu)

UB 18 (Gan Shu)

UB 21 (Wei Shu)

UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Insert the needle perpendicularly to a depth of 0.8 to 1.2 cun on UB 23 (Shen Shu). Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Spinal Acupuncture

Points:

Major Spinous Process Point

Thoracic 3

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the Thoracic Spinous Process points, use 30 to 32 gauge, 2.0 cun long filiform needles. The practitioner should use the thumb

and index finger of the pressing hand to pinch the skin of the spinous process and use the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. Use rotation techniques until the patient feels a Qi sensation along the spine. Retain the needles for 40 minutes or up to 1 to 2 hours.

Remarks: This technique requires needle insertion at the correct layer. If the skin becomes rough on the surface, this indicates that the needle is inserted too shallowly. If the needle is difficult to push in any further, this indicates that insertion is too deep and the needle may be hitting the spinous process. In either case, the needle should be adjusted. The needles should be inserted above the center of the spine.

Abdominal Acupuncture

Points:

Leading energy back to the source combination: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), and Ren 4 (Guan Yuan)

Harmonize the spleen insertion: Spleen 15 (Da Heng), Ren 8 (Shen Que)

Technique: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert needles perpendicularly to the sky, person, and earth layers to the depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's diseased areas. Follow the steps of the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. NEW HAND ACUPUNCTURE THERAPY

Points:

An Mian 1
An Mian 2
Heart Point
Stomach Point
Heart Spot

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for 20 to 30 minutes.

2. KORYO HAND THERAPY

Points:

A 8, 12, 16, 18, 33; B 19, 24; G 7; N 1; E 38

Technique: Choose a comfortable position for the patient with the hand loose and relaxed. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Heart
An Mian
Liver
Kindey

2. FOOT NEW POINT THERAPY

Points:

2, 3, 7

3. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Insomnia

Technique: Select a few points from the list for each treatment. Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi and retain the needles for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses. It is a good idea to use foot acupuncture with Mu and Shu points in combination because these points are the Zang Fu organ energy collection.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point

for direct moxa. Remove the moxa immediately when the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed. The patient usually feels relaxed but without overexertion.

Wrist and Ankle Acupuncture

Points:

Upper 1

Upper 6

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles.

Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive activity methods, including Tui Na, Qi Gong, or moxibustion, while retaining the needles. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Micro-acupuncture has been proven to have good results in the treatment of insomnia. The ear, scalp, abdominal, and foot systems show the best results. For long-term and more severe cases, needling is indicated, but for more deficient and elderly patients, pressure with herbal seeds in conjunction with massage is the best treatment. Foot herbal bath therapy is a very effective way to reach a holistic result and help insomnia patients. It can calm the patient, warm the meridians, tonify Yang, and relieve pain. The selection of points should be based on the diagnosis, depending on the Zang Fu involved, and whether the condition is deficient or excess. Usually, the afternoon and evening is the most effective time to treat this condition. The patient should be instructed to massage the foot points just before bed. Patients with chronic insomnia should be instructed to get regular exercise, keep their emotions in balance, and avoid excess stress.

DEPRESSION—YU ZHENG

Depression is a common disease with clinical manifestations of sadness, mood swings, hypochondrium pain, irritability, a feeling of an object in the throat that cannot be swallowed, and insomnia, among other clinical manifestations. Depression is caused by emotional disorders and Qi stagnation, in combination with blood stasis, phlegm obstruction, food accumulation, and fire rising. These pathological conditions cause internal organ disharmony. This is a disease commonly seen in females.

Western medicine refers to this condition as neurosis, menopause, or hysteria.

Traditional Chinese Medicine Differential Diagnosis

Excess Patterns

1. **Liver Qi stagnation:** Depression, unhappiness, frequent sighing, feeling of distension in the hypochondrium area and chest, hiccups, poor appetite, abdominal distension, irregular menses, a normal to red tongue with a thin, white coating, and a wiry pulse.
2. **Constrained Qi and phlegm:** Depression with a feeling of an object in the throat that cannot be swallowed or ejected (plum seed Qi), a stifling sensation in the chest and hypochondrium area, a white, greasy tongue coating, and a wiry, slippery pulse.
3. **Liver Qi stagnation with liver fire blazing upward:** Mood swings, irritability, hypochondrium pain, sour regurgitation, burning sensation in the stomach, bitter taste in the mouth, dry mouth and throat, constipation, headache, red eyes, tinnitus, a red tongue with a yellow coating, and a wiry, rapid pulse.

Deficiency Patterns

1. **Liver Qi stagnation with heart Qi and blood deficiency:** Disorientation, frequent attacks of depression with crying spells, inability to control oneself, restless sleep, frequent bouts of yawning, a pale tongue with white coating, and a thin, rapid, and wiry pulse.
2. **Heart and spleen Qi deficiency:** Excessive worrying, depression, palpitations, melancholy, forgetfulness, dizziness, insomnia, pale complexion, fatigue, poor appetite, a pale tongue with a white, thin coating, and a weak, thin pulse.
3. **Yin deficiency with empty fire rising:** Depression, dizziness, palpitations, insomnia, irritability, nocturnal emissions, forgetfulness, irregular menses, a red tongue with little coating, and a thin, rapid pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Forehead

Line 1, 2, and 3 Lateral to Forehead

Middle Line of Vertex

Posterior Oblique Line of Vertex-Temporal

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use oblique insertion to the subaponeurotic tissue layer. Then use the fast rotation technique up to 200 times per minute and continue for 30 to 60 seconds. Retain the needle for 30 minutes while manipulating every 5 minutes during the retention. Use 10 treatments to a course. When inserting the needle on the Posterior Oblique Line of the Vertex-Temporal area, use the running needle technique from GB 7 (Qu Bin) toward Du 20 (Bai Hui).

2. FANG SYSTEM

Points:

Head Area of Prone Imaging

Upper Jiao of Prone Organ

Inverted Organ

Thought

Signal

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast insertion obliquely or perpendicularly into the scalp to a depth of 2.0 to 3.0 fen until the needle touches the periosteum. Rotate the needle to elicit Qi, and retain for 30 to 60 minutes while manipulating two times during the retention.

3. EXPERIMENTAL SYSTEM

Points:

Head Triangle Area

Head Three Needle

- Technique:** Use 30 to 34 gauge, 0.5 cun long filiform needles.
- Head Triangle Area—Locate two points directly above the inner canthus of the eye bilaterally at the border of the anterior hairline. The other point is directly above the anterior hairline toward the middle line on the scalp. Make the three points into an equilateral triangle. Insert the needles at the three corners at a 15-degree angle to the scalp toward the center of the triangle. Use a rapid insertion to a depth of about 1.0 cm. Use gentle rotation, and retain the needles for about 1 hour while manipulating the needles two to three times during the treatment. Treat the patient once daily for a course of 10 treatments, with 2 to 5 days of rest between courses. Using warming moxabustion on the forehead area can achieve better results.
 - Head Three Needle—Use Du 24 (Shen Ting) to locate the three points. One point is located 1.0 cun above Du 24 and the other two points are 1.0 cun lateral on both sides. Use in combination with the Vertigo and Hearing Area points. Insert the needle quickly into the point to the depth of the periosteum. Do not rotate or try to elicit Qi. Retain the needle for 30 minutes. Treat the patient once daily for a course of six treatments, with 1 day of rest between courses.

Face Acupuncture

Points:

Heart

Liver

Spleen

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at an oblique or a transverse angle. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient every other day, with 10 treatments to a course. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men

Subcortex

Heart

Spleen

Liver

Kidney

Adrenal

2. EUROPEAN AURICULAR THERAPY

Points:

Master Cerebral

Adrenal Gland

Zero

Sympathetic Autonomic

Thalamus Point

Occiput

Cerebellum

ACTH

Aggressivity

Antidepressant

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin.

Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses. This technique is preferred for patients that are sensitive to needles, children, and the elderly.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Head and Face

Technique:

Upper Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Head and Face point and manipulate the needle until you elicit Qi, and then gently lift the needle to the subcutaneous layer. Redirect the needle tip toward the Ear point until you elicit Qi. Now, gently lift the needle and redirect the tip toward the Ear point on the other side of the face until you elicit Qi. Next, gently lift the needle and thread the needle tip downward to the Heart point until you elicit Qi. Last, bring the needle back to the Head and Face point and retain it there for the duration of the treatment. The skin and muscles around the nose and face area are thin so be careful not to insert needles too deeply or stimulate too strongly.

Tongue Acupuncture

Points:

Heart

Upper Jiao

Kidney

Forehead

Liver

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. If needles are to be inserted on the surface of the tongue, ask the patient to stick the tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisors of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. The Qi sensation of tongue acupuncture usually appears as a sore, distended sensation. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on the tongue to release a few

drops of blood. For the spot pricking technique, use fast insertion at the local point to a depth of 0.5 to 1.2 cun.

Neck Acupuncture

Points:

5 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

For the 5 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun and then use lifting, thrusting, and rotation techniques. If using the rotation technique, you should use mild stimulation to elicit Qi. After neck needle insertion, using moxa up and down the spine during the treatment will result in remarkable results. The needles are usually retained for 20 to 30 minutes.

Back Shu Acupuncture

Points:

UB 14 (Jue Yin Shu)

UB 15 (Xin Shu)

UB 18 (Gan Shu)

UB 19 (Dan Shu)

UB 20 (Pi Shu)

UB 21 (Wei Shu)

UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Insert the needle perpendicularly to a depth of 0.8 to 1.2 cun on UB 23 (Shen Shu). Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Sparrow-pecking or rotating moxibustion techniques has a positive effect on the treatment of depression.

Spinal Acupuncture

Points:

Major Spinous Process Point

Thoracic 5

Thoracic 8

Hou He Gu

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the Thoracic Spinous Process points, use 30 to 32 gauge, 2.0 cun long filiform needles. For the Hou He Gu point, choose 30 to 34 gauge, 1.0 cun long regular filiform needles. The practitioner should use the thumb and index finger of the pressing hand to pinch the skin of the spinous process and the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. Use rotation techniques until the patient feels a Qi sensation along the spine. Retain the needles for 40 minutes or up to 1 to 2 hours. For the Hou He Gu point, insert the needle into the point and elicit

Qi. Lift the needle up to the subcutaneous tissue and move the needle to a 15-degree angle along the second metacarpal bone. Retain the needle for 30 minutes.

Remarks: This technique requires needle insertion at the correct layer. If the skin becomes rough on the surface, this indicates that the needle is inserted too shallowly. If the needle is difficult to push in any further, this indicates that insertion is too deep and the needle may be hitting the spinous process. In either case, the needle should be adjusted. The needles should be inserted above the center of the spine.

Abdominal Acupuncture

Points:

Leading energy back to the source combination Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), and Ren 4 (Guan Yuan)

Harmonize the spleen combination Spleen 15 (Da Heng)

Technique: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert needles perpendicularly to the sky, person, and earth layers to the depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's diseased areas. Follow the steps of the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Heart
Lung
Liver

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. These points are located on the transverse crease of the hand joint, try to find the space between the joints to insert the needle perpendicularly. Use pushing, lifting, thrusting, and rotating methods of stimulation. It is a good idea to use hand acupuncture with the Mu and Shu points because they are the Zang Fu organ energy collection areas.

2. KORYO HAND THERAPY

Points:

F 5; G 7, 13; N 17, 18; A 8, 16

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp,

and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Head
Heart
An Mian
Liver
Nei Tai Chong
Cerebrum
Brainstem

Technique: Select a few points from the list for each treatment.

Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi and retain the needle for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed. The patient usually feels relaxed but without overexertion.

Foot herbal bath therapy is a very effective way to reach a holistic result. It can calm the patient, warm the meridians, tonify Yang, and help depression. The practitioner should use this therapy along with the acupuncture treatment.

Wrist and Ankle Acupuncture

Points:

Upper 1

Upper 3

Technique: Use GB 21 (Jian Jing) and UB 10 (Tian Zhu) as routine examination points and select treatment points based on this examination. Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive activity methods, including Tui Na, Qi Gong, moxibustion, cupping, and breathing techniques while retaining the needles. There are 10 treatments to a course. Rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Depression is caused by emotional disorders, physical imbalance, and Qi stagnation. Chronic conditions may involve deficiency of heart Qi and Yin, Zang Fu, or Yin and Yang imbalances. The treatment principle is to open the meridians and relieve stagnation, transform phlegm, move blood, clear heat, and resolve food accumulation. In deficient cases, the focus should also be on nourishing the blood, tonifying Qi, nourishing Yin, and opening the meridians. The micro-acupuncture systems that have the best results in treating depression are the ear, scalp, and foot systems, as well as foot reflexology. The patient should also use Qi Gong or Tai Ji Quan. Herbs and acupuncture used together are also very effective. The patients should keep a regular lifestyle to release tension. Counseling may also be beneficial in conjunction with acupuncture.

CHEST PAIN—XIONG BI

Chest pain is characterized by pain and tightness in the chest with associated breathlessness, palpitations, and dizziness. Chest pain may be caused by Zang Fu deficiency due to long-term illness, old age, poor dietary habits, and emotional or physical imbalances that may cause heart Qi deficiency or chest Yang weakness, phlegm obstruction, or Qi and blood stasis. Chest pain may be associated with the heart, liver, spleen, and kidneys.

Western medicine refers to this condition as angina pectoris, pulmonary heart disease, heart stroke, infection, chronic bronchitis, emphysema, and chronic gastritis.

Traditional Chinese Medicine Differential Diagnosis

1. **Stagnation of cold in the chest:** Severe cramping chest pain that extends to the scapula, palpitations, breathlessness, pale complexion, cold limbs, pain that is relieved by warmth, sweating, a pale tongue with a thin coating, and a deep, thin pulse.
2. **Turbid phlegm stagnation in the chest:** Chest oppression and pain in the chest that extends to the shoulders, breathlessness, heaviness, dizziness, a swollen tongue with a sticky, yellow coating, and a slippery pulse.
3. **Heart Qi and blood stagnation:** Stabbing pain in the chest that is fixed and worse at night, pain that may radiate to the inner aspect of the left arm, cyanosis of the lips and nails, palpitations, a purple tongue, and a deep, choppy, knotted, or wiry pulse.
4. **Heart and kidney Yin deficiency:** Chest oppression with palpitations, night sweats, insomnia, soreness of the back and knees, tinnitus, dizziness, five palm heat sensation, a red tongue with little coating or purple spots, and a thin, choppy pulse.
5. **Qi and Yin deficiency:** Chest pain and oppression that is intermittent, palpitations, breathlessness, fatigue, aversion to speaking, pale complexion, blurred vision, symptoms that are aggravated with overwork, a red tongue with little coating, and a fine, weak pulse.
6. **Heart and spleen Qi deficiency:** Chest pain, poor appetite, fatigue, palpitations, shortness of breath, dream-disturbed sleep, dizziness, a pale, swollen tongue with little coating, and a thin pulse.
7. **Heart Yang deficiency:** Feelings of oppression with a dull pain in the chest, breathlessness, palpitations, sweating, feeling cold, cold limbs, pale complexion, fatigue, poor appetite, insomnia, a pale or blue to purple tongue, and a deep, weak pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Forehead

Line 1 Lateral to Forehead

Middle Line of Vertex

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion on the Middle Line of Forehead or Middle Line of Vertex area. Then use the false lifting technique continuously for 1 to 2 minutes. Retain the needles for 2 to 4 hours, and manipulate the needles two to four times during the retention. Ask the patient to do self-massage on the chest and Ren 17 (Tan Zhong) or

tap on the P 6 (Nei Guan) point. Treat the patient once daily, with 10 treatments to a course and 3 to 5 days of rest between courses. When the patient has severe chest pain, use the against insertion technique. Manipulate the needle with the false lifting technique, and ask the patient to hold his or her breath and then breathe deeply. Also apply pressure on Ren 17 (Tan Zhong) and P 6 (Nei Guan) while manipulating the needles until the patient's symptoms are reduced or relieved.

2. JIAO SYSTEM

Points:

Thoracic Cavity

Upper One-Fifth of Sensory Area

Blood Vessel Dilating and Constriction Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert the needle quickly and push it into the subaponeurotic tissue layer. Use fast rotation to manipulate the needle up to 200 times per minute. Continuously manipulate for 1 to 3 minutes and then retain the needles for 1 to 2 hours, while manipulating one to three times during the retention.

3. FANG SYSTEM

Points:

Upper Jiao of Prone Organ Chest Area

Lower Jiao of Inverted Organ

Trunk Area of Prone Imaging

Palpitations and Shortness of Breath—Breathing and Circulation Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. In most cases, use oblique insertion to a depth of 2.0 to 3.0 fen until you feel resistance on the scalp. If the patient's symptoms are severe, use fast perpendicular insertion on the points. Use the rotation technique until symptoms are released. Retain the needles for 30 minutes, and manipulate one or two times during retention. Treat the patient once daily, with five treatments to a course and 2 days of rest between courses. Usually use three to four courses for chronic conditions.

Eye Acupuncture

Points:

Lung of Area 1

Upper Jiao of Area 3

Heart of Area 6

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use the inner margin insertion technique with perpendicular insertion, needling the point slightly toward the eyeball. Insert needles to a depth of 0.2 to 0.5 cun. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball over the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Lung

Heart

Chest

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

The pressure technique also can be useful for patients who are very sensitive to needles, children, and the elderly. When performing point pressure on the nose, the technique should be gentle, slow, and even. If the patient experiences pain or other abnormal reactions, this indicates sensitive spots. Those sensitive spots usually signify areas of disease and are also a place to perform the treatment.

2. NOSE SAN JIAO THERAPY

Points:

4, 5, 6, 14, 15, 31, 43

Technique:

For Point 4, use perpendicular insertion 1.0 fen deep or oblique insertion laterally 1.0 to 2.0 fen deep.

For Point 5, use perpendicular insertion 1.0 fen deep.

For Point 6, use perpendicular insertion 1.0 fen deep.

For Point 14, use perpendicular insertion 1.0 fen deep.

For Point 15, use oblique insertion upward 1.0 to 2.0 fen deep.

For Point 31, use perpendicular insertion 1.0 fen deep.

For Point 43, use oblique insertion upward 1.0 fen deep.

Philtrum Acupuncture

Points:

Philtrum 3

Philtrum 4

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with perpendicular insertion or angle the needle toward the left or right depending on the disease location. Insert the needle to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Bloodletting Technique: Use a three-edge needle with the spot pricking technique to release a few drops of blood.

The philtrum area is rather small and the point distribution is very close together, making correct point location very important.

Back Shu Acupuncture

Points:

UB 14 (Jue Yin Shu)
 UB 15 (Xin Shu)
 UB 18 (Gan Shu)
 UB 21 (Wei Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Jia Ji Acupuncture

Points:

Thoracic Jia Ji Points T 4 through T 8

Technique: The patient should be in a comfortable prone position. Choose a 1.0 to 1.5 cun filiform needle, and insert it at a perpendicular angle. Depending on the patient's constitution, the needle may be inserted to a depth of 0.5 to 1.0 cun on the cervical and thoracic areas. Use the lifting, thrusting, and rotating techniques to stimulate the point. Electro-acupuncture is a very useful method on the Jia Ji system and can provide continuous stimulation. Retain the needles for 30 minutes.

Chest Acupuncture

Points:

Chest 1, 2, 3
 Sternal-costal 8 points
 Upper Xiphoid Process

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on the patient's body size. Elicit Qi and withdraw the needle. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course. Chest acupuncture distribution has a close relationship with nerve segment distribution. So when treating the disease, if unable to find a sensitive point, select a point that is on the nerve segment distribution area (rather than the point) along the lower border of the costal bone to find the trigger point, and replace the point that was originally designed for the treatment.

Acupressure: Find the chest acupuncture point or positive trigger point, especially working any points with a ropey or bumpy feel. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, for children, for weak patients, or if the chest point area has an obvious pressure pain or sensitive reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure

on the point and perform continual vibration. For urgent conditions, treat two to three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days to a course, then rest 2 to 3 days and continue another course.

Intradermal Embedding Technique: Clean needle technique is critical for preparing the point. Use the pressing hand to tightly stretch the skin, and use the puncturing hand to hold a small hemostat to insert a disposable grain-like intradermal needle into the skin and tape the needle down when finished. Retain the needle for 3 to 5 days with 10 treatments to a course. If the embedded needle becomes painful and affects the patient's sleep, adjust the needle direction or depth until the patient is pain-free. Instruct the patient to take precaution in not getting the area around the embedded needle wet. In the summer, with warmer temperatures and increased sweating, use shorter needle retention time to avoid infection.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Chest
 Side of Head
 San Jiao
 Heart
 Lung

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Nose Point
 Heart Point
 Liver Point
 Gallbladder Point
 Heart Spot
 San Jiao Spot
 Pericardium
 Lung 1 Spot
 Back
 Chest Pain
 Zhong Quan

3. HAND IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Distal Three-Sevenths of Hand Prone Organ
 Trunk of Hand Radial Inverted Organ
 Trunk of Hand Ulnar Inverted Organ

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum.

For points located on the transverse crease of the hand joint, try to find the space between the joints to insert the needle perpendicularly. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the affected area of the body, and retain the needles for up to 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides, massage the chest, and have the patient breathe deeply as the needles are being manipulated. It is a good idea to use hand acupuncture with Mu and Shu points because they are the Zang Fu organ energy collection areas.

4. KORYO HAND THERAPY

Points:

A 4, 5, 8, 12, 16, 18

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the applied area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Lung
Liver
Heart

2. FOOT NEW POINT THERAPY

Points:

4, 5, 17, 18

3. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Quan
Nei Tai Chong

4. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Chest Corresponding Area of Feet Prone Organs
Chest Corresponding Area of Feet Tibia Inverted Organs
Chest Corresponding Area of Feet Fibula Inverted Organs

Technique: Select a few points from the list for each treatment.

Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi and retain the needle for 20 to 30 minutes. Ask patient to breathe deeply. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed. The patient usually feels relaxed but without overexertion.

Wrist and Ankle Acupuncture

Points:

Upper 1
Upper 2
Upper 3
Upper 4

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles.

Have the patient lie in a comfortable position. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. Ask patient to do breathing activities while retaining the needles. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and

apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Micro-acupuncture can be very useful in the treatment of chest pain. For acute onset, the ear, nose, hand, and philtrum micro-systems are the most effective, and work well when combined with macro-acupuncture. The treatment principles of invigorating blood, moving Qi, and transforming phlegm are important in the treatment of chest pain, and these principles may be applied with herbal therapy as well. Chest acupressure therapy is a very effective way to reach a holistic result. For acute onset with heart disease, the patient should stay in bed to rest with limited physical activities.

PALPITATIONS—XIN JI

Palpitations are a sensation where the patient feels his or her heart suddenly begin to beat rapidly. It is difficult to control, and is often accompanied by dizziness, forgetfulness, and tinnitus. Palpitations may be caused by emotional stress, overwork, tension, insomnia, or internal organ disorders, such as disorders of the heart, gallbladder, spleen, liver, and kidneys.

Western medicine refers to palpitations as heart disease, hyperthyroidism, anemia, heart failure, and other causes.

Traditional Chinese Medicine Differential Diagnosis

- Heart and gallbladder deficiency:** Palpitations, propensity to be startled easily, timidity, light sleep with many dreams, a pale tongue with white coating, and a wiry pulse.
- Heart blood deficiency:** Palpitations, anxiety, insomnia, dream-disturbed sleep, pale complexion, fatigue, a pale tongue with a thin, white coating, and a thin, thready pulse.
- Qi and Yin deficiency:** Palpitations, shortness of breath that is worse with work and physical activity, dizziness, blurred vision, fatigue, thirst, a pale tongue with a white, thin coating, and a deep, irregular pulse.
- Heart and kidney disharmony:** Palpitations, restless and insufficient sleep, irritability, dizziness, night sweats, five palm heat, tinnitus, low back pain, a red tongue with little coating, and a thin, rapid pulse.
- Phlegm fire agitating within:** Palpitations, insomnia, mental restlessness, a propensity for being easily startled, a tendency to be hateful or scold people, sticky phlegm, dizziness, a red tongue with sticky, yellow coating, and a slippery, rapid pulse.
- Liver and kidney Yin deficiency:** Palpitations with shortness of breath, irritability, restless sleep, poor memory, dizziness, vertigo, tinnitus, low back pain, dry mouth, five palm heat, a red tongue with little coating or sticky yellow coating, and a thin, rapid pulse.
- Heart and spleen deficiency:** Palpitations, heaviness of the chest, vertigo, cold limbs, nausea, vomiting, poor appetite, cough with phlegm, scanty urine, diarrhea, edema, a swollen tongue with a white, sticky coating, and a slippery pulse.
- Heart blood stasis:** Palpitations, heaviness of the chest, shortness of breath or difficulty breathing, chest pain, cyanosis of the lips and nails, cold hands, a purple tongue, and a knotted pulse.
- Heart Yang deficiency:** Palpitations, shortness of breath that is worse on exhalation, fatigue, restless sleep, sweating, stuffiness or discomfort of the chest, feels cold, bright pale face, cold hands, a pale, swollen tongue, and a deep, weak, and knotted pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Vertex

Middle Line of Forehead

Line 1 Lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle on the Middle Line of Forehead area. If the patient's symptoms are getting worse or at the onset of palpitations, use the against insertion technique. Use false lifting to manipulate the needle, and ask the patient to hold his or her breath or to breathe deeply. Also ask the patient to massage or apply pressure to the Ren 17 (Tan Zhong) point and to tap on the P 6 (Nei Guan) point until the symptoms are reduced or relieved.

2. JIAO SYSTEM

Points:

Thoracic Cavity

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert the needle rapidly into the scalp and, use the rotation technique up to 200 times per minute. Retain for 15 to 30 minutes and manipulate the needles two to three times for 1 minute during the retention. Treat the patient once daily with 10 treatments to a course. Perform two to three courses with 1 to 2 weeks of rest between each course.

3. FANG SYSTEM

Points:

Upper Jiao of Prone Organ Chest Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use oblique rotation insertion into the point to a depth of 2.0 to 3.0 fen. Manipulate the needles with the rotation technique until the symptoms are relieved or reduced. Retain the needles for 30 minutes while manipulating the needles one or two times during the retention, with 10 treatments to a course.

Ear Acupuncture**1. CHINESE AURICULAR THERAPY****Points:**

Heart
Small Intestine
Shen Men
Subcortex

Supplemental Points:

Sympathetic
Adrenal
Endocrine

2. EUROPEAN AURICULAR THERAPY**Points:**

Master Cerebral
Zero
Sympathetic Autonomic
Vagus Nerve
Thalamus Point
Circulatory System

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses. This technique is preferred for patients who are sensitive to needles, children, and the elderly.

Eye Acupuncture**Points:**

Heart of Area 6

Upper Jiao of Area 3

Technique: Use 30 to 34 gauge, 0.5 cun long filiform needles.

Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the edge orbital margin insertion technique with transverse insertion to the subcutaneous tissue. This technique requires shallow insertion. The insertion point should be about 2.0 mm from the orbital margin. Keep the needle insertion shallow to avoid needling into another area. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball over the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course. You can also apply pressure to the area of the orbital margin, using light, slow, and even pressure to determine sensitive areas. When sensitive spots are detected, the practitioner can increase pressure for a couple of seconds and sometimes the sensitive spot will go away with the pressure technique.

Mouth Acupuncture**Points:**

Area of Five Zang Organs

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Tongue Acupuncture**Points:**

Heart
Upper Jiao
Kidney
Forehead

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. If needles are to be inserted on the surface of the tongue, ask the patient to stick the tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisors of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion on the local point to a depth of 0.5 to 1.2 cun. Tongue acupuncture in combination with macro-acupuncture points can increase treatment results.

Back Shu Acupuncture

Points:

UB 14 (Jue Yin Shu)
 UB 15 (Xin Shu)
 UB 20 (Pi Shu)
 UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Jia Ji Acupuncture

Points:

Thoracic Jia Ji Points T 1 through T 6

Technique: Use a 30 to 34 gauge, 1.0 to 1.5 cun long filiform needle. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needle perpendicularly to a depth of 0.5 to 1.0 cun at the Thoracic Jia Ji points. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Spinal Acupuncture

Points:

Major Spinous Process Point
 Thoracic 3

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the Thoracic Spinous Process points, use 30 to 32 gauge, 2.0 cun long filiform needles. The practitioner should use the thumb and index finger of the pressing hand to pinch the skin of the spinous process and the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. Use rotation techniques until the patient feels a Qi sensation along the spine. Retain the needles for 40 minutes or up to 1 to 2 hours.

Remarks: This technique requires needle insertion at the correct layer. If the skin becomes rough on the surface, this indicates that the needle is inserted too shallowly. If the needle is difficult to push in any further, this indicates that insertion is too deep and the needle may be hitting the spinous process. In either case, the needle should be adjusted. The needles should be inserted above the center of the spine. Spinal acupuncture uses fewer needles and points to stimulate a wide area. It is a highly valuable technique in clinical practice.

Chest Acupuncture

Points:

Clavicle 1, 2
 Chest 1, 2, 3

Stomach 1, 2

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on the patient's body size. Elicit Qi and withdraw the needle. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course. The chest protects several vital organs, including the heart and lungs. When inserting filiform needles, be careful to use the correct needle angle and depth to avoid injuring the internal organs.

Acupressure: Find the chest acupuncture point or positive trigger point, especially working any points with a ropey or bumpy feel. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, children, weak patients, or if the chest point area has an obvious pressure pain or sensitive reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. For urgent conditions, treat two to three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days to a course, then rest 2 to 3 days and continue another course.

Intradermal Embedding Technique: Clean needle technique is critical for preparing the point. Use the pressing hand to tightly stretch the skin, and use the puncturing hand to hold a small hemostat to insert a disposable grain-like intradermal needle into the skin and tape the needle down when finished. Retain the needle for 3 to 5 days with 10 treatments to a course. If the embedded needle becomes painful and affects sleep, adjust the needle direction or depth until the patient is pain-free. For the area around the embedded needles, instruct the patient to avoid getting the area wet. In the summer, with higher temperatures and more frequent sweating, use shorter needle retention time to avoid infection.

Abdominal Acupuncture

Points:

Leading energy back to the source combination
 Chest

Technique: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use a gentle and slow insertion to insert needles perpendicularly to the sky, person, and earth layers to the depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion on the abdominal area.

Follow the steps of the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Heart
Chest
Lung

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Heart Point
Heart Spot
Lung Point
Vertex

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Ask patient to breathe deeply. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for up to 20 to 30 minutes.

3. KORYO HAND THERAPY

Points:

A 4, 5, 8, 12, 16, 18

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Heart
An Mian
Liver
Kidney

2. FOOT NEW POINT THERAPY

Points:

4, 8, 17

3. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Yin Yang
Nu Xi

4. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Chest Corresponding Area of Feet Prone Organs
Chest Corresponding Area of Feet Tibia Inverted Organs
Chest Corresponding Area of Feet Fibula Inverted Organs

Technique: Select a few points from the list for each treatment.

Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi and retain the needle for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Foot herbal bath therapy is a very effective way to reach a holistic result. It can calm the patient, warm the meridians, tonify Yang, and relieve pain. The practitioner should use this therapy along with the acupuncture treatment.

Wrist and Ankle Acupuncture

Points:

Upper 1

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position

for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive activity, including Tui Na, Qi Gong, moxibustion, cupping, and breathing techniques while retaining the needles. There are 10 treatments to a course. Rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Palpitations are closely associated with heart disease. In the clinic, we should understand our diagnosis from both traditional Chinese medical and Western medical perspectives. Micro-acupuncture is effective in treating patients with palpitations from autonomic nerve function disturbance. For patients who have palpitations with heart disease, the results are likely to be good. For patients who have palpitations with severe heart disease, the treatment will be less effective, and should be used in conjunction with herbal therapy or Western medicine. Micro-acupuncture systems have good results for palpitations when using the ear, chest, scalp or back Shu micro-systems.

STOMACH PAIN—WEI TONG

Stomach pain is characterized by pain in the epigastric area with associated symptoms of abdominal fullness and distension, nausea, vomiting, poor appetite, diarrhea, constipation, and in severe cases vomiting blood or blood in the stools. Stomach pain may be caused by cold invading the stomach, retention of food, emotional disorders, or internal organ imbalance. Pathologies include stomach dysfunction and Qi stagnation causing pain. The organs most often involved are the stomach, liver, and spleen.

Western medicine refers to this condition as acute or chronic gastritis, stomach ulcer, duodenal ulcer, and gastrointestinal neurosis.

Traditional Chinese Medicine Differential Diagnosis

1. **Cold invading the stomach:** Acute, severe epigastric pain, chills, seeks warmth, no thirst but prefers warm drinks, vomiting, a thick, white tongue coating, and a wiry, tight pulse.
2. **Retention of food:** Dull stomach pain that is worse with pressure, sensation of fullness and distension, sour regurgitation, foul breath, vomiting undigested food, loose

stools or constipation, a red tongue with a thick greasy coating, and a slippery pulse.

3. **Liver Qi stagnation with liver Qi invading the stomach:** Stomach distension and pain that radiates toward the hypochondrium, belching, frequent sighing, irritability, uncomfortable sensation when hungry, pain that is related to emotional tension, slightly red sides of the tongue, and a wiry, deep pulse.
4. **Stomach heat:** Burning stomach pain, strong thirst, irritability, sour regurgitation, dry mouth with a bitter taste in the mouth, a red tongue with a yellow, dry coating, and a wiry, rapid pulse.
5. **Damp heat in the stomach:** Feeling of oppression in the chest, dull epigastric pain, dry mouth, no thirst, bitter taste in the mouth, nausea with vomiting, a red tongue with a sticky, yellow coating, and a slippery, rapid pulse.
6. **Stomach Yin deficiency:** Insidious dull abdominal pain, dry mouth and throat, strong thirst, dry stools, nausea, a dry tongue with little to no coating and a crack in the stomach area, and a floating, empty pulse.
7. **Stomach blood stagnation:** Stabbing stomach pain that is worse with pressure and after meals, palpable masses, vomiting dark blood, dark complexion, pain that may be worse at night, a purple tongue, and a choppy or wiry pulse.
8. **Spleen and stomach deficient cold:** Dull stomach pain that is better with pressure, after meals, and with heat, vomiting fluids, fatigue, poor appetite, chills, loose stools, a pale complexion, a pale tongue with white coating, and a deep, weak pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Line 2 Lateral to Forehead

Posterior Oblique Line of Vertex-Temporal

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Usually insert the needle obliquely from the superior to the inferior direction. If the patient has severe pain, use the needle against insertion technique or add another two needles 0.5 cun lateral from this line, which is the Qi Ci technique. Meanwhile, perform massage or use moxibustion on the patient's stomach, as well as manipulate the needles.

2. JIAO SYSTEM

Points:

Stomach Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert with the rotation technique and push the needle quickly into the subaponeurotic tissue layer. Manipulate the needle up to 200 rotations per minute and continue for 1 to 3 minutes. For excess conditions use the false lifting technique, and for deficient conditions use the false thrusting

technique. Retain the needles for up to 30 to 60 minutes while manipulating one to three times during the retention.

3. FANG SYSTEM

Points:

Middle Jiao of Prone Organ

Middle Jiao of Inverted Organ

Back Area of Prone Imaging—Pain Extending to the Back

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needles perpendicularly with a fast insertion or slowly with an oblique rotation insertion to a depth of 2.0 to 3.0 fen so the needle reaches the periosteum. Rotate the needles to elicit Qi. Retain the needles for up to 1 to 2 hours while manipulating the needles two to three times during the retention. If the patient has stomach pain with regular onset, treat the patient before the pain starts for better results.

4. ZHU SYSTEM

Points:

Frontal-Vertex Zone 3

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

For the Frontal-Vertex Zone 3 point, insert the needle from the anterior to the posterior direction. If the patient has severe stomach pain, select 0.5 fen lateral from the area and add another two needles, which is the group insertion technique. After needling into the subaponeurotic tissue layer, use the false lifting technique in each area for 1 to 3 minutes. Meanwhile, apply pressure to the stomach area or on Ren 12 (Zhong Wan) and St 36 (Zu San Li). Retain the needles for 30 minutes, but if the patient has severe stomach pain, retain the needles for 1 to 2 hours. Use 10 treatments to a course.

Face Acupuncture

Points:

Liver

Spleen

Gallbladder

Stomach

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly with an oblique or a transverse angle. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding or hematoma. If the patient is in a lot of pain, use the electro-acupuncture technique.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Liver

Stomach

Sympathetic

Shen Men

Spleen

Middle Ear

Abdomen

Mouth

Supplemental Points:

Subcortex, Large Intestine

Fullness—San Jiao

Hiccups and Belching—Liver, Gallbladder

Burning Sensation—Endocrine

2. EUROPEAN AURICULAR THERAPY

Points:

Stomach

Small Intestine

Large Intestine

Abdomen

Zero

Sympathetic Autonomic

Cardia Orifice

Pancreas

Duodenum

Solar Plexus

Master Cerebral

Thalamus Point

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located.

Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected point. Use 100 Hz frequency or higher.

Use micro-gator clips to connect the inserted needles to the electro machine and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulation current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then, use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses. This is a preferred treatment for patients who are sensitive to needles, children, and the elderly. Auricular therapy is very effective for patients with stomach pain.

Eye Acupuncture

Points:

Liver of Area 4

Middle Jiao of Area 5

Gallbladder of Area 4

Heart and Small Intestine of Area 6

Spleen and Stomach of Area 7

Technique: Select one or two points from the list. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use the inner margin insertion technique with perpendicular insertion, needling the point slightly toward the eyeball. Insert needles to a depth of 0.2 to 0.5 cun. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball over the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course. On Area 7 do not insert the needle deeply, because this may cause damage to the inner canthus artery.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Spleen

Stomach

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. These reactions usually indicate a better response from the treatment. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Middle Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Liver point and manipulate the needle until you elicit Qi, and then gently lift the needle to the subcutaneous

layer. Redirect the needle tip toward the Gallbladder point until you elicit Qi. Now, gently lift the needle and redirect the needle tip toward the Gallbladder point on the other side of the face until you elicit Qi. Next, gently lift the needle and redirect the needle tip toward the Stomach point on both sides of the face until you elicit Qi. Last, bring the needle back to the Liver point and retain it there for the duration of the treatment. If the patient feels a warm sensation in the abdomen, or has hunger, regurgitation, abdominal distension, or nausea that is released by inserting the needles, the treatment will usually have better results. The skin and muscles around the nose and face are thin so use thinner needles.

2. NOSE SAN JIAO THERAPY

Points:

10, 11, 22, 25

Technique:

For Point 10, use oblique insertion upward 1.0 to 2.0 fen deep.

For Point 11, use perpendicular insertion 1.0 fen deep.

For Point 22, use oblique insertion downward 1.0 to 2.0 fen deep.

For Point 25, use oblique insertion downward 1.0 to 2.0 fen deep.

Philtrum Acupuncture

Points:

Philtrum 4

Philtrum 5

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with a perpendicular insertion or angle the needle downward. Insert the needle to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

To improve your treatment results, it is very important to activate the Qi with methods such as opening and closing the mouth, swallowing saliva, and massaging the abdomen.

Mouth Acupuncture

Points:

Area of Digestion

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her left hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the right hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

The mouth has a direct connection to the internal organs, especially the digestive system. Mouth acupuncture is effective for a variety of digestive pain conditions.

Tongue Acupuncture

Points:

Stomach
Spleen

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. If needles are to be inserted on the surface of the tongue, ask the patient to stick the tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisors of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use a fast insertion on the local point to a depth of 0.5 to 1.2 cun. The Qi sensation of tongue acupuncture usually appears as a sore, distended sensation. If the practitioner uses his or her fingers to squeeze at the tip of both of the patient's big toes, this can usually increase the acupuncture sensation.

Neck Acupuncture

Points:

5 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. For the 5 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun and then use lifting, thrusting, and rotating techniques. If using the rotation technique, you should use mild stimulation to elicit Qi. The needles are usually retained for 20 to 30 minutes. After neck needle insertion, using moxa up and down the spine during the treatment will have remarkable results especially for patients with spleen and stomach yang deficiency and cold invading the stomach.

Back Shu Acupuncture

Points:

UB 18 (Gan Shu)
UB 19 (Dan Shu)
UB 20 (Pi Shu)
UB 21 (Wei Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. You can use moxa cones directly on the skin or use an insulator such as ginger, garlic, or herbal cake for stomach conditions. Sparrow-pecking or rotating moxibustion on the Shu points obtains good results. Treat the patient every other day with 10 treatments to a course.

Chest Acupuncture

Points:

Stomach 1, 2, 3, 4, 5

Technique:

Acupressure: Find the Chest Acupuncture point or positive trigger point, especially working any points with a ropey or bumpy feel. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, children, weak patients, or if the chest point area has an obvious pressure pain or sensitive reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. For urgent conditions, treat two to three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days to a course, then rest 2 to 3 days and continue with another course.

The finger acupressure technique requires a certain degree of pressure and length of treatment. Start with light pressure and then gradually increase to heavy pressure. Be careful not to apply pressure too heavily or too quickly.

Abdominal Acupuncture

Points:

Heaven and Earth combination: Ren 12 (Zhong Wan) and Ren 4 (Guan Yuan) with Ren 8 (Shen Que)

Harmonize the spleen insertion: Spleen 15 (Da Heng)

Wei Shang

Qi Wai

Technique: It is very important to do an abdominal diagnosis and carefully check every area of the abdomen for tension of the muscles, pressure pain, and tumors, as well as internal organ abnormalities such as an enlarged liver or spleen. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow perpendicular insertion into the sky layer and use a rotation technique to elect Qi, and then gently move the needle to the person layer and use a rotation technique with very gentle lifting and thrusting. Lastly, push the needle deeper into the earth layer and use a rotation technique to elect Qi. The gentle lifting and thrusting technique is mainly used on the person layer. Use moxibustion or TDP lamp on the stomach area. Meanwhile massage the patient's diseased areas. Follow the steps of the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

San Jiao
Spleen
Liver
Gastrointestinal

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Mouth Point
Stomach Point
Spleen Point
Liver Point

3. HAND IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Distal Three-Sevenths of Hand Prone Organ
Trunk of Hand Radial Inverted Organ
Trunk of Hand Ulnar Inverted Organ

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. For points located on the transverse crease of the hand joint, try to find the space between the joints to insert the needle perpendicularly. Use pushing, lifting, thrusting, and rotating methods of stimulation. Use massage, TDP lamp, moxibustion on the stomach area, and retain the needles for up to 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides, and massage the stomach area as the needles are being manipulated.

4. KORYO HAND THERAPY

Points:

A 8, 12, 16; E 22, 39, 40, 44; F 19; N 17, 18

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Moxibustion Therapy: Hold a moxa roll above the surface of the hand for a comfortable, warm, and moving sensation, or use direct moxa techniques. Apply a little garlic juice or massage oil to the skin to help the moxa cone stay in place. Use 2 to 3 Zhuangs of rice cone moxa during the treatment. Seo Am moxa, which has adhesive tape underneath the

moxa cone, can also be used. Seo Am moxa is convenient because it adheres directly to the skin while the patient's hand is in any position. Use Tui Na, acupressure, massage, or manipulation on the stomach area.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Stomach
Nei Xian Gu
Gastrointestinal

2. FOOT NEW POINT THERAPY

Points:

6, 10, 19

3. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Nei Huai Qian Xia
Ran Hou

4. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Abdominal Corresponding Area of Feet Prone Organs
Abdominal Corresponding Area of Feet Tibia Inverted Organs
Abdominal Corresponding Area of Feet Fibula Inverted Organs

Technique: Select a few points from the list for each treatment. Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi, and then retain the needle for about 20 to 30 minutes. Use massage, TDP lamp, and moxibustion on the patient. If the patient experiences internal organ warmth or an increase in intestinal movement, this usually indicates that Qi is moving toward the target area. This will achieve a good result. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment,

with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching.

Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Wrist and Ankle Acupuncture

Points:

Upper 1

Lower 1

Lower 6

Technique: Use GB 21 (Jian Jing) and UB 10 (Tian Zhu) as routine examination points and select treatment points based on this examination. Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive activity methods, including Tui Na, Qi Gong, moxibustion, cupping, and breathing techniques while retaining the needles. There are 10 treatments to a course. Rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Stomach pain may be caused by excess or deficient conditions in the body. Excess conditions usually have an acute onset, the pain is resistant to pressure, and the pain is worse after meals. Deficient conditions tend to have a more insidious onset, progressively becoming worse, improve with warmth and pressure, and are better after meals. Excess conditions usually manifest with more heat signs, and deficient conditions are more commonly associated with cold symptoms. Clinical diagnosis should combine tongue, pulse, and symptoms to make the correct diagnosis. The treatment should focus on regulating the Qi and stopping the pain. For deficient conditions, the treatment should be combined with herbal or macro-acupuncture therapy. The micro-acupuncture therapy systems with the best results in treating stomach pain are the ear and abdominal systems. It is important to give the patient dietary recommendations, such as eating smaller, more frequent

meals, and eliminating alcohol and spicy foods. The patient should eat regular meals and exercise.

HYPOCHONDRIUM PAIN—XIE TONG

Hypochondrium pain is characterized by local pain in the hypochondrium. It may be due to an excess or deficient condition with multiple pathological changes, such as liver Qi stagnation, blood stasis, liver and gallbladder damp heat, and liver and kidney deficiency. Excess patterns are associated with Qi stagnation, Qi and blood stasis, and damp heat. Qi stagnation is the leading cause in this disease and may progress to heat or fire and result in damaged Yin. Deficient patterns involve the liver and kidney Jing, blood, and Yin. With time, excess patterns will turn into deficient patterns, and clinically it is common to see a condition of mixed deficiency with excess. The hypochondrium is located in the area of the liver and gallbladder and is closely related to the spleen and kidneys.

Western medicine refers to this condition as acute and chronic hepatitis, gallbladder infection, splenomegaly, spleen embolism, biliary ascariasis, and intercostal neuralgia.

Traditional Chinese Medicine Differential Diagnosis

Excess Patterns

1. **Liver Qi stagnation:** Hypochondrium pain and distension that is related to emotional stress, chest oppression, slight breathlessness, poor appetite, frequent sighing, belching, a red tongue with a thin white coating, and a wiry pulse.
2. **Liver and gallbladder damp heat:** Dull hypochondrium pain and fullness, heaviness of the body, bitter taste in the mouth, nausea, vomiting, poor appetite, red eyes or yellow sclera, dark urine, a red tongue with a yellow, sticky coating, and a wiry, slippery, and rapid pulse.
3. **Liver blood stasis:** Stabbing and fixed hypochondrium pain that is worse at night, a palpable mass over the right hypochondrium, a purple tongue, and a choppy, deep pulse.

Deficient Patterns

1. **Liver and kidney Yin deficiency:** Slight hypochondrium pain, dry throat and mouth, dry eyes, skin, and hair, fatigue, poor memory, insomnia, depression, scanty menses, dizziness, a red tongue with little coating, and a floating, thin, rapid, and empty pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Line 2 Lateral to Forehead

Posterior Oblique Line of Vertex-Temporal

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle from the superior to the inferior

direction to a depth of 1.0 cun. If the patient has severe pain, use the needle against insertion technique. Use fast rotation of the needle or the false lifting technique.

2. JIAO SYSTEM

Points:

Stomach Area

Liver and Gallbladder Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert the needle rapidly into the scalp and manipulate the needle up to 200 rotations per minute. Use false lifting for excess conditions. Treat once every other day for a course of 10 treatments. Ask the patient to take deep breaths and to apply massage or pressure to the hypochondrium area.

3. FANG SYSTEM

Points:

Middle Jiao of Prone Organ

Middle Jiao of Inverted Organ

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast insertion perpendicularly to a depth of 2.0 to 3.0 fen until the needle reaches the periosteum. Use the rotation technique to elicit Qi until the patient's symptoms are reduced or use massage on the hypochondrium area.

4. ZHU SYSTEM

Points:

Frontal-Vertex Zone 3

Frontal Zone 2

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needles using against the needle insertion at the starting and ending zone area with two needles. Use rapid rotation until the symptoms are reduced. Treat the patient every other day with 10 treatments to a course.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Liver

Pancreas

San Jiao

Biliary Tract

Duodenum

Subcortex

Stomach

Gallbladder

Esophagus

Spleen

Shen Men

Hepatitis

Supplemental Points:

Jaundice—Adrenal, Endocrine

Inflammation—Ear Apex (Bleeding)

2. EUROPEAN AURICULAR THERAPY

Points:

Gallbladder

Zero

Sympathetic Autonomic

Liver

Pancreas

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Insert the filiform needles into the selected point. Use 100 Hz frequency or higher. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulating current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses. This is a preferred treatment for patients who are sensitive to needles, children, and the elderly. Auricular therapy is very effective for patients with hypochondrium pain.

Eye Acupuncture

Points:

Liver of Area 4

Middle Jiao of Area 5

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use the inner margin insertion technique with perpendicular insertion, needling the point slightly toward the eyeball. Insert needles to a depth of 0.2 to 0.5 cun. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball over the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course. Do not retain the needles for too long when using eye acupuncture. Usually 5 to 10 minutes is standard, but it can last up to 20 minutes if the condition warrants.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Liver

Gallbladder

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. The needle should just touch the soft cartilage without actually being inserted into the cartilage. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Middle Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Liver point and manipulate the needle until you elicit Qi, and then gently lift the needle to the subcutaneous layer. Redirect the needle tip toward the Gallbladder point until you elicit Qi. Now, gently lift the needle and redirect the needle tip toward the Gallbladder point on the other side of the face until you elicit Qi. Next, gently lift the needle and redirect the needle tip toward the Stomach point on both sides of the face until you elicit Qi. Last, bring the needle back to the Liver point and retain it there for the duration of the treatment. If the patient feels a warm sensation in the abdomen, or has hunger, regurgitation, abdominal distension, or nausea that is released by inserting the needles, the treatment will usually have better results. The skin and muscles around the nose and face area are thin so use thinner needles for this technique.

2. NOSE SAN JIAO THERAPY

Points:

7, 20, 31

Technique:

For Point 7, use oblique insertion 1.0 to 2.0 fen deep and point the needle toward the direction of the pain.

For Point 20, use transverse insertion upward 1.0 to 2.0 fen deep.

For Point 31, use perpendicular insertion 1.0 fen deep.

Philtrum Acupuncture

Points:

Philtrum 5

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion or angle the needle toward the left or right side depending on the disease location. Insert the needle to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Bloodletting Technique: Use a three-edged needle with the spot pricking technique to release a few drops of blood.

The philtrum area is very small so many points are distributed closely together.

The reactions to this treatment are usually very strong. Patients who are very young, elderly, weak, or sensitive should only receive philtrum acupuncture with light stimulation.

Tongue Acupuncture

Points:

Stomach

Spleen

Gallbladder

Liver

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. If needles are to be inserted on the surface of the tongue, ask the patient to stick the tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisors of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion at the local point to a depth of 0.5 to 1.2 cun.

Back Shu Acupuncture

Points:

UB 18 (Gan Shu)

UB 19 (Dan Shu)

UB 21 (Wei Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

The back Shu points should be needled shallowly with careful attention to depth, in order to protect the internal organs.

This is especially important in patients with emphysema or an enlarged heart, liver, or spleen.

Jia Ji Acupuncture

Points:

Thoracic Jia Ji Points T 4 through T 12

Technique: Use a 30 to 34 gauge, 1.0 to 1.5 cun long filiform needle. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needle perpendicularly to a depth of 0.5 to 1.0 cun at the Thoracic Jia Ji points. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Spinal Acupuncture

Points:

Major Spinous Process Point

Thoracic 8

Thoracic 12

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the Thoracic Spinous Process points, use 30 to 32 gauge, 2.0 cun long filiform needles. The practitioner should use the thumb and index finger of the pressing hand to pinch the skin of the spinous process and use the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. Use rotation techniques until the patient feels a Qi sensation along the spine. Retain the needles for 40 minutes or up to 1 to 2 hours.

Remarks: This technique requires needle insertion in the correct layer. If the skin becomes rough on the surface, this indicates that the needle is inserted too shallowly. If the needle is difficult to push in any further, this indicates that the insertion is too deep and the needle may be hitting the spinous process. In either case, the needle should be adjusted. The needles should be inserted above the center of the spine.

Chest Acupuncture

Points:

Chest 1, 2, 3, 4, 5

Infrascapular

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on the patient's body size. Elicit Qi and withdraw the needle. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course.

Acupressure: Find the chest acupuncture point or positive trigger point, especially working any points with a ropey or bumpy feel. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or

urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, children, weak patients, or if the chest point area has an obvious pressure pain or sensitive reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. For urgent conditions, treat two to three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days to a course, then rest 2 to 3 days and continue another course.

Abdominal Acupuncture

Points:

Middle Jiao insertion: Stomach 25 (Hua Rou Men) and Spleen 15 (Da Heng)

Qi Pang

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert needles perpendicularly in the sky, person, and earth layers to a depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's diseased areas. Follow the steps for the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Caution: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Liver

Hiccup

GASTROINTESTINAL

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Pericardium Spot

San Jiao Spot

Gallbladder Spot

Xia Bai

Liver Point

Gallbladder Point

Heart Spot

Liver Spot

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular

to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. For points located on the transverse crease of the hand joint, try to find the space between the joints to insert the needle perpendicularly. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the hypochondrium area of the body, and retain the needles for up to 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides, and massage the affected area as the needles are being manipulated.

3. KORYO HAND THERAPY

Points: A1, 3, 8, 12, 16, 18; N5; B19; E38

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Liver

Gallbladder

Nei Xia Xi

Nei Tai Chong

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi and retain the needle for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the

patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Wrist and Ankle Acupuncture

Points:

Lower 2

Lower 3

Technique: Use GB 21 (Jian Jing) and UB 10 (Tian Zhu) as routine examination points and select treatment points based on this examination. Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then, slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive activity methods, including Tui Na, Qi Gong, moxibustion, cupping, and breathing techniques while retaining the needles. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Hypochondrium pain is related to the liver and gallbladder, and the pathology is most often related to Qi stagnation, blood stasis, damp heat, and Yin deficiency. The treatment is based on moving Qi and stopping pain. For excess conditions, the treatment principle is to move Qi, clear heat, transform phlegm, and drain damp. For deficiency conditions, the treatment principle is to nourish Yin and soften the liver, and move liver Qi. Micro-acupuncture treatments used in combination with herbal therapy and macro-acupuncture will have better results. The most important systems for this condition are the ear, scalp, abdominal, back Shu, spine, nose, and foot. For long-term illness, ear balls or intradermal needles are effective. During the treatment the patient should avoid overwork and change their diet to include less greasy, fatty foods and less spicy foods,

discontinue use of alcohol and tobacco, and take dietary supplements. The best results will come from combining diet and lifestyle changes, herbal therapy, and macro-acupuncture with micro-acupuncture therapy.

VOMITING—OU TU

Vomiting may be caused by invasion of the stomach by pathogenic factors, irregular diet, emotional stress, or internal organ disorders. This may lead to spleen and stomach Qi disharmony or rebellious stomach Qi with associated nausea, headache, dizziness, palpitations, sweating, and upper abdominal discomfort.

Western medicine refers to this condition as neurogenic vomiting, gastroenteritis, pylorospasm, intestinal obstruction, cholecystitis, and pancreatitis.

Traditional Chinese Medicine Differential Diagnosis

Excess Patterns

1. **Invasion of the stomach by pathogenic factors:** Sudden vomiting, feeling cold and feverish, back pain, headache, chest and abdominal fullness, a sticky, white tongue coating, and a soft, slow pulse.
2. **Retention of food in the stomach:** Poor appetite, fullness and distension of the epigastrium that is relieved by vomiting, nausea, foul breath, sour regurgitation, belching, insomnia, foul-smelling stools, a thick tongue coating, and a slippery, full pulse.
3. **Thin phlegm in the stomach:** Vomiting of thin fluids, no appetite, fullness of the epigastrium, palpitations, dizziness, a white, sticky tongue coating, and a slippery pulse.
4. **Liver Qi attacking the stomach:** Vomiting, acid regurgitation, frequent belching, distension and pain of the chest and hypochondrium, irritability, a thin, sticky tongue coating, and a wiry pulse.

Deficient Patterns

1. **Spleen Yang deficiency:** Vomiting after a big meal, sallow complexion, lack of appetite, fatigue, lassitude, weakness, slightly loose stools, thirst without desire to drink, coldness of the four extremities, diarrhea, a pale tongue, and a thready, forceless pulse.
2. **Stomach Yin deficiency:** Frequent vomiting or dry heaves, poor appetite, fever or feeling of heat in the afternoon, constipation, epigastric pain, dry mouth and throat, thirst with desire to drink, hunger without desire to eat, feeling of fullness after eating, a red tongue with a peeled center, and a floating, empty pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Line 2 Lateral to Forehead

Middle Line of Vertex

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. When inserting on the Middle Line of Vertex area, use anterior-posterior against insertion. When inserting on the Line 2 Lateral to Forehead point, use up and down against insertion. When needling into the subaponeurotic tissue layer, the practitioner should hold two needles against each other and manipulate the needles using the false lifting technique for up to 1 to 3 minutes until the symptoms are reduced or relieved. For patients with vomiting, apply gentle pressure on Ren 12 (Zhong Wan) or tap on P 6 (Nei Guan), or ask the patient to hold his or her breath and swallow the saliva. Retain the needles for 30 minutes and manipulate once during the retention. Treat the patient once every day with three to five treatments to a course. If it is a chronic condition, treat 7 to 10 days for a course.

2. JIAO SYSTEM

Points:

Stomach Area

Sensory Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert the needle rapidly into the subaponeurotic tissue layer. Use false lifting for excess conditions and false thrusting for deficient conditions. Retain the needle for 30 minutes and treat once every other day for a course of 10 treatments.

3. FANG SYSTEM

Points:

Middle Jiao of Prone Organ

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast insertion perpendicularly to a depth of 2.0 to 3.0 fen until the needle reaches the periosteum. Use the rotation technique to elicit Qi, and retain the needle for 30 to 50 minutes while manipulating one to two times during the retention. For patients with chronic conditions, use intradermal needles and retain for up to a few days.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Liver

Stomach

Sympathetic

Shen Men

Supplemental Points:

Subcortex

Middle Ear

Occiput

Cardia Orifice

2. EUROPEAN AURICULAR THERAPY

Points:

Stomach

Esophagus

Omega 1
 Zero
 Sympathetic Autonomic
 Thalamus Point
 Occiput

Technique:

Electro-Acupuncture Ear Therapy: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the surface of the ear, and follow with 70% alcohol to clean the ear. Insert the filiform needles into the selected point. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulating current for 10 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Spleen
 Stomach

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention. Nose acupuncture requires a shallow insertion. The needle should just touch the soft cartilage without actually being inserted into the cartilage.

Middle Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well.

Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Liver point and manipulate the needle until you elicit Qi, and then gently lift the needle to the subcutaneous layer. Redirect the needle tip toward the Gallbladder point until you elicit Qi. Now, gently lift the needle and redirect the needle tip toward the Gallbladder point on the other side of the face until you elicit Qi. Next, gently lift the needle and redirect the needle tip toward the Stomach point on both sides of the face until you elicit Qi. Last, bring the needle back to the Liver point and retain it there for the duration of the treatment. If the patient feels a warm sensation in the abdomen, or has hunger, regurgitation, abdominal distension, or nausea that is released by inserting the needles, the treatment will usually have better results. The skin and muscles around the nose and face area are thin so use thinner needles for this technique.

2. NOSE SAN JIAO THERAPY

Points:

22, 25

Technique:

For Point 22, use oblique insertion downward 1.0 to 2.0 fen deep.

For Point 25, use oblique insertion downward 1.0 to 2.0 fen deep.

Philtrum Acupuncture

Points:

Philtrum 5

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with an oblique downward insertion. Insert the needle to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary. The philtrum area is rather small and the point distribution is very close together, making correct point location very important.

Bloodletting Technique: Use a three-edge needle with the spot pricking technique to release a few drops of blood. This is especially useful for headache, stroke, and toothache.

Neck Acupuncture

Points:

5 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

For the 5 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun and then use lifting, thrusting, and rotation techniques. If using the rotation technique, you should use mild stimulation to elicit Qi. The needles are usually retained for 20 to 30 minutes. After needling the neck, use moxa along the spine. If the patient feels a tingling sensation or whole-body relaxation, they will obtain better results.

Back Shu Acupuncture

Points:

UB 14 (Jue Yin Shu)
 UB 15 (Xin Shu)
 UB 19 (Dan Shu)
 UB 20 (Pi Shu)
 UB 21 (Wei Shu)
 UB 22 (San Jiao Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Use caution for the needle depth of the back Shu and upper back area to avoid damage to internal organs.

Jia Ji Acupuncture

Points:

Thoracic Jia Ji Points T 9 through T 12

Technique: The patient should be in a comfortable prone position. Choose a 1.0 to 1.5 cun filiform needle, and insert it at a perpendicular angle. Depending on the patient's constitution, the needle may be inserted to a depth of 1.0 to 1.2 cun on the lumbar and sacral areas, and 0.5 to 1.0 cun on the cervical and thoracic areas. Use the lifting, thrusting, and rotating techniques to stimulate the point. Electro-acupuncture is a very useful method on the Jia Ji system and can provide continuous stimulation. Retain the needles for 30 minutes.

Chest Acupuncture

Points:

Side Xiphoid Process
 Stomach 1, 2, 3
 Infrascapular
 Abdominal 1-7

Acupressure: Find the chest acupuncture point or positive trigger point, especially working any points with a ropey or bumpy feel. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, for children, for weak patients, or if the chest point area has an obvious pressure pain or sensitive reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. For urgent conditions, treat two to three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days to a course, then rest 2 to 3 days and continue another course.

Using the finger acupressure technique requires a certain degree of pressure and length of treatment. Start with light pressure and then gradually increase to heavy pressure. Be careful not to apply pressure too heavily or too quickly.

Abdominal Acupuncture

Points:

Middle Jiao insertion
 Qi Pang
 Qi Wai

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert needles perpendicularly into the sky layer and use a rotation technique to elect Qi, and then gently move the needle to the person layer and use the rotation technique with very gentle lifting and thrusting. Lastly, push the needle deeper into the earth layer and use the rotation technique to elicit Qi. So, the gentle lifting and thrusting technique is mainly used on the person layer. Use moxibustion or TDP lamp on the stomach area. Meanwhile, massage the patient's diseased areas. Follow the steps of the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Chest
 Hiccup

GASTROINTESTINAL

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Stomach Spot
 Large Intestine Spot
 Head Spot
 Stomach point
 Mouth Point
 Zhong Kui

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the affected area of the body, and retain the needles for up to 20 to 30 minutes.

3. KORYO HAND THERAPY

Points:

A 8, 12, 16, 18; E 22; B 19, 24

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the

needle will be penetrated into the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for longer treatment duration. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Stomach
Spleen 4

2. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Nei Huai Qian Xia
Nu Xi
Du Yin Xue

3. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Abdominal Corresponding Area of Feet Prone Organs
Abdominal Corresponding Area of Feet Tibia Inverted Organs
Abdominal Corresponding Area of Feet Fibula Inverted Organs

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi, then retain the needle for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. While manipulating the needles, use massage or moxibustion on the abdomen. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Wrist and Ankle Acupuncture

Points:

Upper 1

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles.

Have the patient lie in a comfortable position. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Slowly push the needle further into the subcutaneous tissue at a 10-degree angle. The practitioner should feel the sensation change from resistant to loose, with a soft sensation under the needle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive activity methods, including Tui Na, Qi Gong, moxibustion, cupping, and breathing techniques while retaining the needles. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Vomiting may be due to excess or deficient causes. Excess is usually due to an invasion of pathogenic factors and an irregular diet, and it usually has an acute onset with a short course. Deficient types usually are due to spleen and stomach dysfunction and tend to progress more slowly and be chronic. The treatment principle for excess types is to expel the pathogenic factors and harmonize the stomach to descend the stomach Qi. The treatment principle for deficient types is to tonify and warm the middle Jiao and nourish the stomach Yin. Acupuncture can have good results in adjusting the function of the stomach and large intestine. The micro-acupuncture systems that have the best results for stopping vomiting are the ear, scalp, abdominal, and hand systems. Scalp acupuncture has a better result for vomiting due to psychiatric disorders or stress. The best results come from combining micro-acupuncture with macro-acupuncture points, such as LI 4 (He Gu), Ren 12 (Zhong Wan), Ren 4 (Guan Yuan), and St 36 (Zhu San Li). The patient should be advised to get regular exercise, avoid emotional stress, and keep regular dietary habits, with less greasy and spicy foods. As vomiting may be related to many diseases, a complete examination may be necessary to rule out a more severe disease.

HICCUPS—E NI

Hiccups are characterized by short, uncontrollable gasps for air. Hiccups can occur frequently, but most cases are mild and the patient will recover without intervention. However, continuous hiccups or repeated attacks of hiccups may require treatment. Hiccups are usually a symptom of pathology of upper and middle Jiao disharmony caused by any combination of the following: irregular diet, emotional disturbance, long-term illness resulting in Zang Fu deficiency, deficient cold, deficient heat, or excess heat conditions, all of which lead to the rebellion of stomach Qi. Continuous hiccups may be indicative of a more serious illness.

Western medicine refers to this condition as neurosis, tumor of the esophagus or mediastinum, inflammation of the mediastinum, or late-stage of more severe diseases.

Traditional Chinese Medicine Differential Diagnosis

- Cold invading the stomach:** Hiccups with a loud sound, lasting for long periods of time, cold and pressure in the stomach that is better with warmth and worse with cold foods, poor appetite, no thirst, clear urine, diarrhea, and a pale tongue with a white, wet coating, and a slow, tight pulse.
- Stomach fire:** Hiccups that are frequent and loud, foul breath, thirst with preference for cold drinks, frequent urination that is dark and concentrated, constipation, a red tongue with yellow coating, and a slippery, rapid pulse.
- Food obstruction in the middle Jiao:** Frequent, short, and loud hiccups, foul breath, abdominal distension and fullness, vomiting or sour regurgitation with foul odor, irregular bowel movements, a red tongue with a thick, sticky, yellow coating, and a wiry, slippery, or choppy pulse.
- Middle Jiao Qi stagnation:** Hiccups that are frequent with chest and abdominal fullness, aggravated by emotional stress, and a thick, white tongue coating and a wiry pulse.
- Middle Jiao deficiency:** Hiccups that are slow and quiet, shortness of breath, fatigue, pale complexion, cold hands and feet, poor appetite, a pale tongue with white coating, and a thin, weak pulse.
- Stomach Yin deficiency:** Hiccups that are frequent, urgent, and rapid, dry mouth with a dry tongue, constipation, a red, dry, cracked tongue body, and a thin, rapid pulse.
- Stomach Qi deficiency:** Hiccups that occur with long-term, severe disease, with sudden onset, and are slow, weak, and long, cold limbs, profuse sweating, dark face, may have loss of consciousness, loss of bowel or urinary control, a red, shiny tongue, and a weak, deep pulse.
- Spleen and stomach Yang deficiency:** Hiccups that are weak with a low pitch, shortness of breath, a pale complexion, cold hands and feet, poor appetite, fatigue, a pale tongue with white coating, and a thin, deep pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Line 2 Lateral to Forehead

Middle Line of Vertex

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. When inserting on the Middle Line of Vertex area, use anterior-posterior against insertion. When inserting on the Line 2 Lateral to Forehead area, use up and down against insertion. When needling into the subaponeurotic tissue layer, the practitioner should hold two needles against each other and manipulate the needles using the false lifting technique for up to 1 to 3 minutes until the symptoms are reduced or eliminated. For patients with vomiting, apply gentle pressure on Ren 12 (Zhong Wan) or tap on P 6 (Nei Guan), or ask the patient to swallow the saliva. Retain the needles for 30 minutes and manipulate once during the retention. Treat the patient once every day with three to five treatments to a course. If it is a chronic condition, treat 7 to 10 days for a course.

2. JIAO SYSTEM

Points:

Stomach Area

Sensory Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert the needle rapidly into the subaponeurotic tissue layer. Use false lifting for excess conditions and false thrusting for deficient conditions. Retain the needle for 30 minutes, and treat once every other day for a course of 10 treatments.

3. FANG SYSTEM

Points:

Middle Jiao of Prone Organ

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast insertion perpendicularly to a depth of 2.0 to 3.0 fen until the needle reaches the periosteum. Use the rotation technique to elicit Qi, and retain the needle for 30 to 50 minutes while manipulating one or two times during the retention. For patients with chronic conditions, use subcutaneous needles and retain for up to a few days.

Face Acupuncture

Points:

Liver

Stomach

Spleen

Gallbladder

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Be sure to clean the area well before insertion. Then insert the needle slowly at an oblique, or transverse angle. Rotate the needles to elicit Qi. Retain the needles for

20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding. Most patients will respond to the treatment immediately.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Liver
Stomach
Sympathetic
Shen Men
Ear Center
Supplemental Points:
Subcortex
Middle Ear
Occiput
Cardia Orifice

2. EUROPEAN AURICULAR THERAPY

Points:

Esophagus
Omega 1
Zero
Sympathetic Autonomic
Thalamus Point
Occiput

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles and apply Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. Have the patient hold his or her breath while you stimulate the points. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily.

Nose Acupuncture

BASIC NOSE THERAPY

Points:

Stomach
Lung

Technique:

Middle Jiao Technique: Usually, have the patient lie down during treatment to prevent fainting. Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Liver point and manipulate the needle until you elicit Qi, and then gently lift the needle to the subcutaneous layer. Redirect the needle tip toward the Gallbladder point until you elicit Qi. Now, gently lift the needle and redirect the needle tip toward the Gallbladder point on the other side of the face until you elicit Qi. Next, gently lift the needle and redirect the needle tip toward the Stomach point on both sides of the face until you elicit Qi. Last, bring the needle back to the Liver point and retain it there for the duration of the treatment. If the patient feels a warm sensation in the abdomen, or has hunger, regurgitation, abdominal distension, or nausea that is released by inserting the needles, the treatment will usually have better results. The skin and muscles around the nose and face area are thin so use thinner needles.

Philtrum Acupuncture

Points:

Philtrum 5

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with an oblique insertion downward. Insert the needle to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Bloodletting Technique: Use a three-edge needle with the spot pricking technique to release a few drops of blood. Have the patient hold his or her breath while you stimulate the points.

Tongue Acupuncture

Points:

Stomach
Spleen
Hai Quan

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. If needles are to be inserted on the surface of the tongue, ask the patient to stick the tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisors of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on

the tongue to release a few drops of blood. For the spot pricking technique, use a fast insertion on the local point to a depth of 0.5 to 1.2 cun. Tongue acupuncture is effective for digestive systems disorders.

Jia Ji Acupuncture

Points:

Thoracic Jia Ji Points T 4 through T 8

Technique: The patient should be in a comfortable prone position. Choose a 1.0 to 1.5 cun filiform needle, and insert it at a perpendicular angle. Depending on the patient's constitution, the needle may be inserted to a depth of 1.0 to 1.2 cun on the lumbar and sacral areas, but 0.5 to 1.0 cun on the cervical and thoracic areas. Use the lifting, thrusting, and rotating techniques to stimulate the point. Electro-acupuncture is a very useful method on the Jia Ji system and can provide continuous stimulation. Retain the needles for 30 minutes.

Abdominal Acupuncture

Points:

Harmonize the spleen insertion: Spleen 15 (Da Heng)

Qi Wai

Qi Pang

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use a gentle and slow insertion to insert needles perpendicularly in the sky, person, and earth layers to a depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's diseased areas. Follow the steps of the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Abdominal acupuncture is mostly used for chronic conditions that typically fall into the deficiency category, so use the moxibustion technique from up to down on each acupuncture point or focus on Ren 8 (Shen Que) to increase Yang Qi, which will increase the treatment effect.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Hiccups

Gastrointestinal

Spleen

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Stomach Spot

Hiccup

Mouse point

Zhong Kui

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for up to 20 to 30 minutes.

Summary

Hiccups may be treated with micro-acupuncture therapy; the best systems are the ear, scalp, abdominal, and hand. Scalp acupuncture has better results for hiccups due to psychiatric disorders or stress. Usually when hiccups occur, these systems may stop the attack. For patients with frequent attacks of hiccups with an insidious onset, the treatment will be best if used in combination with macro-acupuncture, herbal therapy, and magnet applications. For chronic internal organ disorders, the underlying pathology should be addressed as well. Hiccups will have a tendency to recur even after the disease has resolved, so the patient should continue with treatment after the symptoms disappear. Ear balls or intradermal needles will help prevent recurrence. Dietary therapy should include stimulation of the digestive system and avoidance of cold, raw, spicy, and acrid foods.

ABDOMINAL PAIN—FU TONG

Abdominal pain is pain located below the stomach and above the pubis. The pain is caused by the internal organs and meridians being invaded by external pathogenic factors, irregular dietary habits, emotional stress, and deficiency of the internal organs. This causes Qi and blood stasis or Qi and blood deficiency, which leads to malnourishment of the internal organs.

Western medicine refers to this condition as acute or chronic pancreatitis, acute or chronic peritonitis, acute or chronic enteritis, appendicitis, ileus, irritable colitis, or intestinal spasm.

Traditional Chinese Medicine Differential Diagnosis

1. **Cold in the intestines:** Abdominal pain that is aggravated by cold food and drinks and relieved by warmth, no thirst, pale-colored urine, loose stools or constipation, pale complexion, a pale or dark tongue with a white, thin coating, and a tight, deep pulse or wiry and tight pulse.
2. **Damp heat in the intestines:** Abdominal pain that is worse with pressure and hot foods, heaviness and oppression of the chest, loose stools with a foul smell, mucus and blood in the stools, burning sensation around the anus, constipation, strong thirst, slight sweating, dark urine, a red tongue with a sticky, thick coating, and slippery, rapid pulse.
3. **Abdominal deficient cold:** Chronic abdominal pain with gradual onset, preference for warmth and pressure, fatigue, feels cold, prefers warm beverages, loose stools, depression,

slight breathlessness, a pale tongue with a thin white coating, and a weak, deep pulse.

4. **Retention of food:** Abdominal pain that is worse with pressure and after meals, abdominal fullness, belching, sour regurgitation, diarrhea that relieves abdominal pain, constipation, a tongue with a thick coating, and a slippery, rapid pulse.
5. **Qi stagnation:** Abdominal pain and distension that is related to emotions, pain without a fixed location, belching, feeling bloated, constipation, irritability, moodiness, abdominal fullness that is relieved by passing gas, poor appetite, frequent sighing, a red tongue especially on the sides with a thin, yellow coating, and a wiry pulse.
6. **Blood stagnation:** Severe abdominal pain that is fixed and worse at night and worse with pressure, abdominal mass, dark complexion, a purple tongue with blue spots on the sides, and a deep, choppy pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Line 2 Lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. The needle is generally inserted obliquely from the superior to the inferior direction. If the patient has severe pain, use the needle against insertion technique. Once the needles are inserted into the subaponeurotic tissue layer, use the false lifting technique continuously for 1 to 3 minutes. Ask the patient to do self-massage on the abdomen; have the patient breathe deeply into the abdomen.

2. JIAO SYSTEM

Points:

Stomach Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert with the rotation technique and push the needle quickly into the subaponeurotic tissue layer. The angle of insertion should be 15 to 30 degrees to the scalp to ensure that the needle is inserted into the right layer. Manipulate the needle up to 200 rotations per minute, and continue for 1 to 3 minutes. For excess conditions use the false lifting technique, and for deficient conditions use the false thrusting technique. Retain the needle for up to 30 to 60 minutes while manipulating one to three times during the retention.

3. FANG SYSTEM

Points:

Middle Jiao of Prone Organ

Middle Jiao of Inverted Organ

Back Area of Prone Imaging—Pain radiating to the back

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needles perpendicularly with a fast insertion or slowly with an oblique rotating insertion to a depth of 2.0 to 3.0 fen so the needle reaches the periosteum.

Rotate the needle to elicit Qi. Retain the needle for up to 1 to 2 hours while manipulating the needle two to three times during the retention. For patients with abdominal pain due to menstruation, treat the patient before her period starts, or use intradermal needles until pain decreases during the period.

4. ZHU SYSTEM

Points:

Frontal-Vertex Zone 3

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

For the Frontal-Vertex Zone 3 point, insert the needle in an anterior to posterior direction. If the patient has severe stomach pain, select an area 0.5 cun bilateral from the needled area (group insertion). After needling into the subaponeurotic tissue layer, use the false lifting technique in each area for 1 to 3 minutes. Meanwhile, apply pressure to the stomach area or on Ren 12 (Zhong Wan) and Stomach 36 (Zu San Li). Retain the needles for 30 minutes, but if the patient has severe stomach pain, retain the needles for 1 to 2 hours. Use 10 treatments per course.

Face Acupuncture

Points:

Umbilicus

Large Intestine

Small Intestine

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Insert the needle slowly at a perpendicular, oblique, or transverse angle. For the Umbilicus and Large Intestine areas, use a perpendicular insertion. Rotate the needles to elicit Qi and retain the needles for 20 to 30 minutes, manipulating the needles once every 5 to 10 minutes. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding. For pain control, use the electro-acupuncture technique. Treat the patient once daily or every other day, with 10 treatments per course and 5 to 7 days of rest between courses.

Caution: Clean needle technique is mandatory to avoid causing infections of the face. When needling, be certain to avoid pimples, scar tissue, and blood vessels to prevent infection or hematoma.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Liver

Stomach

Sympathetic

Shen Men

Spleen

Middle Ear

Abdomen

Mouth

Supplemental Points:

Subcortex, Large Intestine

Fullness—San Jiao

Hiccup and Belching—Liver, Gallbladder

Burning Sensation—Endocrine

2. EUROPEAN AURICULAR THERAPY

Points:

Stomach

Small Intestine

Large Intestine

Abdomen

Zero

Sympathetic Autonomic

Cardia Orifice

Pancreas

Duodenum

Solar Plexus

Master Cerebral

Anterior Pituitary

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected point. Use higher than a 100 Hz frequency. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulation current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the

point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses. You should use seed therapy with light stimulation when treating patients who are very young, elderly, weak, sensitive, or pregnant.

Eye Acupuncture

Points:

Large Intestine of Area 1

Small Intestine of Area 6

Spleen of Area 7

Middle Jiao of Area 5

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your left hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the inner margin insertion technique with perpendicular insertion, needling the point slightly toward the eyeball. Insert needles to a depth of 0.2 to 0.5 cun. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball to the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

Eye acupuncture has good results for a variety of abdominal pain applications.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Liver

Stomach

Small Intestine

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. These needle reactions usually indicate a better response from the treatment. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Middle Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Liver point and manipulate the needle until you elicit Qi, then gently lift the needle to the subcutaneous layer. Redirect the needle tip toward the Gallbladder point until you elicit Qi. Next, gently lift the needle and redirect the needle tip toward the Gallbladder point on the other

side of the face until you elicit Qi. Gently lift the needle and redirect the needle tip toward the Stomach point on both sides of the face until you elicit Qi. Last, bring the needle back to the Liver point and retain it there for the duration of the treatment. If the patient feels a warm sensation in the abdomen, or has hunger, regurgitation, abdominal distension, or nausea that is released by inserting the needles, the treatment will usually have better results.

2. NOSE SAN JIAO THERAPY

Points:

8, 11, 17, 21, 24, 25, 28, 32, 44

Technique:

For Point 8, use perpendicular insertion 1.0 fen deep.

For Point 11, use perpendicular insertion 1.0 fen deep.

For Point 17, use oblique insertion upward 1.0 to 2.0 fen deep.

For Point 21, use oblique insertion downward 1.0 to 2.0 fen deep.

For Point 24, use oblique insertion upward 1.0 to 2.0 fen deep.

For Point 25, use oblique insertion downward 1.0 to 2.0 fen deep.

For Point 28, use perpendicular insertion 1.0 to 2.0 fen deep.

For Point 32, use perpendicular insertion 1.0 fen deep.

For Point 44, use oblique insertion upward 1.0 fen deep.

Nose acupuncture requires shallow insertion. The needle should just touch the soft cartilage without actually being inserted into the cartilage.

Philtrum Acupuncture

Points:

Philtrum 4

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with perpendicular insertion to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary. The philtrum is located in the so-called “dangerous triangle,” therefore it is advisable to strictly follow clean needle technique in order to avoid infection.

Bloodletting Technique: Use a three-edge needle with the spot pricking technique to release a few drops of blood. This is especially useful for headache, stroke, and toothache.

Mouth Acupuncture

Points:

Area of Digestion

Technique: Use fresh water to cleanse the patient’s mouth.

Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at a 15- to 30-degree angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat the patient once daily with 10 treatments per course.

The mouth has a direct connection to the internal organs, especially the digestive system. It is easy to stimulate the body to elicit Qi with needle insertions in the mouth.

Tongue Acupuncture

Points:

Stomach

Spleen

Small Intestine

Large Intestine

Technique: Use fresh water to cleanse the patient’s mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles.

Ask the patient to stick his or her tongue out. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion at the local point to a depth of 0.5 to 1.2 cun.

The tongue connects directly with the internal organs, especially the digestive system. Stimulation on the tongue can easily increase the body’s physical reactions and achieves good results.

Neck Acupuncture

Points:

St 9 Ren Ying

St 10 Shui Tu

St 11 Qi She

Technique: Use group needle stimulation techniques, in other words, traditional ancient techniques (the “Yang Ci” technique). The practitioners can also use cutaneous needles such as seven star needles. This technique involves multiple needles inserted closely together on one point. Choose 0.5 cun long, 30 to 34 gauge filiform needles. Hold several needles together and insert them at the same time in one point or insert them one by one closely together at one point. Insert to a depth of 0.2 to 0.3 cun and gently use lifting and thrusting techniques to stimulate the area until the skin turns pink-red in a circle around the needles. Use activating Qi techniques such as massage on the abdomen and deep breathing, while manipulating the needles on the neck. If the patient experiences internal organ warmth or increased intestinal movement, this usually indicates that Qi is moving toward the target area. This will achieve a good result. Retain the needles for 30 to 60 minutes.

Back Shu Acupuncture

Points:

UB 20 (Pi Shu)

UB 21 (Wei Shu)

UB 25 (Da Chang Shu)

Technique: Use standard clean needle technique. For points above lumbar 2, use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the

needle in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi and use a TDP lamp or moxibustion for an active Qi treatment. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments per course.

Jia Ji Acupuncture

Points:

Thoracic Jia Ji Points T 4 through T 12

Lumbar Jia Ji Point L 1

Technique: The patient should be in a comfortable prone position. Choose a 1.0 to 1.5 cun filiform needle, and insert it at a perpendicular angle. Depending on the patient's constitution, the needle may be inserted to a depth of 1.0 to 1.2 cun on the lumbar and sacral areas, but 0.5 to 1.0 cun on the cervical and thoracic areas. Use the lifting, thrusting, and rotating techniques to stimulate the point.

Electro-acupuncture is a very useful method on the Jia Ji system and can provide continuous stimulation. Retain the needles for 30 minutes.

Chest Acupuncture

Points:

Side Xiphoid Process

Stomach 3, 4, 5

Abdominal 1, 2, 3, 4, 5

Lumbar-Abdominal 1, 2, 3, 4

Infrascapular

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on the patient's body size. Elicit Qi and withdraw the needle. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course.

Chest acupuncture is useful in common clinical disorders, especially for pain due to functional disorders.

Acupressure: Find the chest acupuncture point or positive trigger point, especially working any points with a ropery or bumpy feel. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, for children, for weak patients, or if the chest has an obvious pressure pain or sensitive reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. For the lumbar area or a point with abundant muscles, use a small piece of hard wood to replace your hand and apply pressure for a particularly long time, usually 7 to 15 minutes. For urgent conditions, treat two to three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days to a course, then rest 2 to 3 days and continue another course.

Start with light pressure and then gradually increase to heavy pressure. Be careful not to apply pressure too heavily or too quickly.

Intradermal Embedding Technique: Clean needle technique is critical for preparing the point. Use the pressing hand to tightly stretch the skin, and use the puncturing hand to hold a small hemostat to insert a disposable grain-like intradermal needle into the skin and tape the needle down when finished. Retain the needle for 3 to 5 days with 10 treatments to a course. If the embedded needle develops pain that disrupts their sleep, adjust the needle direction or depth until the patient is pain-free.

For the area around embedded needles, instruct the patient to be careful to avoid getting the area wet. In the summer, with warmer temperatures and more frequent sweating, use shorter needle retention time to avoid infection.

Abdominal Acupuncture

Points:

Leading energy back to the source combination: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), and Ren 4 (Guan Yuan)

Middle Jiao insertion: Stomach 25 (Hua Rou Men) and Spleen 15 (Da Heng)

Deficiency cold – moxa on Ren 8 (Shen Que)

Technique: It is very important to do abdominal diagnosis and carefully check every area of the abdomen for tension of the muscles, pressure pain, and tumors, as well as internal organ abnormalities such as an enlarged liver or spleen.

Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly in the sky, person, and earth layers to a depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Gastrointestinal Spleen

San Jiao

Small Intestine

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Stomach Spot

Gallbladder Point

Large Intestine Point

Small Intestine Spot
Wai Lao Gong

3. HAND IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Middle Two-Sevenths of Hand Prone Organ
Lower One-Third of Hand Radial Inverted Organ
Lower One-Third of Hand Ulnar Inverted Organ

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Activating Qi techniques, such as massage, deep breathing, TDP lamp, and moxibustion with manipulation of the needles are very important to increase the effectiveness of the treatment. If the patient experiences internal organ warmth or increased intestinal movement, this usually indicates that Qi is moving toward the target area. This will achieve a good result. Retain the needles for up to 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides.

4. KORYO HAND THERAPY

Points:

A 8, 12, 16; G 1; E 42

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin to a very superficial depth (approximately 0.5 mm). Alternatively, insert a Sooji needle with an automatic needle dispenser for nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size is chosen according to the width of the application area. Detach the pellet from its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Small Intestine
Large Intestine
Spleen 4
Nei Xian Gu

2. FOOT NEW POINT THERAPY

Points:

5, 27, 28

3. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Abdominal Corresponding Area of Feet Prone Organs
Abdominal Corresponding Area of Feet Tibia Inverted Organs
Abdominal Corresponding Area of Feet Fibula Inverted Organs

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi. Activating Qi techniques, such as massage and deep breathing, and holding and releasing the perineum while manipulating the needles on the feet is a very important step. If the patient experiences internal organ warmth or increased intestinal movement, this usually indicates that Qi is moving toward the target area. This will achieve a good treatment result.

Retain the needles for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a resting period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

The feet have an abundance of blood vessels that can cause swelling and bruising as a result of needling or massage, so use a gentle technique.

Wrist and Ankle Acupuncture

Points:

Lower 1

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position

for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without stimulation, or retained for up to 2 days. This technique is more effective when combined with passive activity methods, including Tui Na, Qi Gong, moxibustion, cupping, and breathing techniques while retaining the needles. There are 10 treatments per course. When retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Abdominal pain may occur as a result of many diseases, so care should be taken with diagnosis to rule out conditions requiring surgery or other medical care. The patient should undergo a complete examination to rule out more serious conditions. Acupuncture can have excellent results in the treatment of abdominal pain; rapid pain relief is one of the most effective applications of acupuncture. For patients with acute abdominal pain, use filiform needles with electro-acupuncture and strong stimulation. The ear and abdominal micro-systems have been shown to have the best results with abdominal pain, although the nose and hand micro-systems can be used as well. For chronic abdominal pain, use the massage technique or gentle tonification treatments. Chronic cases may be combined with macro-acupuncture for the best results. The patient should be instructed in diet and lifestyle changes, such as eliminating alcohol, tea, greasy and spicy foods, and quitting smoking. Frequent, small meals are advised rather than overeating large meals. For acute conditions, the patient may need urgent care and should be evaluated by a medical professional to rule out more serious diseases.

JAUNDICE—HUANG DAN

Jaundice is characterized by a yellow discoloration of the sclera of the eyes, skin, and urine. The symptoms are often combined with strong thirst, scanty dark urine, heavy sensation of the body, abdominal and chest fullness, and nausea. Jaundice may be caused by an invasion of pathogenic factors or irregular diet, which eventually leads to spleen and stomach deficient cold or the obstruction of liver and gallbladder Qi. These pathologic effects on the Zang Fu can produce extreme Qi stagnation, blood stasis, and damp heat obstruction of the middle Jiao, eventually leading to color change of the skin.

Western medicine refers to this condition as acute or chronic hepatitis, cirrhosis, or obstruction of the bile duct by infection or stones.

Traditional Chinese Medicine Differential Diagnosis

1. **Yang jaundice with heat more than damp:** Skin and eyes are bright yellow in color, fever, strong thirst, nausea, vomiting, abdominal fullness, bitter taste in the mouth, scanty, dark urine, constipation, red tongue with a yellow, sticky coating, and a wiry, rapid pulse.
2. **Yang jaundice with damp more than heat:** A dull yellow discoloration of the skin and eyes, heavy sensation of the head and body, fullness of the chest and abdomen, poor appetite, nausea and vomiting, abdominal distension with diarrhea, a red, swollen tongue with a sticky, thick coating, and a wiry, slippery pulse or a soft, slow pulse.
3. **Acute jaundice:** Jaundice of the whole body with an acute onset that progresses rapidly and is severe, a bright, fresh tangerine coloration of the skin, high fever, strong thirst, severe abdominal pain with distension, hypochondrium pain, unconsciousness, delirious speech, bitter taste in the mouth, bleeding nose, skin, or blood in the stools, a red tongue with a dry, yellow coating, and a wiry, slippery pulse.
4. **Yin jaundice:** Skin and eyes with a sallow, yellow discoloration, heavy sensation of the body, weakness, loss of appetite, epigastric fullness, lassitude, aversion to cold, absence of thirst, a pale tongue with a thick, white coating, and a deep, slow pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. JIAO SYSTEM

Points:

Stomach Area

Liver and Gallbladder Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert quickly into the scalp and push into the subaponeurotic tissue layer. Use turning and rotation techniques to stimulate. For acute conditions, use the false lifting technique, and for chronic jaundice, use the false thrusting technique. Retain the needles for 20 to 40 minutes, and treat once daily for a course of 10 treatments.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Liver

Pancreas

San Jiao

Biliary Tract

Duodenum

Subcortex

Stomach

Gallbladder

Esophagus

Spleen

Shen Men

Hepatitis

Supplemental Points:

Jaundice—Adrenal, Endocrine

Inflammation—Ear Apex (Bleeding)

2. EUROPEAN AURICULAR THERAPY

Points:

Gallbladder

Endocrine

Zero

Sympathetic Autonomic

Liver

Hepatitis

Pancreas

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. Use the slow rotation technique to stimulate and most patients will notice a slightly painful, hot sensation, and some will notice soreness, numbness, coldness, and a distending sensation. These reactions all indicate the arrival of Qi, and the prognosis should be good. The needles may be retained for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected points. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulation for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks. When using the electro-machine, do not touch the two filiform needles together as accidental contact can create a dangerous electrical shock.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Eye Acupuncture

Points:

Liver of Area 4

Middle Jiao of Area 5

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your left hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the inner margin insertion technique with perpendicular insertion, needling the point slightly toward the eyeball. Insert the needles to a depth of 0.2 to 0.5 cun. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball to the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course. Do not retain the needles for too long when using eye acupuncture. Usually 5 to 10 minutes is standard, but it can last up to 20 minutes if the condition warrants.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Liver

Gallbladder

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Fast Spot Pricking Technique: Use 32 to 34 gauge, 0.5 cun long filiform needles. Quickly prick the point. The nose area has less muscles and skin; therefore it is very sensitive, so needle insertion should be shallow and gentle.

Middle Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Liver point and manipulate the needle until you elicit Qi, and then gently lift the needle to the subcutaneous layer. Redirect the needle tip toward the Gallbladder point until you elicit Qi. Now, gently lift the needle and redirect the needle tip toward the Gallbladder point on the other side of the face until you elicit Qi. Next, gently lift the needle and redirect the needle tip toward the Stomach point on both sides of the face until you elicit Qi. Last, bring the needle back to the Liver point and retain it there for the duration of the treatment. If the patient feels a warm sensation in the abdomen, or has hunger, regurgitation, abdominal distension, or nausea that is

released by inserting the needles, the treatment will usually have better results.

2. NOSE SAN JIAO THERAPY

Points:

7, 31

Technique:

For Point 7, use oblique insertion 1.0 to 2.0 fen deep and point the needle toward the direction of the pain.

For Point 31, use perpendicular insertion 1.0 fen deep.

Tongue Acupuncture

Points:

Stomach

Spleen

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles.

Ask the patient to stick his or her tongue out. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use a fast insertion on the local point to a depth of 0.5 to 1.2 cun.

The tongue connects directly with the internal organs, especially the digestive system. Stimulation on the tongue can easily increase the body's physical reactions and achieves good results.

Back Shu Acupuncture

Points:

UB 18 (Gan Shu)

UB 19 (Dan Shu)

UB 20 (Pi Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

The back Shu points should be needled shallowly with careful attention to depth to protect the internal organs. This is especially important in patients with emphysema or an enlarged heart, liver, or spleen.

Jia Ji Acupuncture

Points:

Thoracic Jia Ji Points T 9 through T 12

Technique: The patient should be in a comfortable prone position. Choose a 1.0 to 1.5 cun filiform needle, and insert it at a perpendicular angle. Depending on the patient's constitution, the needle may be inserted to a depth of 0.5 to 1.0 cun on the cervical and thoracic areas. Use the lifting, thrusting, and rotating techniques to stimulate the point. Electro-acupuncture

is a very useful method on the Jia Ji system and can provide continuous stimulation. Retain the needles for 30 minutes.

Chest Acupuncture

Points:

Chest 4, 5

Stomach 3

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point and use an oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on patient's body size. Elicit Qi and withdraw the needle. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course.

The chest protects several vital organs, including the heart and lungs. When inserting filiform needles, be careful to use the correct needle angle and depth to avoid injuring the internal organs.

Acupressure: Find the chest acupuncture point or positive trigger point, especially working any points with a ropey or bumpy feel. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, for children, for weak patients, or if the chest area has an obvious pressure pain or sensitive reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. For urgent conditions, treat two to three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days to a course, then rest 2 to 3 days and continue another course.

Intradermal Embedding Technique: Clean needle technique is critical for preparation of the point. Use the pressing hand to tightly stretch the skin, and the puncturing hand to hold a small hemostat to insert a disposable grain-like intradermal needle into the skin and tape the needle down when finished. Retain the needle for 3 to 5 days with 10 treatments to a course. If the embedded needle develops pain that affects their sleep, adjust the needle direction or depth until the patient is pain-free.

For the area around the embedded needles, instruct the patient to be careful to avoid getting the area wet. In the summer, with higher temperatures and more frequent sweating, use shorter needle retention time to avoid infection.

Abdominal Acupuncture

Points:

Arthritic 1, 2, 3

Ren 6 (Qi Hai)

Technique: It is very important to do abdominal diagnosis and carefully check every area of the abdomen for muscle tension, pressure pain, and tumors, as well as internal organ abnormalities such as an enlarged liver or spleen.

Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly into the sky layer and use a rotation technique to elicit Qi, and then gently move the needle to the person layer and use the rotation technique with very gentle lifting and thrusting. Lastly, push the needle deeper into the earth layer and use the rotation technique to elicit Qi. So, the gentle lifting and thrusting technique is mainly used in the person layer. Meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Liver
San Jiao
Diarrhea
Gallbladder Spot

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. For points such as the Liver and San Jiao points that are located on the transverse crease of the joint, try to find the space between the joints to insert the needle. If the patient experiences itching and tingling sensations when you withdraw the needles, that usually indicates that there is bleeding underneath the skin and a hematoma will be formed. You should press on the point for a while to stop the bleeding. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for up to 20 to 30 minutes.

2. KORYO HAND THERAPY

Points:

N 3, 9, 17, 18; F 19; M 27, 31; H 6

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

If the patient experiences excessive pain on insertion, it usually means the needle has bent, has been inserted too deeply, or there is a local infection. Adjustments in care should be given for such situations.

Summary

Jaundice may be caused by pathogenic factors, dietary habits, spleen and stomach deficient cold causing damp or damp heat, or blood stasis causing obstruction of the gallbladder or middle Jiao. Micro-acupuncture can have good results in treating acute jaundice. The ear and back Shu micro-systems are very effective in treating jaundice, especially for acute jaundice due to infection or obstruction. After the jaundice is reduced, the disease is not necessarily resolved. It is important to continue to strengthen the spleen and move liver Qi. The treatments should continue to address heat and dampness. Micro-acupuncture will be more effective if combined with macro-acupuncture points, such as the Liver Mu point (Liver 14 Qi Men), the Liver Shu point (UB 18 Gan Shu), the Liver Source point (Liver 3 Tai Chong), Spleen 6 (San Yin Jiao), or San Jiao 6 (Zhi Gou). If the patient has fullness of the chest, combine with Ren 17 (Tan Zhong), Pericardium 6 (Nei Guan), UB 17 (Ge Shu), and GB 34 (Yang Ling Quan). It is important to combine acupuncture with herbal treatment. Once the jaundice has resolved, many patients will still have residual damp heat and should be given the Yin Chen Wu Ling San formula. For liver and spleen disharmony, the Gui Shao Liu Jun Zi Tang formula should be prescribed. For liver Qi stagnation with spleen Qi deficiency, Xiao Yao San should be prescribed. It is also important to instruct the patient to eat fresh foods and to eliminate greasy, fatty, acrid, and spicy foods, as well as alcohol. Some cases may become worse with Qi stagnation that can be alleviated by soothing the emotions and keeping a peaceful lifestyle without overworking themselves.

DIARRHEA—XIE XIE

Diarrhea is characterized by frequent bowel movements with a loose quality to the stools. Associated symptoms include abdominal pain, diminished appetite, and low energy. Diarrhea may be caused by an invasion of cold-damp, summer heat, and damp heat. Poor dietary habits, emotional stress, spleen and stomach deficiency, or kidney Yang deficiency may also cause the pathology. Spleen and stomach dysfunction may lead to a decreased function of draining the damp from the large intestine. Diarrhea is a common disorder that may occur at any time of the year, but it is especially common in the summer and fall.

Western medicine refers to this condition as acute or chronic enteritis, intestinal tuberculosis, irritable bowel syndrome, and food allergies.

Traditional Chinese Medicine Differential Diagnosis

- Retention of cold damp:** Diarrhea that is watery with abdominal pain, chest oppression, no appetite, aversion to cold, nasal obstruction, headache, feeling of heaviness of the body, a thick, sticky, white tongue coating, and a slippery, slow pulse.
- Retention of damp heat:** Diarrhea with a foul smell and yellowish loose stools, urgent and frequent bowel movements,

abdominal pain, burning sensation in the anus, feeling hot, strong thirst, irritability, a thick, sticky, yellow tongue coating, and a slippery, rapid pulse.

3. **Retention of food:** Rotten-smelling loose stools, abdominal pain that is relieved by bowel movements, borborygmus, poor digestion, abdominal fullness, belching, sour regurgitation, foul breath, a thick tongue coating, and a slippery pulse.
4. **Liver Qi overacting on the spleen:** Diarrhea often alternating with constipation, abdominal distension and pain, belching, poor appetite, mood swings, mental depression, nervous tension, irritability, red on the sides of the tongue, and a wiry pulse.
5. **Spleen and stomach deficiency:** Loose, thin, watery stools with mucus, increased frequency of bowel movements, poor appetite, slight abdominal distension, chest oppression, fatigue, loose stools that are worse with greasy foods, sallow complexion, pale tongue with tooth marks, and a weak pulse.
6. **Kidney Yang deficiency:** Early-morning diarrhea with abdominal pain, borborygmus that is better after diarrhea, feeling cold, low back pain and weakness of the knees, pale tongue with tooth marks, and a weak, deep pulse.

Important Points for Diagnosis and Treatment

To be able to make the correct diagnosis for diarrhea, it is important to differentiate cold, heat, deficiency, and excess. In most cases, loose stools with a watery quality, combined with undigested food, is cold retention. Diarrhea that is urgent, yellow, and foul smelling with burning of the anus is the heat type. Diarrhea with abdominal pain that is worse with pressure and better after a bowel movement is the excess type. Chronic conditions with dull abdominal pain, preference for warmth and pressure, fatigue, and coldness of the body are deficient types.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Line 2 Lateral to Forehead—Due to emotional change

Middle Line of Vertex—Diarrhea with fever

Line 3 Lateral to Forehead—Diarrhea in the early morning

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. For the Line 2 Lateral to Forehead point, insert the needle transversely from the superior to the inferior direction, and for the Middle Line of Vertex point, insert the needle transversely from the anterior to the posterior direction. Use the against insertion technique if the patient has acute diarrhea. If the patient has diarrhea in the morning, insert the needle on the Middle Line of Vertex point from the posterior toward the anterior direction. Insert the needles into the subaponeurotic tissue layer and then use the false lifting and false thrusting techniques. For patients with acute diarrhea or diarrhea due to emotional changes, use false lifting continuously for 1 to 3 minutes and then retain the needles for up to 1 to 2 hours. For patients with chronic

diarrhea or weakness, use the false thrusting technique. Retain the needle for 30 to 60 minutes and perform no manipulation during retention. Meanwhile, ask the patient to massage their abdomen. For patients with morning diarrhea, such as 5 AM diarrhea, use finger massage on the Yao Yan point or massage the low back. For patients with diarrhea due to emotional changes, use hand massage on the hypochondrium area. For patients with chronic diarrhea, ask the patient to tight their sphincter muscle for physical exercise. Treat once a day with three to five treatments for a course. For patients with chronic diarrhea, treat every other day with 10 treatments to a course.

2. JIAO SYSTEM

Points:

Foot Motor and Sensory Area

Intestine Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use rapid insertion and push the needle into the scalp into the subaponeurotic tissue layer. Use the turning and rotating technique at a rate of 200 times per minute. Use the false lifting technique for excess conditions and the false thrusting technique for deficient conditions. Retain for 20 to 30 minutes, and treat the patient every other day for 10 treatments to a course.

Face Acupuncture

Points:

Small Intestine

Large Intestine

Stomach

Spleen

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at a perpendicular, oblique, or transverse angle. For the Large Intestine area, use a perpendicular insertion. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes, manipulating the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding.

Observing the face for diagnosis is an important procedure for face acupuncture. The facial color and skin conditions can provide information regarding duration of the diarrhea, seriousness of the diarrhea, and whether it is an excess or a deficiency condition.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Spleen

Large Intestine

Abdomen

Shen Men

Supplemental Points:

Nervousness—Subcortex, Liver

Yin Deficiency—Kidney

Liver Overacting on the Stomach—Stomach, Small Intestine

2. EUROPEAN AURICULAR THERAPY

Points:

Small Intestine

Large Intestine

Zero

Shen Men

Rectum

Sympathetic Autonomic

Stomach

Vitality Point

Vagus Nerve

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twist to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Mild stimulation is preferred as a tonifying technique for patients who are constitutionally weak with chronic diarrhea. Use the slow rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses. Some patients may be sensitive to the adhesive tape, so a hypoallergenic tape should be used.

Eye Acupuncture

Points:

Large Intestine of Area 1

Small Intestine of Area 6

Spleen of Area 7

Middle Jiao of Area 5

Technique: Use 30 to 34 gauge, 0.5 cun long filiform needles.

Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the edge orbital margin insertion technique with transverse insertion to the subcutaneous tissue and insertion should just touch the periosteum. The insertion point should be about 2.0 mm from the orbital margin. There is limited distance of insertion to avoid crossing into another treatment area. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball to the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Spleen

Small Intestine

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

The active Qi treatment is a very important technique in the nose acupuncture technique. Insert a few needles on the sensitive nose points then let the patient perform active physical movement of the targeted area, such as massage, TDP lamp, or moxibustion.

Intradermal Needle: Intradermal needles are used for conditions that require stimulation for a longer period, such as a few days. Usually use grain-like intradermal needles. Before needling, the surface of the nose should be cleaned well. Hold the needle with forceps, insert it horizontally into the point and apply adhesive tape to fix the needle to the skin. The needled area should be kept dry and clean.

Middle Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Liver point and manipulate the needle until you elicit Qi, and then gently lift the needle to the subcutaneous layer. Redirect the needle tip toward the Gallbladder point until you elicit Qi. Now, gently lift the needle and redirect the needle tip toward the Gallbladder point on the other side of the face until you get Qi.

Next, gently lift the needle and redirect the needle tip toward the Stomach point on both sides of the face until you elicit Qi. Last, bring the needle back to the Liver point and retain it there for the duration of the treatment. If the patient feels a warm sensation in the abdomen, or has hunger, regurgitation, abdominal distension, or nausea that is released by inserting the needles, the treatment will usually have better results.

The nose has very thin muscles and is very sensitive. The needle sensation is felt very quickly; therefore the nose needling technique should be gentle.

Philtrum Acupuncture

Points:

Philtrum 5

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with perpendicular insertion to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

The philtrum area is rather small and the point distribution is very close together, therefore correct point location very important.

Mouth Acupuncture

Points:

Area of Digestion

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

The mouth has a direct connection to the internal organs, especially the digestive system. It is easy to stimulate the body to elicit Qi with mouth acupuncture.

Tongue Acupuncture

Points:

Small Intestine

Large Intestine

Yin Xue

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to stick his or her tongue out. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. The Qi sensation of tongue acupuncture usually appears as a sore, distended sensation. Retain the needles for about 5 minutes.

Neck Acupuncture

Points:

St 9 (Ren Ying)

St 10 (Shui Tu)

St 11 (Qi She)

Technique: Use group needle stimulation techniques, in other words, traditional ancient techniques (the "Yang Ci" technique). The practitioners can also use cutaneous needles such as seven star needles. This technique involves multiple needles inserted closely together in one point. Choose 0.5 cun long, 30 to 34 gauge filiform needles. Hold several needles together and insert them at the same time in one point or insert them one by one closely together at one point. Insert to a depth of 0.2 to 0.3 cun and gently use lifting and thrusting techniques to stimulate the area until the skin turns pink-red in a circle around the needles. Use activating Qi techniques, such as massage on the abdomen and deep breathing, while manipulating the needles on the neck. If the patient experiences internal organ warmth or increased intestinal movement, this usually indicates that Qi is moving toward the target area. This will achieve a good treatment result. Retain the needles for 30 to 60 minutes.

Back Shu Acupuncture

Points:

UB 20 (Pi Shu)

UB 22 (San Jiao Shu)

UB 25 (Da Chang Shu)

UB 28 (Pang Guang Shu)

Technique: Use standard clean needle technique. For points above lumbar 2, use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. For points below lumbar 2, use 30 to 34 gauge, 1.5 cun long filiform needles. Insert the needle at a perpendicular angle and push the needle in to a depth of 0.8 to 1.2 cun. Use the rotation technique to elicit Qi. After the needles are inserted, use moxa along the spine. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Jia Ji Acupuncture

Points:

Thoracic Jia Ji Points T 11 through T 12

Lumbar Jia Ji Point L 1

Technique: The patient should be in a comfortable prone position. Choose a 1.0 to 1.5 cun filiform needle, and insert it at a perpendicular angle. Depending on the patient's constitution, the needle may be inserted to a depth of 1.0 to 1.2 cun on the lumbar and sacral areas, but 0.5 to 1.0 cun on the cervical and thoracic areas. Use the lifting, thrusting, and rotating techniques to stimulate the point. Electro-acupuncture is a very useful method on the Jia Ji system and can provide continuous stimulation. Retain the needles for 30 minutes.

Abdominal Acupuncture

Points:

Eight precious insertion: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 4 (Guan Yuan), Ren 6 (Qi Hai), Stomach 25 (Tian Shu), Sp 15 (Da Heng)

Extension of the abdomen – Stomach 27 (Da Ju)

Diarrhea – Stomach 28 (Shui Dao)

Spleen and Stomach deficiency cold – Spleen 15 (Da Heng), moxa on Ren 8 (Shen Que)

Technique: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use a gentle and slow perpendicular insertion into the sky, person, and earth layers to the depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Diarrhea
Spleen
Gastrointestinal
Large Intestine
Small Intestine

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Reduce Fever
Da Gu Kong
Wai Lao Gong
Large Intestine Spot
Small Intestine Spot
Stomach Spot

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the abdomen. Moxa corns can be used as direct or indirect moxa. This technique is mostly used on the abdomen. Indirect moxa should be used with ginger, garlic, or an herbal paste that is put underneath the moxa corn. Retain the needles for up to 20 to 30 minutes.

It is a good idea to use hand acupuncture with Mu and Shu points in combination because they are the Zang Fu organ energy collection areas.

3. KORYO HAND THERAPY

Points:

A 4, 8, 12, 16; E 22; L 2, 5; F 4; B 1

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes. Also, you can use moxa corns for deficient or chronic conditions.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Stomach
Spleen
Small Intestine
Large Intestine
Nei Xian Gu
Anus

2. FOOT NEW POINT THERAPY

Points:

6, 9

3. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Yin Yang
Nu Xi

4. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Abdominal Corresponding Area of Feet Prone Organs
Abdominal Corresponding Area of Feet Tibia Inverted Organs
Abdominal Corresponding Area of Feet Fibula Inverted Organs

Technique: Select a few points from the list for each treatment. Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or

her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi. Activating Qi techniques, such as massage, deep breathing, and holding and releasing the perineum while the needles are manipulated on the feet is a very important step to increase the treatment results. If the patient experiences internal organ warmth in the abdomen, this usually indicates that Qi is moving toward the targeted area. This will achieve a good result. Retain the needles for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a resting period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. You can also use moxibustion on the abdomen. The moxa corns can be used as direct or indirect moxa. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Wrist and Ankle Acupuncture

Points:

Lower 1

Lower 2

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with activating Qi methods. Apply massage, TDP lamp, or moxibustion on the abdomen while retaining the needles.

There are 10 treatments to a course. Rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Diarrhea is primarily a dysfunction of the spleen, stomach, large intestine, and small intestine with dampness. The treatment principle should be to strengthen the spleen and transform dampness. Acupuncture has good results in treating many different types of diarrhea, especially for children with chronic diarrhea. Moxibustion, Tui Na, and TDP lamp have good results when combined with macro-acupuncture and herbal therapy. Micro-acupuncture therapy has good results with the ear, nose, abdominal, tongue, and foot systems. Diarrhea may be related to poor dietary habits, emotional stress, changes in living conditions, or medications. During the course of acupuncture treatments, the underlying cause of the disease should be investigated and corrected as well. If after one course of micro-acupuncture therapy the condition has not improved, another type of therapy should be used instead.

CONSTIPATION—BIAN MI

Constipation indicates the slow movement of stools, dry and hard stools, abnormally shaped stools, or lack of bowel movement for over 48 hours. Constipation may be a pathological condition by itself or may be a symptom of an acute or chronic disease. It may be caused by irregular or poor dietary habits, emotional stress, lack of exercise, overwork, childbirth that causes excess heat in the stomach or large intestine, Qi stagnation, Qi and blood deficiency, or a cold obstruction in the large intestine.

Western medicine refers to this condition as habitual constipation seen in certain cases of neurosis, enteritis, postpartum, or after surgery or illness that weakens peristalsis.

Traditional Chinese Medicine Differential Diagnosis

1. **Heat in the stomach and large intestine:** Dry stools, infrequent bowel movements, strong thirst, bitter taste in the mouth, dark urine, red face, headache, feeling hot, abdominal pain, foul breath, irritability, a red tongue with dry, yellow coating, and a slippery, rapid pulse.
2. **Liver Qi stagnation:** Constipation with a desire to move the bowels but difficulty in doing so, belching, abdominal distension, irritability, poor appetite, slightly red tongue with a thin, greasy coating, and a wiry pulse.
3. **Qi deficiency:** Desire to move the bowels but difficulty in doing so, feeling exhausted, shortness of breath, fatigue after bowel movement, thin and long stools that are not dry, a pale complexion, fatigue, a pale tongue with a thin white coating, and an empty pulse.
4. **Blood deficiency:** Dry stools with difficult defecation, pale complexion, dizziness, vertigo, palpitations, numbness of

the limbs, blurred vision, a pale tongue with dry coating, and a thin, choppy pulse.

5. **Yang deficiency:** Difficulty in defecation, exhausted and sweating after a bowel movement, stools that are not dry, frequent and pale urination, sore back and knees, feeling cold, a pale, wet tongue, and a deep, weak pulse.
6. **Yin deficiency:** Dry stools, thirst with desire to drink water, dry mouth and throat that are worse in the evening, sore back and knees, dizziness, tinnitus, night sweats, a red tongue with cracks and no coating, and a floating, empty pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Line 2 Lateral to Forehead

Line 3 Lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needles in an anterior to posterior direction. Insert the needles up to the subaponeurotic tissue layer, and use the false lifting technique continuously for 1 minute. Ask the patient to breathe deeply or do self massage on their abdomen. Retain the needles for 30 to 60 minutes and treat once daily with seven treatments to a course.

2. JIAO SYSTEM

Points:

Intestine Area

Stomach Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use rapid insertion and push the needle into the subaponeurotic tissue layer. Use the rotation technique manipulation up to 200 times per minute. Use the false lifting technique for excess conditions and the false thrusting technique for deficient conditions. Retain the needles for 20 to 30 minutes, and treat every other day for a course of 10 treatments.

3. FANG SYSTEM

Points:

Middle and Lower Jiao of Prone Organ

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use perpendicular insertion and quickly push the needle until it touches the periosteum. Then rotate the needle to elicit Qi and retain for 30 minutes. Treat once daily with 10 treatments to a course.

4. ZHU SYSTEM

Points:

Front Vertex Zone 3

Front Vertex Zone 4

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle from the anterior to the posterior direction,

and then insert the next one with the connecting power insertion technique to connect the needles with each other. Push the needle into the subaponeurotic tissue layer, and then use the false lifting technique continuously for 1 minute. Retain the needles for 30 to 60 minutes and treat once daily with seven treatments to a course.

When inserting a needle into the scalp, it is very important to avoid inserting the needle into a hair follicle, a scar, or an infected area.

Face Acupuncture

Points:

Large Intestine

Liver

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at a perpendicular, oblique, or transverse angle. For the zygomatic and cheek areas, use a perpendicular insertion. Rotate the needles to elicit Qi. Use activating Qi techniques, such as massage, deep breathing, and holding and releasing the perineum with manipulation of the needles on the face. If the patient experiences internal organ warmth or increased intestinal movement, this usually indicates that Qi is moving toward the targeted area. This will achieve a good result. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Large Intestine

Spleen

Abdomen

San Jiao

Subcortex

Rectum

Liver

Constipation

Supplemental Points:

Lung

2. EUROPEAN AURICULAR THERAPY

Points:

Large Intestine

Rectum

Omega

Abdomen

Thalamus Point

Stomach

Technique:

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The patient may react with a warm, comfortable sensation, or muscular contraction in the abdominal area. These reactions usually indicate a better result. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Eye Acupuncture**Points:**

Large Intestine of Area 1

Small Intestine of Area 6

Spleen of Area 7

Middle Jiao of Area 5

Technique: Use 30 to 34 gauge, 0.5 cun long filiform needles.

Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the edge orbital margin insertion technique with transverse insertion to the subcutaneous tissue. The insertion point should be about 2.0 mm from the orbital margin. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball over the needle hole to prevent bleeding. When needling area 7, take caution not to insert the needle deeply, because this may cause damage to the inner canthus artery.

Nose Acupuncture**1. BASIC NOSE THERAPY****Points:**

Large Intestine

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of

wanting to sneeze, or tearing of the eyes. Ask the patient to breathe deeply and hold and release the perineum. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Middle Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Liver point and manipulate the needle until you elicit Qi, and then gently lift the needle to the subcutaneous layer. Redirect the needle tip toward the Gallbladder point until you elicit Qi. Now, gently lift the needle and redirect the needle tip toward the Gallbladder point on the other side of the face until you elicit Qi. Next, gently lift the needle and redirect the needle tip toward the Stomach point on both sides of the face until you elicit Qi. Last, bring the needle back to the Liver point and retain it there for the duration of the treatment. If the patient feels a warm sensation in the abdomen, or has hunger, regurgitation, abdominal distension, or nausea that is released by inserting the needles, the treatment will usually have better results.

Tongue Acupuncture**Points:**

Small Intestine

Large Intestine

Yin Xue

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to stick his or her tongue out. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. The Qi sensation of tongue acupuncture usually appears as sore and distending. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion on the local point to a depth of 0.5 to 1.2 cun. During the bloodletting technique, the principle is to bleed only a few drops of blood.

Neck Acupuncture**Points:**

St 9 (Ren Ying)

St 10 (Shui Tu)

St 11 (Qi She)

Technique: Use group needle stimulation techniques, in other words, traditional ancient techniques (the "Yang Ci" technique). The practitioners can also use cutaneous needles such as seven star needles. This technique involves multiple needles inserted closely together in one point. Choose 0.5 cun long, 30 to 34 gauge filiform needles. Hold several needles together and insert them at the same time in one point or insert them one by one closely together at one point. Insert to a depth of 0.2 to 0.3 cun and gently use lifting and thrusting techniques to stimulate the area until the skin turns pink-red in a circle around the needles. Ask patient to

do activating Qi techniques, such as massage, deep breathing, and holding and releasing the perineum while the needles on the neck are manipulated. Retain the needles for 30 to 60 minutes.

Back Shu Acupuncture

Points:

UB 25 (Da Chang Shu)

UB 28 (Pang Guang Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.5 cun long filiform needles. Insert the needle at a perpendicular angle and push the needle in to a depth of 0.8 to 1.2 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Abdominal Acupuncture

Points:

Middle Jiao insertion: Stomach 25 (Tian Shu), Spleen 15 (Da Heng)

Technique: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow perpendicular insertion into the sky, person, and earth layers to the depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi. Meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Large Intestine

Reduce Fever

2. NEW HAND ACUPUNCTURE THERAPY

Points:

San Jiao Point

Anus Point

Large Intestine Point

Large Intestine Spot

Lung 1 Spot

Zhong Xian

Xiao Tian Xin

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum.

Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Activating Qi techniques, such as massage, deep breathing, and holding and releasing the perineum with manipulation of the needles on the hand points are very important to increase the effectiveness of the treatment. Retain the needles for up to 20 to 30 minutes. The bleeding technique should be used on the Reduce Fever point.

3. KORYO HAND THERAPY

Points:

A 8, 12, 16; E 42; F 4; K 9

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very superficial depth (approximately 0.5 mm). Alternatively, insert a Sooji needle with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Anus

Nei Tai Chong

Nei Xia Xi

Li Nei Ting

2. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Abdominal Corresponding Area of Feet Prone Organs

Abdominal Corresponding Area of Feet Tibia Inverted Organs

Abdominal Corresponding Area of Feet Fibula Inverted Organs

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi. Ask patient to breathe deeply and hold and release the perineum while the needles on the feet are being manipulated. Retain the needles for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a resting period of 3 to 5 days between courses.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. In addition, massage the

abdomen in a clockwise direction following the ascending, transverse, and descending colon. Usually massage the patient for 5 to 10 minutes, or as needed.

Summary

Constipation may be differentiated into deficient and excess types. Heat and Qi stagnation are excess. Qi, blood, Yang, and Yin deficiency are the deficient types. The treatment principle in treating constipation is to open the bowels, which does not mean to only use purgatives. Constipation may be caused by many different reasons, so the treatment should be based on tonifying deficiency and sedating excess. Micro-acupuncture may have good results in treating constipation, especially the auricular seed application technique and foot reflexology. For patients who have constipation with excess heat, bleeding the Ear Apex point is indicated. It is beneficial to combine macro-acupuncture points with San Jiao 6 (Zhi Gou). This is important in treating constipation as it belongs to the hand Shao Yang meridian with the function to clear heat, sedate fire, and open the meridians. Ren 4 (Guan Yuan) may be used to treat constipation due to deficiency. Moxibustion may be used in combination for chronic conditions. Constipation usually is caused by dietary disorders, emotional stress, and overwork. During the treatment, the focus should be on harmonizing the body's energy, and the patient should be educated in lifestyle changes to improve the movement of stools to avoid taking medications for constipation. Foods that are spicy, acrid, or greasy should be avoided; the patient should not smoke or drink alcohol. The patient's diet should be high in vegetables and fiber.

YIN SYNDROME—TAN YIN

Yin syndrome is caused by an invasion of external pathogenic factors, long-term irregular dietary habits, or overwork, all of which severely impair the Qi-transformative abilities of the spleen, lung, and kidney systems. The resulting accumulation of phlegm or pathologic fluids in the body further damages the physiology of all the Zang Fu. Yin syndromes are usually divided into four different types, depending on the manifestations: Tan Yin, Xuan Yin, Yi Yin, and Zhi Yin.

Tan Yin refers to fluids retained in the stomach and intestines, Xuan Yin refers to fluids retained in the hypochondrium area, Yi Yin refers to fluids trapped in the muscles and skin of the whole body, and Zhi Yin refers to fluids collecting in the chest and lungs.

Western medicine refers to Yin syndrome as chronic bronchitis, asthma, pleuritis, dysfunction of the stomach and intestines, pyloric obstruction, and intestinal obstruction.

Traditional Chinese Medicine Differential Diagnosis

1. Tan Yin:

- A. **Spleen and kidney Yang deficiency:** Fullness in the chest and hypochondrium, the sound of fluids in the abdomen,

vomiting clear fluids, thirst without desire to drink, vomiting after drinking water, feeling of coldness in the back, dizziness, heaviness of the head, shortness of breath, palpitations, weight loss, cramping sensation in the lower abdomen, pulsating feeling below the umbilicus, scanty, clear urine, pale and swollen tongue with a white, moist coating, or greasy, green-colored coating, and a wiry, slippery pulse.

- B. **Retention of fluids in the gastrointestinal tract:** Abdominal distension, fullness, and pain, borborygmus or the sound of fluids in the intestines, dry mouth, abdominal distension that is not relieved after diarrhea, a white, greasy tongue coating, and a slippery pulse.

2. Xuan Yin:

- A. **Early stage:** Alternating fever and chills, cough with pain in the chest and hypochondrium region that is worse with movement, heart focal distension in the epigastrium, vomiting without food (dry heaves), bitter taste in the mouth, sore throat, a dry mouth, a white tongue coating, and a wiry, rapid pulse.

- B. **Retention of fluids:** A productive cough with pain in the chest and hypochondrium, pain in the chest that is worse on inhalation, focal distension in the epigastrium and intercostal area, shortness of breath, difficulty in lying down or sleeping flat, a preference for sleeping on the side, a red tongue with a white coating, and a deep, wiry pulse.

- C. **Recovery stage:** Cough with scanty, sticky sputum, dry mouth and throat, night sweats, low-grade fever, malar flush, irritability, chest pain and fullness, loss of weight, a red, dry, peeled tongue with little coating, and a thin, rapid pulse.

3. **Zhi Yin:** Cough with breathlessness, difficulty sleeping, splashing sound in the chest, vomiting watery fluids that is worse in the winter, chills, facial edema, back pain, a pale tongue with a thick, sticky, white coating and a slippery, fine pulse. If this condition also involves spleen and kidney Yang deficiency, the patient will also have shortness of breath, lower abdominal pain and cramping, pulsing sensation below the umbilicus, coldness of the body, dizziness, difficulty urinating, a pale, swollen tongue with a white coating, and an empty or fine pulse.

4. **Yi Yin:** Chills and fever, heavy sensation and pain of the extremities, especially the joints, absence of sweating, lack of thirst, asthma with sputum, a white tongue coating, and a wiry, tight pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Forehead

Middle Line of Vertex

Upper Middle Line of Occiput

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert quickly into the three areas with the needle tip directed toward the spinal cord. Rotate until the patient feels a sensation that covers the whole scalp. The angle of insertion should be 15 to 30 degrees to the scalp to ensure that the needle is inserted into the right layer and to avoid touching the needle to the periosteum, which will cause pain. The “sandwich sensation” usually indicates successful insertion.

2. JIAO SYSTEM

Points:

Thoracic Cavity

Technique: Use 30 to 34 gauge, 1.5 cun long filiform needles. Insert quickly into the point and stimulate to elicit Qi with the false thrusting technique, and rotate the needle about 200 times per minute until the patient feels Qi. Retain for 30 minutes, and treat every other day for a course of 10 treatments. Also use moxibustion on the scalp area for Tan Yin syndrome.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Stomach

Spleen

Sympathetic

Shen Men

San Jiao

Kidney

Urinary Bladder

2. EUROPEAN AURICULAR THERAPY

Points:

Stomach

Small Intestine

Zero

Sympathetic Autonomic

Thalamus Point

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. Mild stimulation is preferred as a tonifying technique for patients who are constitutionally weak with a chronic disease. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear,

and follow up with 70% alcohol to clean the ear. Hold the ear with pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Neck Acupuncture

Points:

15 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

For the 15 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 0.5 to 0.8 cun. Use gentle lifting and thrusting rotation to elicit Qi. After needling, use moxa along the spine to increase the treatment effects. Retain the needles for 20 to 30 minutes. All 15 points are needled in the same treatment.

Back Shu Acupuncture

Points:

UB 13 (Fei Shu)

UB 20 (Pi Shu)

UB 22 (San Jiao Shu)

UB 23 (Shen Shu)

UB 28 (Pang Guang Shu)

Technique: Use standard clean needle technique. For points above lumbar 2, use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. For points below lumbar 2, use 30 to 34 gauge, 1.5 cun long filiform needles. Insert the needle at a perpendicular angle and push the needle in to a depth of 0.8 to 1.2 cun. Use the rotation technique to elicit Qi. Use the TDP lamp or moxibustion on the patient's back. Retain the needles for 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Abdominal Acupuncture

Points:

Eight precious insertion: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), Ren 4 (Guan Yuan), Stomach 25 (Tian Shu), Spleen 15 (Da Heng)

Technique: It is very important to do abdominal diagnosis and carefully check every area of the abdomen for muscle tension, pressure pain, and tumors, as well as internal organ abnormalities such as an enlarged liver or spleen. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow perpendicular insertion into the sky layer and use a rotation technique to elect Qi, and then gently move the needle to the person layer and use a rotation technique with very gentle lifting and thrusting. Lastly, push the needle deeper into the earth layer and use a rotation technique to elect Qi. So the gentle lifting and thrusting technique is mainly used on the person layer. Use moxibustion or TDP lamp on the stomach area. Meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Summary

Tan Yin is a deficient condition at the root, which branches into an excess condition. It is a Yang-deficient Yin-excess pathology. During the treatment, the principle is to focus on warming, transforming, and purging. For patients with excess conditions, sweating, draining, and purging techniques should be used to remove the excess water from the body. For patients with deficient conditions, the treatment principle should focus on tonifying the lungs, spleen, and kidneys and transforming fluids. It will be important to combine herbal therapy and macro-acupuncture, using the Front Mu and Yuan source points for deficient patients. Moxibustion is also an important component to include in expelling excess fluid from the body, along with micro-acupuncture therapy. The micro-systems that are most effective are the ear, back Shu, abdominal, and scalp. During the course of treatment, the patient should be instructed to avoid foods that are cold, raw, or greasy, and to discontinue the use of cigarettes and alcohol.

EDEMA—SHUI ZHONG

Edema is characterized by the retention of fluid under the skin as the result of external wind and water invasion or internal organ dysfunction. Other causative factors in the formation of edema are overwork, excess sexual activity, and irregular diet. The resulting Qi deficiency and impaired water metabolism of the lung, spleen, San Jiao, and kidney systems cause the formation, accumulation, and retention of pathologic fluids. Edema may occur on the face, on the head, around the eyes, on the four extremities, or in the abdomen. In severe cases, there may be hydrothorax and ascites.

Western medicine refers to edema as acute or chronic nephritis, congestive heart failure, endocrine dysfunction, cirrhosis, anemia, or malnutrition.

Traditional Chinese Medicine Differential Diagnosis

Yang-type Edema

1. **Wind cold invading the defensive Qi:** Edema of the eyes and face with sudden onset that may be followed by edema of the limbs or whole body, aversion to cold, fever, body aches, urinary retention, cough, asthma, a thin, white tongue coating, and a floating, slippery, tight pulse. More severe edema will show a more deep pulse. If combined with wind heat, the patient will have a red, swollen sore throat, a red tongue, and a floating, slippery, and rapid pulse.
2. **Damp toxin:** Edema in any part of the body, urinary retention, carbuncle or furuncle, aversion to wind, fever, a red tongue with a thin, yellow coating, and a floating or slippery, rapid pulse.
3. **Dampness:** Whole body edema, long-term with slow onset, pitting edema, scanty urine, feelings of heaviness, fatigue, chest oppression, nausea, poor appetite, a white, sticky tongue coating, and a deep, slow pulse.
4. **Damp heat:** Edema in the legs, abdomen, or whole body, thin, tight, shiny skin, chest oppression, poor appetite, irritability, strong thirst without a desire to drink, scanty, dark urine, dry stools, a yellow, sticky tongue coating, and a deep, rapid, or soft and rapid pulse.

Yin-type Edema

1. **Spleen Yang deficiency:** Edema that is worse below the waist, pitting edema that is slow to recover, fullness of the abdomen and chest, poor appetite, diarrhea, yellow coloration of the face, fatigue, aversion to cold, scanty urination, a pale, swollen tongue with a white, sticky coating, and a deep, soft or deep, thin pulse.
2. **Kidney Qi deficiency:** Edema of the legs or body, especially below the waist, pitting edema, palpitations, shortness of breath, low back pain with soreness and a heavy sensation, scanty urination, cold extremities, aversion to cold, fatigue, a bright white complexion, swollen, tooth-marked tongue with a white, thick coating, and a deep, thin, slow, and weak pulse.

Important Points for Diagnosis and Treatment

Edema can be divided into two major classes: Yang type and Yin type. Generally, edema due to wind and water invading, dampness, and poor diet is of the Yang type. Yang-type edema will usually have a sudden onset, and will originate in the face, the head, or above the lumbar spine. Yin-type edema is usually caused by overwork, excess sexual activity, or chronic disease. This type has a slower onset and a slower progression, and usually originates in the feet or below the lumbar spine. Yang-type edema is generally an excess condition, whereas Yin-type edema is usually due to a preexisting deficiency. Yang-type edema that is unresolved will, after a long period of time, damage true Qi and cause Yin-type edema. If Yin-type edema is invaded again by external wind and water, this may aggravate the disease and cause Yang-type symptoms to occur. In severe cases, the water

can overact on the heart and cause water toxin to invade the lung and heart.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Vertex

Middle Line of Forehead

Line 3 lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. On the Middle Line of Vertex point, insert the needle from Du 21 (Qian Ding) toward Du 20 (Bai Hui). Use fast insertion and push the needle into the subaponeurotic tissue layer. Use rapid rotation and manipulation or use the false lifting or false thrusting technique until the patient feels Qi. Meanwhile, use moxibustion to warm the diseased region on the scalp or diseased area of the body such as on swollen legs and lower abdomen. Treat the patient once daily with 10 treatments to a course.

2. JIAO SYSTEM

Points:

Thoracic Cavity

Blood Vessel Dilation and Constriction Area

Foot Motor and Sensory Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use fast insertion into the subaponeurotic tissue layer of the scalp. Use the rapid rotation technique up to 200 times per minute to elicit Qi. While manipulating the needles, use massage or moxibustion on the abdomen. Treat once daily with 10 treatments to a course.

3. FANG SYSTEM

Points:

Lower Jiao of Prone Organ

Upper one-third of Inverted Organ

Breathing and Circulation Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast perpendicular insertion into the scalp until the needle reaches the periosteum. Use the rotation technique to elicit Qi. Meanwhile, perform the scalp moxibustion technique.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Stomach

Spleen

Kidney

Urinary Bladder

San Jiao

Adrenal Gland

Nephritis

2. EUROPEAN AURICULAR THERAPY

Points:

Kidney

Adrenal Gland

Urinary Bladder

Spleen

Sympathetic Autonomic

Endocrine

Technique: Before inserting the needles, it is important to observe and palpate the surface of the ear to identify sensitive points for a correct diagnosis and appropriate treatment principle. Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected point. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulation current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks. When using the electro-machine, do not touch the two filiform needles together as accidental contact may create a dangerous electrical shock.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to clean the surface of the ear, and follow with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Spleen

Kidney

Urinary Bladder

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle in the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Lower Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Kidney point and insert the needle downward along the nasal septum at about a 60-degree angle, until you reach the bone and Qi arrives. Gently lift the needle back to the subcutaneous layer and redirect the needle tip to the anterior wall of the ala nasi on both sides of the face until you elicit Qi. Last, bring the needle back to the Kidney point and retain it for 30 minutes to 5 hours. If the patient notices a warm sensation in the lumbar area, the lower abdomen, or the joints of the four extremities, the treatment will usually have better results.

2. NOSE SAN JIAO THERAPY

Points:

11, 51

Technique:

For Point 11, use perpendicular insertion 1.0 fen deep.

For Point 51, use oblique insertion downward 1.0 to 2.0 fen deep.

Neck Acupuncture

Points:

15 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

For the 15 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 0.5 to 0.8 cun. Use gentle lifting and thrusting rotation to elicit Qi. After needling, use moxa along the spine to increase the treatment effect. Retain the needles for 20 to 30 minutes. All 15 points are needled in the same treatment.

Back Shu Acupuncture

Points:

UB 13 (Fei Shu)

UB 20 (Pi Shu)

UB 22 (San Jiao Shu)

UB 23 (Shen Shu)

The practitioner may use these points with the corresponding Front Mu and Yuan source points.

Technique: Use standard clean needle technique. For points above lumbar 2, use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. For points below lumbar 2, use 30 to 34 gauge, 1.5 cun long filiform needles. Insert the needle at a perpendicular angle and push the needle in to a depth of 0.8 to 1.2 cun. Use the rotation technique to elicit Qi. After Qi arrives, moxa along the spine or use a TDP lamp. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Abdominal Acupuncture

Points:

Eight precious insertion: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), Ren 4 (Guan Yuan), Stomach 25 (Tian Shu), Spleen 15 (Da Heng)

Technique: It is very important to do abdominal diagnosis and carefully check every area of the abdomen for muscle tension, pressure pain, and tumors, as well as internal organ abnormalities such as an enlarged liver or spleen. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow perpendicular insertion into the sky layer and use a rotation technique to elicit Qi, and then gently move the needle to the person layer and use a rotation technique with very gentle lifting and thrusting. Lastly, push the needle deeper into the earth layer and use a rotation technique to elicit Qi. The gentle lifting and thrusting technique is mainly used on the person layer. Use moxibustion or TDP lamp on the stomach area. Meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Abdominal acupuncture is mostly used for chronic conditions, which mostly fall into the deficiency category. So, use the moxibustion technique from up to down on each acupuncture point or focus on Ren 8 (Shen Que) to increase Yang Qi and the treatment effect.

Hand Acupuncture

1. NEW HAND ACUPUNCTURE THERAPY

Points:

Zhong Bai

San Jiao Point

Kidney 1 Spot

San Jiao Spot

Kidney 2 Spot

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge,

0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for up to 20 to 30 minutes.

Moxibustion Therapy: Hold a moxa roll above the surface of the hand for a comfortable, warm, and moving sensation, or use direct moxa techniques. Apply a little garlic juice or massage oil to the skin to help the moxa cone stay in place. Use rice cone moxa for up to 2 to 3 Zhuangs during the treatment.

2. KORYO HAND THERAPY

Points:

A 3, 8, 12, 16; B 1, 19, 24; E 38; F 5

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Moxibustion Therapy: Hold a moxa roll above the surface of the hand for a comfortable, warm, and moving sensation, or use direct moxa techniques. Apply a little garlic juice or massage oil to the skin to help the moxa cone stay in place. Use rice cone moxa for up to 2 to 3 Zhuangs during the treatment. Seo Am moxa, which has adhesive tape underneath the moxa cone, can also be used. Seo Am moxa is convenient because it adheres directly to the skin while the patient's hand is in any position.

Foot Acupuncture

1. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Kidney

Spleen

Er Chi Shang

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his

or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi. The active Qi treatment is a very important technique for foot acupuncture. Apply massage, TDP lamp, or moxibustion on the feet while the practitioner leads the patient through a guided meditation. This technique increases the energy flow and helps enhance acupuncture treatment results. Retain the needles for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed. The patient usually feels relaxed but without overexertion.

Summary

Edema may be caused by external or internal damage. A lung, kidney, or spleen imbalance will cause the pathological changes in the body. In the clinic, the focus should be on noticing the changes between Yin and Yang, heat and cold, and deficiency and excess. The treatment principle is to overcome dampness, drain through urination, purge the water, tonify the spleen, strengthen the kidneys, and invigorate the blood. Acupuncture may have better results in treating cases of acute or chronic nephritis, malnutrition, and endocrine imbalance causing edema. The micro-acupuncture systems that are most effective are the ear, back Shu, abdominal, and foot reflexology. It is important to combine this treatment with herbal and dietary therapy. Patients should be instructed to decrease sodium intake and increase protein in the diet. For more severe conditions, such as edema with shortness of breath, difficulty lying down, and urinary retention, the patient should be referred for medical attention. In more mild cases, food therapy and regular physical exercise should be encouraged.

WASTING-THIRSTING DISORDER— XIAO KE

Wasting-thirsting disorder, also known as Xiao Ke, is a disease that is mainly characterized by excessive thirst, excessive hunger, and excessive urination, in combination with emaciation and turbid or sweet urination. Xiao Ke is caused by lung, spleen, stomach, and kidney dysfunction that progresses to Qi and Yin deficiency in most cases and simultaneous Yin and Yang deficiency in more severe cases. Abnormal eating habits such as excessive consumption of greasy food and alcohol, emotional stress or overwork, and excessive sexual activity all perpetuate the condition.

Western medicine refers to this condition as diabetes mellitus.

Traditional Chinese Medicine Differential Diagnosis

1. **Upper Jiao—lung heat with fluid damage:** Excessive thirst, drinking a lot, dry mouth and tongue, frequent urination, red tongue especially on the tip, thin yellow coating, and a floating and fast pulse.
2. **Middle Jiao—stomach heat:** Eating a lot, excessive hunger, weight loss, dry constipation, a red tongue with dry yellow coating, and a slippery pulse.
3. **Lower Jiao—kidney Yin deficiency:** Frequent urination, turbid urination that is milky with a special smell that is sweet, dry mouth and lips, red tongue, and a deep, thin, fast pulse.
4. **Yin and Yang deficiency:** Frequent urination, cloudy urination, dark complexion, dry skin, low energy, low back pain, weakness of the knees, aversion to cold, impotence, pale tongue with white coating, and a deep, thin pulse.

Important Points for Diagnosis and Treatment

Based on clinical symptoms, in Chinese medicine the differentiation of this condition is upper Jiao, middle Jiao, and lower Jiao, or, in other words, lung dryness, stomach heat, and kidney deficiency.

Treatment of the upper Jiao should be directed toward nourishing the lung, as well as clearing the stomach. To treat the middle Jiao, clear the stomach, as well as nourish the kidney. Treatment of the lower Jiao should be directed toward nourishing the kidney, as well as tonifying the lung. For initial onset of Xiao Ke, it is mostly dry heat, but for long-term illness it is more Yin deficiency. Whether upper, middle, or lower Jiao, all treatments should be based on nourishing the kidney and nourishing Yin. If there is excess dry heat, combine with clearing heat. Long-term Xiao Ke with Yin deficiency dry heat will often cause blood stasis, so treat by invigorating the blood to help treat Xiao Ke syndrome.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Vertex

Line 1 Lateral to Forehead—Excessive thirst

Line 2 Lateral to Forehead—Excessive hunger

Line 3 Lateral to Forehead—Excessive urination

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. When inserting on the Middle Line of Vertex point, insert from the posterior to the anterior direction and use the false thrusting technique. When inserting on the Line Lateral to Forehead areas, insert all needles from the superior to the inferior direction and use the false lifting technique. During the treatment, ask the patient to relax and perform abdominal deep breathing, as well as concentrate on the lower abdominal area, or instruct patients to swallow their own saliva. Manipulate the needles for 1 to 2 minutes, and then retain the needles for 60 minutes. During the needle retention, ask the patient to concentrate on the Ren 6 (Qi Hai) area, or perform abdominal massage.

2. JIAO SYSTEM

Points:

Foot Motor and Sensory Area

Reproduction Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the fast rotation and thrusting technique up to 150 to 200 times per minute. Manipulate the needles for up to 1 to 2 minutes, and retain the needles for 1 hour while manipulating the needles once during the retention. Treat the patient once daily or every other day, with 15 treatments to a course and 5 to 7 days of rest between courses.

Eye Acupuncture

Points:

Kidney

Liver

Technique: It is important to observe the eyes before the treatment. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the inner margin insertion technique with perpendicular insertion, needling the point slightly toward the eyeball. Insert the needles to a depth of 0.2 to 0.5 cun. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball over the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Lung

Spleen

Stomach
Kidney
Mouth
Thirst
Hunger
Shen Men
Pancreatitis

2. EUROPEAN AURICULAR THERAPY

Points:

Pancreas
Brain
Zero
Shen Men
Endocrine
Posterior Pituitary

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses. Some patients may be sensitive to the adhesive, so a hypoallergenic tape should be used.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Lung
Spleen
Kidney

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

2. NOSE SAN JIAO THERAPY

Points:

17, 32, 51

Technique:

For Point 17, use oblique insertion upward 1.0 to 2.0 fen deep. For Point 32, use perpendicular insertion 1.0 fen deep.

For Point 51, use oblique insertion downward toward the midline 1.0 to 1.5 fen deep.

Nose acupuncture requires shallow insertion. The needle should just touch the soft cartilage without actually being inserted into the cartilage.

Mouth Acupuncture

Points:

Area of Digestion
Area of the five Zang organs

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at a 15- to 30-degree angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat the patient once daily with 10 treatments per course.

The mouth has a direct connection to the internal organs, especially the digestive system. It is easy to stimulate the body to elicit Qi with mouth acupuncture.

Tongue Acupuncture

Points:

Ju Quan
Lung
Stomach
Kidney
Hai Quan
Jin Jin
Yu Ye

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. If needles are to be inserted on the surface of the tongue, ask the patient to stick his or her tongue out. If needles are

to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisors of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use a fast insertion on the local point to a depth of 0.5 to 1.2 cun. The tongue connects directly with the internal organs, especially the digestive system. Stimulation on the tongue can easily increase the body's physical reactions. Tongue acupuncture in combination with macro-acupuncture points can increase treatment results.

Neck Acupuncture

Points:

St 9 (Ren Ying)
St 10 (Shui Tu)
St 11 (Qi She)

Technique: Use group needle stimulation techniques, in other words, traditional ancient techniques (the "Yang Ci" technique). The practitioners can also use cutaneous needles such as seven star needles. This technique involves multiple needles inserted closely together at one point. Choose 0.5 cun long, 30 to 34 gauge filiform needles. Hold several needles together and insert them at the same time in one point or insert them one by one closely together at one point. Insert to a depth of 0.2 to 0.3 cun and gently use lifting and thrusting techniques to stimulate the area until the skin turns pink-red in a circle around the needles. Instruct the patient to perform a swallowing movement or take deep breaths. Retain the needles for 30 to 60 minutes.

Back Shu Acupuncture

Points:

UB 13 (Fei Shu)
UB 21 (Wei Shu)
UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

The back Shu points should be needled shallowly with careful attention to depth, in order to protect the internal organs. This is especially important in patients with emphysema or an enlarged heart, liver, or spleen.

Abdominal Acupuncture

Points:

Eight precious insertion: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), Ren 4 (Guan Yuan), Stomach 25 (Tian Shu), Spleen 15 (Da Heng)

Arthritis 1, 2, 3

Technique: It is very important to do abdominal diagnosis and carefully check every area of the abdomen for tension of the muscles, pressure pain, and tumors, as well as internal organ abnormalities such as an enlarged liver or spleen. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow perpendicular insertion into the sky layer and use a rotation technique to elicit Qi, and then gently move the needle to the person layer and use a rotation technique with very gentle lifting and thrusting. Lastly, push the needle deeper into the earth layer and use a rotation technique to elicit Qi. So, the gentle lifting and thrusting technique is mainly used on the person layer. Meanwhile, massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. NEW HAND ACUPUNCTURE THERAPY

Points:

Lung 1 Spot
Kidney Point
Stomach Point
Lung Point
Mouth Point

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for 20 to 30 minutes.

Hand acupuncture is a strong stimulation technique, and this should be explained to the patient before treatment.

This is important for patients who are elderly, pregnant, or deficient, and especially for people with heart disease, diabetes, or hypertension. Insertion must be done carefully to avoid fainting.

2. KORYO HAND THERAPY

Points:

A 1, 3, 5, 8, 10, 12, 16, 18; I 2, 14, 16, 17, 19; E 22; F 19

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

The hand has an abundance of blood vessels that can cause swelling and bruising as a result of needling, so insertion should be gentle. Avoid inserting into an artery, which may cause a hematoma on the palm.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Summary

Acupuncture and micro-acupuncture therapy have good results for patients with diabetes that is mild or moderate. It is able to improve symptoms and adjust endocrine secretions. For micro-acupuncture therapy, ear and tongue acupuncture have the best results. In combination with the macro-acupuncture point Yi Shu, which is located below the eighth thoracic vertebra 1.5 cun lateral to the midline, micro-acupuncture has a good treatment result. Points such as Sp 6 (San Yin Jiao) and Kid 6 (Zhao Hai) are common points to use with micro-acupuncture therapy. Patients with diabetes are prone to infections, so when applying acupuncture, especially ear acupuncture, it is critical to follow clean needle technique. For diabetics, it is very important to focus on nutrition by eating more grains and vegetables and eating less greasy food. Also keep a positive mood and avoid cigarettes, alcohol, overwork, and catching cold.

PAINFUL OBSTRUCTION SYNDROME— BI ZHENG

Painful obstruction syndrome, also known as Bi syndrome, is marked by pain, heaviness, soreness, numbness, difficult movement, and swelling of the muscles, tendons, joints, and bones. It may be caused by invasion of wind, cold, dampness, and heat. Bi syndrome is located in the four extremities and joints. This syndrome is excess in nature in the early stages. With long-term illness, liver and kidney Qi deficiency, phlegm, and blood stasis develop, and the condition becomes a combination of excess and deficiency. This is a common disease that mostly occurs in the winter and spring, when the weather is the most cold, damp, and rainy or when hot and cold seasons alternate. Bi syndrome affects the elderly more than the young and women more than men.

Western medicine refers to this condition as rheumatoid fever, rheumatoid arthritis, osteoarthritis, sciatica, hyperosteoarthritis (bone spurs), thromboangiitis obliterans, dermatosclerosis, and erythema nodosum.

Traditional Chinese Medicine Differential Diagnosis

1. **Wind painful obstruction:** Soreness and pain of the muscles and joints, limited range of motion, pain with movement that travels from joint to joint, chills and fever, a thin, sticky tongue coating, and a superficial, floating, and tight pulse.
2. **Cold painful obstruction:** Severe, stabbing pain in the joints that is alleviated with heat and aggravated with cold, pain is fixed in location but with no local redness or hotness, a thin, white tongue coating, and a tight pulse.
3. **Damp painful obstruction:** Numbness and heavy sensation in the limbs, soreness and fixed pain of the joints, swelling of the joints, aggravated on cloudy, rainy days, a white, sticky tongue coating, and a slippery, soft pulse.
4. **Hot painful obstruction:** Pain and heat in a single or multiple joints, local redness, swelling, limited range of motion, joint pain that is hot to the touch, pain is relieved with cold application, strong thirst, fever, aversion to wind, irritability, a red tongue with a yellow, dry coating, and a slippery, rapid pulse.
5. **Bone painful obstruction:** Painful, swollen joints with bone deformity, muscular swelling or atrophy, low back pain, stiffness of the muscles and fingers, fatigue, aversion to cold, and desire for warmth.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Anterior Oblique Line of Vertex-Temporal—Paralysis, numbness, soreness, pain, and dysfunction in corresponding areas

Posterior Oblique Line of Vertex-Temporal—Numbness, soreness, pain, sensory disorders in corresponding areas

Middle Line of Vertex—Neck and low back pain

Upper-Middle Line of Occiput—Low back pain

Upper-Lateral Line of Occiput—Low back pain

Middle Line of Forehead—Neck pain combined with headache, dizziness, and vertigo

Line 1 lateral to Forehead—Chest pain

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle to the anterior, inferior direction on the Anterior Oblique Line of Vertex-Temporal and Posterior Oblique Line of Vertex-Temporal lines for corresponding body diseases such as pain at the head, neck, chest, back, arms, and legs. On the Middle Line of Vertex point, insert the needle from Du 19 (Hou Ding) with a transverse insertion to Du 20 (Bai Hui). For the Middle Line of Forehead and Line 1 lateral to Forehead points, insert the needle from Du 24 (Shen Ting) along the middle line downward 1.0 cun in length or from superior to inferior direction. Use the false lifting technique and manipulate the needles until the patient's pain symptoms are reduced or disappear. Retain the needles for 4 to 8 hours. During the retention, ask the patient to massage and actively move the corresponding diseased area.

2. JIAO SYSTEM

Points:

Motor Area and Sensory Area corresponding to diseased area
Foot Motor and Sensory Area—Ankle pain

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert the needle to the corresponding diseased area on the scalp and use a rapid insertion into the subaponeurotic tissue layer. Use the rapid rotation technique up to 200 times per minute to elicit Qi. Meanwhile, ask the patient to perform movement on the diseased area or massage the patient during the treatment. Retain the needle for over 1 hour while rotating the needles every 10 to 20 minutes during retention. Treat every other day with 10 treatments to a course.

3. FANG SYSTEM

Points:

Prone Imaging corresponding body area

Inverted Imaging corresponding to diseased area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use fast perpendicular or oblique insertion into the scalp until the needle reaches the periosteum. There are two different kinds of insertion: fast insertion is a quick insertion without rotation, and slow insertion is a slow insertion with rotation of the needle. Use manipulation until the patient feels soreness, warmth, and heavy sensations. Use moxibustion or massage to stimulate the painful area. For acute pain, treat one to three times without retaining the needles. For chronic pain, retain the needles for 1 to 48 hours and treat up to five to six times. Treat the patient once daily or every other day.

4. ZHU SYSTEM

Points:

Vertex-Occipital Zone corresponding to disease area

Posterior Vertex Zone—Shoulder and neck pain

Vertex-Temple Zone—Motor and sensory disorders

Frontal Vertex Zone—Face, chest pain

Vertex Occipital Zone—Neck pain

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use fast insertion into the corresponding diseased area and zone. Use the rotation technique and the false lifting technique until the patient feels Qi. Use moxibustion or massage to stimulate the painful area and instruct the patient to move the diseased area. Retain the needles for 30 minutes while manipulating the needles every 10 minutes during the retention. Treat once daily with 10 treatments to a course.

Face Acupuncture

Points:

Shoulder

Arm

Back

Knee

Liver

Kidney

Hand

Foot

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at a perpendicular, oblique, or transverse angle. For the zygomatic and cheek areas use a perpendicular insertion. Rotate the needles to elicit Qi. Use activating Qi techniques, such as massage, having the patient move the painful areas, such as hand, feet, and back. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding. Use the electro-acupuncture technique for pain control. Facial points contain many blood vessels; therefore it is important to apply adequate pressure to the points upon withdrawal of the needles to avoid bleeding and bruising.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men

Kidney

Adrenal Gland

Liver

Corresponding Body Area

Sciatic Nerve

2. EUROPEAN AURICULAR THERAPY

Points:

Zero

Corresponding Body Area

Adrenal Gland

Thalamus Point

Cerebellum

Omega 2

Circulation System

Sympathetic Autonomic

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. The active Qi treatment is a very important technique in ear acupuncture therapy. Insert a few needles on the sensitive ear points then let the patient perform active physical movement of the targeted area such as hands, feet, or shoulders. Patient may react with a warm, comfortable

sensation, pain reduction, or muscular contraction. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected point. Use higher than a 100 Hz frequency. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear, and in the puncturing hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Kidney
Arm
Hip and thigh
Lumbar vertebrae

Technique:

Lower Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Kidney point and insert the needle downward along the nasal septum at about a 60-degree angle, until you reach the bone and Qi arrives. Then gently lift the needle back to the subcutaneous layer and redirect the needle tip to the anterior wall of the ala nasi on both sides

of the face until you elicit Qi. Last, bring the needle back to the Kidney point and retain it for 30 minutes to 5 hours.

If the patient notices a warm sensation in the lumbar area, the lower abdomen, or the joints of the four extremities, the treatment will usually have better results.

Nose acupuncture is effective for arthritic conditions such as pain, swollen joints, and limited physical activity.

Philtrum Acupuncture

Points:

Philtrum 6

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with perpendicular insertion or angle the needle left, right, up, or down depending on the location of the disease. Insert the needle to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

The philtrum area has an abundance of vessels and nerves, so there are remarkable results for patients with painful conditions such as Bi syndrome. Especially good results are achieved for patients with acute pain with limited range of motion.

Bloodletting Technique: Use a three-edge needle with the spot pricking technique to release a few drops of blood. This is especially useful for body pain due to blood stasis.

Mouth Acupuncture

Points:

Forearm
Upper Arm
Lower Leg
Sciatic Nerve
Upper Leg
Knee

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Tongue Acupuncture

Points:

Upper Extremities
Lower Extremities
Liver
Kidney

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the

patient to stick his or her tongue out. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. The Qi sensation of tongue acupuncture usually appears as sore and distending. Retain the needles for about 5 minutes. Alternatively, use a three-edge needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use a fast insertion on the local point to a depth of 0.5 to 1.2 cun. During the bloodletting technique, the principle is to bleed only a few drops of blood.

Neck Acupuncture

Points:

15 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

For the 15 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 0.5 to 0.8 cun. Use gentle lifting and thrusting rotation to elicit Qi. After the needles are inserted, use moxa along the spine. If the patient feels a tingling sensation or whole-body relaxation, they will obtain better treatment results. Retain the needles for 20 to 30 minutes. All 15 points are needed in the same treatment.

Back Shu Acupuncture

Points:

UB 18 (Gan Shu)

UB 23 (Shen Shu)

These points can be used with the corresponding Front Mu and Yuan source points.

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi. After Qi has arrived, use moxa along the spine. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Jia Ji Acupuncture

Points:

Major Spinous Process

Sacral Jia Ji Point

Technique: The patient should be in a comfortable prone position. Choose a 1.0 to 1.5 cun filiform needle, and insert it at a perpendicular angle. Depending on the patient's constitution, the needle may be inserted to a depth of 1.0 to 1.2 cun on the lumbar and sacral areas, but 0.5 to 1.0 cun on the cervical and thoracic areas. Use the lifting, thrusting, and rotating techniques to stimulate the point. Electro-acupuncture is a very useful method on the Jia Ji system and can provide continuous stimulation. Retain the needles for 30 minutes.

Spinal Acupuncture

Points:

Major Spinous Process Point

Thoracic 5

Lumbar 1

Xin Huan Tiao

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the Back Spinous Process points, use 30 to 32 gauge, 2.0 cun long filiform needles. The practitioner should use the thumb and index finger of the pressing hand to pinch the skin of the spinous process and the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. Use rotation techniques until the patient feels a Qi sensation along the spine. Retain the needles for 40 minutes or up to 1 to 2 hours.

- For the Xin Huan Tiao point, use 32 to 34 gauge, 3.0 cun long filiform needles. Use perpendicular insertion to the skin, elicit Qi, and retain the needles for 30 minutes.
- This technique requires needle insertion in the correct layer. If the skin becomes rough on the surface, this indicates that the needle is inserted too shallowly. If the needle is difficult to push in any further, this indicates that the needle insertion is too deep and the needle may be hitting the spinous process. In either case, the needle should be adjusted. The needles should be inserted above the center of the spine.

Abdominal Acupuncture

Points:

Upper extremity pain: Ren 6 (Qi Hai) plus Arthritis points 1, 2, and 3

Lower extremity pain: Ren 6 plus Arthritis points 4, 5, and 6

Low back pain insertion: Ren 6 (Qi Hai), Ren 4 (Guan Yuan), and Spleen 15 (Da Heng)

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly in the sky, person, and earth layer to a depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Abdominal acupuncture is mostly used for chronic and cold conditions that typically fall into the deficiency category, so use the moxibustion technique from up to down on each acupuncture point or focus on Ren 8 (Shen Que) to increase Yang Qi, which will increase the treatment effect.

Hand Acupuncture**1. HAND ACUPUNCTURE POINT THERAPY***Points:*

Vertebrae
Kidney
Ankle
Neck
Lumbar and Leg

2. NEW HAND ACUPUNCTURE THERAPY*Points:*

Neck
Back
Hand
Knee
Ankle
Elbow
Ling Gu
Zhong Bai

3. HAND IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)*Points:*

Body Trunk of Hand Prone Imaging
Body Trunk of Hand Prone Organ
Body Trunk of Hand Radial Inverted Imaging
Body Trunk of Hand Radial Inverted Organ
Body Trunk of Hand Ulnar Inverted Imaging
Body Trunk of Hand Ulnar Inverted Organ

Technique: Select a few points from the list. Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. When inserting a needle on the Lumbar and Leg 1 and 2 points to treat low back pain, it is important for the patient to do physical exercise during the treatment. First instruct the patient to cough a few times, and then instruct the patient to bend, stretch, and lift the knees until the patient starts to perspire and has increased range of motion. The patient will feel much improvement during the exercise. For a chronic condition, retain the needles for 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides.

Hand acupuncture is highly effective at relieving pain, especially acute pain due to sprained muscles and tendons, nerves, sprained ankle pain, sciatic nerve pain, acute low back pain, neck pain, headache, dysmenorrhea, and stomach pain.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean

needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release some drops of blood. Treat the patient every other day, alternating treatment to both hands.

Electro-Acupuncture Therapy: After inserting the needles, use an electro-machine to stimulate the points. Use a continuous, dense wave. Usually treat the patient for 20 to 30 minutes with seven treatments to a course. Be careful not to needle the tendons.

Pellet Therapy: This technique is used for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Summary

Painful obstruction syndrome may be caused by wind, cold, dampness, or heat. The treatment should be focused on dispersing wind and cold, transforming dampness, and clearing heat. It is important to open the meridians, and tonify Qi in older patients. Combining acupuncture with herbal therapy is indicated for Bi syndrome. The micro-systems that have the best results in treating Bi syndrome are the ear, abdominal, back Shu, spinal, scalp, and hand systems. The active Qi treatment is a very important technique in the micro-acupuncture system to treat painful obstruction syndrome. The practitioner assists the patient in doing active and passive activity such as Tui Na, acupressure, massage, or manipulation on the related areas or lets the patient perform active physical movements such as moving their neck, shoulder, elbow, lumbar, knee, and ankle during the treatment. By using moxibustion along the spine during the treatment, the therapy will have remarkable results for pain control. This technique increases the energy flow and helps enhance acupuncture treatment results. The patient should also be instructed to get regular physical exercise, avoid living in a damp area, and be cautious during seasonal changes to prevent external pathogenic factors from invading the body.

ATROPHY SYNDROME—WEI ZHENG

Atrophy syndrome, also known as Wei syndrome, is characterized by weakness of the four limbs, which progresses to muscle atrophy, inability to walk properly, and eventual paralysis. Wei syndrome may be caused by lung heat with Yin-fluid damage, damp heat invasion causing Qi and blood obstruction, spleen and stomach deficiency causing lack of nourishment to the muscles, or overwork and excessive sexual activity damaging the liver and kidneys.

Western medicine refers to this condition as multiple myelitis, progressive myatrophy, myasthenia gravis, periodic paralysis, myodystrophy, hysteric hemiplegia, and multiple sclerosis.

Traditional Chinese Medicine Differential Diagnosis

1. **Heat in the lung injuring Yin fluids:** Fever at the onset of disease, sudden weakness and flaccidity of the limbs that follows after the fever subsides, dry skin, mental restlessness, strong thirst, cough with scanty phlegm, dry throat, scanty, dark urine, dry stools, a red tongue with a yellow, dry coating, and a rapid, thin pulse.
2. **Damp heat invasion:** Constant low-grade fever that does not abate with sweating, weakness, heaviness, and swelling of the legs, numbness, feeling of oppression in the chest and epigastrium, cloudy urine, yellow complexion, a feeling of heat in the feet, a yellow, sticky tongue coating, and a slippery, rapid pulse.
3. **Cold damp invasion:** Feeling of heaviness and weakness in the legs, tightness or slight pain in the back and shoulders during movement, numbness in the back, flaccidity and coldness of the limbs, a pale tongue with a white, sticky coating, and a slippery or tight, deep pulse.
4. **Spleen and stomach deficient cold:** Muscle weakness and atrophy, weakness of the limbs, tiredness, easily fatigued, poor appetite, loose stools, sallow complexion, a pale tongue with white coating, and a weak, thin pulse.
5. **Kidney and liver deficiency:** Weakness and atrophy of the legs and muscles, inability to walk far, eventual paralysis, sore back, dizziness, tinnitus, blurred vision, dry eyes, urinary dribbling, irregular menses, a red tongue without coating, and a fine, deep pulse.
6. **Blood stasis in the meridians:** Numbness, weakness, and pain in the limbs, muscular atrophy, a purple-blue color in the limbs, a purple tongue, and a deep, fine, and choppy pulse.

Important Points for Diagnosis and Treatment

It is important to be able to differentiate among Wei syndrome, wind stroke, and Bi syndrome.

Wei syndrome refers to damage to the five organs, Qi, blood, Yin, and essence. Usually more heat and deficiency are present, while excess cold is less commonly seen in the clinic. Wei syndrome usually progresses slowly and is difficult to treat. Often one side of the body will be weak or paralyzed, but without deviation of the eye, deviation of the mouth, or slurred speech. It will also affect teenagers more often. Wei syndrome typically is not associated with pain, and if pain is involved, it is minimal.

Wind stroke is characterized by paralysis of half of the body with sudden onset and deviation of the eye and mouth, and most patients have a previous history of hypertension. Wind stroke mostly affects people over age 40.

Bi syndrome may also involve weakness and atrophy of the muscles and tendons, but the patient will have chronic pain in the four extremities with an increasing inability to walk or move with ease, which eventually leads to atrophy. Pain is the most important component in diagnosing Bi syndrome.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Anterior Oblique Line of Vertex-Temporal

Posterior Oblique Line of Vertex-Temporal

Middle Line of Vertex—Legs

Upper Middle Line of Occiput—Eye

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needles into the Middle Line of Vertex point first, which means insert from Du 21 (Qian Ding) toward Du 20 (Bai Hui). Then, follow the Anterior Oblique Line of Vertex-Temporal and the upper part of the Posterior Oblique Line of Vertex-Temporal, which means insert from Qian Shen Cong and Du 20 (Bai Hui) toward both sides of GB 6 (Xuan Li) and GB 7 (Qu Bi) to a length of 1.0 cun. Next, with both hands manipulate both needles to perform the false lifting technique. Meanwhile, ask the patient to move his or her legs and stretch or massage their legs. Then move the needle from the middle section of the Anterior Oblique Line of the Vertex-Temporal and the Posterior Oblique Line of the Vertex-Temporal toward the inferior anterior direction. Perform the false lifting technique, and ask the patient to move the upper arm or make a fist. At the time of manipulation, depending on the degree to which the local symptoms have reduced, manipulate the needles for 1 to 3 minutes and then retain the needles for 1 hour while manipulating the needles one or two times during the retention. Ask the patient to continuously massage, make a fist, or stretch his or her legs. Insert the needles on the Upper Middle Line of Occiput point for patients with weakness of the eyelids. Treat once every other day, with 10 to 12 treatments to a course and 3 to 5 days of rest between courses. During the rest period, use macro-acupuncture therapy, such as LI 4 (He Gu), P 7 (Da Ling), P 6 (Nei Guan), LI 11 (Qu Chi), Ba Feng, UB 60 (Kun Lun), Liv 3 (Tai Chong), K 3 (Tai Xi), GB 39 (Xuan Zhong), and Sp 6 (San Yin Jiao) for continuous treatment.

2. JIAO SYSTEM

Points:

Upper One-Fifth and Middle Two-Fifths of Motor and Sensory Area—Bilaterally

Foot Motor and Sensory Area—Bilaterally

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert the needles quickly at 15 to 30 degrees to the scalp to ensure that the needle is inserted into the right layer and to avoid touching the needle to the periosteum. Use a strong stimulation to thrust and rotate the needles at a rate of 200 times per minute. Retain the needles for 30 minutes while manipulating every 10 minutes. Treat once daily for a course of five to seven treatments. Use this technique for

patients with atrophy syndromes and difficulty moving the four extremities.

3. TANG SYSTEM

Points:

Yin Aspect of Arm
Yang Aspect of Arm
Yin Aspect of Leg
Yang Aspect of Leg

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle perpendicularly into the scalp to a depth of 2.0 to 3.0 fen. Use rotation techniques for manipulation to elicit Qi, and retain the needles for up to 2 hours.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Corresponding Body Area
Spleen
Stomach
Kidney
Liver
Adrenal
Mouth
Small Intestine
San Jiao

2. EUROPEAN AURICULAR THERAPY

Points:

Stomach
Small Intestine
Large Intestine
Abdomen
Sympathetic Autonomic
Omega
Thalamus
Zero

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Let the patient perform active physical movement of the targeted weak muscles such as the hands, feet, and shoulders. Use the slow rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Use Betadine to pre-clean the surface of the ear, and follow up with

70% alcohol to clean the ear. Insert the filiform needles into the selected point. Use 2 to 10 Hz frequencies. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulation for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then, use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses. Patients who are very young, elderly, weak, sensitive, or pregnant women should only receive seed pressing therapy with light stimulation.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Spleen
Stomach
Small intestine

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques depending on the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Ask the patient to do physical exercise such as move their arms or legs. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Middle Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Liver point and manipulate the needle until you elicit Qi, and then gently lift the needle to the subcutaneous layer. Redirect the needle tip toward the Gallbladder point until you elicit Qi. Now, gently lift the needle and redirect

the needle tip toward the Gallbladder point on the other side of the face until you elicit Qi. Next, gently lift the needle and redirect the needle tip toward the Stomach point on both sides of the face until you elicit Qi. Last, bring the needle back to the Liver point and retain it there for the duration of the treatment.

Select thin, shorter acupuncture needles when doing acupuncture on the nose. Avoid perpendicular insertion because the weight of the needle handle pulls the needle downward and elicits pain.

Mouth Acupuncture

Points:

Area of the Skin
Forearm
Upper Arm
Lower Leg
Knee
Upper Leg

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to course.

Mouth acupuncture is effective because it is a rather sensitive area of the human body, causing the patient to be more alert both physically and mentally, which is very important for atrophy syndrome patients.

Tongue Acupuncture

Points:

Lung
Spleen
Stomach
Liver
Kidney
Upper Arm
Lower Leg

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to stick his or her tongue out. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Ask the patient to do physical movement. Retain the needles for about 5 minutes.

The tongue is a highly sensitive and active area of the body. It is used to treat motor dysfunction conditions such as four-extremity numbness and paralysis. Tongue acupuncture in combination with macro-acupuncture points can increase treatment results.

Neck Acupuncture

Points:

5 Point Locations
15 Point Locations
27 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

- For the 5 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun, and then use lifting, thrusting, and rotation techniques. If using the rotation technique, you should use mild stimulation to elicit Qi. Then use the warming needle technique for 5 to 9 Zhuangs of moxa so the patient feels warmth but not a burning sensation. The needles are usually retained for 20 to 30 minutes.
- For the 15 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 0.5 to 0.8 cun. Use gentle lifting and thrusting rotation to elicit Qi, and retain the needle for 20 to 30 minutes. All 15 points are needled in the same treatment.
- For the 27 point locations technique, insert the needle to a depth of 0.5 to 0.8 cun and perform mild lifting and thrusting techniques or a small degree of rotation to elicit Qi. Retain the needles for 20 to 40 minutes. There are four vertical lines. Be careful when inserting the needle; the direction of insertion should be perpendicular to the skin. All 27 points on the neck area will follow the shape and curve of the neck.
- The 5-point location technique has better results for atrophy syndrome due to central nervous system disorders. The 15- and 27-point techniques are more effective on autonomic nerve system disorders.

Back Shu Acupuncture

Points:

UB 13 (Fei Shu)
UB 18 (Gan Shu)
UB 20 (Pi Shu)
UB 21 (Wei Shu)
UB 23 (Shen Shu)

The practitioner can use these points with the corresponding Front Mu and Yuan source points.

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needles at an oblique angle and push the needles in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

The back Shu points should be needled shallowly with careful attention to depth, in order to protect the internal organs. This is especially important in patients with emphysema or an enlarged heart, liver, or spleen.

Jia Ji Acupuncture

Points:

Cervical Jia Ji Points C 4 through C 5—for Atrophy of the Upper Arms

Lumbar Jia Ji Points L 1 through L 5—for Atrophy of the Lower Body

Technique: Use a 30 to 34 gauge, 1.0 to 1.5 cun long filiform needle. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needle perpendicularly to a depth of 0.5 to 1.0 cun in the Thoracic Jia Ji points. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Abdominal Acupuncture

Points:

Immune support insertion: Leading energy back to the source plus Stomach 24 (Hua Rou Men) and Stomach 26 (Wai Ling)

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly into the sky layer and use a rotation technique to elect Qi, and then gently move needle to the person layer and use the rotation technique with very gentle lifting and thrusting. Lastly, push the needle deeper into the earth layer and use the rotation technique to elicit Qi. So, the gentle lifting and thrusting technique is mainly used on the person layer. Meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Vertebrae

Lumbar and Leg

Spleen

Liver

Kidney

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. It is important to instruct the patient to do physical movement. If the patient is not capable of moving his or her body, use massage or moxibustion to work on the weak or painful areas. Instruct the patient to take deep breaths during needle manipulation.

2. KORYO HAND THERAPY

Points:

A 8, 12, 16; B 19, 24; N 5, 9, 13; E 2; J 7

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Wrist and Ankle Acupuncture

Points:

Lower 4

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then, slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with active and passive activity methods, including Tui Na, Qi Gong, moxibustion, cupping, and breathing techniques while retaining the needles. There are 10 treatments to a course. When retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Wrist and ankle acupuncture provides long-term effects. Due to the superficial insertion of the needles, this treatment does not limit the patient's physical activities. The patient can retain the needles for a few hours or a few days while still carrying out his or her normal activities.

Summary

For Wei syndrome, the treatment principle is to treat atrophy with tonification of the Yang Ming. Acupuncture or herbal

therapy should focus on tonification of the spleen and stomach. For patients with lung heat damaging Yin fluids, the focus should be on clearing lung heat and tonifying the stomach. For damp heat conditions, it is important to not use too many points to move Qi or dry dampness. For herbal therapy, it is important to use acrid, warm, and drying herbs carefully. For spleen and stomach deficient types, the focus should be on tonifying the spleen and stomach, clearing heat, and draining dampness. For liver and kidney deficiency, the focus should be on tonifying the spleen, kidneys, and liver; nourish the kidneys for conditions of empty fire, or tonify Jing if empty fire is not present. Micro-acupuncture therapy will have good results if combined with herbal treatment, massage, and physical exercise. The micro-systems found to be most effective in treating atrophy syndrome are the scalp, back Shu, abdominal, and Jia Ji systems. The patient will benefit from massage, exercise, and dietary changes that include high protein and fiber, decreasing intake of acrid and spicy foods, and avoiding emotional stress. Atrophy syndrome is a chronic condition that develops slowly, and may require regular treatment for over a year.

PAINFUL URINARY SYNDROME— LING ZHENG

Painful urinary syndrome, also known as Lin syndrome, is characterized by frequent urination that may be scanty and painful with abdominal cramping and pain radiating to the low back, and it may be accompanied by fever and vomiting. Excessive consumption of acrid, spicy, hot, greasy food, alcohol, overwork, excessive sexual activity, and emotional disturbance all lead to eventual impairment of the kidneys, urinary bladder, liver, spleen, and San Jiao functions, which results in damp heat obstruction in the lower Jiao causing Lin syndrome. If the disease is chronic and progresses slowly, it may damage Qi and Yin with spleen and kidney deficiency. The symptoms may change from excess to deficiency or may manifest as a combined excess and deficient pattern.

Western medicine refers to this condition as urinary system disorders, such as pyelonephritis, cystitis, tuberculosis of the kidney, urinary system stone, bladder cancer, disease of the prostate, and cystourethritis.

Traditional Chinese Medicine Differential Diagnosis

According to the clinical manifestations, Lin syndrome is usually differentiated into hot Lin, blood Lin, stone Lin, cloudy Lin, and Lao Lin.

1. **Hot Lin:** Painful, frequent urination, burning sensation, sharp pain, scanty, yellow urine, aching or cramping in the lower abdomen, chills and fever, bitter taste in the mouth, vomiting, low back pain, constipation, a red tongue with a yellow, sticky coating, and a rapid, soft pulse.
2. **Blood Lin:** Can be divided into excess and deficient subtypes:
 - A. **Excess type:** Painful, burning urination, dark-colored urine that is blood tinged or with blood clots, lower

abdominal cramping and pain, irritability, a red tongue with yellow coating, and a rapid, slippery pulse.

- B. **Deficient type:** Painful, frequent urination with a pink color, soreness and weakness of the lower back, fatigue, a pink tongue with white coating, and a thin, rapid pulse.
3. **Stone Lin:** Painful urination with sand in the urine, interrupted urinary flow, abdominal cramping, pain that radiates to the lower back, a red tongue with yellow coating, and a rapid pulse. If the condition is chronic, the patient may also have a pale complexion, fatigue, a pale, tooth-marked tongue, and a thin, weak pulse or five palm heat, a red tongue with little coating, and a rapid, thin pulse.
4. **Cloudy Lin:** Can be divided into excess and deficient subtypes:
 - A. **Excess type:** Painful, cloudy urination the color of washed rice water, can be combined with clots, a burning, painful sensation during urination, a red tongue with a yellow, sticky coating, and a soft, rapid pulse.
 - B. **Deficient type:** Long-term painful urination or frequent onset, urine that is thick as lotion, fatigue, dizziness, weight loss, lumbar and knee soreness and pain, a pale tongue with a white, sticky coating, and a weak pulse.
5. **Lao Lin:** Frequent urination with less severe pain, chronic with a gradual onset, the condition is worse with overwork, low back pain, fatigue, a pale tongue, and a thin, weak pulse or a pink-red face, five palm heat, a red tongue with little coating, and a rapid, thin pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Line 3 Lateral to Forehead

Middle Line of Vertex

Upper Lateral Line of Occiput—Low back pain

Upper Middle Line of Occiput

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. For acute urinary problems with severe symptoms of urgent, painful, frequent, and scanty urination, use the against insertion technique on the Line 3 Lateral to Forehead and Middle Line of Vertex points. For the Upper Middle Line of Occiput point, use superior to inferior against insertion. For patients with severe low back pain, add another two needles on the Upper Lateral Line of Occiput point, which is the three-needle group insertion technique. For all of the needles, use transverse insertion into the subaponeurotic tissue layer. Use the false lifting technique and manipulate the needles for 1 to 3 minutes. When using the against insertion and group insertion techniques, use both hands to manipulate the needles at the same time. Meanwhile, massage the lower abdomen, tap on the low back area, or ask the patient to do muscle contraction exercises on the lower abdomen to control the urination. After all of the techniques, retain the needles for 30 minutes

while manipulating the needles once during the retention. If the patient has a chronic condition, use the false thrusting technique on the Middle Line of Vertex point. Treat once daily with five to six treatments to a course.

2. JIAO SYSTEM

Points:

Bilateral Foot Motor and Sensory Area
Reproductive Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use transverse insertion into the Foot Motor and Sensory Area and the Reproductive Area. Use fast insertion and quickly move the needle into the subaponeurotic tissue layer. Use the rapid rotation and turning technique up to 200 times per minute. Separately manipulate each area for 1 to 2 minutes, and then retain the needles for 30 minutes while manipulating once during the retention. Treat once daily with five to seven treatments to a course, and rest for 3 days between courses. This system is best for acute conditions.

3. TANG SYSTEM

Points:

Bilateral Urogenital Area
Lumbar Area
Quiet Line
Blood Line

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use an oblique insertion into the scalp to a depth of 2.0 to 3.0 fen. Use lifting and thrusting techniques to elicit Qi. Retain the needles for up to 2 hours while manipulating two to three times during the retention. Treat every other day, with 10 to 12 treatments to a course and 5 to 7 days of rest between courses. This technique is effective for patients with a chronic condition or weak and elderly patients.

Face Acupuncture

Points:

Kidney
Small Intestine
Uterus and Bladder

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly with a perpendicular, oblique, or transverse angle. For the zygomatic and cheek areas use a perpendicular insertion. Rotate the needles to elicit Qi. Have the patient hold and release their perineum, while the needles are in. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Spleen
Kidney
San Jiao
Urinary Bladder
Urethra
Shen Men
Ureter
External Genitals

Supplemental Points:

Abdominal pain—Pelvic Cavity
Low back pain—Lumbar-Sacral Vertebrae
Sexual dysfunction—Internal and External Genitals

2. EUROPEAN AURICULAR THERAPY

Points:

Zero
Urinary Bladder
Posterior Pituitary
Sympathetic Autonomic
Adrenal Gland
Kidney
Urethra
Thalamus

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected point. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulation for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Eye Acupuncture

Points:

Urinary Bladder of Area 2

Lower Jiao of Area 8

Technique: Use 30 to 34 gauge, 0.5 cun long filiform needles.

Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the edge orbital margin insertion technique with transverse insertion to the subcutaneous tissue. The insertion point should be about 2.0 mm from the orbital margin. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball over the needle hole to prevent bleeding. When needling area 8, take caution not to insert the needle deeply, because this may cause damage to the inner canthus artery.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Kidney

Genitals

Urinary Bladder

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. If a point has scar tissue, it is best to avoid needling there to prevent bleeding and sharp pain. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Lower Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Kidney point and insert the needle downward along the nasal septum at about a 60-degree angle, until you reach the bone and Qi arrives. Then, gently lift the needle back to the subcutaneous layer and redirect the needle tip to the anterior wall of the ala nasi on both sides of the face until you elicit Qi. Last, bring the needle back to the Kidney point and retain for 30 minutes to 5 hours. If the patient notices a warm sensation in the lumbar area, the lower abdomen, or the joints of the four extremities, the treatment will usually have better results.

2. NOSE SAN JIAO THERAPY

Points:

17

Technique: For Point 17, use oblique insertion upward 1.0 to 2.0 fen deep.

Mouth Acupuncture

Points:

Area of Genitourinary

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Tongue Acupuncture

Points:

Urinary Bladder

Kidney

Yin Xue

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to stick his or her tongue out. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use a fast insertion on the local point to a depth of 0.5 to 1.2 cun.

Neck Acupuncture

Points:

St 9 (Ren Ying)

St 10 (Shui Tu)

St 11 (Qi She)

Technique: Use group needle stimulation techniques, in other words, traditional ancient techniques (the "Yang Ci" technique). The practitioners can also use cutaneous needles such as seven star needles. This technique involves multiple needles inserted closely together at one point. Choose 0.5 cun long, 30 to 34 gauge filiform needles. Hold several needles together and insert them at the same time in one point or insert them one by one closely together at one point. Insert to a depth of 0.2 to 0.3 cun and gently use lifting and thrusting techniques to stimulate the area until the skin turns pink-red in a circle around the needles. Ask patient to breathe deeply and hold and release the perineum. Retain the needles for 30 to 60 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Kidney

San Jiao

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Bladder Point

Liver Point

Kidney 1 Spot

Urinary Bladder Spot

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. For points that are located on the transverse crease of the joint, try to find the space between the joints to insert the needle. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for up to 20 to 30 minutes. If the patient experiences itching and tingling sensations when you withdraw the needles, it usually indicates that there is bleeding underneath the skin and a hematoma will form. You should press on the point for a while to stop the bleeding.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and release some drops of blood. Treat the patient every other day, alternating treatment of both hands.

3. KORYO HAND THERAPY

Points:

A 3, 7

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Ask the patient to hold and release the perineum while the needles are in the hand points. Retain the needles for an average of 30 to 40 minutes.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Bladder

Reproductive Organs

2. FOOT NEW POINT THERAPY

Points:

10, 14

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the

treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points.

Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi. Ask the patient to take deep breaths, and hold and release the perineum while you manipulate the needles on the feet. Retain the needles for about 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a resting period of 3 to 5 days between courses.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Summary

Lin syndrome is caused by damp heat in the lower Jiao, and is located in the kidneys and bladder. It is an excess condition at first onset, and can lead to deficiency with time, or it can be a combination of excess and deficiency. Diagnosis should be made with careful differentiation between the types of Lin syndrome. In the case of damp heat obstruction causing the bladder to lose the function of transforming Qi, the treatment focus should be on clearing heat, draining dampness, and opening the meridians, combined with moving Qi. For spleen and kidney deficiency with the bladder losing the function of transforming Qi, the focus of the treatment should be on tonifying the spleen and kidneys.

Micro-acupuncture therapy can control inflammation and release the frequency, urgency, and pain of urination. Usually after one to three treatments the patient will notice some results. This therapy can be combined with herbal therapy. The results are generally best with the ear, nose, and foot micro-systems. The patient should be instructed to increase his or her water intake and avoid pressure such as riding a bicycle or long periods of sitting. Use warm water or an herbal decoction to wash the perineum. Women should focus more on peritoneal care during menstruation, increase water intake, and get plenty of rest.

URINARY RETENTION—LONG BI

Urinary retention refers to a patient who has scanty urination or just a few drops, or worse, the urination has completely stopped. In Chinese medicine, urinary retention is called “long Bi.” The “LONG” means scanty urination that is difficult and dribbling. “Bi” refers to complete inability to urinate. Urinary retention has a close relationship to the lung, spleen, kidney, and San Jiao. Abnormal diet, long-term illness, deficient body constitution, old age, stress, tumor, or urethral stone usually causes damp heat obstruction, lung heat excess, spleen Qi

unable to ascend, kidney Qi deficiency, and liver Qi stagnation eventually resulting in urinary retention. Urinary retention usually exhibits acute onset or gradual progression. The main clinical manifestations are as follows: scanty urination with or without accompanying sensations of distension in the lower abdomen, and lack of pain in the urethra. On micturition, there may also be dribbling if there is absence of complete obstruction. In severe cases, there may be dizziness, headache, nausea, vomiting, asthma, edema, fullness of the chest, or loss of consciousness.

Western medicine refers to this condition as due to any organic or functional pathological changes of the urinary bladder, urethra, and prostate gland, in addition to weakened kidney function and kidney failure.

Traditional Chinese Medicine Differential Diagnosis

1. **Bladder damp heat:** Scanty urination, dribbling or completely obstructed, scanty and hot urine, a distending sensation in the lower abdomen, bitter mouth with a sticky sensation, thirsty with no desire to drink, constipation, a red tongue with a yellow sticky coating, and a fast pulse.
2. **Lung heat excess:** Dribbling urination, incomplete void, dry throat, thirsty with desire to drink, shortness of breath, coughing, thin yellow coating, and a fast pulse.
3. **Liver Qi stagnation:** Emotional stress, such as worry, depression, irritability, anger, urinary obstruction or open but not smooth, abdominal fullness and distension, a red tongue with thin coating, and a wiry pulse.
4. **Urinary pathway obstruction:** Scanty or thin urination, in severe cases it will be completely obstructed, distension and pain in the lower abdomen, dark pale tongue with black dots on the side, and a choppy pulse.
5. **Central or Zhong Qi deficiency:** The abdomen always feels heavy with a sinking sensation, desire to urinate but unable to release urine, scanty urination and not smooth, low energy, poor appetite, shortness of breath, low voice, pale tongue with thin coating, and a thin, weak pulse.
6. **Kidney Yang deficiency:** Scanty or completely obstructed urination, no power to release urine, pale face, low energy, aversion to cold, low back pain, weakness of the knees, a pale tongue with white coating, and a deep, thin pulse especially in the third position.

Important Points for Diagnosis and Treatment

For diagnosis, it is very important to differentiate between deficiency and excess. Urinary retention caused by damp heat obstruction, turbid stasis obstruction, liver Qi stagnation, and lung heat Qi obstructions are mostly excess conditions. Urinary retention due to spleen Qi deficiency, kidney Yang deficiency, and an organ's loss of Qi transformation are deficiency. Excess conditions usually have a sudden onset with distension of the lower abdomen and pain, scanty and hot urine, a red tongue with yellow sticky coating, and a choppy, wiry, and fast pulse.

Deficient conditions usually develop in a chronic process and the patient presents with a pale face that is swollen, scanty urination with weakness during the release of urine, low energy, shortness of breath, low voice, a pale and swollen tongue, and a deep, thin, and weak pulse.

The treatment principle for urinary retention is based on the Fu organs being open. "Open" means for the excess conditions clear damp heat, release stagnation, open the meridian Qi, and open the water passages. The deficiency condition treatment principle is to tonify the spleen and kidneys to help the transformation of Qi, as well as combine treatment with Chinese herbs and acupuncture. It is important to use herbs and acupuncture not only to open urination, but also to support the patient's underlying constitution.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Line 3 Lateral to Forehead

Middle Line of Forehead

Middle Line of Vertex

These points can be used in combination with Du 20 (Bai Hui), Ren 3 (Zhong Ji), Ren 4 (Guan Yuan), Sp 6 (San Yin Jiao), and Sp 9 (Yin Ling Quan).

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion from the superior to the inferior direction on the Line 3 of Forehead point and insert anterior to posterior on the Middle Line of Vertex point. For severe cases, use the up and down against insertion or anterior and posterior against insertion techniques. When the needle is in the subaponeurotic tissue layer, use the false lifting technique. For elderly and deficient patients, use the false thrusting technique. Manipulate the needles for 2 to 3 minutes. For severe cases, continuously manipulate for up to 5 to 7 minutes until symptoms are released. When inserting on the Middle Line of Vertex point, ask the patient to concentrate on Sp 6 (San Yin Jiao) and Ren 4 (Guan Yuan) to increase the tension of urination. Also, the practitioner can gently massage the lower abdomen; however, if the patient has a severe condition of urinary retention, avoid doing massage on the lower abdomen. Also use the warming moxa up and down technique on the abdominal area. After the symptoms are released, retain the needles for 30 to 60 minutes and manipulate the needles two to three times during the retention. Treat once daily with five to seven treatments to a course. This system is very good for patients with urinary retention due to a central nervous system disorder.

2. JIAO SYSTEM

Points:

Foot Motor and Sensory Area bilaterally
Reproductive Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use fast insertion into the subaponeurotic tissue layer. Use the rapid rotation and turning technique up to 200 times per minute. Alternatively, use the rotation technique until the patient feels Qi, and then add the electro-machine. Use dense sparse wave and stimulate the area for up to 20 minutes. This technique has a strong stimulation and will have good results for any type of urinary retention, especially for patients with urinary retention due to taking large amounts of drugs.

Face Acupuncture

Points:

Kidney
Small Intestine
Uterus and Bladder

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at a perpendicular, oblique, or transverse angle. For the zygomatic and cheek areas use a perpendicular insertion. Rotate the needles to elicit Qi. Have the patient hold and release the perineum during the treatment. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding.

When inserting needles on the face, if the patient experiences internal organ warmth or increased intestinal movement, this usually indicates that Qi is moving toward the target area. This will achieve a good result.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Spleen
Kidney
San Jiao
Urinary Bladder
Urethra
Shen Men
Ureter
External Genitals

Supplemental Points:

Abdominal pain—Pelvic Cavity
Low back pain—Lumbar-Sacral Vertebrae
Sexual dysfunction—Internal and External Genitals

2. EUROPEAN AURICULAR THERAPY

Points:

Zero
Urinary Bladder
Posterior Pituitary

Sympathetic Autonomic

Adrenal Gland

Kidney

Urethra

Thalamus

External Genitals

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. The active Qi treatment is a very important technique in the ear acupuncture therapy. Insert a few needles on the sensitive points and let the patient perform active physical movement of the targeted area such as holding and releasing the perineum or listen to the running water. The patient may react with a warm, comfortable sensation in the abdomen or an urgent sensation of urination. Use the strong rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected point. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes. Ear electro-acupuncture has a positive result for urinary incontinence.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Eye Acupuncture

Points:

Urinary Bladder of Area 2
Lower Jiao of Area 8

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your left hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the inner margin insertion technique with perpendicular insertion, needling the point slightly toward

the eyeball. Insert the needles to a depth of 0.2 to 0.5 cun. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball to the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Kidney
Genitals
Urinary Bladder

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Have the patient hold and release the perineum during the treatment. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Lower Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Kidney point and insert the needle downward along the nasal septum at about a 60-degree angle, until you reach the bone and Qi arrives. Then gently lift the needle back to the subcutaneous layer and redirect the needle tip to the anterior wall of the ala nasi on both sides of the face until you elicit Qi. Last, bring the needle back to the Kidney point and retain it for 30 minutes to 5 hours. The lower Jiao technique has a positive result for urinary incontinence.

2. NOSE SAN JIAO THERAPY

Points:

12, 17, 56

Technique: For Point 12, use oblique insertion downward 1.0 fen deep.

For Point 17, use oblique insertion downward 1.0 fen deep.

For Point 56, use oblique insertion upward 1.0 fen deep.

Philtrum Acupuncture

Points:

Philtrum 6
Philtrum 7

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. Have the patient perform active Qi movement such as holding and releasing the perineum during the treatment.

This important step often releases symptoms in a few seconds. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Bloodletting Technique: Use a three-edge needle with the spot pricking technique to release a few drops of blood. Have the patient hold and release the perineum during the treatment.

Tongue Acupuncture

Points:

Urinary Bladder
Kidney
Yin Xue

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to stick his or her tongue out. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. The Qi sensation of tongue acupuncture usually appears as a sore and distending. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use a fast insertion on the local point to a depth of 0.5 to 1.2 cun.

Tongue acupuncture achieves good results for both the urologic and digestive systems.

Neck Acupuncture

Points:

15 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. For the 15 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 0.5 to 0.8 cun. Use gentle lifting and thrusting rotation to elicit Qi. Ask patient to take deep breaths, and to hold and release the perineum. Retain the needles for 20 to 30 minutes. All 15 points are needled in the same treatment.

Hand Acupuncture

1. NEW HAND ACUPUNCTURE THERAPY

Points:

Bladder Point

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the lower abdomen and ask patient to hold and release the perineum while you manipulate the needles on

the hand, or use moxa along the midline of the abdomen during the treatment. Retain the needles for 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the patient starts urination.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release some drops of blood. Treat the patient every other day, alternating treatment on both hands.

2. KORYO HAND THERAPY

Points:

A 3, 5

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun long. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Spleen
Kidney
Bladder

2. FOOT NEW POINT THERAPY

Points:

9, 10, 14

3. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Qu Chi

4. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Abdominal Corresponding Area of Feet Prone Organs
Abdominal Corresponding Area of Feet Tibia Inverted Organs
Abdominal Corresponding Area of Feet Fibula Inverted Organs

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before

starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi. Ask the patient to breathe deeply and hold and release the perineum while you manipulate the needles on the feet. Retain the needles for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed. The patient usually feels relaxed but without overexertion.

The feet have an abundance of blood vessels that can cause swelling and bruising as a result of needling or massage, so the technique should be gentle.

Summary

The location for urinary retention is at the bladder, but it has a closer relationship with the San Jiao, lung, spleen, kidney, and liver. The diagnosis for urinary retention should focus on the deficiency and excess. For excess conditions, clear damp heat, invigorate blood, and open water passages. For deficiency conditions of urinary retention, tonify the spleen and kidney Qi to help the Qi transformative function. For patients with urination that is completely obstructed, prescribe herbs and external therapies to open the urination. Clinical experience shows that acupuncture is the most effective treatment for urinary retention due to energy obstruction. Acupuncture is indicated for patients who have urinary retention due to physical dysfunction but not mechanical obstruction. The ear, scalp, philtrum, nose, abdominal, and back Shu acupuncture micro-systems have good results. Use mostly sedation technique for excess, but for deficiency conditions use tonifying techniques. When necessary, use in combination with macro-acupuncture therapy. The main points to treat urinary retention are UB 28

(Pang Guang Shu) and Ren 3 (Zhong Ji). For patients with excessive lung Qi, use Lu 11 (Shao Shang) and Lu 7 (Lie Que). For patients with damp heat, use SP 9 (Yin ling Quan) and Sp 6 (San Yin Jiao). For patients with liver Qi stagnation, use Liv 2 (Xing Jian), SJ 6 (Zhi Gou), and GB 34 (Yang Ling Quan). For patients with central Qi sinking deficiency condition, use Du 20 (Bai Hui), Ren 6 (Qi Hai), and St 36 (Zhu San LI). For kidney Qi deficiency, use UB 23 (Shen Shu) and KD 3 (Tai Xi). If the patient's urinary retention is caused by stress, help the patient relieve tension by exercising the abdominal muscles by alternating contraction and releasing. To release urinary retention, place a warm saline-soaked compress on the lower abdomen. The ISNSA scalp system is useful for patients with urinary retention due to a central nervous system disorder. The Jiao scalp system has a strong stimulation, and it will have especially good results for patients with urinary retention due to medication side effects.

URINARY INCONTINENCE—YI NIAO

Urinary incontinence, also known as enuresis, is a disorder in which the patient is unable to control urination. Urinary incontinence mostly happens in children, pregnant women, or elderly persons. It is usually caused by overwork, excessive sexual activity, emotional stress, or weakness of the bladder caused by a genetic condition. Urinary incontinence is associated with kidney, bladder, spleen, and lung organ dysfunction.

Western medicine refers to this condition as related to a cerebral cortex dysfunction.

Traditional Chinese Medicine Differential Diagnosis

1. **Kidney Qi deficiency:** Incontinence is usually combined with urgent and frequent urination that the person is unable to control, pale face, low energy, aversion to cold, sleeping deeply, children are unable to wake up after incontinence, pale tongue, and a slow, deep, and weak pulse.
2. **Spleen and kidney deficiency:** Mostly happens with physical activity or for children at night during sleep, poor appetite, abdominal distension, diarrhea, long clear urination, low energy, a pale tongue with white coating, and a slow or deep and thready pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Line 3 Lateral to Forehead

Middle Line of Vertex

These points can be used in combination with Du 20

(Bai Hui), Ren 3 (Zhong Ji), and Si Shen Chong points.

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use the transverse insertion technique at the Middle Line of Vertex point and insert the needle from

Du 20 (Bai Hui) to Du 21 (Qian Ding). For severe conditions, use anterior and posterior against insertion. On the Line 3 Lateral to Forehead point, use up and down against insertion. Once the needle has been inserted into the subaponeurotic tissue layer, use the false thrusting technique continuously for 1 to 2 minutes. Use the special square insertion technique at the Si Shen Chong points. Instruct the patient to contract the lower abdomen or anus to hold the urination. For patients with a severe case, use moxibustion or isolation moxibustion with ginger at Ren 4 (Guan Yuan) and Ren 6 (Qi Hai). Use warming moxibustion for 5 to 15 minutes and use medium size moxa cones for 5 to 10 Zhuangs. Treat daily or every other day, with 7 to 10 treatments to a course and 3 to 5 days of rest between courses. Even if the patient's symptoms are completely relieved, have the patient continue the treatments for 1 to 2 months after the symptoms have disappeared.

2. JIAO SYSTEM

Points:

Foot Motor and Sensory Area Bilaterally

Reproductive Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use transverse insertion into the foot motor and sensory area from the posterior to the anterior direction to a depth of 1.0 cun. Once the needle is in the subaponeurotic tissue layer, use the rapid rotation technique up to 150 to 200 times per minute for 3 to 5 minutes. Rest 5 to 10 minutes and then manipulate the needles again. Repeat this manipulation pattern three times, and then release the needles. Alternatively, use electro-acupuncture with a dense wave. The electro current depends on how much the patient can tolerate. On average, treat for 3 to 5 minutes or up to 10 minutes. Continue the treatments until the patient's symptoms have completely disappeared for 1 to 2 months.

Face Acupuncture

Points:

Kidney

Small Intestine

Uterus and Bladder

Technique: Use 32 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then, insert the needle slowly at a perpendicular or an oblique angle. For the zygomatic and cheek areas, use a perpendicular insertion. Rotate the needles to elicit Qi. Have the patient take deep breaths and hold and release the perineum during the treatment. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needed area to prevent bleeding.

Eye Acupuncture

Points:

Urinary Bladder of Area 2

Lower Jiao of Area 8

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use the inner margin insertion technique with perpendicular insertion, needling the point slightly toward the eyeball. Insert needles to a depth of 0.2 to 0.5 cun. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball over the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course. When needling Lower Jiao of Area 8, be cautious not to insert the needle deeply, because this may cause damage to the inner canthus artery.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Spleen

Kidney

Urinary Bladder

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Have the patient take deep breaths and hold and release the perineum during the treatment. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes.

Lower Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Kidney point and insert the needle downward along the nasal septum at about a 60-degree angle until you reach the bone and Qi arrives. Then, gently lift the needle back to the subcutaneous layer and redirect the needle tip to the anterior wall of the ala nasi on both sides of the face until you elicit Qi. Last, bring the needle back to the Kidney point and retain for 30 minutes to 5 hours. If the patient notices a warm sensation in the lumbar area, the lower abdomen, or the joints of the four extremities, the treatment will usually have better results.

2. NOSE SAN JIAO THERAPY

Points:

56

Technique: For Point 56, use oblique insertion upward 1.0 fen deep.

Philtrum Acupuncture

Points:

Philtrum 6

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with perpendicular insertion to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. Have the patient hold and release the perineum during the treatment. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Mouth Acupuncture

Points:

Area of Genitourinary

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Tongue Acupuncture

Points:

Urinary Bladder

Kidney

Spleen

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to stick his or her tongue out. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. The Qi sensation of tongue acupuncture usually appears sore and distending. Retain the needles for about 5 minutes.

Tongue acupuncture achieves good results for both the urologic and digestive systems. Tongue acupuncture in combination with macro-acupuncture points can increase treatment results.

Neck Acupuncture

Points:

15 Point Locations

27 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

- For the 15 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 0.5 to 0.8 cun. Use gentle lifting and thrusting rotation to elicit Qi, and retain the needle for 20 to 30 minutes. All 15 points are needled in the same treatment.

- For the 27 point locations technique, insert the needle to a depth of 0.5 to 0.8 cun and perform mild lifting and thrusting techniques or a small degree of rotation to elicit Qi. Retain the needles for 20 to 40 minutes. There are four vertical lines. Be careful when inserting the needle; the direction of insertion should be perpendicular to the skin. All 27 points on the neck area will follow the shape and curve of the neck.

These points are located close to the medulla. When inserting and manipulating the needle, it is important that you keep the needle at a shallow level to avoid contacting the medulla, which could result in a fatal outcome.

Back Shu Acupuncture

Points:

UB 13 (Fei Shu)

UB 20 (Pi Shu)

UB 27 (Xiao Chang Shu)

Technique: Use standard clean needle technique. For points above lumbar 2, use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. For points below lumbar 2, use 30 to 34 gauge, 1.5 cun long filiform needles. Insert the needle at a perpendicular angle and push the needle in to a depth of 0.8 to 1.2 cun. Use the rotation technique to elicit Qi. After needle insertion, use moxa along the spine. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Jia Ji Acupuncture

Points:

Sacral Jia Ji Point

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needle perpendicularly to a depth of 0.5 to 1.2 cun at the Sacral Jia Ji point. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Spinal Acupuncture

Points:

Major Spinous Process Point

Lumbar 1

Lumbar 4

Sacral Vertebra 3

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the other Back Spinous Process points, use 30 to 32 gauge, 2.0 cun long filiform needles. The practitioner should use the thumb and index finger of the pressing hand to pinch the skin of the spinous process and the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. Use rotation techniques until the patient feels a Qi sensation

along the spine. Retain the needles for 40 minutes or up to 1 to 2 hours.

Remarks: This technique requires needle insertion in the correct layer. If the skin becomes rough on the surface, this indicates that the needle is inserted too shallowly. If the needle is difficult to push in any further, this indicates that insertion is too deep and the needle may be hitting the spinous process. In either case, the needle should be adjusted. The needles should be inserted above the center of the spine.

Abdominal Acupuncture

Points:

Eight precious insertion: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), Ren 4 (Guan Yuan), St 25 (Tian Shu), and Sp 15 (Da Heng).

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly in the sky, person, and earth layers to a depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Ba Gua Zhen Technique: The Ba Gua technique divides the abdominal area into eight sections. Each section indicates one organ disease. This system is based on the post heaven Ba Gua. Choose 32 to 34 gauge filiform needles and select the insertion area from north, south, east, west, northeast, northwest, southeast, and southwest. Each needle has 45 degrees between the next and use an oblique insertion toward the umbilicus or use a needle from the umbilicus and insert in an outward direction. Gently manipulate the needles and use the waiting for Qi, moving Qi, and increasing Qi technique. Retain the needles for 30 minutes.

Wrist and Ankle Acupuncture

Points:

Lower 1

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then, slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without

any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with active and passive activity methods, including Tui Na, Qi Gong, moxibustion, deep breathing, and holding and releasing the perineum. There are 10 treatments to a course. When retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Micro-acupuncture therapy has better results for patients with incontinence due to cerebral cortex dysfunction or patients with a weak body constitution, such as elderly persons. For patients with a problem caused by a genetic factor, a malstructure of the urethral pathway, a disease caused by testicular infection, or prostate cancer, micro-acupuncture will be less effective. In combination with Ren 3 (Zhong Ji) and SP 6 (San Yin Jiao), micro-acupuncture has good results for incontinence. Moxibustion along the Du channel and the lower abdomen on the Ren 3 (Zhong Ji) and Ren 4 (Guan Yuan) area can enhance the effectiveness of micro-acupuncture. For incontinence related to emotional stress, help the patient release stress and avoid overwork and fatigue. For children with incontinence, remind them to drink less water at night before going to bed. Scalp acupuncture, abdominal and wrist and ankle acupuncture usually have better results compared to other micro-acupuncture therapies.

SPERMATORRHEA—YI JING

Spermatorrhea is a pathologic disorder in which the patient experiences spontaneous ejaculation without sexual activity. This condition is divided into two categories: (1) Meng Yi, in which patients exhibit spermatorrhea during sleep accompanied by dreaming, and (2) Hua Jing, in which patients experience spermatorrhea during sleep without dreaming, or even while conscious during the day. If a patient has spermatorrhea more than two or three times a week or during the day in combination with dizziness, no energy, weakness of legs and low back, and insomnia, it is considered a pathological disorder. Spermatorrhea can be caused by an emotional imbalance, excessive sexual activity, and consumption of alcohol, all of which can lead to an imbalance of the heart, liver, spleen, kidneys, and Ming Men.

Western medicine refers to this condition as male sexual dysfunction related to neurosis, prostatitis, spermato cystitis, and orchitis.

Traditional Chinese Medicine Differential Diagnosis

1. **Heart and kidney disharmony, heart fire disturbing the Shen:** Insomnia, disturbed dreams, spermatorrhea with dreams, irritability, feeling hot, dizziness, eye strain, low energy, lack of motivation, palpitations, forgetfulness, dry mouth, scanty urination, red tongue, and thin, fast pulse.

2. **Damp heat in lower Jiao disturbing kidney essence:** Frequent spermatorrhea or spermatorrhea without dreams and even during the day, feeling hot, scanty urination, bitter taste, thirsty, irritability, insomnia, mouth and tongue ulcers, constipation or diarrhea with odor, abdominal fullness and distension, nausea, red tongue with a yellow sticky coating, and a soft, fast pulse.
3. **Heart and spleen deficiency, Qi unable to control essence:** Palpitations, insomnia, forgetfulness, pale face, weakness and heavy sensation of the four extremities, lack of appetite, diarrhea, frequent spermatorrhea mostly happening when the patient is overworked or tired, pale tongue with a thin white coating, and a weak pulse.
4. **Kidney deficiency, kidney gate destabilized:** Frequent spermatorrhea even during the day, weakness of low back and knees, dry mouth, irritability, dizziness, tinnitus, forgetfulness, insomnia, low-grade fever, malar rash, weight loss, night sweats, loss of hair and teeth, red tongue with lack of coating, and a thin, fast pulse.

Important Points for Diagnosis and Treatment

The most important organs involved are the heart and kidney. In the clinic, the most common condition seen is heart and kidney disharmony, Yin deficient fire disturbing the semen, thereby developing into kidney deficiency unable to store and stabilize. Spermatorrhea has an excess and a deficiency condition. Usually at the beginning it is mostly caused by heart fire, liver stagnation, or damp heat disturbing the semen causing spermatorrhea with dreams. When the situation becomes chronic, it is mostly from a kidney deficiency and the patient will have spermatorrhea without dreams.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

With Dreams:

Middle Line of Forehead

Middle Line of Vertex

Line 1 Lateral to Forehead

Line 2 Lateral to Forehead

Without Dreams:

Line 3 Lateral to Forehead

Middle Line of Vertex

Upper-Middle Line of Occiput

Upper-Lateral Line of Occiput

These points can be used in combination with Du 20 (Bai Hui), Ren 3 (Zhong Ji), Ren 4 (Guan Yuan), Sp 6 (San Yin Jiao), and Si Shen Chong.

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion into the scalp. On the forehead area, insert the needles from the superior to the inferior direction. On the vertex area, insert the needles from

the posterior to the anterior direction. Manipulate the needles on each area for about 1 minute. Use the false thrusting technique on each line. Usually manipulate the needles for up to 30 seconds. Use the special square insertion on the Si Shen Chong points. Ask the patient to relax and to use the abdominal breathing technique. For patients with spermatorrhea with dreams, massage the hypochondrium area. Massage the low back area for patients with spermatorrhea without dreams. Treat once daily or every other day, with 7 to 10 treatments to a course and 5 to 7 days of rest between courses.

2. JIAO SYSTEM

Points:

Foot Motor and Sensory Area

Reproductive Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert the needle at a 30-degree angle, and then adjust the needle to the subaponeurotic tissue layer to a depth of 1.2 to 1.5 cun. Rotate the needle up to 200 times per minute, and rest for 5 to 10 minutes. Repeat the manipulation, or connect an electro-machine and set the frequency on dense wave and stimulate the point for up to 10 minutes. Usually give the treatment in the afternoon or evening before sleep. Treat every other day, with 10 treatments to a course and 5 days of rest between courses.

3. HEAD MERIDIAN AND POINTS

Points:

Du 20 Bai Hui

Si Shen Chong

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle perpendicularly on Du 20 (Bai Hui), or insert the needle from Du 20 backward to Du 19 (Hou Ding). Also insert the needle transversely on the Si Shen Chong points. Use special square needle insertion, in which the four needles are inserted in the shape of a square. Meanwhile, apply moxibustion on the abdominal area and ask the patient to contract his abdominal muscles. Retain the needles for 30 minutes while manipulating the needles two to three times during the retention.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Urethra

Ureter

Liver

Kidney

Endocrine

San Jiao

Internal Genitals

2. EUROPEAN AURICULAR THERAPY

Points:

Adrenal Gland

Kidney

Zero

Master Cerebral

Thalamus

External Genitals

Endocrine

Sexual Desire

Technique: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected point. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulation for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensations. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses. Some patients may be sensitive to the adhesive, so a hypoallergenic tape should be used.

Eye Acupuncture

Points:

Kidney of Area 2

Lower Jiao of Area 8

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand

to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the inner margin insertion technique with perpendicular insertion, needling the point slightly toward the eyeball. Insert the needles to a depth of 0.2 to 0.5 cun. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball to the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Kidney
Genitals
Testicle

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Have the patient breathe deeply and hold and release the perineum during the treatment. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Lower Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Kidney point and insert the needle downward along the nasal septum at about a 60-degree angle, until you reach the bone and Qi arrives. Then gently lift the needle back to the subcutaneous layer and redirect the needle tip to the anterior wall of the ala nasi on both sides of the face until you elicit Qi. Last, bring the needle back to the Kidney point and retain it for 30 minutes to 5 hours. If the patient notices a warm sensation in the lumbar area, the lower abdomen, or the joints of the four extremities, the treatment will usually have better results.

The skin and muscles around the nose and face are thin.

Be careful not to insert needles too deeply or stimulate too strongly.

2. NOSE SAN JIAO THERAPY

Points:

19

Technique: For Point 19, use perpendicular insertion 1.0 fen deep.

Philtrum Acupuncture

Points:

Philtrum 6

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. Instruct the patient to hold and release the perineum during the treatment. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

The philtrum is located in the so-called “dangerous triangle,” therefore it is advisable to strictly follow clean needle technique in order to avoid infection.

Mouth Acupuncture

Points:

Area of Genitourinary

Technique: Use fresh water to cleanse the patient’s mouth.

Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and instruct the patient to perform a swallowing movement to increase the treatment effects. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Back Shu Acupuncture

Points:

UB 23 (Shen Shu)

UB 27 (Xiao Chang Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.5 cun long filiform needles. Insert the needle at a perpendicular angle and push the needle in to a depth of 0.8 to 1.2 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Jia Ji Acupuncture

Points:

Sacral Jia Ji Point

Technique: Use a 30 to 34 gauge, 1.0 to 1.5 cun long filiform needle. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needle perpendicularly to a depth of 0.5 to 1.2 cun at the Sacral Jia Ji point. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Abdominal Acupuncture

Points:

Leading energy back to the source combination: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), and Ren 4 (Guan Yuan)

Technique: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow perpendicular insertion into the sky, person, and earth layers to the depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Ming Men
Kidney

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Reproductive Organ Point
Liver Spot
Kidney 1 Spot

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the lower abdominal area of the body. When stimulating the appropriate points on the hand, one of the remarkable sensations is when the patient has a warm, burning, or relaxed sensation in the corresponding organ. This type of reaction shows a good treatment result. Retain the needles for up to 20 to 30 minutes.

Moxibustion Therapy: Hold a moxa roll above the surface of the hand for a comfortable, warm, and moving sensation, or use direct moxa techniques. Apply a little garlic juice or massage oil to the skin to help the moxa cone stay in place. Use rice cone moxa for up to 2 to 3 Zhuangs during the treatment. Or use moxa along the midline of the abdomen.

3. KORYO HAND THERAPY

Points:

A 1, 2, 3, 5, 7; J 23

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point

to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo Hand Therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Foot Acupuncture

1. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Abdominal Corresponding Area of Feet Prone Organs
Abdominal Corresponding Area of Feet Tibia Inverted Organs
Abdominal Corresponding Area of Feet Fibula Inverted Organs

Technique: Choose a comfortable lying position for the patient with the foot in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the affected area, and retain the needles for up to 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides, and massage the affected area or have the patient exercise the affected area as the needles are being manipulated.

Wrist and Ankle Acupuncture

Points:

Upper 1
Lower 1

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then, slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with active and passive activity methods, including Tui Na, Qi Gong, moxibustion, deep breathing, and holding and releasing the perineum with needle retention. There are 10 treatments to a course. When retention time is over,

rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Spermatorrhea is a common disease that is a sexual functional disorder, or it may occur due to a weak constitution or after a severe illness. Use micro-systems to treat spermatorrhea with good results for patients with dysfunction conditions. Scalp, ear, back Shu, Jia Ji, abdominal, and foot acupuncture are mostly used. It is very important to combine with macro-acupuncture to focus on the Ren, Du, Spleen, Kidney, and Bladder meridians and points. The most common points used are Ren 4 (Guan Yuan), Ren 3 (Zhong Ji), Sp 6 (San Yin Jiao), and St 36 (Zhu San Li). For patients with a deficient constitution, it is common to add moxibustion to the treatment. Adding herbal therapy will enhance the treatment results.

PREMATURE EJACULATION—ZAO XIE

Premature ejaculation is a disorder in which the man ejaculates before intercourse or shortly after the start of intercourse. Premature ejaculation often occurs with spermatorrhea and impotence together. Premature ejaculation is caused by liver fire, disturbed essence, long-term illness, or excessive sexual activity damaging kidney Qi and destabilizing the gate of essence. Premature ejaculation has a close relationship with the heart, liver, and kidney.

Western medicine refers to this condition as a neurosis, reproductive organ disease, cerebral cortex problem, dysfunction of the spine, and endocrine imbalance.

Traditional Chinese Medicine Differential Diagnosis

1. **Liver fire excess:** Frequent premature ejaculation, spermatorrhea, dry mouth, sore throat, red tongue with little coating, and a thin, fast pulse.
2. **Kidney Qi deficiency:** Premature ejaculation, aversion to cold, low energy, pale face, shortness of breath, low back pain, soreness and weakness of the knees, swollen and pale tongue, and a deep, thin pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Line 3 Lateral to Forehead

Middle Line of Vertex

Upper-Middle Line of Occiput

Upper-Lateral Line of Occiput

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion into the scalp. On the occipital area, insert the needles from the superior to the inferior direction. On the forehead area, insert the needles

from the superior to the inferior direction. On the vertex area, insert the needles from the posterior to the anterior direction for deficient patients and from anterior to posterior for excess conditions. Once the needle is inserted into the subaponeurotic tissue layer, manipulate the needles for 30 to 60 seconds on each needle with gentle manipulation. Meanwhile, ask the patient to relax, concentrate on the lower abdominal area, and perform abdominal breathing. Also, massage the lower back, lumbar area, or Yao Yan point. Use the warming moxibustion technique on the top of the head and the lower part of the abdomen.

2. JIAO SYSTEM

Points:

Foot Motor and Sensory Area

Reproductive Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert the needle at a 30-degree angle to the scalp, and then quickly push the needle into the subaponeurotic tissue layer. Use the fast rotation and turning technique up to 200 times per minute. Retain the needles for 30 minutes while manipulating the needles one or two times during the retention.

3. HEAD MERIDIAN AND POINT

Points:

Du 20 (Bai Hui)

Si Shen Chong

Plus UB 9 (Yu Zhen), UB 10 (Tian Zhu), K 3 (Tai Xi)

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

When inserting on the Du 20 (Bai Hui) point, insert from Du 20 toward the anterior. When inserting on the Si Shen Chong points, use the special square needle insertion technique, so four needles form a square on the top of the head. Meanwhile, apply moxibustion on the vertex or on the lower abdomen.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Urethra

Ureter

Liver

Kidney

Endocrine

San Jiao

Internal Genitals

External Genitals

2. EUROPEAN AURICULAR THERAPY

Points:

Adrenal Gland

Kidney

Zero

Master Cerebral

Thalamus
 External Genitals
 Endocrine
 Sexual Desire
 Sexual Compulsion

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected points. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulation for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Kidney
 Genitals
 Testicle

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. If a point has scar tissue, it is best to avoid needling there to prevent bleeding and sharp pain. Use 32 to 34 gauge,

0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Instruct the patient to breathe deeply and hold and release the perineum during the treatment. Then retain the needles for 30 minutes and manipulate slowly and gently every 10 minutes during the retention.

Lower Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Kidney point and insert the needle downward along the nasal septum at about a 60-degree angle, until you reach the bone and Qi arrives. Then, gently lift the needle back to the subcutaneous layer and redirect the needle tip to the anterior wall of the ala nasi on both sides of the face until you elicit Qi. Last, bring the needle back to the Kidney point and retain it for 30 minutes to 5 hours. If the patient notices a warm sensation in the lumbar area, the lower abdomen, or the joints of the four extremities, the treatment will usually have better results.

2. NOSE SAN JIAO THERAPY

Points:

19
 50

Technique: For Point 50, use oblique insertion 1.0 fen deep. For Point 19, use perpendicular insertion 1.0 fen deep.

Mouth Acupuncture

Points:

Area of Genitourinary

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles.

Ask the patient to sit up straight with his mouth open.

The practitioner should use gauze and his or her pressing hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Back Shu Acupuncture

Points:

UB 15 (Xin Shu)
 UB 18 (Gan Shu)
 UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi. Retain the

needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

The back Shu points should be needled shallowly with careful attention to depth in order to protect the internal organs.

This is especially important in patients with emphysema or an enlarged heart, liver, or spleen.

Jia Ji Acupuncture

Points:

Sacral Jia Ji Point

Technique: Use a 30 to 34 gauge, 1.0 to 1.5 cun long filiform needle. Instruct the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needle perpendicularly to a depth of 0.5 to 1.2 cun at the Sacral Jia Ji point. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Abdominal Acupuncture

Points:

Heaven and Earth combination: Ren 12 (Zhong Wan) and Ren 4 (Guan Yuan) with Ren 8 (Shen Que)

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use a gentle and slow insertion to insert the needles perpendicularly in the sky, person, and earth layers to a depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi. Meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Foot Acupuncture

1. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Qu Chi

Tong Li

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his feet before starting the treatment. Have the patient lie on his back with the legs stretched out and relaxed, or have the patient lie on his stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi. Ask the patient to take deep breaths and hold and release the perineum while you manipulate the needles on the feet and retain them for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am

(Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Summary

Premature ejaculation is a common disease that is a sexual functional disorder due to a weak constitution or that occurs after a severe illness. Using micro-systems to treat premature ejaculation has good results for patients with dysfunctional conditions. Scalp, ear, philtrum, back Shu, Jia Ji, abdominal, and foot acupuncture are mostly used. It is very important to combine with macro-acupuncture to focus on the Ren, Du, Spleen, Kidney, and Bladder channel meridians and points. The most common points used are Ren 4 (Guan Yuan), Ren 3 (Zhong Ji), Sp 6 (San Yin Jiao), and St 36 (Zhusan Li). For patients with a deficient constitution, it is common to add moxibustion to the treatment. Adding herbal therapy will enhance the results.

IMPOTENCE—YANG WEI

Impotence is a dysfunction during intercourse that inhibits normal sexual activity. This is due to the inability of the penis to attain an erection or the ability of the penis to attain only partial erection. Impotence is usually caused by excessive sexual activity causing a deficiency of fire at the gate of life, or damage from severe emotional disturbance or malnutrition causing heart and spleen Qi deficiency leading to impotence. Impotence can also be caused by excessive fear or worry, depression causing kidney deficiency, or damp heat in the lower Jiao with tendon and muscle dysfunction leading to impotence.

Western medicine refers to this condition as sexual neurosis.

Traditional Chinese Medicine Differential Diagnosis

1. **Kidney Yang deficiency:** Impotence, pale face, headache, dizziness, low energy, low back pain and knee weakness, pale tongue with a white coating, and a deep, thin pulse.
2. **Heart and spleen deficiency:** Impotence, low energy, insomnia, waxy yellow complexion, pale tongue with a thin, white or sticky coating, and a thin pulse.

3. **Kidney damaged by fear:** Impotence, depression, fear, suspicion, palpitations, insomnia, pale tongue with a thin, sticky coating, and a wiry, thin pulse.
4. **Damp heat in the lower Jiao:** Impotence, scanty urination, soreness and heaviness of the lower extremities, red tongue with a yellow coating, and a deep, slippery pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Vertex

Line 3 Lateral to Forehead

These points can be used in combination with Du 20 (Bai Hui), Ren 3 (Zhong Ji), Ren 4 (Guan Yuan), Sp 6 (San Yin Jiao), and Sp 9 (Yin Ling Quan).

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion into the scalp. On the Middle Line of Vertex area point, insert the needles from the posterior to the anterior direction. On the Line 3 Lateral to Forehead point, insert the needles from the superior to the inferior direction. Once the needle is inserted into the subaponeurotic tissue layer, manipulate the needles with the false thrusting technique continuously for 1 to 3 minutes. Meanwhile, apply pressure with your fingers on Ren 3 (Zhong Ji) and Ren 2 (Qu Gu). Then retain the needles for 30 minutes. During the treatment, use the warming moxibustion technique on the Middle Line of Vertex point for 10 minutes. The warming moxa technique can also be used on Ren 3 (Zhong Ji), Ren 4 (Guan Yuan), and Ren 6 (Qi Hai), Sp 6 (San Yin Jiao), and Sp 9 (Yin Lin Quan) for about 10 minutes. Treat once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses.

2. JIAO SYSTEM

Points:

Foot Motor and Sensory Area

Reproductive Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert the needle at a 30-degree oblique angle and then quickly push the needle into the subaponeurotic tissue layer. Use the fast rotation and turning technique up to 200 times per minute and continuously manipulate the needles for 1 minute, or use the false thrusting technique to increase Qi. Retain the needles for 30 minutes while manipulating the needles two to three times during the retention. Meanwhile, use moxibustion on the lower abdominal area or warming moxibustion along the medial side of the leg.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Urethra

Ureter

Liver

Kidney

Endocrine

San Jiao

Internal Genitals

Testicle

2. EUROPEAN AURICULAR THERAPY

Points:

Adrenal Gland

Kidney

Zero

Master Cerebral

Thalamus

External Genitals

Endocrine

Sexual Desire

Sexual Compulsion

Technique: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. The active Qi treatment is a very important technique in ear acupuncture therapy. After inserting a few needles on the sensitive points, let the patient perform active physical movement of the targeted area such as holding and releasing the perineum. The patient may react with a warm, comfortable sensation in the abdominal area. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected points. Select the dense-sparse wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily.

Five treatments constitute a course, with 1 to 2 days of rest between courses. Some patients may be sensitive to the adhesive, so a hypoallergenic tape should be used.

Eye Acupuncture

Points:

Kidney of Area 2

Lower Jiao of Area 8

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the inner margin insertion technique with perpendicular insertion, needling the point slightly toward the eyeball. Insert the needles to a depth of 0.2 to 0.5 cun. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball to the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course. When needling the Lower Jiao of area 8, take caution not to insert the needle deeply, because this may damage the inner canthus artery.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Kidney

Genitals

Testicle

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. If a point has scar tissue, it is best to avoid needling there to prevent bleeding and sharp pain. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Lower Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Kidney point and insert the needle downward along the nasal septum at about a 60-degree angle, until you reach the bone and Qi arrives. Then gently lift the

needle back to the subcutaneous layer and redirect the needle tip to the anterior wall of the ala nasi on both sides of the face until you elicit Qi. Last, bring the needle back to the Kidney point and retain it for 30 minutes to 5 hours. If the patient notices a warm sensation in the lumbar area, the lower abdomen, or the joints of the four extremities, the treatment will usually have better results.

2. NOSE SAN JIAO THERAPY

Points:

19, 51

Technique:

For Point 19, use perpendicular insertion 1.0 fen deep.

For Point 51, use oblique insertion upward toward the midline 1.0 to 1.5 fen deep.

Philtrum Acupuncture

Points:

Philtrum 6

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with perpendicular insertion to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

The philtrum area of the face has an abundance of nerves, and can be more sensitive than other points. The patient should be advised before the treatment that the needling may be more painful, and the needling should then be light and performed quickly to prevent overstimulation.

Mouth Acupuncture

Points:

Area of Genitourinary

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and let the patient perform active physical movement of the targeted area such as holding and releasing the perineum to increase the treatment effect. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Tongue Acupuncture

Points:

Yin Xue

Kidney

San Jiao

Liver

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles.

Ask the patient to stick his tongue out and quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. The Qi sensation of tongue acupuncture usually appears as sore and distending. Let the patient perform active physical movement of the targeted area such as holding and releasing the perineum to increase the treatment effect. Retain the needles for about 5 minutes.

Back Shu Acupuncture

Points:

UB 15 (Xin Shu)
 UB 18 (Gan Shu)
 UB 22 (San Jiao Shu)
 UB 23 (Shen Shu)

Technique: Use standard clean needle technique. For points above lumbar 2, use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. For points below lumbar 2, use 30 to 34 gauge, 1.5 cun long filiform needles. Insert the needle at a perpendicular angle and push the needle in to a depth of 0.8 to 1.2 cun. Use the rotation technique to elicit Qi. After needle insertions, use moxa along the spine and ask the patient to breathe deeply and to hold and release the perineum. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Jia Ji Acupuncture

Points:

Sacral Jia Ji Point

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Instruct the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needles perpendicularly to a depth of 1.0 to 1.2 cun at the Sacral Jia Ji point. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Abdominal Acupuncture

Points:

Heaven and Earth combination: Ren 12 (Zhong Wan) and Ren 4 (Guan Yuan) with Ren 8 (Shen Que)

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow perpendicular insertion into the sky, person, and earth layers to a depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi. Meanwhile, massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Abdominal acupuncture is mostly used for chronic conditions that typically fall into the deficiency category, so use the moxibustion technique from up to down on each acupuncture point or focus on Ren 8 (Shen Que) to increase Yang Qi, which will increase the treatment effect.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Ming Men
 Liver
 Kidney
 Raise Blood Pressure

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the lower abdominal area or ask patient to take deep breaths and hold and release the perineum. Retain the needles for 20 to 30 minutes. When stimulating the appropriate points on the hand, one of the remarkable sensations is when the patient has a warm, burning, or relaxed sensation in the corresponding organ. This type of reaction shows a good result to the treatment.

Moxibustion Therapy: Hold a moxa roll above the surface of the hand for a comfortable, warm, and moving sensation, or use direct moxa techniques. Apply a little garlic juice or massage oil to the skin to help the moxa cone stay in place. Use rice cone moxa for up to 2 to 3 Zhuangs during the treatment. Seo Am moxa, which has adhesive tape underneath the moxa cone, can also be used. Seo Am moxa is convenient because it adheres directly to the skin while the patient's hand is in any position.

2. KORYO HAND THERAPY

Points:

A 1, 2, 3, 5, 7; J 23

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Du Yin Xue

Mu Zhi Li Hen Wen it's an individual point
 Qian Yin Zhu
 Hou Yin Zhu
 Kidney

2. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Abdominal Corresponding Area of Feet Prone Organs
 Abdominal Corresponding Area of Feet Tibia Inverted Organs
 Abdominal Corresponding Area of Feet Fibula Inverted Organs

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Ask the patient to wash his feet before the treatment. Have the patient lie on his stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi. The active Qi treatment is a very important technique in foot acupuncture. Apply massage, TDP lamp, or moxibustion on feet while the practitioner leads the patient through a guided meditation. This technique increases the energy flow and helps enhance acupuncture treatment results. Retain the needles for about 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course with a resting period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Wrist and Ankle Acupuncture

Points:

Upper 1
 Lower 1

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then, slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has

a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive activity methods, including Tui Na, Qi Gong, moxibustion, cupping, and breathing techniques while retaining the needles. The practitioner also can lead the patient through a guided meditation. There are 10 treatments to a course. Rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Impotence is often caused by disturbed emotions, severe disease, weak constitution, or excessive sexual activity. Overwork for a long period of time may cause kidney deficiency leading to impotence. Treatment with micro-systems has good results with ear acupuncture, scalp acupuncture, back Shu, and Jia Ji acupuncture. The back Shu points have particularly good results in combination with macro-acupuncture. It is very important to help the patient relax and not be stressed due to the illness. If the impotence is caused by malnutrition, food therapy is recommended. If the impotence is related to high blood pressure or diabetes, the primary disease should be treated. Patients being treated for impotence should reduce their frequency of sexual activity.

WIND STROKE—ZHONG FENG

Wind stroke is characterized by sudden unilateral paralysis of the limbs with deviation of the eye and mouth. In severe cases, sudden collapse or loss of consciousness, coma, clenched teeth, closed fists, lockjaw, red face and ears, profuse sputum, coarse breathing, constipation, and retention of urine may accompany the condition. Wind stroke may be caused by overwork, emotional stress, or irregular diet leading to heart, liver, and kidney Yin and Yang imbalance. This will cause liver and kidney Yin deficiency with liver Yang rising, liver wind with phlegm fire obstructing the meridians, liver Yang causing heart fire rising, or Qi and blood deficiency leaving the meridians empty, which allows wind to manifest.

Western medicine refers to this condition as a cerebral vascular accident such as cerebral hemorrhage, cerebral thrombosis, cerebral embolism, spasm of the cerebral vessels, and subarachnoid hemorrhage.

Traditional Chinese Medicine Differential Diagnosis

Two pathological causes of wind stroke are: an attack on the meridians and an attack on the internal organs.

Attack on the Meridians

1. **Wind invading weak meridians:** Numbness of the limbs, sudden deviation of the eye and mouth, slurred speech, unilateral paralysis, aversion to cold, fever, pain of the joints, stiffness of the limbs, a white, thin tongue coating, and a floating, rapid pulse.
2. **Liver and kidney Yin deficiency with liver Yang rising:** Dizziness, headache, tinnitus, insomnia, sudden deviation of the eye and mouth, slurred speech, stiffness, heaviness of the limbs, hemiplegia, a red tongue with a sticky yellow coating, and a wiry, slippery pulse.

Attack on the Internal Organs

1. **Tense type:** This has two subtypes, the Yang subtype, which is more excess Yang in nature, and the Yin subtype, which is more excess Yin in nature.
 - A. **Yang subtype:** Sudden apoplexy, loss of consciousness, possibly coma, aphasia, paralysis, clenched teeth, closed fists, locked jaw, profuse sputum, a red complexion, heavy breathing, halitosis, a yellow tongue coating, and a rapid, slippery pulse.
 - B. **Yin subtype:** Sudden apoplexy, loss of consciousness, possibly coma, aphasia, paralysis, clenched teeth, closed fist, locked jaw, profuse sputum, pale complexion, cold limbs, a purple tongue with sticky, white coating, and a deep, slippery pulse.
2. **Flaccid type:** Sudden collapse, loss of consciousness, coma, mouth open, hands relaxed, closed eyes, a pale face, odorless sweat beaded on the forehead, urinary and fecal incontinence, cold limbs, a pale, swollen tongue, and a hidden, minute, scattered pulse.
3. **Sequelae of attack on internal organs:** This has the following three subtypes:
 - A. **Hemiplegia:** This has the following three subtypes:
 - i. **Qi deficiency with blood stasis obstructing the meridians:** Hemiplegia, paralysis, atrophy of the lower limbs, facial paralysis, slurred speech, pale complexion, a purple tongue with a white coating, and a moderate pulse.
 - ii. **Liver Yang rising with obstruction of the meridians:** Hemiplegia, paralysis, headache, dizziness, tinnitus, red face, a red tongue with a thin yellow coating, and a firm, wiry pulse.
 - iii. **Liver and kidney Yin deficiency:** Hemiplegia, paralysis, atrophy of the limbs, stiffness of the tongue with inability to speak, dry mouth, a red tongue, and a submerged pulse.
 - B. **Slurred speech:** This has the following three subtypes:
 - i. **Wind phlegm obstructing the meridians:** A feeling of heaviness of the body, oppression of the chest, dizziness, profuse sputum, slurred speech, numbness of the limbs, a white tongue coating, and a wiry, slippery pulse.
 - ii. **Kidney Jing deficiency:** Hemiplegia, slurred speech, palpitations, shortness of breath, low back pain, a pale tongue with a white coating, and a thin, weak pulse.

iii. **Liver Yang rising with wind phlegm obstructing the meridians:** Hemiplegia, slurred speech, stiffness of the tongue, red face and ears, a red tongue with thin yellow coating, and a wiry pulse.

- C. **Deviation of the eye and mouth:** Deviation of the eye and mouth, inability to fully close the eye on the paralyzed side, cannot bulge the cheeks or whistle.

Micro-Acupuncture Therapy

Scalp Acupuncture

When using scalp acupuncture to treat stroke, usually combine the treatment with macro-acupuncture for better results. There are three different methods:

1. Use macro-acupuncture to release muscle spasms and joint dysfunction at the beginning of the treatment, and then use scalp acupuncture to stimulate the physical function of the cerebral cortex.
2. Use macro-acupuncture to treat the patient between scalp acupuncture treatments. For example, use scalp acupuncture for 10 treatments, and then use macro-acupuncture during the 3- to 5-day rest period.
3. Alternate scalp acupuncture and macro-acupuncture by using scalp acupuncture one day and macro-acupuncture the next day. The advantage of this method is to reduce the local discomfort and point weakness due to continual scalp acupuncture treatment.

When using scalp acupuncture to treat stroke, combine with massage, Qi Gong, and physical exercise to stimulate the physical function of the cerebral cortex, increase blood circulation to the brain and body, and enhance the treatment. The macro-system is also able to help patients loosen up tight joints. If the shoulder joint is tight and unable to stretch, use LI 15 (Jian Yu). At the elbow use SJ 10 (Tian Jing). At the wrist use SI 6 (Yang Lao). On the fingers use LI 3 (San Jian). For patients with speech problems, it is more important to stimulate the left side of the scalp versus the right side, especially on the lower two-fifths of the motor area and speech 3 area. Before, during, and after the treatment, the patient should get speech training that includes speaking, listening, and reading as well as physical therapy.

1. ISNSA

Points:

Middle Line of Forehead

Middle Line of Vertex

Line 2 Lateral to Forehead—Vomiting

Line 1 Lateral to Forehead—Deep breathing with snoring
Anterior Oblique Line of Vertex-Temporal—Convulsions, paralysis

Posterior Oblique Line of Vertex-Temporal—Paralysis
Line 3 Lateral to Forehead—Inability to control bowel movements and urination

Line 1 Lateral to Vertex—High blood pressure, paralysis

Line 2 Lateral to Vertex—High blood pressure, paralysis

Upper Middle Line of Occiput—Low back weakness

Lower Lateral Line of Occiput—Poor balance

Technique: Use 30 to 34 gauge, 1.5 cun long filiform needles. Follow the Anterior Oblique Line of Vertex-Temporal from the superior to the anterior inferior direction. Insert three or four needles and use the connecting power technique. The first needle should start at Qian Shen Cong. Each needle's insertion point should be a distance of about 1.0 cun. The needle should be inserted into the subaponeurotic tissue layer to a length of 1.0 cun. For most cases, the practitioner should use the false lifting technique, but for deficiency conditions use the false thrusting technique. Repeat needle manipulation on each needle until the symptoms on the four extremities improve or the patient feels as if he or she has the strength to lift and move the four extremities. For patients who have both motor and sensory disorders, use cross insertion from the Middle Line of Vertex to the Anterior Oblique Line of Vertex-Temporal or use across insertion from the Anterior Oblique Line of Vertex-Temporal to the Posterior Oblique Line of Vertex-Temporal. During the manipulation, ask the patient to move, such as stretching the feet, lifting the leg, making a fist, raising the arm, or performing flexion and extension movements. Also have the patient perform stand-up and sit-down activities. If the patient can walk, have the patient walk around and manipulate the needles periodically. When manipulating the needles on the occipital area, the practitioner should tap the patient's spine from up to down or ask the patient to walk and pay attention to each step. Normally, retain the needles for 2 to 24 hours while manipulating the needles once every 30 minutes during the retention. Also during the retention, the patient should exercise from time to time as long as the patient is not overdoing the activity or feeling tired. For acute conditions, the patient usually should be treated daily with 10 treatments to a course. For chronic conditions, the patient should be treated every other day with 10 treatments to a course.

2. JIAO SYSTEM

Points:

Contralateral of Motor Area
 Contralateral of Sensory Area
 Bilateral Foot Motor and Sensory Area
 Blood Vessel Dilation and Constriction Area—Edema
 Usage Area
 Strengthen Finger Area (middle two-fifths of motor area 1.0 cm lateral on both sides and parallel with the motor area)—
 Inability to use the arm and leg
 Speech 1 Area (Lower two-fifths of the motor area)—Motor aphasia
 Speech 3 Area—Sensory aphasia
 Speech 2 Area—Nominal aphasia
 Strengthen Speech Area (Lower two-fifths of the motor area 1.0 cm lateral on both sides parallel with the motor area)—
 Slow speech recovery

Technique: Mainly use thrusting and rotation techniques.

Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use a fast insertion into the subaponeurotic tissue layer. Manipulate with fast rotation up to 200 times per minute. Each needle should be continuously manipulated for 3 minutes and re-manipulated every 5 to 10 minutes. Meanwhile, the patient should exercise. Treat once daily, with 10 treatments to a course and 3 to 5 days of rest between courses. For patients with deficiency and weakness, use moxibustion on the stimulation area for 20 to 30 minutes or use cutaneous needles with gentle tapping on the surface of the scalp until the scalp turns pink-red. Alternatively, use electro-acupuncture and set the frequency up to 200 times per minute, using dense-continuous wave or intermittent wave.

3. FANG SYSTEM

Points:

Arm and Leg of Prone Imaging
 Speech—Motor aphasia
 Signal—Sensory aphasia
 Memory—Nominal aphasia
 Writing Area—Unable to write

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast insertion perpendicularly into the point to a depth of 2.0 to 3.0 fen, so the needle reaches the periosteum. Use the rotation technique to elicit Qi, and then retain the needle for 30 to 60 minutes while manipulating the needle two times during the retention.

4. LIN SYSTEM

Points:

Five Needles at the Forehead
 Three Needles at the Temple
 Anterior Motor Area
 Additional Motor Area

Technique: Use 30 to 34 gauge, 1.5 cun long filiform needles. Use fast insertion into the subaponeurotic tissue layer. Use no rotation or strong stimulation, but retain the needles for 1.5 to 2.0 hours. During the retention of the needles, ask the patient to practice speaking and exercise to help restore the patient's speech and body function.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Subcortex
 Central Rim
 Liver
 Heart
 Shen Men
 Corresponding Body Area

2. EUROPEAN AURICULAR THERAPY

Points:

Cerebellum

Heart
 Medulla Oblongata
 Reticular Formation
 Occiput
 Temple
 Forehead
 Circulatory System
 Master Cerebral
 Parietal Cortex

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. The active Qi treatment is a very important technique in the micro-acupuncture practice. Insert a few needles on the selected ear points then help the patient perform physical movement of the targeted area such as the arm and leg. Use the rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Use Betadine to pre-clean the surface of the ear, and follow with 70% alcohol to clean the ear. Insert the filiform needles into the selected point. Use a dense-disperse wave. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes.

Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses. Have the patient continually perform physical movement of the targeted area during this period.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear and in the puncturing hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops. Apply a sterile cotton ball to the surface of the point. Treat once every other day. This technique is especially useful for beginning stage wind stroke.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Head and Face

Liver

Kidney

Genitals

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Fast Spot Pricking Technique: Use 32 to 34 gauge, 0.5 cun long filiform needles. Quickly prick the point. The nose area has less muscles and skin; therefore it is very sensitive, so needle insertion should be shallow and gentle.

2. NOSE SAN JIAO THERAPY

Points:

15, 52, 57, 59

Technique:

For Point 15, use oblique insertion downward 2.0 to 3.0 fen deep.

For Point 52, use oblique insertion upward 2.0 to 3.0 fen deep.

For Point 57, use perpendicular insertion 1.0 fen deep.

For Point 59, in the case of deviation of the mouth and eye, insert on the left to treat the right side and insert on the right to treat the left side, or use oblique insertion laterally 2.0 to 3.0 fen deep.

The nose has very thin muscles and is very sensitive. It requires shallow and gentle insertion. However, for wind stroke patients, the insertion and manipulation need to be stronger.

Philtrum Acupuncture

Points:

Philtrum 1

The practitioner can use multiple needles for this case.

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion or angle the needle left, right, up, or down depending on the

diseased locations. Insert the needle to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Philtrum acupuncture has good results for patients with brain diseases and central nervous system conditions.

Bloodletting Technique: Use a three-edge needle with the spot pricking technique to release a few drops of blood. This is especially useful for headache, stroke, and toothache.

Mouth Acupuncture

Points:

Upper Arm

Upper Leg

Lower Leg

Knee

Area of the Skin

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles.

Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and let the patient perform active physical movement of the targeted area such as holding and releasing the perineum. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Tongue Acupuncture

Points:

Ye Pang

Zhi Mai

Lower Extremity

Upper Extremity

Zhong Ju

She Gen

Zhuo Quan

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles.

If needles are to be inserted on the surface of the tongue, ask the patient to stick his or her tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisors of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edge needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion at the local point to a depth of 0.5 to 1.2 cun.

Bleeding at the tip of the tongue or the vein underneath the tongue is particularly effective for patients in a coma

due to stroke. The tongue is a highly sensitive and active area of the body. It is used to treat motor dysfunction conditions such as four extremities numbness and paralysis. Tongue acupuncture in combination with macro-acupuncture points can increase treatment results.

Neck Acupuncture

Points:

5 Point Locations

15 Point Locations

27 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

- For the 5 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun and then use lifting, thrusting, and rotation techniques. If using the rotation technique, you should use mild stimulation to elicit Qi. Then use the warming needle technique for 5 to 9 Zhuangs of moxa so that the patient feels warmth but not a burning sensation. The needles are usually retained for 20 to 30 minutes.
- For the 15 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 0.5 to 0.8 cun. Use gentle lifting and thrusting rotation to elicit Qi, and retain the needle for 20 to 30 minutes. All 15 points are needed in the same treatment.
- For the 27 point locations technique, insert the needle to a depth of 0.5 to 0.8 cun and perform mild lifting and thrusting techniques or a small degree of rotation to elicit Qi. Retain the needles for 20 to 40 minutes. There are four vertical lines. Be careful when inserting the needle; the direction of insertion should be perpendicular to the skin. All 27 points on the neck area will follow the shape and curve of the neck.

These points are located close to the medulla. When inserting the needle and manipulating, it is important that you keep the needle at a shallow level to avoid contacting the medulla, which could result in a fatal outcome.

Back Shu Acupuncture

Points:

UB 15 (Xin Shu)

UB 18 (Gan Shu)

UB 23 (Shen Shu) The practitioner can use these points with the corresponding Front Mu and Yuan source points.

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. For UB 23 (Shen Shu) point use 30 to 34 gauge, 1.5 cun long filiform needles. Insert the needle at a perpendicular angle and push the needle in to a depth of 0.8 to 1.2 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Jia Ji Acupuncture

Points:

Cervical Jia Ji Points

Thoracic Jia Ji Points T1 through T3

Sacral Jia Ji Point

Technique: Use a 30 to 34 gauge, 1.0 to 1.5 cun long filiform needle. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needle perpendicularly to a depth of 0.5 to 1.0 cun at the Cervical and Thoracic Jia Ji points, or insert the needle perpendicularly to a depth of 0.5 to 1.2 cun at the Sacral Jia Ji points. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Spinal Acupuncture

Points:

Major Spinous Process Point

Thoracic 5

Lumbar 4

Sacral Vertebra 3

Hou He Gu

Jian San Zhen

Xin Huan Tiao

Huai Bian

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the Back Spinous Process points, use 30 to 32 gauge, 2.0 cun long filiform needles. The practitioner should use the thumb and index finger of the pressing hand to pinch the skin of the spinous process and the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. Use rotation techniques until the patient feels a Qi sensation along the spine. Retain the needles for 40 minutes or up to 1 to 2 hours.

- For the Hou He Gu point, use 30 to 34 gauge, 1.5 cun long filiform needles. Insert the needle into Hou He Gu and elicit Qi. Lift the needle up to the subcutaneous tissue and move the needle to a 15-degree angle along the second metacarpal bone. Retain the needle for 30 minutes.
- For the Jian San Zhen points, use 32 to 34 gauge, 3.0 cun long filiform needles. When inserting the three needles, use perpendicular insertion into the skin and manipulate the needles to elicit Qi. Then lift up the needle to the subcutaneous tissue and move to a 15-degree angle along the arm. Retain the needle for 30 minutes.
- For the Xin Huan Tiao point, use 32 to 34 gauge, 3.0 cun long filiform needles. Use perpendicular insertion to the skin, elicit Qi, and retain the needle for 30 minutes.
- For the Huai Bian point, use 32 to 34 gauge, 2.5 cun long filiform needles. Ask the patient to gently invert the feet. Insert the needle at the lower border of the external malleolus and then along the tibial-fibular joint upward 1.5 to 2.0 cun long.

Rotate the needles to elicit Qi, and the patient should feel a sensation up to the knee. Treat the patient every other day with 10 treatments to a course. For chronic conditions, use 15 treatments to a course.

Remarks: This technique requires needle insertion in the correct layer. If the skin becomes rough on the surface, this indicates that the needle is inserted too shallowly. If the needle is difficult to push in any further, this indicates that insertion is too deep and the needle may be hitting the spinous process. In either case, the needle should be adjusted. The needles should be inserted above the center of the spine.

Abdominal Acupuncture

Points:

Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai),

Ren 4 (Guan Yuan), Stomach 24 (Hua Rou men),

Arthritis 1 and 4, Stomach 26 (Wai Ling)

Headache, dizziness – Kidney 19 (Yin Du), Kidney 17

(Shang Qu)

Slurred speech – Ren 12 (Zhong Wan)

Facial paralysis – Kidney 19 (Yin Du), Kidney 17 (Shang Qu)

Shoulder pain – Kidney 17 (Shang Qu), Stomach 24

(Hua Rou Men) with Triangle insertion

Disabled upper arm – Arthritis 2 and 3

Lower leg paralysis – Stomach 27 (Da Ju), Qi Pang

Foot drop – Arthritis 5, Qi Pang

Ankle pain – Arthritis 5, Stomach 27 (Da Ju)

Upper body dysfunction – Stomach 24 (Hua Rou Men)

Lower body dysfunction - Spleen 15 (Da Heng)

Long term illness – Qi Xue point

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Select triangle insertion, three star insertion, plum insertion, Y-shaped insertion, diamond insertion, or big triangle insertion based on different conditions. Use the gentle and slow technique to insert the needles perpendicularly into the sky, person, and earth layers to the depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

If the patient has an enlarged liver or spleen, a prolapsed stomach, or fullness of the urinary bladder, insert the needles carefully.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Revive

Reduce Fever

Stop Convulsion

Tonsil
Liver

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Kidney 1 Spot
Nose Point
Heart Point
Shi Xuan
Zhong Xian

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. Use strong pushing, lifting, thrusting, and rotating methods of stimulation. For patients with sequelae conditions, have the patient exercise the affected area. If the patient is not capable of moving his or her body, the practitioner should insert the needles and elicit Qi, while also performing Tui Na, acupressure, massage, or manipulation on the related areas. In addition, you can use aromatic herbs and flowers for the patient to smell. Instruct the patient to take deep breaths when manipulating the needles. Retain the needles for 20 to 30 minutes.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release some drops of blood. Bleeding at the tip of the Shi Xuan points is particularly effective for patients in a coma due to stroke. Treat the patient every day, alternating treatment on both hands until the patient is revived.

3. KORYO HAND THERAPY

Points:

A 1, 3, 4, 6, 8, 12, 18; B 19, 24; E 38; M 28; K 9

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for patients with sequelae conditions. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days and the patient should incorporate movement of the related area.

Foot Acupuncture

FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Xia Kun Lun
Da Chi Ju Mao
Qian Yin Zhu
Hou Yin Zhu
Nei Tai Chong
Kidney 1

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Ask the patient to wash his or her feet before the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi. If the patient is not capable of moving his or her body for any reason, use massage or moxibustion to work on the diseased or painful area. In addition, you can use aromatic herbs and flowers for the patient to smell. Instruct the patient to take deep breaths. Retain the needles for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Wrist and Ankle Acupuncture

Points:

Upper 5
Lower 4

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been

inserted too deeply into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive activity methods, including Tui Na, Qi Gong, moxibustion, cupping, and breathing techniques while retaining the needles. There are 10 treatments to a course. Rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Wrist and ankle acupuncture needles are inserted around the end of the extremities and the needles are often left in the points for a few hours or a few days while the patient continues his or her normal physical activities, so the needle areas can easily get infected. Therefore, insert needles following clean needle technique, and follow up carefully to prevent infection.

Summary

Wind stroke is a complicated syndrome that involves the heart, liver, spleen, and kidneys. The pathology results from a Zang Fu disharmony, or a Yin and Yang imbalance. After the onset of disease, complete recovery is difficult in most cases. For patients with sequelae, recovery is usually not rapid. Patients over age 40 with hypertension, frequent headaches, dizziness, numbness of the arms, and difficulty speaking are predisposed to wind stroke. Micro-acupuncture therapy will have good results for patients with sequelae stage of wind stroke, especially the scalp, mouth, tongue, philtrum, neck, spinal, hand, and ear systems. Electro-acupuncture therapy is also very useful in speeding up the recovery of the four extremities. The active Qi treatment is a very important technique in the micro-acupuncture system to treat wind stroke. The practitioner assists the patient in doing active and passive activity such as Tui Na, acupuncture, massage, or manipulation on the related areas or let the patient perform active physical movements such as moving their neck, shoulder, elbow, lumbar, knee, and ankle during the treatment. Using moxibustion along the spine during the treatment will have remarkable results. This technique increases the energy flow and helps enhance acupuncture treatment results. The practitioner should also include herbal and macro-acupuncture techniques specific to the patient's diagnosis. The patient should exercise, keep the emotions stable, improve the diet, and practice Tai Chi Chuan and Qi Gong. For patients who are bedridden and have been disabled for a long period of time, emphasis should be placed on clean needle technique in order to prevent infection.

LOW BACK PAIN—YAO TONG

Low back pain refers to pain and stiffness of the lower portion of the back. The pain may be located bilaterally or unilaterally and may be chronic or acute. Low back pain may be caused by

an external invasion of cold and dampness that leads to cold damp obstruction. Excessive physical work or sexual activity may lead to kidney deficiency. Traumatic injury may occur due to improper positioning, sprain, or accidents and will lead to Qi and blood stagnation in the low back. Low back pain may also be related to internal distress such as menstrual disorders, abdominal tumors, pregnancy, postpartum recovery, and postsurgical recovery.

Western medicine divides low back pain into four major classes:

1. Spinal disorders such as rheumatoid spondylitis, hypertrophic arthritis, and spinal osteoarthritis
2. Soft tissue disorders such as muscle strain
3. Nerve stimulation such as spinal compression or a deformity of the spinal column
4. Internal organ disorders such as kidney disease or menstrual disorders

Traditional Chinese Medicine Differential Diagnosis

1. **Low back pain due to cold dampness:** Low back pain, feelings of heaviness and coldness, pain that is relieved with heat and aggravated by cold damp weather, difficulty moving, pain that is worse in the morning and better with exercise, a pale or purple tongue with white, sticky coating, and a deep, slow pulse.
2. **Low back pain due to damp heat:** Low back pain, a warm sensation in the lower back, pain that is relieved with exercise and worse with hot, rainy, or damp weather, scanty urination, a red tongue with a yellow, sticky coating, and a slippery, rapid pulse.
3. **Qi and blood stagnation:** Severe, stabbing pain in the lower back, pain that is worse with rest and better with light exercise, the low back is tender to touch, not affected by weather changes or application of heat, worse standing or sitting, difficulty in moving, and a purple tongue with choppy pulse. The patient will usually have a history of injury or trauma to the back.
4. **Kidney deficiency:** Chronic low back pain, dull pain that is better with rest and worse with overwork or fatigue, soreness and weakness of the low back, aggravated with sexual activity, better with massage, weakness of the legs and knees, and frequent recurrence of symptoms.
 - A. **Kidney Yang more deficient:** Low back pain and stiffness, cold hands and feet, pale complexion, a pale tongue, and a deep, thin pulse.
 - B. **Kidney Yin more deficient:** Irritability, insomnia, dry and sore throat, dry mouth, hot flashes, five-centered heat, a red tongue, and a wiry, rapid pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Upper-Middle Line of Occiput—Middle Low Back Pain

Upper-Lateral Line of Occiput—Low Back Pain on the Side of the Spinal Cord

Middle Line of Vertex

Line 3 Lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion into the scalp until the needle reaches the subaponeurotic tissue layer. Use the false lifting technique continuously for 2 to 3 minutes. If the patient has low back pain due to acute strained muscles, ask the patient to perform physical activities, such as bending over, straightening up, lateral turning, or rotating the low back area. The practitioner can also use his or her hand to palpate or tap on the low back area, or apply acupressure with the fingers to activate painful spots on the low back. Use the rotation technique for acute pain, and manipulate the needles without retention. If the patient has chronic low back pain, retain the needles for 30 minutes, or add moxibustion or the warming needle technique on the local area. If, after using manipulation techniques and physical movement, the patient still has pain, ask the patient to move into the position that is most painful and use strong false lifting technique until the pain has completely disappeared. Treat the patient daily or every other day. For acute conditions, the patient usually recovers after one to six treatments. For chronic conditions, use 10 treatments to a course, and rest for 5 to 7 days between courses. For patients with low back pain due to a disc problem or spondylosis condition, ask the patient to perform deep abdominal breathing during the manipulation. Manipulate the needles for up to 5 minutes, and retain the needles for 24 hours. Treat the patient once daily with 10 treatments to a course.

2. JIAO SYSTEM

Points:

Foot Motor and Sensory Area

Upper One-Fifth of Sensory Area Select needles contralaterally for one-sided pain or bilaterally for pain on both sides.

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use fast rotation up to 200 times per minute continuously for up to 1 minute. After the patient feels Qi, retain the needle for 30 minutes. Have the patient do physical exercise such as bending over, straightening up, and turning and rotating the lower back. Treat the patient once daily with 7 to 10 treatments to a course, and rest for 3 to 5 days between courses.

3. FANG SYSTEM

Points:

Lower Back Area of Prone Imaging

Upper one-third of Inverted Imaging

Lower Jiao of Inverted Organ

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast insertion perpendicularly to a depth of 2.0 to 3.0 fen until the needles reach the periosteum. Use the rotation

and turning technique to elicit Qi. The treatment will have the best result if the patient feels the needle sensation into the low back area. Retain the needles for 40 to 60 minutes, and combine with physical activities of the low back area. Treat the patient once daily, and after one to four treatments the patient will see results.

If retaining the needles for a long period of time, some patients will feel heaviness of the head, itching, and extending and moving sensations. The needle sensation on the scalp is usually a little different than on the four extremities.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Lumbosacral Vertebrae

Buttocks

Sciatic Nerve

Shen Men

Central Rim

Hip

Kidney

Liver

2. EUROPEAN AURICULAR THERAPY

Points:

Zero

Lumbar Spine

Thoracic Spine

Thalamus

Hip

Darwin's Point

Sciatic Nerve

Thigh

Calf

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle into the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected points. Use dense-sparse wave. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulation current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear and in the puncturing hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

The active Qi treatment is a very important technique in ear acupuncture therapy. Insert a few filiform needles, intradermal needles, or auricular seeds on the sensitive ear points then let the patient perform active physical movement of the targeted area. Patients may react with a warm, comfortable sensation, pain reduction or decreased muscular contraction. If the patient is not capable of moving his or her body, the practitioner should perform Tui Na, acupressure, massage, or manipulation on the related areas. For patients with acute back pain and limited range of motion, avoid inserting needles on the targeted area because it may cause the muscles to contract. Most of the patients will receive immediate benefit from the treatment.

Eye Acupuncture

Points:

Kidney of Area 2

Lower Jiao of Area 8

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the inner margin insertion technique with perpendicular insertion, needling the point slightly toward the eyeball. Insert the needles to a depth of 0.2 to 0.5 cun. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball over

the hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

For lower Jiao of Area 8, take caution not to insert the needle deeply, because this may damage the inner canthus artery. Eye acupuncture has good results for a variety of pain control applications.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Kidney

Genitals

Lumbar Triangle Points

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure, and turn the needle in the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then let the patient perform active physical movement of the lower back area. Most of the patients will receive immediate benefit from the treatment. Retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention. For acute lower back pain, withdraw the needle when the patient's range of motion is back to normal.

Intradermal Needle: Intradermal needles are used for conditions that require stimulation for a longer period, such as a few days. Usually use grain-like intradermal needles. Before needling, the surface of the nose should be cleaned well. Hold the needle with forceps, insert it horizontally into the point, and then apply adhesive tape to fix the needle to the skin. The needled area should be kept dry and clean. Some patients may be sensitive to the adhesive, so hypoallergenic tape should be used.

Lower Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Kidney point and insert the needle downward along the nasal septum at about a 60-degree angle, until you reach the bone and Qi arrives. Then gently lift the needle back to the subcutaneous layer and redirect the needle tip to the anterior wall of the ala nasi on both sides of the face until you elicit Qi. Last, bring the needle back to the Kidney point and retain for 30 minutes to 5 hours. If the patient notices a warm sensation in the lumbar area, the treatment will usually have better results.

2. NOSE SAN JIAO THERAPY

Points:

8, 9, 11, 12, 14, 47, 51, 52

Technique:

For Point 8, use perpendicular insertion 1.0 fen deep.

For Point 9, use perpendicular insertion 1.0 fen deep.
 For Point 11, use perpendicular insertion 1.0 fen deep.
 For Point 12, use oblique insertion upward 1.0 fen deep.
 For Point 14, use perpendicular insertion 1.0 fen deep.
 For Point 47, use oblique insertion superiorly toward the midline 2.0 fen deep.
 For Point 51, use oblique insertion upward toward the midline 1.0 to 1.5 fen deep.
 For Point 52, use oblique insertion upward 2.0 to 3.0 fen deep.

Philtrum Acupuncture

Points:

Philtrum 5

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with an oblique insertion angled upward. Insert the needle to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the rotation technique to manipulate the needle. Let the patient perform active physical movements such as moving their neck and back during the treatment. If the patient is not capable of moving his or her body due to severe pain, the practitioner should assist the patient in doing passive activity such as Tui Na, acupressure, massage, or manipulation on the related areas. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Bloodletting Technique: Use a three-edge needle with the spot pricking technique to release a few drops of blood. This is especially useful for acute back pain.

Mouth Acupuncture

Points:

Area of the Lower Back

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and the pressing hand to stretch the upper lip apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi. Have the patient bend over or lying in a supine position, bring their knees to their chest at a 90 degree angle. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Neck Acupuncture

Points:

5 Point Locations

15 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. For the 5 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun and then use lifting, thrusting, and rotation techniques. If using the rotation technique, use mild stimulation to elicit Qi. Then, use moxibustion along the

spine or use the warming needle technique for 5 to 9 Zhuangs of moxa cones so that the patient feels warmth but not a burning sensation. The needles are usually retained for 20 to 30 minutes.

- For the 15 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 0.5 to 0.8 cun. Use gentle lifting and thrusting rotation to elicit Qi, and retain the needle for 20 to 30 minutes. All 15 points are needled in the same treatment. The neck acupuncture is more effective when combined with Tui Na, moxibustion, and Qi Gong techniques especially for neck and back pain.

Back Shu Acupuncture

Points:

UB 23 (Shen Shu)

UB 28 (Pang Guang Shu)

Use these points with the corresponding front Mu and Yuan source points.

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.5 cun long filiform needles. Insert the needle at a perpendicular angle and push the needle in to a depth of 0.8 to 1.2 cun. Use the rotation technique to elicit Qi. Use moxibustion along the spine during the treatment. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Jia Ji Acupuncture

Points:

Lumbar Jia Ji Points L 1 through L 5

Sacral Jia Ji Point S 1

Technique: Use a 30 to 34 gauge, 1.0 to 1.5 cun long filiform needle. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needle perpendicularly to a depth of 0.8 to 1.2 cun. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course. When a patient has back pain and low back pain, especially acute pain with muscle spasms, selecting Jia Ji points will obtain better results than selecting back Shu points. Jia Ji acupuncture avoids direct stimulation of back muscles, where as Back Shu acupuncture can sometimes cause muscle spasms.

Spinal Acupuncture

Points:

Major Spinous Process Point

Lumbar 1

Xin Huan Tiao

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the other Back Spinous Process points, use 30 to 32 gauge, 2.0 cun long filiform needles. For the Xin Huan Tiao point, choose 32 to

34 gauge, 3.0 cun long filiform needles. The practitioner should use the thumb and index finger of the pressing hand to pinch the skin of the spinous process and the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. Use rotation techniques until the patient feels a Qi sensation along the spine. Use moxibustion along the spine to increase the treatment effect. Retain the needles for 40 minutes or up to 1 to 2 hours.

Remarks: This technique requires needle insertion at the correct layer. If the skin becomes rough on the surface, this indicates that the needle is inserted too shallowly. If the needle is difficult to push in any further, this indicates that insertion is too deep, and the needle may be hitting the spinous process. In either case, the needle should be adjusted. The needles should be inserted above the center of the spine.

Abdominal Acupuncture

Points:

Lumbar

Alternatively, use a point on the abdomen that is directly opposite a tender point on the back.

Back and lower back pain: Ren 12 (Zhong Wan), Ren 6 (Qi Hai), Ren 4 (Guan Yuan), Spleen 15 (Da Heng)

Severe back pain – Stomach 24 (Hua Rou Men), Stomach 23 (Tai Yi), Kidney 18 (Shi Guan), Arthritis 1 and 4

Both back and lumbar pain – Kidney 17 (Shang Qu), Stomach 25 (Hua Rou Men)

Lower back pain worse than upper back – Stomach 26 (Wai Ling)

Pain due to Damp Cold – Arthritis 1 and 4

Pain due to deficiency – Kidney 17 (Shang Qu), Kidney 14 (Si Man), Qi Xue point

Pain due to Kidney deficiency – Arthritis 4, Stomach 28 (Shui Dao)

Lumbar disc herniation – Ren 9 (Shui Fen), Ren 6 (Qi Hai), Ren 4 (Guan Yuan)

Disc rupture – Yintang, Du 26 (Ren Zhong)

Chronic disc herniation – Qi Xue point

With lower back pain – Stomach 26 (Wai Ling), Qi Xue point, Kidney 14 (Si Man)

With sciatic pain – Qi Pang, Stomach 26 (Wai Ling), arthritis 4 and 6

Back and lumbar pain – Stomach 26 (Wai Ling)

Pain due to Damp Cold – Arthritis 1 and 4

Pain due to deficiency – Kidney 17 (Shang Qu), Kidney 14 (Si Man), Qi Xue point

Pain due to Kidney deficiency – Arthritis 4, Stomach 28 (Shui Dao)

Technique: It is very important to do an abdominal diagnosis and carefully check every area of the abdomen for tension of the muscles, pressure pain, and tumors, as well as internal organ abnormalities such as an enlarged liver or spleen. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into

three layers: sky, person, and earth. Use gentle and slow perpendicular insertion into the sky layer and use a rotation technique to elect Qi, and then gently move the needle to the person layer and use a rotation technique with very gentle lifting and thrusting. Lastly, push the needle deeper into the earth layer and use a rotation technique to elect Qi. So the gentle lifting and thrusting technique is mainly used on the person layer. Use moxibustion or TDP lamp on the stomach area. Meanwhile, apply finger massage on the patient's low back area. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Vertebrae

Lumbar and Leg 1, 2

Neck

Revive

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Kidney 1 Spot

Kidney 2 Spot

Reproductive Spot

Back

Sciatic

Ling Gu

Zhong Bai

3. HAND IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Body Trunk of Hand Prone Imaging

Body Trunk of Hand Radial Inverted Imaging

Body Trunk of Hand Ulnar Inverted Imaging

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the back area of the body, and retain the needles for up to 20 to 30 minutes.

Lumbar and Leg 1 and 2 are great points for acute conditions.

When inserting a needle on the Lumbar and Leg 1 and 2 points to treat acute low back pain, insert the needles at a 30 degree angle. It is important for the patient to do physical exercise during the treatment. First instruct the patient to cough a few times, and then instruct the patient to do bending, stretching, and knee lifting exercises until the patient starts to perspire and has better range of motion.

The patient will feel much improvement during the exercise.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper

clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques on the Revive point, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release a few drops of blood. Treat the patient every other day, alternating treatment on both hands.

Electro-Acupuncture Therapy: After inserting the needle, use an electro-machine to simulate the point. Use a continuous wave or dense wave. Usually treat the patient for 20 to 30 minutes with seven treatments to a course. Be careful not to needle the tendons.

Intradermal Needle Therapy: Thumbtack and grain-like needles are used in hand acupuncture therapy. Use routine clean needle technique on the hand. Use a vertical insertion for a thumbtack needle and transverse insertion for a grain-like needle, and then affix the needle with adhesive tape. After the needle is inserted, the patient should not feel any sensations when moving his or her hand. T-Bong needles resemble the thumbtack needles, but the sharp tip is substituted with a dull surface that is unique to hand acupuncture therapy. T-Bong needles come in a package with an adhesive plaster to protect the needle and hold it in place.

4. KORYO HAND THERAPY

Points:

A 3, 4, 5, 6, 8; B 4, 5, 6, 7; H 2

Moxa: A 3, 5, 8, 12

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun long. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Moxibustion Therapy: Hold a moxa roll above the surface of the hand for a comfortable, warm, and moving sensation, or use direct moxa techniques. Apply a little garlic juice or massage oil to the skin to help the moxa cone stay in place. Use rice cone moxa for up to 2 to 3 Zhuangs during the treatment. Seo Am moxa, which has adhesive tape underneath the moxa cone, can also be used. Seo Am moxa is convenient because it adheres directly to the skin and can be used while the patient's hand is in any position.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Kidney

Qian Yin Zhu
Low Back Pain

2. FOOT NEW POINT THERAPY

Points:

22, 30

3. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Xia Kun Lun

4. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Trunk of Feet Prone Imaging

Trunk of Feet Tibia Inverted Imaging

Trunk of Feet Fibula Inverted Imaging

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi, and then retain the needle for about 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. For chronic lower back pain, use 10 treatments to a course, with a resting period of 3 to 5 days between courses. One of the advantages of foot acupuncture is leading Qi from the foot to the corresponding diseased area. By doing this, it is important to provide a passive active Qi therapy with massage, moxabustion, cupping, or Tui Na to work on the lower back or painful spot.

Massage Technique: Use massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Wrist and Ankle Acupuncture

Points:

Lower 6

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles.

Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then, slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the

subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with active and passive activity methods, including Tui Na, Qi Gong, moxibustion, cupping, and breathing techniques while retaining the needles. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Low back pain may be due to kidney deficiency, combined with external evil Qi factors of cold, dampness, and traumatic injury. Treatment should be focused on dispersing cold, draining dampness, clearing heat and damp, invigorating the blood, softening the tendons, and activating the channels. It is important to focus on tonifying the kidneys as well. Acupuncture, herbal therapy, herbal plasters and topical applications, cupping, and massage may be incorporated into the treatment. Acupuncture is effective in treating low back pain. For acute onset, especially for an acute soft tissue disorder with muscle spasm, the best micro-systems are the hand, philtrum, ear, and scalp. It is not recommended to insert needles on the back Shu points or to have the patient lie down. The best treatment is to insert needles on the patient's hand, Fang scalp acupuncture corresponding area, philtrum, or ear. The practitioner can also instruct the patient to perform active or passive activity movement of the targeted area such as massage, Tui Na, TDP lamp, moxibustion, deep breathing and stretching, and rotating and bending the back area. If the patient is experiencing too much pain to move by himself or herself, the practitioner may help by performing passive/active body movement. For chronic conditions, the scalp, ear, back Shu, abdominal, and spinal systems will be the most effective. For patients with nerve damage to the low back area, it is recommended to use electro-acupuncture on the Jia Ji points. Low back pain may be caused by internal organ disorders as well, and it is important to identify the underlying cause of the pain. Needles inserted in the lumbar area should be at the correct angle and depth to avoid damage to the internal organs. The patient should maintain good posture during work and sleep, and avoid excess physical exercise. If the patient has a herniated disc, acupuncture can be used in conjunction with a chiropractor.

IRREGULAR MENSES—YUE JING BU TIAO

Irregular menstruation is characterized by an abnormal change of the menstrual cycle, or in the amount, color, or quality of the menses. *Early menstruation* is defined as onset of menstrual flow that begins more than 7 days in advance of the regular cycle. *Delayed menstruation* is defined as the onset of menstrual flow beginning more than 7 days late in contrast to a normal menstrual cycle. *Early-late erratic menstruation* is defined as an irregularly occurring menstrual flow either more than 7 days

early or later than the normal cycle. Irregular menses is usually caused by an imbalance of the seven emotions, genetic deficiency of the kidney, overwork, or excessive sexual activity. All of these factors can lead to liver, spleen, and kidney imbalances such as the following: liver Qi stagnation, spleen Qi deficiency, kidney Qi and Yin deficiency, or Qi and blood disturbances such as Qi deficiency, Qi stagnation, blood deficiency, blood heat, blood cold, or blood stasis, as well as Chong and Ren disharmony.

Western medicine refers to this condition as abnormal uterine bleeding, possibly due to functional disturbances of the anterior pituitary or ovaries.

Traditional Chinese Medicine Differential Diagnosis

1. **Liver Qi stagnation:** Menstruation cycle is early, delayed or early-late erratic, normal menstruation amount, excessive flow, less flow, or amenorrhea, blood is dark red with a thick quality, blood clots, distending fullness in the chest and hypochondrium area, irritability, easily angered, frequent sighing, pale tongue coating, and wiry pulse.
2. **Blood heat:** Early menstrual cycle, normal or excessive amount of blood that is bright red with a sticky and thick quality, a red face, red lips, thirst, irritability, yellow urination, constipation, a red tongue with yellow coating, and a slippery, fast pulse.
3. **Cold obstruction in uterus:** Delayed menstrual cycle, normal or smaller amount of blood that is dark red with blood clots, lower abdominal pain that is better with the application of heat, a dark face, cold extremities, aversion to cold, dark lips, pale tongue with white coating, and a wiry, tight pulse.
4. **Blood stagnation:** Early-late erratic menstrual cycle, excessive or decreased amount of blood, frequent dribbling or scanty flow, blood is a dark color with clots, lower abdominal pain that refuses pressure, pain that is released after blood is passed, dark tongue with purple spots, and a wiry, choppy pulse.
5. **Spleen Qi deficiency:** Early, delayed, or early-late erratic menstrual cycle, excessive amount, decreased amount, or amenorrhea, blood is a pale, red color and has a thin quality, a yellow face, low energy, shortness of breath, abdominal bloating, poor appetite, diarrhea, pale tongue with white coating, and a thin pulse.
6. **Kidney deficiency:** Early, delayed, or early-late erratic menstrual cycle, excess amount, decreased amount, or amenorrhea, blood is bright red with a thick, scanty flow, a red face, hot hands and feet, irritability, insomnia, dry throat, dry mouth, red tongue with little coating, and a thin, fast pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. JIAO SYSTEM

Points:

Foot Motor and Sensory Area
Reproduction Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Rapidly insert the needle at a 30-degree angle into the subaponeurotic tissue layer. Use the rotation technique for over 200 times per minute. For deficient or chronic conditions, use the false thrusting technique to elicit Qi. Retain the needles for 20 to 40 minutes. Treat the patient once daily for a course of 10 treatments and 5 to 7 days of rest between courses. Treat up to a few months.

Face Acupuncture

Points:

Heart
Liver
Spleen
Kidney

Technique: Use 32 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at a perpendicular, oblique, or transverse angle. For the zygomatic and cheek areas use a perpendicular insertion. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding. For pain control, use the electro-acupuncture technique.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Internal Genitals
Pelvic Cavity
Endocrine
Adrenal
Spleen
Shen Men
Liver
Ovary
Subcortex
Uterus

2. EUROPEAN AURICULAR THERAPY

Points:

Uterus
Ovary
Endocrine
External Genitals
Zero
Abdomen
Adrenal Gland
Anterior Pituitary

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points

from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes. Ask the patient to breathe abdominally to increase the energy flow and enhance the treatment results.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand, and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Kidney
Genitals
Ovaries

2. NEW NOSE ACUPUNCTURE

Points:

Zheng Yi
Zheng Er
Zi Bao

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Use activating Qi techniques, such as massage the patient's lower abdomen, ask the patient to breathe deeply, and hold and release the

perineum, along with nose acupuncture. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Tongue Acupuncture

Points:

Liver
Kidney
Yin Xue

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to stick her tongue out if needles are to be inserted on the surface of the tongue. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Apply massage, TDP lamp, or moxibustion on the lower abdomen. Retain the needles for about 5 minutes. Alternatively, use a three-edge needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use a fast insertion on the local point to a depth of 0.5 to 1.2 cun.

Back Shu Acupuncture

Points:

UB 18 (Gan Shu)
UB 20 (Pi Shu)
UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle at an oblique angle on UB 18 (Gan Shu) and UB 20 (Pi Shu) and a perpendicular angle on UB 23 (Shen Shu). Push the needle in to a depth of 0.5 to 1.2 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Use caution in the needle depth on the upper back to avoid damaging the internal organs.

Jia Ji Acupuncture

Points:

Sacral Jia Ji Point

Technique: Use a 30 to 34 gauge, 1.0 to 1.5 cun long filiform needle. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needle perpendicularly to a depth of 0.5 to 1.2 cun at the Sacral Jia Ji point. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course. Stimulation of Jia Ji points will have better results if done in combination with moxibustion.

Abdominal Acupuncture

Points:

Leading energy back to the source combination: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), and Ren 4 (Guan Yuan)

Technique: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdomen into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly to the sky, person, and earth layers to the depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. NEW HAND ACUPUNCTURE THERAPY

Points:

Reproductive Organ Point
Liver Spot
Reproductive Spot
Ling Gu
Kidney 1 Spot

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the lower abdomen and ask the patient to breathe deeply and hold and release the perineum while the needles are retained. Retain the needles for 20 to 30 minutes.

2. KORYO HAND THERAPY

Points:

A 3, 4, 5, 8, 12, 16; N 9, 13; E 22; J 7

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun long. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Moxibustion Therapy: Hold a moxa roll above the surface of the hand for a comfortable, warm, and moving sensation, or use direct moxa techniques. Apply a little garlic juice or massage oil to the skin to help the moxa cone stay in place. Use rice cone moxa for up to 2 to 3 Zhuangs during the treatment. Seo Am moxa, which has adhesive tape underneath the moxa cone, can also be used. Seo Am moxa

is convenient because it adheres directly to the skin while the patient's hand is in any position.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Reproductive Organs

Du Yin Xue

Dysmenorrhea 1, 2

Nei Tai Chong

2. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Ying Chi

Du Yin Xue

Ba Feng

Ran Hou

3. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Abdominal Corresponding Area of Feet Prone Organs

Abdominal Corresponding Area of Feet Tibia Inverted Organs

Abdominal Corresponding Area of Feet Fibula Inverted Organs

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash her feet before starting the treatment. Have the patient lie on her back with her legs stretched out and relaxed, or have the patient lie on her stomach with a small pillow underneath her ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use the lifting, thrusting, and rotation techniques to elicit Qi. Apply massage, TDP lamp, or moxibustion on the abdomen and retain the needles for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a resting period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed. The patient usually feels relaxed but without overexertion.

Summary

The treatment principle for irregular menses is to adjust the menstrual cycle. This involves adjusting Qi and blood, tonifying the kidneys, benefiting the spleen, smoothing the liver, and harmonizing the Chong and Ren. In general, micro-acupuncture has a better result using ear, back Shu, abdominal, hand, and foot acupuncture. Micro-acupuncture points can be chosen using one or two points from each micro-system, or micro-acupuncture can be combined with macro-acupuncture therapy, warming needle technique, bleeding technique, or subcutaneous and cutaneous needle technique. Generally, the treatments should start 1 week before the patient's menstrual cycle and should cease during the menses. Also, it is very important when treating irregular menses to work on the patient's emotional condition, diet, and exercise routine. Ear acupuncture is most beneficial for irregular menses.

DYSMENORRHEA—TONG JING

Dysmenorrhea is characterized as pain before, during, or after menstruation in the lower abdomen, possibly extending to the low back and the external anus area. Usually, the pain occurs on the first or second day of menstruation and then gradually decreases. The degree of the pain depends on the patient's situation. Painful menstruation can be caused by the seven emotions, six evil Qi, the patient's constitution, and different situations before, during, or after menses. Any pathogenic effect on menses can cause stagnation of the Chong and Ren meridians, Qi and blood stasis, and Qi and blood deficiency, resulting in pain.

Western medicine refers to this condition as primary dysmenorrhea or secondary dysmenorrhea. Primary dysmenorrhea is usually seen during adolescence and has a number of contributing factors, including a narrow cervical os, malposition of the uterus, lack of exercise, or anxiety about menses. Secondary dysmenorrhea is seen with endometriosis, adenomyosis, and pelvic inflammatory disease.

Traditional Chinese Medicine Differential Diagnosis

1. **Qi and blood stagnation:** The patient has pain before or during menses, more pain in the lower abdomen, blood that is red or purple, scanty menstruation, pain that is decreased by passing blood clots, distension or fullness of the breasts, irritability, easily angered, pale tongue coating, and wiry pulse.
2. **Damp cold obstruction:** The patient has pain before or during menses, lower abdominal cold pain, cramps that are decreased by warmth and pain increased by pressure, diarrhea, cold body, cold extremities, scanty urination, smaller amount of menses, dark-colored blood, possible sexual dysfunction, a pale tongue with white coating, and deep, tight pulse.
3. **Damp heat in the lower Jiao:** Abdominal pain that dislikes pressure, pain occurs during menses, burning sensation and soreness of the lower abdomen and low back, low back soreness is increased during menses, low-grade fever, yellow

urination, yellow discharge, red tongue with a yellow greasy coating, and a floating, fast pulse.

4. **Kidney Yang deficiency:** A cold pain in the lower abdomen that is relieved by pressure and warmth, smaller amount of menses, dark-colored blood, fatigue, edema in the four extremities, soreness of the low back and weakness of the legs, cold type of body, slow and low urination, a pale, swollen tongue with white, sticky coating, and a deep pulse.
5. **Qi and blood deficiency:** Abdominal pain that occurs during and after menstruation, pain that is relieved by pressure, smaller amount of menses with a pale color, palpitations, shortness of breath, poor appetite, low energy, small and pale tongue with a white coating, and a deep, weak pulse.
6. **Liver and kidney deficiency:** Abdominal pain that is an empty type of pain during menses, pale blood, smaller amount of blood, low back pain, low energy, tinnitus, dizziness, pale tongue with a white coating, and a thin, weak pulse.

Important Points for Diagnosis and Treatment

The diagnosis of painful menstruation depends on the type of pain, time of the pain, location of the pain, and degree of the pain, in combination with the amount, color, and quality of menstrual blood, as well as tongue and pulse. In general, pain before the menses or during the menses is considered excess, and pain after the menses is usually deficiency. A high degree of pain that is not relieved by pressure is excess, and mild pain that is relieved by pressure, massage, or heat is deficiency. Pain decreased by heat is a cold condition, and pain increased by heat is a heat condition. Pain that is more of a distending sensation, blood clots, or passing of blood clots that releases the pain is mostly considered blood stasis. Distending pain is mostly Qi stagnation. Cramping pain and cold pain are cold conditions. Burning pain is a heat condition. Pain on the side of the lower abdomen refers to a liver condition. Pain located on the low back refers to a kidney condition.

The treatment principle for painful menstruation is to harmonize the Chong, Ren, Qi, and blood. Depending on the situation, move Qi and blood, disperse cold, clear heat, or tonify deficiency. During menstruation, harmonize blood and stop pain. After menses, focus on harmonizing the liver and benefiting the kidney and spleen.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Vertex

Line 3 Lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion into the scalp. On the vertex area, insert the needles from the posterior to the anterior direction. On the forehead area, insert the needles from the superior to the inferior direction. Once the needle

is inserted into the subaponeurotic tissue layer, manipulate with the false lifting technique for 1 to 3 minutes. Use moxibustion on the lower abdomen or apply gentle pressure on the lower abdominal area with the hand. Retain the needles for 30 to 60 minutes while manipulating one or two times during the retention. Treat once daily. If the patient has severe dysmenorrhea, treat the patient twice daily in the first 1 to 3 days of their period. Use this technique 5 days before the menses to prevent dysmenorrhea. Usually this treatment will stop pain within 5 to 30 minutes after the treatment.

2. JIAO SYSTEM

Points:

Foot Motor and Sensory Area

Reproductive Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Quickly insert the needle at a 30-degree angle to the scalp and then quickly push the needle into the subaponeurotic tissue layer. Use the fast rotation and turning technique up to 200 times per minute. Retain the needle for 30 to 60 minutes while manipulating the needle two to three times during the retention. Use moxibustion or a TDP lamp on the lower abdomen.

3. TANG SYSTEM

Points:

Quiet Line

Blood Line

Urogenital Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use oblique or transverse insertion along the scalp to a depth of 2.0 to 3.0 fen. Use the rotation technique and the lifting and thrusting technique until the patient feels Qi. Retain the needles for 30 to 60 minutes while manipulating the needles one or two times during the retention. Use moxibustion on the lower abdomen at the time of needle manipulation.

Face Acupuncture

Points:

Uterus and Bladder

Liver

Thigh

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at a perpendicular, oblique, or transverse angle. For the zygomatic and cheek areas use a perpendicular insertion. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding. For pain control, use the electro-acupuncture technique.

Most patients will experience numbness, soreness, distending sensation, or pain on the local point. A burning sensation or a sensation of warmth in the body usually indicates better results.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Internal Genitals
Pelvic Cavity
Endocrine
Adrenal
Spleen
Shen Men
Liver
Ovary
Subcortex
Uterus
Abdomen
Sympathetic

2. EUROPEAN AURICULAR THERAPY

Points:

Uterus
Ovary
Endocrine
External Genitals
Zero
Abdomen
Adrenal Gland
Anterior Pituitary
Sympathetic Autonomic

Technique: For all techniques, treat the patient 3 days before her menses.

Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles.

Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected point. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses. The active Qi treatment is a very important technique in the ear acupuncture therapy. Insert a few filiform needles, intradermal needles, or auricular seeds on the sensitive ear points then let the patient perform active physical movement of the targeted area, such as massage, TDP lamp, moxibustion, deep breathing, and holding and releasing the perineum while the needles are retained. Heating pads are very useful to patients with dysmenorrhea as they increase local vessel expansion to improve blood circulation and help control pain.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Kidney
Genitals

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Ask the patient to breathe from their abdomen and hold and release the perineum. The patient may react with a warm, comfortable sensation, pain reduction or decreased muscular contraction in the lower abdomen. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Lower Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Kidney point and insert the needle downward along the nasal septum at about a 60-degree angle, until you reach the bone and Qi arrives. Then gently lift the needle back to the subcutaneous layer and redirect the

needle tip to the anterior wall of the ala nasi on both sides of the face until you elicit Qi. Last, bring the needle back to the Kidney point and retain for 30 minutes to 5 hours.

2. NOSE SAN JIAO THERAPY

Points:

50

For Point 50, use perpendicular insertion 1.0 to 1.5 fen deep.

Philtrum Acupuncture

Points:

Philtrum 6

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with perpendicular insertion or angle the needle left, right, up, or down depending on the disease. Insert the needle to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. Ask patient to breathe from their abdomen and hold and release the perineum. Heating pads and TDP lamps increase local vessel expansion to improve blood circulation, and are used for pain due to deficient cold patterns. The patient may react with a warm, comfortable sensation, pain reduction, or decreased muscular contraction in the lower abdomen. Treat every other day for three months. It is also helpful to combine philtrum acupuncture with macro-acupuncture points.

Mouth Acupuncture

Points:

Area of Genito-urinary

Technique: Use fresh water to cleanse the patient's mouth. Use

30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with her mouth open. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Ask the patient to swallow saliva, breathe from her abdomen, and hold and release the perineum. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Back Shu Acupuncture

Points:

UB 18 (Gan Shu)

UB 20 (Pi Shu)

UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle at an oblique angle on UB 18 (Gan Shu) and UB 20 (Pi Shu) and a perpendicular angle on UB 23 (Shen Shu). Push the needle in to a depth of 0.5 to 1.2 cun. Use the rotation technique to elicit Qi. Apply moxibustion along the spine and a TDP lamp on the lower part of the back during the treatment. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Jia Ji Acupuncture

Points:

Sacral Jia Ji Point

Technique: Use a 30 to 34 gauge, 1.0 to 1.5 cun long filiform needle. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needle perpendicularly to a depth of 0.5 to 1.2 cun at the Sacral Jia Ji point. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Apply moxibustion and a TDP lamp on the lower part of the back during the treatment. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Spinal Acupuncture

Points:

Major Spinous Process Point

Lumbar 1

Lumbar 4

Sacral Vertebra 3

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the other Back Spinous Process points, use 30 to 32 gauge, 2.0 cun long filiform needles. The practitioner should use the thumb and index finger of the pressing hand to pinch the skin of the spinous process and the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. Use rotation techniques until the patient feels a Qi sensation along the spine. Apply TDP lamp and moxibustion on the lower back area. Retain the needles for 40 minutes or up to 1 to 2 hours.

Remarks: This technique requires needle insertion at the correct layer. If the skin becomes rough on the surface, this indicates that the needle is inserted too shallowly. If the needle is difficult to push in any further, this indicates that insertion is too deep and the needle may be hitting the spinous process. In either case, the needle should be adjusted. The needles should be inserted above the center of the spine.

Chest Acupuncture

Points:

Abdominal 5, 6, 7

Lumbar-Abdominal 1, 2, 3, 4

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on the patient's body size. Elicit Qi and withdraw the needle. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course.

Acupressure: Find the chest acupuncture point or positive trigger point, especially working any points with a ropey or bumpy feel. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain

or sensitive reactions, use strong pressure to stimulate the point. For minor conditions, weak patients, or if the chest area has an obvious pressure pain or sensitive reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. For the lumbar area or an area with abundant muscles, use a small piece of hard wood to replace your hand and apply pressure for a particularly long time, usually 7 to 15 minutes. For urgent conditions, treat two to three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days to a course, then rest 2 to 3 days and continue another course.

Abdominal Acupuncture

Points:

Eight precious insertion: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), Ren 4 (Guan Yuan), St 25 (Tian Shu), and Sp 15 (Da Heng)

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdomen into three layers: sky, person, and earth. Use a gentle and slow insertion to insert the needles perpendicularly in the sky, person, and earth layers to a depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the abdomen, meanwhile massage the patient's lower abdomen. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Perineum
Liver
Gastrointestinal

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Reproductive Organs Point
Reproductive Spot
Kidney 1 Spot
Kidney 2 Spot
Fu Ke Point

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the lower abdomen. Ask the patient to

breathe deeply and hold and release the perineum during needle manipulation. Retain needles for up to 20 to 30 minutes. Manipulate the needles for 3 to 5 minutes until the pain subsides.

Moxibustion Therapy: Hold a moxa roll above the surface of the hand for a comfortable, warm, and moving sensation, or use direct moxa techniques. Apply a little garlic juice or massage oil to the skin to help the moxa cone stay in place. Use rice cone moxa for up to 2 to 3 Zhuangs during the treatment.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release a few drops of blood. Treat the patient every other day, alternating treatment on both hands.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Reproductive Organs
Nei Tai Chong
Uterus
Dysmenorrhea 1, 2

2. FOOT NEW POINT THERAPY

Points:

28, 29

3. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Abdominal Corresponding Area of Feet Prone Organs
Abdominal Corresponding Area of Feet Tibia Inverted Organs
Abdominal Corresponding Area of Feet Fibula Inverted Organs

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Ask the patient to wash her feet before starting the treatment. Have the patient lie on her back with her legs stretched out and relaxed, or have the patient lie on her stomach with a small pillow underneath her ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use the lifting, thrusting, and rotation techniques to elicit Qi, and manipulate the needles every 5 to 10 minutes. This technique is more effective when combined with active and passive activity methods, including Tui Na, Qi Gong, moxibustion, TDP lamp, deep breathing, and holding and releasing the perineum while the needles are retained. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for

indirect moxibustion. Ask the patient to lie prone with her feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Wrist and Ankle Acupuncture

Points:

Lower 1

Technique: Use 30 to 34 gauge, 1.5 cun long filiform needles.

Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive activity methods, including Tui Na, Qi Gong, moxibustion, TDP lamp, and abdominal breathing techniques while retaining the needles. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Painful menstruation is a common disorder in which the treatment should be based on a traditional Chinese medicine differential diagnosis. If the patient's condition is excess, use acupuncture and sedation techniques. For a deficiency conditions, use tonification techniques. Acupuncture combined with moxibustion produces good results. When painful menstruation happens during the menses, controlling the pain is the main treatment principle and strong stimulation should be employed. Some micro-systems, such as ear, hand, abdominal, and foot acupuncture, have a stronger effect and should be used in combination with macro-acupuncture, as well as electro-acupuncture. Following painful menses, use ear balls to continue treatment.

AMENORRHEA—BI JING

Amenorrhea is mainly characterized as a condition in which a woman over 18 years of age has still not had her menses, or had

her menses but it has stopped for over 3 months. Amenorrhea is usually caused by multiple births, multiple miscarriages, excessive sexual activity, overwork, long-term disease, emotional disturbance, chronic loss of blood, abnormal eating habits, contracting cold pathogens either during menses or right after giving birth, hormonal changes, excessive physical exercise, and being overweight. Each of these factors leads to spleen dysfunction, liver and kidney deficiency, Qi and blood deficiency, Yin deficiency, and damp accumulation, which in turn can cause amenorrhea.

Western medicine refers to this condition as primary amenorrhea or secondary amenorrhea. Primary amenorrhea usually results from a genetic cause or maldevelopment of the sexual organs. Secondary amenorrhea is primarily caused by a hormonal imbalance or incorrect use of oral contraceptive pills.

Traditional Chinese Medicine Differential Diagnosis

1. **Liver and kidney deficiency:** The patient is over 18 years old and has no menses or menses is always delayed and gradually became amenorrhea, the patient has a weak constitution, low back pain, weakness of the legs, dizziness, tinnitus, pale or pink-red tongue with little coating, and a deep, weak pulse.
2. **Qi and blood deficiency:** Menstruation is always delayed, smaller amount, blood is pale or thin, the patient has long-term amenorrhea, dizziness, blurred vision, palpitations, shortness of breath, low energy, poor appetite, hair is dry and falls out easily, pulse is deep and slow or faint and fast, and a pale tongue with little coating or a white, thin coating.
3. **Yin deficiency and blood exhausted:** The patient has a very small amount of blood during menses and gradually developed amenorrhea, five center feverish sensations, palpitations, red face, night sweating, body feels hot, coughing with blood, red tongue with little coating, and a thin, fast pulse.
4. **Qi and blood stagnation:** Menses are irregular or absent for several months, depression, irritability, anger, chest fullness, abdominal and hypochondrium area fullness, distension of the lower abdomen that is worse with pressure, a slightly dark tongue with purple dots on the side, and deep, wiry pulse or deep, choppy pulse.
5. **Damp-phlegm obstruction:** Menses has stopped, overweight, chest and hypochondrium area fullness, vomiting, a lot of phlegm, tired all the time, edema, swollen face, excessive leukorrhea discharge with a white color, a sticky tongue coating, and a slippery pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Vertex

Line 3 Lateral to Forehead

Upper-Middle Line of Occiput

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion into the scalp until the needle reaches the subaponeurotic tissue layer. Use the false lifting and thrusting techniques in combination with a comprehensive tonification or sedation technique such as the mountain burning or cooling sky technique, depending on the cause of the amenorrhea. Manipulate the needles for 1 to 3 minutes. Meanwhile, use your fingers to apply pressure to Ren 3 (Zhong Ji), Ren 4 (Guan Yuan), and Ren 2 (Qu Gu). Retain the needles for 30 to 60 minutes while manipulating two to three times during the retention. Treat once daily, with 10 treatments to a course and 3 to 5 days of rest between courses. Continue treatments for up to a few months.

2. JIAO SYSTEM

Points:

Foot Motor and Sensory Area
Reproductive Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use fast insertion into the subaponeurotic tissue layer. Use the fast rotation and turning technique up to 200 times per minute. Manipulate each needle for 2 minutes. Activating Qi techniques, such as massage, deep breathing, and holding and releasing the perineum while manipulating the needles on the scalp are very important. Retain the needles for 30 to 60 minutes. Meanwhile, use your fingers to apply pressure to Ren 2 (Qu Gu), Ren 3 (Zhong Ji), and Ren 4 (Guan Yuan).

3. TANG SYSTEM

Points:

Quiet Line
Blood Line
Urogenital Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use oblique insertion along the scalp to a depth of 2.0 to 3.0 fen. Use the lifting and thrusting technique until Qi comes. Retain the needles for up to 2 hours. Treat the patient once daily or every other day with 10 treatments to a course.

4. FANG SYSTEM

Points:

Lower Jiao of Prone Organ
Lambda Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use a fast perpendicular insertion to a depth of 2.0 to 3.0 fen until the needle reaches the periosteum. Use the rotation and turning technique until Qi comes. Retain the needles for 30 minutes while manipulating the needles every 5 to 10 minutes during the retention. Treat once daily, with 10 treatments to a course and 3 to 5 days of rest between courses. Repeat the treatment course for up to a few months.

When inserting a needle into the scalp, it is very important to avoid inserting the needle into a hair follicle, a scar, or an infected area.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Internal Genitals
Pelvic Cavity
Endocrine
Adrenal
Spleen
Shen Men
Liver
Ovary
Subcortex
Uterus

2. EUROPEAN AURICULAR THERAPY

Points:

Uterus
Ovary
Endocrine
External Genitals
Zero
Abdomen
Adrenal Gland
Anterior Pituitary

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and ask the patient to breathe deeply and hold and release the perineum while retaining the needles. Retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected points. Use a dense-sparse wave. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulation for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the

needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear and in the puncturing hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Kidney
Genitals

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Ask patient to breathe abdominally and hold and release the perineum. The patient may react with a warm, comfortable sensation in the lower abdomen. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Lower Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Kidney point and insert the needle downward along the nasal septum at about a 60-degree angle, until you reach the bone and Qi arrives. Then gently lift the needle back to the subcutaneous layer and redirect the needle tip to the anterior wall of the ala nasi on both sides of the face until you elicit Qi. Last, bring the needle back to the Kidney point and retain it for 30 minutes to 5 hours. If the patient notices a warm sensation in the lower abdomen, the treatment will usually have better results.

Back Shu Acupuncture

Points:

UB 15 (Xin Shu)
UB 18 (Gan Shu)
UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle on UB 15 (Xin Shu) and UB 18 (Gan Shu) and a perpendicular angle on UB 23 (Shen Shu). Push the needle in to a depth of 0.5 to 1.2 cun. Use the rotation technique to elicit Qi. Apply moxibustion along the spine and a TDP lamp on the lower part of the back during the treatment. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Jia Ji Acupuncture

Points:

Sacral Jia Ji Points

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needle perpendicularly to a depth of 0.5 to 1.2 cun on the Thoracic Jia Ji points. Use lifting, thrusting, and rotation techniques to create a Qi sensation. Be careful if the patient has shooting sensations radiating to the legs. Apply moxibustion or a TDP lamp on the lower back. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Abdominal Acupuncture

Points:

Heaven and Earth combination: Ren 12 (Zhong Wan) and Ren 4 (Guan Yuan) with Ren 8 (Shen Que)

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdomen into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly into the sky layer and use a rotation technique to elicit Qi, and then gently move the needle to the person layer and use the rotation technique with very gentle lifting and thrusting. Lastly, push the needle deeper into the earth layer and use the rotation technique to elicit Qi. So, the gentle lifting and thrusting technique is mainly used on the person layer. Use moxibustion or TDP lamp on the stomach area. Meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Vertex

Perineum

Kidney

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the abdomen. Ask the patient to breathe deeply and hold and release the perineum while you manipulate the needles. Retain the needles for up to 20 to 30 minutes.

2. KORYO HAND THERAPY

Points:

A 3, 4, 5, 8, 12, 16, 18; N 9; F 19; J 23

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun long. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Reproductive Organs

Du Yin Xue

2. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Abdominal Corresponding Area of Feet Prone Organs

Abdominal Corresponding Area of Feet Tibia Inverted Organs

Abdominal Corresponding Area of Feet Fibula Inverted Organs

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash her feet before starting the treatment. Have the patient lie on her back with her legs stretched out and relaxed, or have the patient lie on her stomach with a small pillow underneath her ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use the lifting, thrusting, and rotation techniques to elicit Qi, and manipulate the needles every 5 to 10 minutes. Use moving and rotating moxibustion techniques, which increases the energy flow and helps enhance the treatment results. Use 10 treatments to a course, with a resting period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Summary

Micro-acupuncture is very effective for patients with amenorrhea due to a hormonal imbalance. For patients with severe, chronic diseases causing amenorrhea, micro-acupuncture is less effective. For patients with primary amenorrhea due to a genetic cause or malformation of the reproductive organs, acupuncture usually has no effect. The ear and abdominal system have better treatment results. For patients with Qi and blood deficiency, the patient should use acupuncture in combination with food therapy, as well as maintaining a positive emotional state. These patients may also need other techniques such as seven star needle, warming needle, moxibustion, or electro-acupuncture. When diagnosing amenorrhea, be certain to differentiate amenorrhea from early pregnancy.

PREMENSTRUAL SYNDROME—YUE JING QIAN QI ZONG HE ZHENG

Premenstrual syndrome (PMS) is characterized by symptoms occurring before, during, and after menstruation. The patient may feel distension and pain in the breasts, dizziness, sensation of heat throughout the body, headaches, body aches, vomiting, nosebleeds, skin rash, edema, loose stools, and emotional changes such as irritability, restlessness, and insomnia. Premenstrual syndrome is usually caused by disturbance of the seven emotions, which causes liver Qi stagnation. Long-term illness and loss of blood can cause liver and kidney Yin deficiency, although kidney deficiency may have its origins in genetic factors. Long-term digestive disorders can lead to Qi deficiency of the spleen and kidneys.

Western medicine refers to this condition as a hormonal imbalance, and nutritional and B-vitamin deficiency that lowers the threshold for stress.

Traditional Chinese Medicine Differential Diagnosis

1. **Liver Qi stagnation:** Distension and tenderness in the breasts, worse following menstrual cycle, the symptoms are reduced or disappear after menses, headache, irritability, restlessness, insomnia, red tongue with white or yellow coating, and wiry pulse.
2. **Yin and blood deficiency:** Disturbed sleep, palpitations, profuse or scanty flow, dizziness, body feels hot, heavy sensation, red tongue with thin coating, and a thready, rapid pulse.
3. **Spleen and kidney Yang deficiency:** Loose stools, fullness in the abdomen, low energy, edema, profuse menstruation, all the symptoms are worse before or during the menses, pale tongue with thin white coating, and a soft, slow pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Forehead
 Middle Line of Vertex
 Line 1 Lateral to Forehead
 Line 2 Lateral to Forehead
 Line 3 Lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion into the scalp from the anterior to posterior direction on the Middle Line of Vertex point, and insert the needle from the inferior to superior direction on the forehead area. Quickly push the needle into the subaponeurotic tissue layer. Use the false lifting technique in combination with the comprehensive sedation technique to manipulate the needles to elicit Qi. Ask the patient to breathe deeply or massage the hypochondrium area and lower abdomen. Continue to manipulate the needles for 1 to 3 minutes. Retain the needles for 30 minutes while manipulating the needles every 10 minutes. Treat the patient once daily, with 10 treatments to a course and 5 to 7 days of rest between courses. You can also treat the patient 3 to 7 days before the menstrual period.

Usually, the frontal area of the scalp will illicit greater needle sensation, so the practitioner can advise the patient to hold her breath when the practitioner is needling, to decrease the needle sensation.

2. JIAO SYSTEM

Points:

Reproductive Area
 Thoracic Cavity
 Foot Motor and Sensory Area
 Blood Vessel Dilation and Constriction Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert the needle at a 30-degree angle to the scalp and into the subaponeurotic tissue layer. Use the fast rotation and turning technique up to 200 times per minute, or use

the false lifting sedation technique to manipulate the needles. Manipulate the needles for 1 to 3 minutes. Retain the needles for 30 minutes while manipulating once every 10 minutes. Treat once daily, with 10 treatments to a course and 5 to 7 days of rest between courses.

Face Acupuncture

Points:

Liver
 Breast
 Uterus and Bladder
 Kidney

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Do not insert needles around scar tissue or pimples to prevent infection. Then insert the needle slowly at a perpendicular, oblique, or transverse angle. For the zygomatic and cheek areas use a perpendicular insertion. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Middle Triangular Fossa
 Endocrine
 Shen Men
 Sympathetic
 Subcortex
 Abdomen
 Uterus
 Ovary
 Liver
 Heart

2. EUROPEAN AURICULAR THERAPY

Points:

Uterus
 Ovary
 Endocrine
 Zero
 Sympathetic Autonomic
 Thalamus

Technique: For this condition, treat the patient 7 days before her menses. Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol

to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needles for 20 to 30 minutes. For patients with emotional changes such as irritability, restlessness, and insomnia, the practitioner should use spiritual, suggestive, and behavioral support to encourage the patient. For mood swings or unstable emotions and functional disorders, let the patient listen to therapeutic music with different rhythms that match the patient's condition.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Heart
Liver
Breasts
Zheng Yi
Zheng Er
Zi Bao
Spirit point

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Let the patient listen to therapeutic music with different rhythms that match the patient's condition. This is used for mood swings or unstable emotions and functional disorders. Retain the

needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Back Shu Acupuncture

Points:

UB 14 (Jue Yin Shu)
UB 15 (Xin Shu)
UB 18 (Gan Shu)
UB 20 (Pi Shu)
UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle at an oblique angle on the upper and middle back and a perpendicular angle on lower back. Push the needle in to a depth of 0.5 to 1.2 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course. Combine the use of Back Shu points with Front Mu points and Yuan source points, to treat conditions such as palpitations, irritability, and insomnia.

Abdominal Acupuncture

Points:

Ba Gua Zhen

Technique: Choose 32 to 34 gauge filiform needles and select the insertion area from north, south, east, west, northeast, northwest, southeast, and southwest. Each needle has 45 degrees between and use an oblique insertion toward the umbilicus or use a needle from the umbilicus and insert toward the outside. Gently manipulate the needles and use the waiting Qi, moving Qi, and increase Qi techniques. Retain the needles for 30 minutes.

Caution: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels.

Summary

PMS is a common clinical syndrome and is effectively treated with micro-acupuncture, especially using ear acupuncture and back Shu acupuncture. Ear acupuncture applied with subcutaneous needles that are retained for several days in the ear significantly improves the treatment. It is important to use this technique in combination with herbal therapy and macro-acupuncture as well. Back Shu acupuncture may be used to treat patients with dizziness, fullness of the chest, and tenderness of the breast. The patient should also be instructed to change her diet by eating less salty and fatty foods and by discontinuing smoking, alcohol, coffee, and strong tea. Achieving a positive emotional state may help the patient relieve her PMS symptoms.

UTERINE BLEEDING—BENG LOU

Uterine bleeding, known in Chinese as “Beng Lou,” refers to either a profuse or scanty amount of blood that is discharged

from the vagina during or beyond the regular menstrual flow. “Beng” means a sudden onset of profuse bleeding. “Lou” means a gradual onset of lingering and scanty bleeding. Clinically, they are usually seen as alternating manifestations. Uterine bleeding can result from excessive consumption of spicy foods, genetic factors, long-term overwork, emotional disturbance, catching heat or cold pathogens, long-term illness, loss of blood, or surgery. Each of these factors can cause spleen, liver, and kidney deficiency, blood heat, blood cold, and blood stasis, which leads to damage of the Chong and Ren meridians, finally resulting in uterine bleeding.

Western medicine refers to this condition as dysfunctional uterine bleeding. It is normally caused by anovulation or irregular ovulation and is most common immediately after menarche or before menopause. Other conditions with uterine bleeding include hemopathy, dysfunction of the ovaries, and uterine fibroids.

Traditional Chinese Medicine Differential Diagnosis

1. Blood heat:

- A. **Deficiency blood heat:** Uterine bleeding that can be profuse or scanty bleeding with a deep red blood flow that is thick in quality in combination with irritability, hot flashes, yellow scanty urination, constipation, red tongue with thick yellow coating, and thin, fast pulse.
 - B. **Excess blood heat:** Uterine bleeding with sudden bleeding that is a profuse or scanty amount with a deep, dark red color and a thick quality. There is also thirst, feels hot, fever, yellow urination, constipation, red tongue with a yellow coating or a yellow sticky coating, and a flooding, fast pulse.
2. **Kidney Yang deficiency:** Uterine bleeding with profuse bleeding or lingering spotting with a pale color and watery blood, aversion to cold, cold feet and hands, pale face, combined with low back soreness, weakness of the legs, profuse and clear urination, pale tongue with white coating, and deep, thin pulse.
 3. **Kidney Yin deficiency:** Uterine bleeding irregularly with lingering spotting or profuse bleeding with a fresh red color and a somewhat thick quality in combination with dizziness, tinnitus, low back soreness, leg weakness, irritability, red tongue with little coating, and a thin, fast pulse.
 4. **Spleen Qi deficiency:** Uterine bleeding with a light color of blood and a watery quality in combination with shortness of breath, low energy, pale face, facial or leg swelling, cold hands or feet, poor appetite, pale tongue with thin, white coating, and a weak or deep pulse.
 5. **Blood stasis:** Uterine bleeding with lingering spotting and no bleeding for a long time followed by sudden, profuse bleeding with deep, dark blood and clots. Also, lower abdominal pain or distending pain, dark red tongue with dark spots and white coating, and a choppy pulse.

Important Points for Diagnosis and Treatment

The foundation for diagnosis should be based on color, amount, and quality of the blood in combination with tongue, pulse, and duration of the disease, such as long-term or short-term illness. The diagnosis should also differentiate between deficiency, excess, cold, and heat. In general, uterine bleeding is more deficiency and less excess, more heat and less cold. Uterine bleeding has a more profuse amount and less lingering and scanty amount of bleeding, or alternating. Sometimes the patient thinks menstruation has stopped, but then she suddenly has bleeding. Normally long-term profuse bleeding is more deficiency, long-term lingering and scanty bleeding is more of a blood stasis pattern. The patient's age should also be considered. If the patient has uterine bleeding during her teenage years, it is mostly caused by weakness of the kidney from a genetic weakness. If the patient has uterine bleeding in her adult years, it is usually caused by liver stagnation and blood heat. If the patient has uterine bleeding during menopause, it is more likely liver and kidney deficiency or spleen Qi deficiency.

The treatment principle for uterine bleeding is based on stopping bleeding for acute conditions and long-term care for chronic bleeding. There are three treatment principles:

1. Stop bleeding. Usually stabilize or tonify Qi to hold blood or clear heat to stop bleeding.
2. Treat the cause. Usually, once the bleeding is stopped, the focus is on treating the original cause; however, do not use strong stimulation or take overly cold or overly warm tonifying herbs.
3. Harmonize organs and balance Yin and Yang, for example, tonify the kidneys, smooth the liver, and tonify the spleen.

Basically, for the patient in her teenage years, focus more on tonifying the kidneys and benefiting the Chong and Ren. For the patient in her adult years, focus more on moving the liver and harmonizing the Chong and Ren. For the patient during menopause, focus more on nourishing the kidneys, smoothing the liver, tonifying the spleen, and stabilizing the Chong and Ren.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Line 3 Lateral to Forehead

Middle Line of Vertex

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion into the scalp and quickly push the needle into the subaponeurotic tissue layer. Use the false lifting technique for excess conditions and the false thrusting technique for deficiency conditions. Use in combination with the comprehensive tonification and sedation technique depending on the condition. Treat once daily with 10 treatments to a course. Usually the patient will need two or three courses.

2. JIAO SYSTEM

Points:

Blood Vessel Dilation and Constriction Area
Reproductive Area Plus macro-system points Sp 6 (San Yin Jiao), Sp 10 (Xue Hai), and St 36 (Zu San Li)

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Quickly insert the needle at a 30-degree angle to the scalp and push into the subaponeurotic tissue layer. Use the fast rotation and turning technique up to 200 times per minute. Retain the needles for 30 to 60 minutes while manipulating once on the scalp during the retention. Ask patient to take deep breaths and hold it when inhaling, and hold and release the perineum while retaining the needles. For patients with severe uterine bleeding, push the needles into the scalp without manipulation.

3. FANG SYSTEM

Points:

Lower Jiao of Prone Organ
Low Back Area of Prone Imaging

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Quickly insert the needles at a perpendicular angle to a depth of 2.0 to 3.0 fen until the needle reaches the periosteum. Use the gentle rotation and turning technique until the patient feels Qi. Retain the needles for 1 to 2 hours. Ask the patient to relax and concentrate on the lower abdominal area. If necessary, insert needles on St 36 (Zu San Li) and Sp 1 (Yin Bai).

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Internal Genitals
Subcortex
Endocrine
Kidney
Liver
Spleen
Ear Center
Adrenal
Central Rim
Combine with macro-acupuncture points: Du 20 (Bai Hui), Ren 6 (Qi Hai), St 36 (Zu San Li), Sp 1 (Yin Bai)

2. EUROPEAN AURICULAR THERAPY

Points:

Uterus
Ovary
Endocrine
Zero
Sympathetic Autonomic
Thalamus

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points

from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses. Some patients may be sensitive to the adhesive, so a hypoallergenic tape should be used.

Eye Acupuncture

Points:

Lower Jiao of area 8

Technique: Use 30 to 34 gauge, 0.5 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the edge orbital margin insertion technique with transverse insertion to the subcutaneous tissue. This technique requires shallow insertion. The insertion point should be about 2.0 mm from the orbital margin. There is limited distance of insertion to avoid needling into another area. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball over the hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

For patients with thick eyelids or those who have a blue-green color on the eyelids due to numerous veins distributed on the eyelid, avoid eye acupuncture or use a gentle, shallow insertion, applying proper pressure afterward to avoid bruising around the eye.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Kidney

Genitals

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Ask patient to hold their breathing and hold the perineum area for a while. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Fast Spot Pricking Technique: Use 32 to 34 gauge, 0.5 cun long filiform needles. Quickly prick the point. The nose area has less muscles and skin; therefore it is very sensitive, so needle insertion should be shallow and gentle.

Lower Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Kidney point and insert the needle downward along the nasal septum at about a 60-degree angle, until you reach the bone and Qi arrives. Then gently lift the needle back to the subcutaneous layer and redirect the needle tip to the anterior wall of the ala nasi on both sides of the face until you elicit Qi. Last, bring the needle back to the Kidney point and retain it for 30 minutes to 5 hours. If the patient notices a muscular contraction in the lower abdomen, the treatment will usually have better results.

Philtrum Acupuncture

Points:

Philtrum 6

Philtrum 7

Philtrum 8

Technique: Select one point from the list. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion or angle the needle upward. Insert the needle to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. Ask the patient to breathe from her abdomen and hold and release the perineum. It is also helpful to combine philtrum acupuncture with macro-acupuncture points such as Du 20 (Bai Hui), St 36 (Zu San Li), and SP 1 (Yin Bai) if necessary.

Tongue Acupuncture

Points:

Spleen

Liver

Kidney

Yin Xue

San Jiao

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to stick her tongue out if needles are to be inserted on the surface of the tongue. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. The Qi sensation of tongue acupuncture usually appears as a sore, distended sensation. Retain the needles for about 5 minutes. Alternatively, use a three-edge needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use a fast insertion on the local point to a depth of 0.5 to 1.2 cun. Tongue acupuncture in combination with macro-acupuncture points can increase treatment results.

Back Shu Acupuncture

Points:

UB 15 (Xin Shu)

UB 18 (Gan Shu)

UB 22 (San Jiao Shu)

UB 23 (Shen Shu)

Combine with Du 20 (Bai Hui)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle on the upper and middle back and a perpendicular angle on the lower back area. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Jia Ji Acupuncture

Points:

Sacral Jia Ji Points plus Du 20 (Bai Hui)

Technique: Use a 30 to 34 gauge, 1.0 to 1.5 cun long filiform needle. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needle perpendicularly to a depth of 0.5 to 1.2 cun on the Jia Ji points. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Perineum

Kidney

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum.

Use pushing, lifting, thrusting, and rotating methods of stimulation. Ask the patient to breathe from her abdomen and hold and release her perineum, which increases the energy flow and helps enhance acupuncture treatment results. It is also helpful to combine with macro-acupuncture points Du 20 (Bai Hui), Sp 1 (Yin Bai), or other micro acupuncture systems if necessary. Retain the needles for 20 to 30 minutes.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release a few drops of blood. Treat the patient every other day, alternating treatment on both hands.

Bleeding techniques are an important method to open the pathways and should be used based on the patients' conditions. The best time to use bleeding to treat uterine bleeding is 1 to 4 days before menses to promote circulation, reduce pressure, and ensure that the blood stays inside the vessels.

2. KORYO HAND THERAPY

Points:

A 4, 5, 8, 12, 16; N 1, 9; J 7

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun long. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Moxibustion Therapy: Hold a moxa roll above the surface of the hand for a comfortable, warm, and moving sensation, or use direct moxa techniques. Seo Am moxa, which has adhesive tape underneath the moxa cone, can be used. Apply Seo Am moxa on A 4, 5, 8, 12, 16 hand points. Seo Am moxa is convenient because it adheres directly to the skin while the patient's hand may be treated in any position.

Foot Acupuncture

1. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Tong Li

Ran Hou

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash her feet before starting the treatment. Have the patient lie on her back with her legs stretched out and relaxed, or have the patient lie on her stomach with a small pillow underneath her ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use the lifting, thrusting, and rotation techniques to elicit Qi, and then retain the needle for about

20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Massage Technique: Use massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Summary

For women with uterine bleeding, the treatment is focused on stopping the bleeding. In general, choose Kidney points for patients in their teenage years or near menopause. Choose Liver points when a patient is an adult, in combination with Spleen 1 and Spleen 6. Use acupuncture combined with mild moxibustion. The treatment is normally 3 to 4 days before menstruation and continues until menstruation begins. For women with long-term uterine bleeding use intradermal needles, which provide long-term stimulation. Micro-acupuncture systems, ear, hand, foot, abdominal, and back Shu acupuncture have better results. For patients with long-term uterine bleeding, use herbs in combination with acupuncture and focus on food nutrition by encouraging the patient to eat more protein-, vitamin-, and mineral-rich foods while avoiding acidic and spicy foods, smoking, alcohol, and excessive physical activity. Concentrate on rest, relaxation, and keeping emotional stability throughout the treatment.

ABNORMAL VAGINAL DISCHARGE— DAI XIA

Abnormal vaginal discharge, known in Chinese medicine as “Dai Xia,” refers to an excessive amount of vaginal discharge with an abnormal color, quality, and odor accompanied by soreness of the low back, weakness of the legs, and a bearing down and distended feeling in the lower abdomen. If a woman is healthy, she will have a good foundation of kidney Qi and spleen Qi and the Ren and Dai meridians will be balanced. In a healthy condition, the woman will have scanty vaginal discharge that is white in color, has no odor, and is not accompanied by any other symptoms. The normal discharge is mostly noticed at the middle of the cycle, just before or after menstruation, during pregnancy, and after intercourse. Abnormal vaginal discharge is dampness affecting the Ren and Dai meridians causing the Dai meridian to lose control and the Ren meridian to become unable to stabilize. There are two kinds of dampness: external dampness and internal dampness. External dampness refers to catching an external damp pathogen, and internal dampness refers to an internal organ imbalance, such as a spleen and kidney dysfunction producing dampness.

Western medicine refers to abnormal vaginal discharge as mycosis, trichomonas vaginitis, senile vaginitis, pelvic inflammation, cervical cancer, vaginal cancer, or other sexually transmitted diseases.

Traditional Chinese Medicine Differential Diagnosis

1. **Spleen deficiency:** Discharge that is white or slightly yellow in color without a fetid odor, pale or yellow face, cold body, low energy, poor appetite, loose stools, foot edema, a pale tongue with a white, sticky coating, and a soft, weak pulse.
2. **Kidney deficiency:**
 - A. **Kidney Yang deficiency:** Clear, white, and thin vaginal discharge that is profuse, low back soreness, a cold sensation in the lower abdomen, frequent urination that is clear and has a light odor especially at night, diarrhea, pale tongue with thin, white coating, and a deep, slow pulse.
 - B. **Kidney Yin deficiency:** Reddish white and slightly sticky vaginal discharge without fetid smell, burning and warm sensation in the genitalia, dizziness, headaches, hot flashes, night sweats, insomnia, disturbing dreams, constipation, yellow urination, red tongue with little coating, and a thin, fast pulse.
3. **Dampness:**
 - A. **Damp heat:** Profuse sticky vaginal discharge that is yellow or yellowish white in color with a fetid smell, stickiness in the mouth, poor appetite, lower abdominal pain, itchy genitalia, yellow, scanty urination, thick and sticky tongue coating, and a soft, slightly rapid pulse.
 - B. **Toxic heat:** Profuse sticky vaginal discharge that is yellow, yellowish, or with blood and a fetid smell, lower abdominal pain, fever, dry mouth, dizziness especially in the afternoon, dry stools, yellow scanty urination, red tongue, dry yellowish coating, and a fast pulse.

Important Points for Diagnosis and Treatment

1. A patient with abnormal eating habits, overwork, overstress, sadness, and liver Qi stagnation overacting on the spleen will cause a dysfunction in the spleen's transformative ability. The essence is unable to transform into blood; instead it forms dampness in the lower Jiao and damages the Ren Mai and Dai Mai, resulting in abnormal vaginal discharge.
2. A patient with kidney deficiency from a genetic deficiency, multiple births, excessive sexual activity, or overwork will cause kidney deficiency and the kidney will be unable to hold kidney essence. The body fluids will then become loose and slip down to become an abnormal vaginal discharge.
3. Abnormal vaginal discharge can be caused by a uterus deficiency condition during menses or after giving birth. The patient can easily catch a pathogen such as wind, heat, or damp from living in a damp area or damp invading the body after surgery, and then it accumulates and transfers into heat. All of these pathogens damage the Ren and Dai meridians, causing an abnormal vaginal discharge.
4. Liver meridian damp heat or damp toxin accumulation that damages the blood vessels can cause an abnormal vaginal discharge with a red, bloody discharge.

It is necessary to distinguish the amount, color, quality, and odor of the vaginal discharge. In general, sticky and thick

vaginal discharge that is yellow, red, gray, or green in color and has a fetid smell indicates excessive heat. A vaginal discharge that is white in color with little odor suggests deficiency and cold. However, systemic signs and symptoms, as well as a history of illness, must also be considered before establishing a diagnosis.

The treatment principle for abnormal vaginal discharge is based on working on the spleen, kidney, Dai, and Chong meridians, and dampness and heat. For patients who have damp heat, clear heat and drain dampness. For patients with spleen and kidney deficiency, tonify the spleen and benefit the kidneys. When treating the spleen, focus on raising Qi or promoting dryness. When treating the kidney, tonify but do not astringe. Combine herbs with the acupuncture treatments, if appropriate.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Line 2 Lateral to Forehead

Line 3 Lateral to Forehead

Middle Line of Vertex

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion into the subaponeurotic tissue layer. Use the false lifting technique or the false thrusting technique for patients with an excess or deficiency condition, in combination with the comprehensive tonification or sedation techniques. For patients with spleen and kidney deficiency, use moxibustion with gentle warming on the Middle Line of Vertex point. Apply TDP lamp or moxibustion on the abdominal area of the body, and retain the needles for 20 to 30 minutes.

2. JIAO SYSTEM

Points:

Liver and Gallbladder Area

Reproduction Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use a 30-degree angle of insertion and quickly push the needle into the subaponeurotic tissue layer. Use the fast rotation technique up to 200 times per minute. Manipulate the needle with false lifting or false thrusting for patients with an excess or deficiency condition, in combination with the comprehensive tonification or sedation techniques. Retain the needles for 20 to 40 minutes. Treat patient once daily with 10 treatments to a course.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Ovary

Shen Men

Endocrine

Spleen

San Jiao
Small Intestine
Kidney
Abdomen
Internal Genitals

Combine with macro-acupuncture points: Du 20 (Bai Hui), Ren 6 (Qi Hai), and Sp 9 (Yin Ling Quan) for deficient patients.

2. EUROPEAN AURICULAR THERAPY

Points:

Vagina
Ovary
Uterus
Zero
Endocrine
Abdomen

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate. For spleen and kidney deficiency patients, use a TDP lamp, moxibustion, or ask the patient to breathe deeply and hold and release the perineum while the needles are retained. Heating pads increase local vessel expansion to improve blood circulation, and are used for deficient cold conditions. Retain the needles for 20 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses. Strictly follow clean needle technique at all times. Completely clean the auricular surface before needling in order to prevent

infection. Do not treat the ear if the patient has ulcers, broken skin, or skin lesions on the ear.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Kidney
Genitals

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Ask the patient to breathe from her abdomen and hold and release the perineum. For deficiency patients, use TDP lamp or moxibustion on the abdomen and retain the needles for 30 minutes while manipulating the needles slowly and gently every 10 minutes.

Lower Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Kidney point and insert the needle downward along the nasal septum at about a 60-degree angle, until you reach the bone and Qi arrives. Then gently lift the needle back to the subcutaneous layer and redirect the needle tip to the anterior wall of the ala nasi on both sides of the face until you elicit Qi. Last, bring the needle back to the Kidney point and retain for 30 minutes to 5 hours. If the patient notices a warm sensation in the lower abdomen, the treatment will usually have better results.

Philtrum Acupuncture

Points:

Philtrum 6
Philtrum 7
Philtrum 8

Technique: Select one point from the list. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion or angle the needle upward. Insert the needle to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Back Shu Acupuncture

Points:

UB 18 (Gan Shu)
UB 20 (Pi Shu)
UB 22 (San Jiao Shu)
UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle at an oblique angle on the upper and middle back and a perpendicular angle on the lower back. Push the needle in to a depth of 0.5 to 1.2 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Apply moxibustion and TDP lamp for a deficiency condition. Treat the patient every other day with 10 treatments to a course.

Abdominal Acupuncture

Points:

Leading energy back to the source combination plus Middle Jiao insertion: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), Ren 4 (Guan Yuan), Stomach 25 (Tian Shu), and Spleen 15 (Da Heng)

Technique: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly to the sky, person, and earth layers to the depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the lower abdomen. Follow with the waiting for Qi, moving Qi and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Perineum
Spleen

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Reproductive Organ Point
Liver Spot
San Jiao Point
Bladder Point

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for up to 20 to 30 minutes. Moxibustion Therapy: Hold a moxa roll above the surface of the hand for a comfortable, warm, and moving sensation, or use direct moxa techniques. Work on the San Jiao and Bladder points. Apply a little garlic juice or massage oil to

the skin to help the moxa cone stay in place. Use rice cone moxa for up to 2 to 3 Zhuangs during the treatment. Seo Am moxa, which has adhesive tape underneath the moxa cone, can also be used. Seo Am moxa is convenient because it adheres directly to the skin while the patient's hand is in any position.

Foot Acupuncture

FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Yin Chi
Yin Yang

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash her feet before starting the treatment. Have the patient lie on her back with her legs stretched out and relaxed, or have the patient lie on her stomach with a small pillow underneath her ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use the lifting, thrusting, and rotation techniques to elicit Qi, and apply a TDP lamp or moxibustion on the abdomen then retain the needles for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a resting period of 3 to 5 days between courses. Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with her feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient. Massage Technique: Use massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Wrist and Ankle Acupuncture

Points:

Lower 1

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply into the muscle layer. If this occurs, the needle needs to be relocated to the

subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive activity methods, including Tui Na, Qi Gong, moxibustion, and abdominal breathing techniques while retaining the needles. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Abnormal vaginal discharge treated with acupuncture therapy or micro-acupuncture therapy has good results. For micro-acupuncture therapy, ear, nose, philtrum, back Shu, abdominal, hand, and foot acupuncture have better results. Moxibustion is important to use in combination with micro-acupuncture therapy, especially on the ear, foot, abdominal, and back Shu systems. Using herbs in combination with micro-acupuncture therapy will also have good results. Instruct the patients to avoid greasy, spicy, and hard-to-digest foods and to keep the external genitalia clean. For some kinds of abnormal vaginal discharge that are bloody, yellow, or have a strong odor, the patient should be recommended to get a routine gynecological examination. Sometimes it is necessary for both the woman and her partner to get an examination and receive treatment together.

MENOPAUSAL SYNDROME—JUE JING QIAN HOU ZHU ZHENG

Menopausal syndrome occurs in woman around 50 years of age, before, during, or after menopause. Menopause itself is a normal physiological change for women and should not be regarded as a disease. However, due to constitutional changes, living environment, and lifestyle, some women's bodies are not suited for this physiological period of time.

Patients with menopausal syndrome often experience such symptoms as irregular menstruation, tinnitus, dizziness, abnormal perspiration, palpitations, insomnia, emotional irritability or depression, hot flashes, edema of the lower legs or face, poor appetite, diarrhea, lumbar soreness, and weakness of the knees. Most of the clinical manifestations result directly from kidney Qi, Chong, and Ren meridian deficiencies and strongly correlate to subsequent pathological changes of the heart, liver, and spleen. A constitutional insufficiency of Yin, excessive or long-term loss of blood, multiple births, excessive sexual activity, and excessive consumption of cold or spicy foods can lead to an eventual imbalance of Yin and Yang and the Zang Fu.

Western medicine refers to this condition as a decrease in ovarian function, which causes the woman to have a hormonal imbalance. There is decreased estrogen and progesterone circulation, which results in neurohormonal changes.

Traditional Chinese Medicine Differential Diagnosis

1. **Kidney Yin deficiency:** Dizziness, tinnitus, hot flashes, abnormal perspiration, irritability, soreness of the lumbar area and knees, irregular menses, bright red color, excess or smaller amount, dry skin, itching, dry mouth, constipation, scanty or yellow urination, red tongue, and a thin, fast pulse.
2. **Kidney Yang deficiency:** Pale or dark-colored face, low energy, cold hands and feet, soreness of the lumbar area and knees, poor appetite, bloating, diarrhea, excessive menstrual flow, pale or dark blood with clots, swollen hands and feet, frequent night urination or incontinence, leukorrhea with a clear, thin quality, pale tongue with tooth marks and a thin, pale coating, and a deep, thin, weak pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Vertex

Line 3 Lateral to Forehead

Line 1 Lateral to Forehead—Palpitations, insomnia, and forgetfulness

Line 2 Lateral to Forehead—Weight gain

Upper-Lateral Line of Occiput—Dizziness and vertigo

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion into the scalp. On the Middle Line of Vertex point, insert the needle from the posterior to the anterior direction. Once the needle is in the subaponeurotic tissue layer, use the false lifting and the false thrusting technique. Manipulate the needles for 30 to 60 seconds. During the needle manipulation, ask the patient to do self-massage. When inserting on the Middle Line of Vertex and Line 1 Lateral to Forehead points, the patient should relax her entire body, use abdominal breathing, and concentrate on Ren 6 (Qi Hai) and Ren 4 (Guan Yuan). When inserting on the Line 2 Lateral to Forehead point, massage the patient's hypochondrium area. When inserting on the Line 3 Lateral to Forehead point, massage the patient's lumbar and sacral area or the lower abdomen. When inserting on the Upper-Lateral Line of Occiput point, massage around the eyes. You can also use special square insertion on Si Shen Chong points for patients with insomnia. Retain the needles for 30 minutes with no manipulation during the retention, but encourage the patient to relax. Treat once every other day with 10 to 12 treatments to a course. If the patient feels improvement after one or two courses of treatment, treat once per week for 3 to 4 weeks.

2. JIAO SYSTEM

Points:

Foot Motor and Sensory Area
Reproduction Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use a 30-degree angle of insertion and quickly push the needle into the subaponeurotic tissue layer. Use the fast rotation technique 150 to 200 times per minute, and continuously stimulate each area for 30 to 60 seconds. Retain the needles for 30 minutes with no manipulation during the retention.

3. TANG SYSTEM

Points:

Quiet Line
Heart Area
Urogenital Area
Lower Triangle

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle perpendicularly or obliquely to a depth of 2.0 to 3.0 fen. Perform the lifting and thrusting techniques until the patient feels Qi. Retain the needles for up to 2 hours with no manipulation during the retention. The treatment will have a better result if the patient is able to relax during the entire treatment.

4. EXPERIMENTAL SCALP ACUPUNCTURE

Points:

Spirit-Emotion Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use a transverse insertion into the scalp, and leave the needle with no manipulation. Ask the patient to relax and concentrate on the lower abdomen.

Some patients are overly sensitive on the scalp. Even if no type of manipulation is used, the patient can still feel local scalp pain. In this condition, scalp acupuncture is not recommended.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Internal Genitals
Endocrine
Subcortex
Central Rim
Liver
Kidney
Ovary

Supplemental Points:

Palpitations—Heart, External Ear
Insomnia—Shen Men
Irritable—Anterior Ear Lobe
Night sweats—Sympathetic, Bleeding on Helix 6
Edema—Spleen, San Jiao

2. EUROPEAN AURICULAR THERAPY

Points:

Ovary
Uterus
Endocrine

Zero

Sympathetic Autonomic

Antidepressant

Anterior Pituitary

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Whole ear massage, lifting and stretching the earlobe, general massage, and metal stylus massage can be used for menopausal syndrome with headache, neurasthenia, and hypertension.

Eye Acupuncture

Points:

Kidney of Area 1
Liver of Area 4
Spleen of Area 7
Lower Jiao of Area 8

Technique: Use 30 to 34 gauge, 0.5 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the edge orbital margin insertion technique with transverse insertion to the subcutaneous tissue. This technique requires shallow insertion. The insertion point should be about 2.0 mm from the orbital margin.

There is limited distance to insertion to avoid going over to another area. If patient experiences tearing, aversion to light, a numbness sensation around the eye, or eyelid twitching, this usually indicates better results. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball to the hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

Neck Acupuncture

Points:

St 9 (Ren Ying)

St 10 (Shui Tu)

St 11 (Qi She)

Technique: Use group needle stimulation techniques, or, in other words, traditional ancient techniques (the “Yang Ci” technique). The practitioner can also use a cutaneous needle such as a seven star needle. This technique involves multiple needles inserted closely together at one point. Choose 0.5 cun long, 30 to 34 gauge filiform needles. Hold several needles together and insert them at the same time in one point or insert them one by one closely together on one point. Insert to a depth of 0.2 to 0.3 cun and gently use lifting and thrusting techniques to stimulate the area until the skin turns pink-red in a circle around the needles. Ask the patient to breathe deeply. Retain the needles for 30 to 60 minutes.

Back Shu Acupuncture

Points:

UB 14 (Jue Yin Shu)

UB 15 (Xin Shu)

UB 18 (Gan Shu)

UB 20 (Pi Shu)

UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle at an oblique angle on the upper and middle back and a perpendicular angle on the lower back. Push the needle in to a depth of 0.5 to 1.2 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course. Combine the use of back Shu points with Front Mu points and Yuan source points of the heart, liver, and kidneys, to treat conditions such as palpitations, hot flashes, night sweats, mood swings or unstable emotions and insomnia. The practitioner also can insert the needle and elicit Qi and lead the patient through a guided meditation.

Abdominal Acupuncture

Points:

Ba Gua Zhen

Technique: The Ba Gua technique divides the abdominal area into eight sections. Each section indicates one organ disease.

This system is based on the post heaven Ba Gua. Choose 32 to 34 gauge filiform needles and select the insertion area from north, south, east, west, northeast, northwest, southeast, and southwest. Each needle has 45 degrees between and use an oblique insertion toward the umbilicus or use a needle from the umbilicus and insert outward. Gently manipulate the needles and use the waiting Qi, moving Qi, and increasing Qi technique. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Liver

Kidney

Heart

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for up to 20 to 30 minutes.

2. KORYO HAND THERAPY

Points:

A 3, 5, 6, 8, 12, 16; J 5; E 38; C 9; D 11

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun long. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Wrist and Ankle Acupuncture

Points:

Upper 1

Lower 1

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. There are a

number of vessels under the subcutaneous tissues. When inserting the needles, it is important to avoid needling into the vessels. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive activity methods, including Tui Na, Qi Gong, moxibustion, cupping, and breathing techniques while retaining the needles. There are 10 treatments to a course. Rapidly withdraw the needles and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Micro-acupuncture is an effective treatment for menopausal syndrome. Scalp, ear, and back Shu acupuncture have the best results. In general, for deficient patients with excess symptoms such as fever, irritability, sweating, and hot flashes, you can use filiform needles sometimes in combination with subcutaneous and use ear and hand acupuncture for a sedating treatment. If the patient has a deficiency condition, such as low energy, pale, weakness of the low back and knees, and a weak pulse, you can use filiform needles with warming needles and moxibustion for a tonifying treatment. The patient's constitution and environment have a close relationship with menopausal syndrome, and she should maintain positive emotions and a healthy lifestyle during acupuncture treatment. Micro-acupuncture can also be used in combination with macro-acupuncture for enhanced results. Sometimes it is necessary for a patient to take herbs or other alternative herbal or drug therapies.

UTERINE CYSTS—ZHENG JIA

The occurrence of uterine cysts, known in Chinese medicine as “Zheng Jia,” is a condition in which a woman has lower abdominal masses in combination with pain, fullness, distension, or bleeding. “Zheng” refers to a hard and immovable mass with fixed pain. “Jia” refers to a movable mass with pain that is not fixed in one location. Zheng mostly refers to the blood-level disease, and Jia mostly refers to the Qi-level disorder. Zheng Jia is mostly associated with the patient who has a true Qi deficiency, Qi and blood disharmony causing Qi and blood stasis, or damp-phlegm obstruction. Disturbance or imbalance of the seven emotions, catching a cold pathogen during menses or after childbirth, and long-term illness can cause liver Qi stagnation and spleen and kidney deficiency that lead to Qi and blood stasis and phlegm accumulation, resulting in the formation of uterine cysts.

Western medicine refers to this condition as uterine fibroids, ovarian cysts, and endometriosis.

Traditional Chinese Medicine Differential Diagnosis

1. **Qi stagnation:** Lower abdominal fullness and a soft, movable cyst, pain that moves around, a pale tongue with white, thick, moist coating, and a deep and wiry pulse.
2. **Blood stasis:** Lower abdominal pain and a cyst that is hard, large, and unable to move, pain with pressure, dark face, dry skin, profuse or delayed menstruation, dry mouth with no desire to drink, black dots on the side of the tongue, and a deep, choppy pulse.
3. **Damp-phlegm:** Lower abdominal pain, cyst, pain that comes and goes, pain with pressure, profuse vaginal discharge that is white and sticky, aversion to cold, fullness of the chest and abdomen, scanty urination, a swollen tongue with white sticky coating, the tongue can also be red or purple, and a thin, soft pulse or a deep, slippery pulse.

Important Points for Diagnosis and Treatment

The woman can present with lower abdominal cysts in combination with pain, distension, fullness, and excessive menstruation and vaginal discharge. In the clinic, very often you will see a patient who also has irregular menstruation, excess menstruation, or scanty menstruation, pain, amenorrhea, uterine bleeding, excessive vaginal discharge, miscarriage, premature delivery, and infertility.

In general, if the uterine cyst develops slowly and is soft when touched, this usually indicates a mild condition and one that can be treated. If the uterine cyst is in combination with pain and long-term bleeding, vaginal discharge that is bloody, gray, and yellow with an odor, weight loss, and a dark face, this usually indicates a severe condition. It is necessary to make the right diagnosis to differentiate whether the patient has a Qi-level condition or a blood-level condition and a new disease or an old disease.

The treatment principle for Qi that was damaged is to move Qi in combination with regulating the blood. If the condition is in the blood, invigorate blood, break up congealed blood stasis, and move Qi. If the patient has a new condition and a strong constitution, use both principles of moving blood and breaking up stasis. If the patient has a long-term illness and a weak constitution, tonify and sedate in combination.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Line 3 Lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use a transverse insertion and quickly push the needle into the subaponeurotic tissue layer from the inferior to superior direction. Use the false lifting and comprehensive sedation techniques until the patient feels Qi on the scalp.

Ask the patient to perform abdominal breathing and contract the lower abdomen, or use your fingers to apply pressure on Ren 3 (Zhong Ji) and Ren 4 (Guan Yuan). Treat once daily with 10 treatments to a course, and then rest for 2 to 3 days and repeat another course.

2. JIAO SYSTEM

Points:

Reproduction Area

Technique: Use 30 to 34 gauge, 1.5 cun long filiform needles. Quickly insert the needle and push the needle into the subaponeurotic tissue layer. Use the fast rotation technique up to 200 times per minute. Then combine with the false lifting technique. Treat once daily with 10 treatments to a course, and rest for 2 to 3 days between courses.

3. ZHU SYSTEM

Points:

Frontal Vertex Zone 4

Frontal Zone 2

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use oblique insertion along the zone and push the needle into the subaponeurotic tissue layer. Use lifting, thrusting, turning, and rotation techniques until the patient feels Qi. Use in combination with the false lifting technique until the patient feels a strong sensation on the scalp. Treat once daily with 10 treatments to a course.

4. TANG SYSTEM

Points:

Urogenital Area

Blood Line

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use oblique insertion to a depth of 2.0 to 3.0 fen. Use a lifting and thrusting technique until the patient feels Qi. Retain the needles for up to 2 hours while manipulating two or three times during the retention.

The active Qi treatment is a very important technique in scalp acupuncture. Insert a few needles on the sensitive scalp points then instruct the patient to perform active or passive activity movement of the targeted area. Such as massage, TDP lamp, moxibustion, deep breathing, and holding and releasing the perineum while retaining the needles. Abdominal breathing techniques increase the energy flow and enhance treatment results.

Face Acupuncture

Points:

Liver

Kidney

Breast

Uterus

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot.

Be sure to clean the area well before insertion. Then insert the needle slowly at a perpendicular, oblique, or transverse angle. For the zygomatic and cheek areas use a perpendicular insertion. Rotate the needles to elicit Qi. Ask the patient to breathe from her abdomen, which increases the energy flow and enhances treatment results. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Internal Genitals

Subcortex

Endocrine

Kidney

Liver

Spleen

Ear Center

Adrenal

Central Rim

Tumor 1, 2

2. EUROPEAN AURICULAR THERAPY

Points:

Uterus

Ovary

Endocrine

Zero

Sympathetic Autonomic

Thalamus

Technique: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate the points and lead the patient through a guided meditation. Retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected points. Use a dense-sparse wave. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear and in the puncturing hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Kidney
Genitals
Ovaries
Zi Bao
Zheng Yi
Zheng Er

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Ask the patient to breathe from her abdomen and hold and release the perineum. The patient may react with a warm, comfortable sensation or pain reducing in the lower abdomen. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Lower Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Kidney point and insert the needle downward along the nasal septum at about a 60-degree angle, until you reach the bone and Qi arrives. Then gently lift the needle back to the subcutaneous layer and redirect the needle tip to the anterior wall of the ala nasi on both sides of the face until you elicit Qi. Last, bring the needle back to the Kidney point and retain for 30 minutes to 5 hours. If the patient notices a warm sensation in the lower abdomen, the treatment will usually have better results.

If a point has scar tissue, it is best to avoid needling there to prevent bleeding and sharp pain.

Tongue Acupuncture

Points:

Spleen
Liver
Kidney
Yin Xue

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles.

Ask the patient to stick her tongue out of her mouth if needles are to be inserted on the surface of the tongue. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Apply moving moxibustion on the abdomen. Retain the needles for about 5 minutes. Alternatively, use a three-edge needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use a fast insertion on the point to a depth of 0.5 to 1.2 cun.

Back Shu Acupuncture

Points:

UB 20 (Pi Shu)
UB 23 (Shen Shu)

Use these points with the corresponding Front Mu and Yuan source points.

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle at an oblique angle on the mid-back and perpendicular angle at the lower back. Push the needle in to a depth of 0.5 to 1.2 cun. Use the rotation technique to elicit Qi. Then use sparrow-pecking or rotating moxibustion to work on the Shu points. This technique increases the energy flow and helps enhance acupuncture treatment results. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Abdominal Acupuncture

Points:

Heaven and Earth combination: Choose Ren 12 (Zhong Wan) and Ren 4 (Guan Yuan) with Ren 8 (Shen Que)

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly in the sky, person, and earth layers to a depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the abdomen, meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Nei Tai Chong
Uterus

2. FOOT NEW POINT THERAPY

Points:

9

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash her feet before starting the treatment.

Have the patient lie on her back with her legs stretched out and relaxed, or have the patient lie on her stomach with a small pillow underneath her ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi, and massage the patient's abdomen. Retain the needles for 20 to 30 minutes and manipulate every 5 to 10 minutes. Use 10 treatments to a course, with a resting period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Summary

Pathological changes of uterine cysts are Qi and blood stagnation and phlegm accumulation in association with organ weakness such as spleen, kidney, and liver. The San Jiao is involved with uterine stasis, so the treatment should focus on the primary cause. In general, for women with Qi stagnation or a new condition with small uterine cysts, use acupuncture and herbal therapy to control the growth or reduce the size of the cysts. Combination treatment with herbal therapy for this condition is important because uterine cysts are a long-term condition. Micro-acupuncture can be combined with macro-acupuncture, such as the Yuan source, Xi cleft, back Shu, and Front Mu points. For women with uterine cysts and longer menstrual periods, use the bleeding technique on an extremity, such as nose, tip of finger, or feet. Releasing a couple of drops of blood can sometimes help stop bleeding. Because uterine cysts are a chronic condition, micro-acupuncture can be beneficial. For example, using a point on the ear, face, or nose with subcutaneous needles can continue stimulation on the point for up to a few days. Foot acupuncture also has a strong stimulation for uterine cysts. Generally, focus on reducing the size of the cyst, but for patients with a longer menstrual period and excessive blood loss, focus on stopping the bleeding.

INFERTILITY—BU YUN

Infertility refers to the inability to conceive after 1 year of normal intercourse without the use of contraception, or to the inability to carry a pregnancy to term. There are two classifications of infertility: primary infertility and secondary infertility. Primary infertility refers to a patient who has no history of pregnancy. Secondary infertility is defined as a patient who has a history of pregnancy but presently cannot become pregnant or cannot carry a pregnancy to term. Infertility has a close relationship to the integrity of the kidneys, uterus, Chong and Ren meridians, Zang Fu, Qi, and blood.

Genetic kidney insufficiencies, malnutrition due to digestive disorders, excessive consumption of fatty foods, emotional imbalance, catching cold during menstruation or immediately following childbirth, surgery, or being overweight can lead to spleen dysfunction, liver Qi stagnation, kidney deficiency, blood deficiency, and blood stasis, resulting in infertility.

Western medicine refers to infertility as dysfunction of ovulation, endometriosis, salpingitis, uterine cysts, intrauterine adhesions, perisalpingitis, uterine fibroids, and immuno-infertility.

Traditional Chinese Medicine Differential Diagnosis

In general, a patient with a delayed first menstruation, or menses that are always delayed in combination with low back pain and soreness of the legs, usually has kidney deficiency. A patient with fullness of the chest, irritability, or depression usually has liver Qi stagnation. A patient who is overweight with spleen Qi deficiency signs usually has damp-phlegm. A patient with lower abdominal pain and scanty menstruation usually has blood stasis.

1. Kidney deficiency:

A. **Kidney Yang deficiency:** Inability to conceive after 1 year of intercourse without contraception or the inability to carry a pregnancy to term, menstruation always delayed, scanty flow, pale color, possible amenorrhea, pale or dark face, low back and leg soreness and weakness, frequent urination, loose stools, pale tongue with white coating, and a deep, thin pulse or a deep, slow pulse.

B. **Kidney Yin deficiency:** Inability to conceive after 1 year of intercourse without contraception or the inability to carry a pregnancy to term, menstruation always early, scanty flow, red color without clots, weight loss, low back and leg weakness and soreness, headaches, dizziness, blurred vision, palpitations, insomnia, irritability, dry mouth, afternoon fevers, night sweats, red tongue with little coating, and a thin, fast pulse.

2. **Liver Qi stagnation:** Inability to conceive after 1 year of intercourse without contraception or the inability to carry a pregnancy to term, menstruation always early, late, or erratic, abdominal pain while menstruating, scanty flow, less flow with dark clots, breast tenderness, depression, irritable before menses, normal tongue or slightly dark with white coating, and a wiry pulse.

3. **Damp-phlegm:** Inability to conceive after 1 year of intercourse without contraception or the inability to carry a pregnancy to term, overweight, always delayed menstruation or amenorrhea, profuse vaginal discharge that is sticky and thick with odor, pale face, swollen, headaches, palpitations, nausea, chest fullness, swollen tongue with white sticky coating, and a slippery pulse.
4. **Blood deficiency:** Inability to conceive after 1 year of intercourse without contraception or the inability to carry a pregnancy to term, warm body, spontaneous sweating, dizziness, headaches, palpitations, insomnia, numbness of the hands and feet, pink-red tongue with a thin coating, and a weak, slightly fast pulse.
5. **Blood stasis:** Inability to conceive after 1 year of intercourse without contraception or the inability to carry a pregnancy to term, delayed menstruation, scanty flow, dark blood with clots, dysmenorrhea, lower abdominal pain without menses that is worse with pressure, dark purple tongue with dark spots on the side of the tongue, and a thin, wiry pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Vertex

Line 3 Lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use a transverse insertion from the posterior to anterior direction on the Middle Line of Vertex point and from the superior to inferior direction on the Line 3 Lateral to Forehead point. Quickly push the needle into the subaponeurotic tissue layer. Use the false lifting or false thrusting technique for patients with an excess or deficiency condition, in combination with the comprehensive tonification or sedation technique. Ask the patient to relax and breathe from her abdomen. The practitioner can apply massage and moxibustion to the lower abdomen. Use your fingers to apply pressure to Ren 3 (Zhong Ji) and Ren 4 (Guan Yuan) during the needle manipulation on the scalp. Treat the patient once daily or every other day with 10 to 12 treatments to a course, and then rest 3 to 4 days and repeat the treatment.

2. JIAO SYSTEM

Points:

Liver and Gallbladder Area

Stomach Area

Reproduction Area

Technique: Use 30 to 34 gauge, 1.5 cun long filiform needles. Use a 30-degree angle of insertion and quickly push the needle into the subaponeurotic tissue layer. Use the fast rotation technique up to 200 times per minute. After the patient feels Qi, retain the needles for 30 minutes. Use your fingers to apply pressure to the lower abdomen around

Ren 3 (Zhong Ji), Ren 4 (Guan Yuan), and Zi Gong points. For infertility caused by Qi and blood deficiency or kidney deficiency, use moxibustion around the lower abdomen.

3. TANG SYSTEM

Points:

Blood Line

Urogenital Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use oblique insertion to a depth of 2.0 to 3.0 fen. Use lifting and thrusting techniques until the patient feels Qi on the scalp. Retain the needles for up to 2 hours, and ask the patient to relax during the retention of the needles.

Abdominal breathing is very important for infertility patients.

This technique increases energy flow and helps enhance treatment results. Patients who involve this procedure should practice 2 to 3 times a day at home to help the energy flow.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Ovary

Uterus

Endocrine

Subcortex

Central Rim

Liver

Kidney

Spleen

Stomach

Shen Men

External Genitals

Glands Mammary

2. EUROPEAN AURICULAR THERAPY

Points:

Ovary

Uterus

External Genitals

Sexual Compulsion

Endocrine

Abdomen

Anterior Pituitary

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and let the patient take

deep breaths and hold and release the perineum while retaining the needles. The patient may react with a warm, comfortable sensation, or muscular contraction in the lower abdomen. These reactions usually indicate a better result. Retain the needles for 20 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Eye Acupuncture

Points:

Kidney of Area 2

Lower Jiao of Area 8

Technique: Use 30 to 34 gauge, 0.5 cun long filiform needles.

Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use gentle insertion perpendicularly, obliquely, or transversely to the orbital margin to a depth of 2.0 to 3.0 fen in order to elicit Qi. Be sure not to insert over to another area. If the patient experiences muscle spasms in the four extremities, warm sensation in the abdomen and involuntary movement this usually indicates better results. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball over the hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Kidney

Genitals

Liver

Spleen

Ovaries

Zheng Yi

Zheng Er

Zi Bao

Chuang Xin

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Ask the patient to breathe from her abdomen and hold and release the perineum. The patient may react with a warm, comfortable sensation in the lower abdomen. Retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Philtrum Acupuncture

Points:

Philtrum 7

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with perpendicular insertion or angle the needle upward. Insert the needle to a depth of 0.5 to 0.8 cun. Use the gentle rotation technique. Ask patient to breathe from her abdomen and hold and release the perineum, which will increase the energy flow and enhance treatment results.

It is also helpful to combine philtrum acupuncture with macro-acupuncture points or other micro acupuncture systems if necessary.

Tongue Acupuncture

Points:

Lower Jiao

Yin Xue

Liver

Kidney

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to stick her tongue out if needles are to be inserted on the surface of the tongue. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Ask the patient to breathe from her abdomen and hold and release the perineum. Retain the needles for about 5 minutes. The tongue connects directly with the internal organs. Stimulation on the tongue can easily increase the body's physical reactions and achieves good results.

Back Shu Acupuncture

Points:

UB 18 (Gan Shu)

UB 20 (Pi Shu)

UB 22 (San Jiao Shu)

UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the

needle at an oblique angle on the upper and mid-back and a perpendicular angle on the lower back. Push the needle in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi. Apply moxibustion or TDP lamp on the lower back. Retain the needles for 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Abdominal Acupuncture

Points:

Eight precious insertion: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), Ren 4 (Guan Yuan), St 25 (Tian Shu), and Sp 15 (Da Heng)

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly to the sky, person, and earth layers to the depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Caution: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels.

Hand Acupuncture

1. NEW HAND ACUPUNCTURE THERAPY

Points:

Fu Ke Point
Xiao Tian Xin

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for 20 to 30 minutes. Treat the patient once a week with 10 treatments to a course.

2. KORYO HAND THERAPY

Points:

A 1, 3, 6, 7, 8, 12, 16; B 1, 3, 7; F 6; N 1; J 7

Moxa: A 1, 4, 6, 8, 12, 16; B 4

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun long. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted

with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Moxibustion Therapy: Hold a moxa roll above the surface of the hand on A 1, 4, 6, 8, 12, 16; B 4 points for a comfortable, warm, and moving sensation, or use direct moxa techniques. Apply a little garlic juice or massage oil to the skin to help the moxa cone stay in place. Use rice cone moxa for up to 2 to 3 Zhuangs during the treatment. Seo Am moxa, which has adhesive tape underneath the moxa cone, can also be used. Seo Am moxa is convenient because it adheres directly to the skin while the patient's hand is in any position.

Summary

Using micro-acupuncture for infertility has better results with patients who have dysfunctional infertility, such as dysfunctional ovulation. But for a case such as uterine cysts or structural disorders causing fallopian tube blockage, or uterine deformities, acupuncture is less effective. For infertility patients, in addition to the diagnosis of the different causes, also use different needle techniques for the best results. For patients with kidney deficiency or Qi and blood deficiency, use the tonifying technique, but for the damp-phlegm and blood stasis types, use the sedation technique. Micro-acupuncture therapy has better results with ear, hand, abdomen, and back Shu acupuncture. Hand acupuncture has better results for patients with blood stasis. Back Shu acupuncture has better results for the patients with blood deficiency and kidney conditions. Ear and abdominal acupuncture are effective for dysfunctional ovulation. Acupuncture for patients with a deformed uterus or a less developed uterus should be combined with herbal treatment.

MORNING SICKNESS—REN CHEN E ZU

A woman can have morning sickness during the early stages of pregnancy, mostly between 4 and 6 weeks of gestation and the first trimester. The patient may have dizziness, anorexia, poor appetite, nausea, and vomiting. Delayed treatment or carelessness may result in malnutrition. The manifestation of morning sickness is caused by an imbalance involving the Chong and Ren meridians and their impact on the middle Jiao, stomach Qi deficiency with an impaired ability to descend, spleen Qi deficiency causing the generation of phlegm, and liver Qi overacting on the stomach.

Western medicine refers to this condition as morning sickness with nausea and vomiting due to human chorionic gonadotropin and estrogen release.

Traditional Chinese Medicine Differential Diagnosis

1. Spleen and stomach deficiency: At the start of pregnancy the patient feels nausea and vomits, or vomits up clear food, no energy, likes to sleep, pale tongue with a white, moist coating, and soft, slippery pulse.
2. Disharmony of the liver and stomach: At the beginning of pregnancy the patient has nausea and vomiting of yellow bitter or acid fluid, belching, pain in the hypochondrium region, bitter taste in the mouth, headaches, dizziness, thirst, a light red tongue with yellow coating, and a wiry, slippery pulse.
3. Damp-phlegm obstruction: Early pregnancy vomiting or vomiting clear fluid that is worse after eating, fullness of the stomach, no appetite, no taste in the mouth, no desire to drink, no energy, likes to sleep a lot, a white, sticky tongue coating, and a slippery pulse.
4. Qi and Yin deficiency: Long-term, severe vomiting, rapid onset, sometimes vomiting blood or food with the blood, no energy, weakness of the legs, dry skin, dry mouth and thirst, vomiting right after drinking, scanty urination, red tongue with little coating and dryness, and a thin, slippery, weak pulse.

Micro-Acupuncture Therapy

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Middle Ear
Stomach
Shen Men
Sympathetic
Cardia Orifice
Subcortex
Mouth

2. EUROPEAN AURICULAR THERAPY

Points:

Stomach
Mouth
Esophagus
Cardia Orifice
Omega 2
Zero
Sympathetic Autonomic
Cerebellum

Technique:

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate the ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Pregnant women between 40 days and 3 months of gestation are not recommended for auricular therapy, especially filiform needles. If after 5 months the patient strongly needs treatment, light stimulation can be used, but be careful not to needle the Uterus point, Ovary point, or Endocrine point.

Neck Acupuncture

Points:

5 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun and then use lifting, thrusting, and rotation techniques. If using the rotation technique, you should use mild stimulation to elicit Qi. The needles are usually retained for 20 to 30 minutes.

Back Shu Acupuncture

Points:

UB 18 (Gan Shu)
UB 20 (Pi Shu)
UB 21 (Wei Shu)
UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle at an oblique angle on the upper and middle back and a perpendicular angle on the lower back. Push the needle in to a depth of 0.5 to 1.2 cun. Use the rotation technique to elicit Qi. Instruct the patient to perform a swallowing movement or take a few deep breaths to increase the treatment effects. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Summary

Morning sickness is a common symptom of early pregnancy. Acupuncture treatment has good results and no side effects. Use gentle insertion. Mostly use the tonification technique, and avoid causing uterine contractions. If the patient is vomiting heavily, in addition to acupuncture use intravenous (IV) fluids to prevent dehydration. Micro-acupuncture therapy has better results with ear and back Shu points, but should be used with great caution. During the treatment the patient should focus on nutrition and rest to avoid dehydration.

DYSFUNCTIONAL LABOR—NAN CHAN

Dysfunctional labor refers to the situation in which a woman is pregnant full term and difficulties arise after labor has begun, or the delivery period is longer than 24 hours. Dysfunctional labor is usually caused by weakness in the uterus, irregularities of the birth canal, irregularities of the fetus, and abnormal fetal position. In traditional Chinese medicine, a pregnant woman with physical weakness usually has dysfunctional labor, or during the delivery she is unable to produce the power required for successful delivery due to Qi and blood deficiency. If the pregnant woman is excessively nervous (due to inexperience or previous bad experiences), has an abnormal pregnancy, has lack of exercise causing Qi and blood stagnation, or catches cold pathogens that cause Qi stagnation, the end result can be a dysfunctional labor.

Western medicine refers to this condition as abnormal fetal presentation and position, inertia of the uterus, and fetopelvic disproportion.

Traditional Chinese Medicine Differential Diagnosis

1. Qi and blood deficiency: Abdominal pain during the delivery period, time between uterine contractions is short and duration of contraction is relatively long, delivery progresses slowly, the patient has bleeding, pale face, tired, weakness of the legs, palpitations, shortness of breath, pale tongue with thin, white coating, and a larger pulse but weak or deep.
2. Qi and blood stagnation: Severe abdominal or low back pain during delivery, strong uterine contractions but irregular rhythm, progresses slowly or dark red bleeding, scanty amount, dark, dull facial color, nervous, chest fullness, vomiting, dark red tongue with thin, white coating or sticky coating, and a wiry, deep, or fast pulse.

Important Points for Diagnosis and Treatment

Dysfunctional labor has deficiency and excess conditions. For the deficiency condition, the pregnant woman feels pain in the abdomen, but the weak and distending sensation is not strong. For the excess condition, the pregnant woman will feel severe pain that is constant and regular. In general, harmonize and smooth Qi and blood. For a deficiency condition, tonify and harmonize. For an excess condition, move and harmonize, such as nourish blood, benefit Qi, warm the channels, and invigorate blood.

Micro-Acupuncture Therapy

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Uterus
Sympathetic
Subcortex

Liver
Spleen
Kidney
Abdomen
External Genitals

2. EUROPEAN AURICULAR THERAPY

Points:

Uterus
Abdomen
Zero
Sympathetic Autonomic
Thalamus
Spleen
External Genitals

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the fast, strong rotation technique to stimulate, while also performing Tui Na, acupressure, massage, or manipulation on the abdomen. Retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Insert the filiform needles into the selected points. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Chuang Xin
Zheng Yi
Zheng Er
Zi Bao

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of

wanting to sneeze, or tearing of the eyes. Ask the patient to breathe from her abdomen and push downward while manipulating and retaining the needles. Retain the needles for 30 minutes, and manipulate strongly every 10 minutes during the retention.

Philtrum Acupuncture

Points:

Philtrum 6

Philtrum 7

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with a perpendicular insertion or angle the needle upward. Insert the needle to a depth of 0.5 to 0.8 cun. Use the strong rotation technique until the patient experience a sensation of wanting to sneeze, or tearing of the eyes. Ask the patient to breathe from her abdomen and push downward while manipulating and retaining the needles.

It is also helpful to combine philtrum acupuncture with macro-acupuncture points or other micro-acupuncture systems if necessary.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Du Yin Xue

2. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Quan

Zhu Xin Xue

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Ask the patient to wash her feet before starting the treatment. Have the patient lie on her back with her legs stretched out and relaxed, or have the patient lie on her stomach with a small pillow underneath her ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use the lifting, thrusting, and rotation techniques to elicit Qi, and pushing, massage the patients abdomen. Retain the needles for about 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes.

Massage Technique: Use massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Summary

Micro-acupuncture therapy is an effective treatment for patients with dysfunctional labor. It can increase contraction of the uterus and shorten the delivery process to a normal period of time. Micro-acupuncture treatment has better results with the

ear, nose, and foot micro-systems, especially the Du Yin point on the foot, which is the most experimental point to stimulate the uterus. For nose acupuncture, the lower Jiao technique is effective because the body reacts well to the stimulation. Micro-acupuncture can be combined with macro-acupuncture, such as Sp 6 (San Yin Jiao) or LI 4 (He Gu), or use a bleeding technique on UB 64 (Jing Gu). For patients with dysfunctional labor, use moxibustion on the micro-system points mentioned earlier and on Ren 8 (Shen Que) with stimulation of the points LI 4, SP 6, and UB 64. Acupuncture therapy has better results for patients with a weakness of the uterus, but it is less effective for a woman with a narrow pelvis or an abnormal fetal position at the time of delivery; diagnose carefully and refer these patients to the hospital. Women who are delivering for the first time are usually very nervous; they should be in a comfortable environment, and the normal delivery situation should be explained to them.

BREAST ABSCESS—RU YONG

Breast abscess, known in Chinese medicine as “Ru Yong,” occurs in women 2 to 3 weeks after giving birth. The patient feels a swollen and distended sensation in the breast with pain and may also see ulcerations with thick or yellow pus, in combination with fever, thirst, low energy, and reduced appetite. Emotional distress, structural complications in the milk delivery system, abnormal body temperature, and breast restriction as a result of improper sleeping postures or excessively tight clothing can cause damp heat accumulation and Qi and blood stasis, resulting in breast abscesses.

Western medicine refers to this condition as mastitis.

Traditional Chinese Medicine Differential Diagnosis

- Initial stage:** Three to four weeks after giving birth the nursing woman starts to feel swollen and distended breasts and the skin of the affected area is slightly red with blocked, scanty, or reduced milk discharge, there is a palpable lump, fever, headache, thirst, red tongue with yellow coating, and a fast, wiry pulse.
- Suppuration stage:** The breast is swollen, pain is reduced, the affected area is red and you may see ulceration with thick and yellow pus, poor appetite, fatigue, yellow or thin coating, and a thready, rapid pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Line 1 Lateral to Forehead

Line 2 Lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use a transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the false lifting technique for breast abscess caused by liver Qi

stagnation, and use the false thrusting technique for breast abscess caused by Qi and blood deficiency, or use in combination with the comprehensive tonification or sedation technique. Ask the patient to apply gentle massage to the breast area, especially to the lower part of the breast. Treat the patient once daily with six to seven treatments to a course.

2. JIAO SYSTEM

Points:

Thoracic Cavity

Liver and Gallbladder Area

Technique: Use 30 to 34 gauge, 1.5 cun long filiform needles.

Use a 30-degree angle of insertion and quickly push the needle into the subaponeurotic tissue layer. Use the fast rotation technique up to 200 times per minute. Use in combination with the following macro-system Points: St 18 (Ru Gen), Ren 17 (Tan Zhong), and SI 1 (Shao Ze). Treat once daily with six to seven treatments to a course, and rest for 3 to 4 days between courses. Ask the patient to apply gentle massage to the breast area, especially to the lower part of the breast. A hot towel can also be applied to the lower part of the breast.

Face Acupuncture

Points:

Breast

Liver

Stomach

Spleen

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at an oblique, transverse angle. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding.

The face is a sensitive area of the body, so needle technique should focus on gentle and skilled insertion to prevent a hematoma.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Chest

Mammary Glands

Ovary

Endocrine

Adrenal Gland

Liver

2. EUROPEAN AURICULAR THERAPY

Points:

Mammary Gland

Chest

Ovary

Zero

Endocrine

Breast

Thalamus

Uterus

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needle. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and ask the patient to gently massage the breast area, especially the lower part of the breast. Retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Insert the filiform needles into the selected point. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes.

Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Some patients may be sensitive to the adhesive tape, so a hypoallergenic tape should be used.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing

hand to hold the ear and in the puncturing hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Breasts
Zi Bao point
Chest

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Use heating pads or gentle massage to the breast area, especially to the lower part of the breast. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Philtrum Acupuncture

Points:

Philtrum 4

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion or angle the needle toward the left or right depending on the diseased side. Insert the needle to a depth of 0.5 to 0.8 cun and use the gentle rotation technique. Use heating pads or gentle massage to the breast area, especially to the lower part of the breast. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Bloodletting Technique: Use a three-edge needle with the spot pricking technique to release a few drops of blood or pus. This is especially useful for breast abscess at the suppuration stage.

Chest Acupuncture

Points:

Chest 1, 2, 3
Sternal-costal 8 points

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on the patient's body size. Elicit Qi and withdraw the needle. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course.

Acupressure: Find the chest acupuncture point or positive trigger point, especially working any points with a ropey or bumpy feel. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, for weak patients, or if the chest point area has an obvious pressure pain or sensitive reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. For urgent conditions, treat two to three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days to a course, then rest 2 to 3 days and continue another course.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Chest
Lung

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the affected area of the breast, and retain the needles for 20 to 30 minutes.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release some drops of blood. Treat the patient every other day, alternating treatment to both hands.

2. KORYO HAND THERAPY

Points:

A 8, 12, 16, 18, 20; K 6, 9; G 7; D 7; B 24

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun long. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Wrist and Ankle Acupuncture

Points:

Upper 2

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. Ask the patient to apply gentle massage to the breast area, especially to the lower part of the breast.

Summary

Acupuncture treatment for breast abscesses is very effective. Whether in the initial stage or the later stage, acupuncture treatment may be used. Micro-acupuncture has better results with ear, nose, chest and wrist, and ankle acupuncture. Use a three-edge needle to bleed the ear point in order to reduce swelling, warm sensations, and breast pain. Combine with macro-acupuncture points such as GB 21, Ren 17, P 6, and SI 1 for increased results. Herbs may be applied to the local area in the case of breast abscesses. The patient should eat foods that are easy to digest and should avoid thicker, fatty, greasy foods, with a contraindication for acrid, spicy foods. The patient should empty the breast milk by using suction to help release pain and open the channels. For the patient already in the later phase, surgery is used to open and drain out pus.

INSUFFICIENT LACTATION—QUE RU

Insufficient lactation refers to the situation in which, following a successful birth, the mother's breast milk is extremely scanty or there is none. Insufficient lactation can be caused by losing a lot of blood while giving birth, long-term digestive system dysfunction resulting in diarrhea and malnutrition, or the woman is eating less, causing Qi and blood to be too deficient to transform into milk. Liver Qi stagnation can result after losing blood while giving birth, or by emotional imbalance, also preventing milk transformation from occurring, causing scanty lactation.

Western medicine refers to this condition as oligogalactia, galactostasis, and agalactia.

Traditional Chinese Medicine Differential Diagnosis

1. **Qi and blood deficiency:** Scanty or absent milk secretion, thin milk after labor, soft breasts, absence of distending sensation in the breast, pale face, low energy, lack of appetite, pale tongue with little coating, and a thin, weak pulse.

2. **Liver Qi stagnation:** Scanty or absent milk secretion after labor, lateral intercostal distension, mental depression, possibly low-grade fever, reduced appetite, depression, red tongue with thin coating, and a wiry pulse.

Important Points for Diagnosis and Treatment

Scanty lactation has deficiency and excess conditions. If the breast is soft and not tender or painful, it is Qi and blood deficiency, and you should tonify Qi and blood and focus on food therapy and nutrition. If there is breast tenderness and pain, it is probably due to liver Qi stagnation, and you should smooth the liver and release stasis.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. JIAO SYSTEM

Points:

Thoracic Cavity

Stomach Area

Reproduction Area

Technique: Use 30 to 34 gauge, 1.5 cun long filiform needles.

Insert the needle at a 30-degree angle into the subaponeurotic tissue layer. Use the rotation technique up to 200 times per minute until the patient feels a Qi sensation, and continue manipulation for 3 to 4 minutes. Retain the needles for 30 to 40 minutes while manipulating every 10 minutes during the retention. Treat once daily for a course of five treatments. Electro-acupuncture can also be applied. Use the scalp points in combination with the macro-acupuncture points Ren 17 (Tan Zhong) and SI 1 (Shao Ze). For the patient with Qi and blood deficiency, use scalp acupuncture in combination with UB 20 (Pi Shu), St 36 (Zu San Li), and Sp 6 (San Yin Jiao). For the patient with liver Qi stagnation, use scalp acupuncture in combination with Liv 14 (Qi Men), P 6 (Nei Guan), and Liv 3 (Tai Chong). Treat once daily with five treatments to a course.

Scalp acupuncture treatment for insufficient lactation has very good results but is more effective with breast massage.

Face Acupuncture

Points:

Breast

Liver

Stomach

Spleen

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at an oblique or a transverse angle. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and

5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding. Facial points are around many blood vessels; therefore it is important to apply adequate pressure to the points on withdrawal of the needles to avoid bleeding and bruising the face.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Mammary Gland
Spleen
Endocrine
Kidney
Chest
Liver
Stomach

2. EUROPEAN AURICULAR THERAPY

Points:

Mammary Gland
Prolactation
Endocrine
Breast
Chest
Adrenal

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate. Ask the patient to gently massage the breast, especially to the lower part of the breast. Instruct the patient to pull or grip her nipples. Retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected point. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks. When using the electro-machine, do not touch the two filiform needles together as accidental contact can create a dangerous electrical shock.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the

other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. Instruct the patient to pull or grip her nipples. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Philtrum Acupuncture

Points:

Philtrum 4

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion or angle the needle upward. Insert the needle to a depth of 0.5 to 0.8 cun. Use the gentle rotation technique. Instruct the patient to pull or grip her nipples. Retain the needle for 20 to 30 minutes. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary. Use in combination with Ren 17 (Tan Zhong) and P 6 (Nei Guan).

Tongue Acupuncture

Points:

Lung
Heart
Spleen
Stomach

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to stick her tongue out of her mouth if needles are to be inserted on the surface of the tongue. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Instruct the patient to pull or grip her nipples. Retain the needles for about 5 minutes. Alternatively, use a three-edged needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion at the local point to a depth of 0.5 to 1.2 cun. During the bloodletting technique, the principle is to bleed only a few drops of blood, not to induce profuse bleeding.

Back Shu Acupuncture

Points:

UB 13 (Fei Shu)
UB 15 (Xin Shu)
UB 18 (Gan Shu)

UB 21 (Wei Shu)

UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle at an oblique or a perpendicular angle depending on the point location. Push the needle in to a depth of 0.5 to 1.2 cun. Use the rotation technique to elicit Qi. After Qi has arrived, use moxibustion to moving energy by moving up and down along the spine to increase the treatment effects. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

The moving energy technique is a very important step to treat insufficient lactation.

Chest Acupuncture

Points:

Chest 1, 2, 3

Sternal-costal 8 points

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on the patient's body size. Elicit Qi and withdraw the needle. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course.

Acupressure: Find the chest acupuncture point or positive trigger point, especially working any points with a ropey or bumpy feel. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, for weak patients, or if the chest point area has an obvious pressure pain or sensitive reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. Treat the patient once per day for 7 days to a course, then rest 2 to 3 days and continue another course.

Abdominal Acupuncture

Points:

Leading energy back to the source combination: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), and Ren 4 (Guan Yuan)

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly in the sky, person, and earth layers to a depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving

Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE THERAPY

Points:

Small Intestine

Gastrointestinal

Spleen

Xiao Tian Xin

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for 20 to 30 minutes.

Bloodletting Therapy: Bleeding techniques are an important method to open the pathways and promote circulation and should be used based on the insufficient lactation conditions. Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using a fast and strong insertion, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and release a few drops of blood. Treat the patient every other day, alternating treatment on both hands.

Summary

Acupuncture treatment can improve postpartum scanty lactation. Micro-acupuncture on the scalp, ear, chest, and abdominal acupuncture systems have the best results. Face acupuncture using the Breast point can also lead to particularly good stimulation. Used in combination with macro-acupuncture, it will have better results. The most common points are SI 1, Ren 17, P 6, Liv 14, and Liv 3 or in combination with the Front Mu and Yuan source points. Usually acupuncture treatment should start after the second day following delivery. Starting later will have less effective results, and starting earlier has more effective results. If postpartum scanty lactation is caused by Qi and blood deficiency, one can apply moxibustion to the treatment. If caused by liver Qi stagnation, one can apply a three-edge needle to release blood. It is very important for the patient with postpartum scanty lactation to focus on nutrition. Drinking more soup will help release the milk. For patients with emotional problems or lack of sleep that is causing scanty lactation, they should focus on balancing the emotions and improving sleep and lifestyle.

ECLAMPSIA—ZI JIAN

Eclampsia is a condition that occurs during a woman's second or third trimester of pregnancy, during delivery, or following childbirth. The patient has a sudden onset of vertigo and dizziness

or loss of consciousness, twitching of the limbs, whole-body stiffness, and staring of the eyes. The patient often gradually regains full consciousness and then loses consciousness again. Eclampsia may be due to any reason that causes liver and kidney Yin deficiency or spleen Qi deficiency. During the pregnancy, the blood that collected to nourish the growing fetus may cause a lack of nourishment of the liver, leading to liver Yang rising.

Western medicine refers to this condition as related to high blood pressure, edema, albuminuria, and seizures.

Traditional Chinese Medicine Differential Diagnosis

1. **Yin deficiency with liver Yang rising:** Dizziness, vertigo, palpitations, insomnia with disturbing dreams, flushed complexion, red tongue or deep red tongue, and a wiry, thin, slippery, and fast pulse.
2. **Spleen Qi deficiency with liver Yang rising:** Usually occurs during the second or third trimester of pregnancy. Swelling of the face, edema of the legs, headache, heaviness, fullness of the chest and hypochondrium area, poor appetite, diarrhea, red tongue with thick greasy coating, and a wiry, slippery pulse.

Severe Conditions

1. **Liver wind stirring internally:** Usually occurs during the third trimester of pregnancy. Red face, flushed complexion, palpitations, irritability, sudden loss of consciousness, twitching of the limbs, red tongue with thin yellow coating, and a wiry, slippery, and fast pulse.
2. **Phlegm fire agitates within:** Usually occurs late in the third trimester of pregnancy or during the delivery. The patient suddenly loses consciousness, twitching of the limbs, heavy breathing with whistling respiration, red tongue with yellow greasy coating, and a wiry, slippery pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Forehead
 Middle Line of Vertex
 Upper Middle Line of Occiput
 Line 1 Lateral to Vertex
 Line 2 Lateral to Vertex
 Line 1 Lateral to Forehead
 Line 2 Lateral to Forehead
 Upper Lateral Line of Occiput

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Select two or three stimulation areas for each treatment. For the forehead area, insert the needles from the superior to the inferior direction. For the vertex area, insert the needles from the anterior to the posterior direction. For the occipital area, insert the needles from the superior to the inferior direction. Use the group needle insertion

technique, such as centralized or decentralized insertion. You can also use special square insertion on the Si Shen Chong points. Insert the needle into the subaponeurotic tissue layer and use the false lifting technique continuously for 1 to 3 minutes on each needle. For severe conditions, use the against insertion technique. If the patient also has an emotional condition, insert a needle on the Line 2 Lateral to Forehead point. Retain the needles for up to 1 hour, and manipulate the needles every 15 to 30 minutes during the retention. You can also insert a needle on Du 26 (Shui Gou) to help stop convulsions and recover from loss of consciousness.

2. JIAO SYSTEM

Points:

Blood Vessel Dilation and Constriction Area Combined with
 Ht 7 (Shen Men) and P 6 (Nei Guan) and SP 6 (Zu San Li)
 Balance Area
 Vertigo and Hearing Area
 Motor Area
 Thoracic Cavity
 Combined with:
 Consciousness Area
 Calm Shen Area
 Spirit-Emotion Area (Epilepsy Control Area)
 Epilepsy Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert the needle along the line into the subaponeurotic tissue. Use the fast rotation technique up to 200 times per minute until the patient regains consciousness or stops convulsions. Retain the needles for 5 to 30 minutes, and manipulate three more times during the needle retention. Use electro-acupuncture in combination with the treatment. On the bilateral Thoracic Cavity area, use electro-acupuncture to help patients recover from loss of consciousness. You can use intradermal needles on the Thoracic Cavity area for a few days.

3. TANG SYSTEM

Points:

Quiet Line
 Wind Line
 Lower Triangle
 Heart Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use oblique insertion to a depth of 2.0 to 3.0 fen. Use lifting and thrusting techniques to stimulate the scalp until the patients' convulsions stop or she regains consciousness. Retain the needles during the course of the delivery, or retain the needles for up to 2 hours. Treat once daily until the patient delivers the infant.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Subcortex

Shen Men
 Occiput
 Liver
 Kidney
 Ear Apex
 Helix 6
 Temple
 Forehead
 Combine with Du 20 (Bai Hui), Du 26 (Shui Gou), and Kid 1 (Yong Quan)

2. EUROPEAN AURICULAR THERAPY

Points:

Brainstem
 Zero
 Master Cerebral
 Master Oscillation
 Heart
 Mania Point

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the strong rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Insert the filiform needles into the selected points. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes.

Ear Bleeding Technique: Select Ear Apex and Helix 6 as the bleeding points. Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear and in the puncturing hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Heart
 Kidney

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply pressure and turn the needle into the point using rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. The bleeding technique can be used on an eclampsia patient. Use the three-edge needle to quickly prick the Kidney point about 1.0 to 2.0 mm and allow the point to bleed a few drops of the blood.

2. NOSE SAN JIAO THERAPY

Points:

4, 5, 6

Technique:

For Point 4, use perpendicular insertion 1.0 fen deep or oblique insertion laterally 1.0 to 2.0 fen deep.

For Point 5, use perpendicular insertion 1.0 fen deep.

For Point 6, use perpendicular insertion 1.0 fen deep.

Philtrum Acupuncture

Points:

Philtrum 4

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with perpendicular insertion or angle the needle upward. Insert the needle to a depth of 0.5 to 0.8 cun. Use the strong rotation technique until the patient stops convulsing. Retain the needle for 20 to 30 minutes. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary. Use in combination with Ren 17 (Tan Zhong), Kid 1 (Yong Quan), and P 6 (Nei Guan).

Tongue Acupuncture

Points:

Heart
 Zhong Ju
 Shen Gen
 Zhi Mai

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. The practitioner should use gauze and the pressing hand to stretch the tongue out from her mouth if needles are to be inserted on the surface of the tongue, or help the patient curl the tongue upward if needles are to be inserted underneath the tongue. Use a three-edge needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion at the local point to a depth of 0.5 to 1.2 cun.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Chest

Revive
Stop Convulsion

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Shi Xuan
Anus Point
Reduce Blood Pressure 2

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use strong pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for 20 to 30 minutes.

Bloodletting Therapy: Bloodletting is used to treat meridian blockage, blood stasis, excess syndromes, and heat patterns such as high fever, loss of consciousness, and is a great way to open the pathways and revive consciousness. Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and release a few drops of blood. Treat the patient every other day, alternating treatment on both hands.

3. KORYO HAND THERAPY

Points:

A 1, 5, 8, 12, 16, 28, 30; N 1; C 7; B 19, 24; J 2, 7; K 9; H 3

Technique: Select a few points from the list. Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun long. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Kidney 1
Seizures

2. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Qi Duan
Zhu Xin Xue

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use strong lifting, thrusting, and rotation

techniques and then retain the needles for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes until the patient stops convulsing.

Bloodletting Therapy: Select the Qi Duan point for treatment. Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release a few drops of blood. Alternate treatment on both hands.

Bloodletting is a great way to open the pathways and revive consciousness.

Summary

Eclampsia usually occurs when a patient is in her second or third trimester of pregnancy. The patient will usually get this condition before, during, or right after delivery. Use the micro-systems to treat eclampsia and focus on the time of the patient's delivery or right after. Philtrum and hand acupuncture will have the most effective results. When using the hand system, it is best to bleed the hand points. For a patient with eclampsia in her second or third trimester, combine hand acupuncture with macro-acupuncture. Work on meridians related to the liver, kidney, heart, and pericardium to balance the patient's body, extinguish wind, and stop the eclampsia. When edema is present with eclampsia, focus on the bladder and spleen meridians.

POSTPARTUM ABDOMINAL PAIN— CHAN HOU FU TONG

Postpartum abdominal pain refers to a woman who continues to have abdominal pain after giving birth. This commonly happens in first-time mothers. Postpartum abdominal pain may be due to blood loss depleting the Chong and Ren meridians leading to Qi deficiency and inability to move blood, which weakens the force of Qi and blood circulation, leading to pain. It may also be due to a loss of Qi during childbirth and cold invading the channels; this leads to cold accumulation of the blood, leading to the stasis of Qi and blood in the channels causing pain.

Western medicine refers to this condition as after-pains.

Traditional Chinese Medicine Differential Diagnosis

- Blood deficiency:** Postpartum lower abdominal pain relieved by external pressure, discharge of a scanty amount of blood that is light in color, dizziness, ringing in the ears, constipation, pink-red tongue with a thin white coating, and a thin, weak, and deficient pulse.
- Blood stasis:** Postpartum abdominal pain aggravated by external pressure and better with warmth, scanty discharge of blood, spotting with dark-colored clots, fullness of the chest and hypochondrium area, pale or dark facial color,

four-extremity coldness, dark tongue with white coating, and a deep, tight or wiry, choppy pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Vertex

Line 3 Lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion into the subaponeurotic tissue layer. Use the false lifting technique for patients with blood stasis, and use the false thrusting technique for patients with blood deficiency. Use massage, moxibustion, or a TDP lamp on the lower abdomen. Manipulate the needles for 1 to 3 minutes. Retain the needles for up to 1 hour while manipulating the needles two to three times.

2. JIAO SYSTEM

Points:

Foot Motor and Sensory Area

Reproduction Area

Technique: Use 30 to 34 gauge, 1.0 to 2.0 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the rotation and twirling technique up to 200 times per minute. Use massage, moxibustion, or a TDP lamp on the lower abdomen. Retain the needles for 30 minutes, and manipulate the needles one or two times.

3. TANG SYSTEM

Points:

Quiet Line

Blood Line

Urogenital Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use oblique insertion to a depth of 2.0 to 3.0 fen. Use the lifting and thrusting technique until the patient feels Qi. In the meantime, let the patient breathe from the abdomen or use heating pads on the abdomen. Retain the needles for up to 2 hours, and manipulate the needles two or three times. Heating pads increase local vessel expansion to improve blood circulation, and have good results for postpartum abdominal pain.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Internal Genitals

Pelvic Cavity

Endocrine

Adrenal

Spleen

Shen Men

Liver

Ovary

Subcortex

Uterus

Abdomen

Sympathetic

2. EUROPEAN AURICULAR THERAPY

Points:

Uterus

Ovary

Endocrine

External Genitals

Zero

Abdomen

Adrenal Gland

Anterior Pituitary

Sympathetic Autonomic

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

The active Qi treatment is a very important technique in the ear acupuncture therapy. Insert a few filiform needles, intradermal needles, or auricular seeds on the sensitive ear points then let the patient perform active physical movement of the targeted area. Ask the patient to breathe from her abdomen to increase energy flow and enhance the treatment results. The patient may react with a warm,

comfortable sensation, pain reduction, or decreased muscular contraction.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Genitals

Chuang Xin

Zheng Yi

Zheng Er

Zi Bao

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. The practitioner may perform Tui Na, acupressure, massage, use a heating pad or manipulation on the abdomen. If the patient experiences internal organ warmth or increased intestinal movement this usually indicates that Qi is moving toward the targeted area. This will achieve a good result. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes.

Philtrum Acupuncture

Points:

Philtrum 6

Philtrum 7

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion or angle the needle upward. Insert the needle to a depth of 0.5 to 0.8 cun. Use the gentle rotation technique. Ask the patient to breathe from her abdomen and hold and release the perineum. Apply the heating pads, massage, TDP lamp, or moxibustion on the lower abdomen. It is also helpful to combine philtrum acupuncture with macro-acupuncture points and the abdominal micro-acupuncture system if necessary.

Mouth Acupuncture

Points:

Area of Genito-urinary

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with her mouth open. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi. The patient should overlap the hands and perform a rolling motion in a clockwise direction on the abdomen. Meanwhile, the patient should take deep breaths, trying to match the rolling technique to the rhythm of the breath.

Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Tongue Acupuncture

Points:

Kidney

Yin Xue

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to stick her tongue out if needles are to be inserted on the surface of the tongue. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. The patient should overlap the hands and perform a rolling motion in a clockwise direction on the abdomen. Retain the needles for about 5 minutes. Alternatively, use a three-edge needle to perform fast spot pricking on the tongue to release a few drops of blood.

Jia Ji Acupuncture

Points:

Sacral Jia Ji Points

Technique: Use a 30 to 34 gauge, 1.0 to 1.5 cun long filiform needle. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needle perpendicularly to a depth of 0.5 to 1.2 cun at the Jia Ji points. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Apply moxibustion or TDP lamp on the lower back. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Abdominal Acupuncture

Points:

Eight precious insertion: Ren 12 (Zhong Wan), Ren 10 (Xia Wan), Ren 6 (Qi Hai), Ren 4 (Guan Yuan), St 25 (Tian Shu), and Sp 15 (Da Heng)

Technique: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly to the sky, person, and earth layers to the depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the lower abdomen, meanwhile massage the patient's lower abdomen. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Summary

Postpartum abdominal pain is common for first-time mothers. Use scalp, ear, and abdominal acupuncture. Koryo hand

acupuncture therapy works on the palmar side of the hand from the A 1 to A 8 points by using multiple insertions or multiple moxibustion. Use the TDP lamp or moxibustion on the lower abdomen. For the patient who is weak or deficient from giving birth and losing blood, pain control is more focused on ear acupuncture or abdominal acupressure in combination with herbal therapy. For the ear acupuncture system, mostly use point pressure with herbal seeds.

CHILD MALNUTRITION—GAN JI

Child malnutrition, known in Chinese as “Gan Ji,” is a disease in which the child is unable to take in enough food and nutrition or the food and nutrition are not absorbed, thus causing abnormal metabolism. This abnormal metabolism results in the muscles and tissues exhausting their own storage, so the patient loses weight, has stopped or slowed body development, has reduced fatty tissue, and has muscle weakness. Major clinical manifestations are chronic thinness, thin and weak muscles, pale color of the face and skin, less body hair, abnormal bowel movements and urination, poor appetite or eating inedible objects (e.g., stones, mud, or bark), and abdominal bloating. Sometimes the patient is also mentally abnormal, has low energy, is irritable, and is easily angered. Gan Ji mostly occurs under age 5, and the spleen and stomach are the most involved organs. Abnormal eating habits, overeating, insufficient milk or stopping lactation too early, eating only the same kind of food, long-term illness, surgery, and long-term vomiting and diarrhea that damage the spleen and stomach Qi can lead to nutrition absorption dysfunction and cause Gan Ji syndrome. If there is liver-involved malnutrition, there can be decreased size and aversion to brightness, which Chinese medicine calls “Yan Gan.” Malnutrition involving the heart, which opens to the tongue, can cause ulcers on the tongue with pain and redness called “Xin Gan.” If the lung is involved and the patient is coughing with tidal fever, it is called “Fei Gan.” If the kidney is involved, the kidney is unable to support the bones causing underdevelopment during adolescence; this is called “Gu Gan.” Gan Ji with edema is called “Gan Zhong Zhang.”

Western medicine refers to this condition as infantile malnutrition, and it is most often seen in children less than 5 years of age.

Traditional Chinese Medicine Differential Diagnosis

1. **Gan Qi:** Tall and skinny body type, pale or yellow facial color, lack of hair and body hair, dislikes food, poor appetite, low energy, irritability, diarrhea or constipation, small tongue with thin white or little yellow coating, and a weak, big pulse.
2. **Gan Ji:** The body is obviously skinny, the abdomen is raised and bloated with visible veins, pale or yellow face without color, hair that is thin or dry, low energy, irritability, insomnia, abnormal activity such as frequently touching the eyebrows or nose, biting the fingernails, grinding the teeth, and poor appetite.

3. **Gan Gan:** The most severe condition of Gan syndrome; the patient is extremely skinny, their face appears overly old, dry skin without tenderness, only skin and bone, extremely low energy, dry hair, no desire to eat, diarrhea or constipation, low-grade fever, dry mouth and lips, pale pink tongue without coating or shiny surface of the tongue, in severe cases you can see bleeding under the skin or the patient may lose consciousness.

Complications

Complications can occur along with the Gan syndrome.

1. **Yan Gan:** Yan Gan means dry eyes with aversion to light and brightness; in severe cases the pupil is blurry or white, causing the patient to be unable to see clearly.
2. **Xin Gan:** Fever, malar flush, red tongue, tongue and mouth ulcers, bad breath, irritability, and hot.
3. **Gan Zhong Zhang:** Scanty urination, body or four-extremity edema, pale face without color, and pale red tongue with thin coating. In severe cases the patient can lose consciousness, sudden pale face, very cold extremities, no desire at all for food, difficult to breathe, dry mouth and tongue, and thin and fast pulse.

Micro-Acupuncture Therapy

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Subcortex
Spleen
Stomach
Small Intestine
Sympathetic
Large Intestine
Hunger

2. EUROPEAN AURICULAR THERAPY

Points:

Zero
Stomach
Small Intestine
Large Intestine
Mouth

Technique:

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The practitioner should perform Tui Na, acupressure, massage, or manipulation on the abdomen. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The ball may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Back Shu Acupuncture

Points:

UB 15 (Xin Shu)
UB 18 (Gan Shu)
UB 20 (Pi Shu)
UB 21 (Wei Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Nutrition support is very important to combine with acupuncture treatment.

Abdominal Acupuncture

Points:

Ba Gua Zhen

Technique: The Ba Gua technique divides the abdominal area into eight sections. Each section indicates one organ disease. This system is based on the post heaven Ba Gua. Choose 32 to 34 gauge filiform needles and select the insertion area from north, south, east, west, northeast, northwest, southeast, and southwest. Each needle has 45 degrees between and use an oblique insertion toward the umbilicus or use a needle from the umbilicus and insert outward. Gently manipulate the needles and use the waiting Qi, moving Qi, and increasing Qi techniques. Retain the needles for 30 minutes.

Hand Acupuncture

1. NEW HAND ACUPUNCTURE THERAPY

Points:

Si Feng

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the stomach area of the body, and retain the needles for 20 to 30 minutes.

Summary

Childhood malnutrition is caused by any condition that causes spleen and stomach deficiency. The inability to transform Qi and blood leads to decreased organ function and therefore, malnutrition. Micro-acupuncture is effective for treating malnutrition, especially ear, back Shu, abdominal, and hand acupuncture. The most important point for treating malnutrition is the Si Feng point in hand acupuncture. Prick with a three-edge needle to open and release white and light yellow sticky fluid. For malnutrition, it is very important to advise the patient or his or her parent on nutrition. For infants, try feeding with human lactation. In children, give the right amount of quality nutrition at regular times throughout the day and increase the amount of food gradually. The mother should not stop breastfeeding too early and should wait until the infant can eat soft food. For children with malnutrition, fresh air is very important, especially for children who have Gan Gan syndrome. Chronic conditions, such as tonsillitis, diarrhea, and enteritis, should be treated immediately because long-term illness can cause malnutrition.

CHILD CONVULSIONS—JING JUE

Child convulsions are mainly characterized by a loss of consciousness, body convulsions, and spasms. It is a disorder that can be seen in many different diseases and usually occurs between ages 1 and 5. Child convulsions may occur when the six evil Qi transfer into internal fire and phlegm. Eating abnormal or toxic foods may also cause a phlegm heat accumulation in the body. In addition, excessive fear and unstable emotions or phlegm obstructing the orifices may also lead to convulsions.

Western medicine refers to this condition as related to high fever, or acute infectious disease of the central nervous system, such as epidemic meningitis. Chronic convulsions are related to chronic infectious diseases of the central nervous system, long-term vomiting and diarrhea, and nutritional disturbances.

Traditional Chinese Medicine Differential Diagnosis

Acute Convulsions

1. **Convulsion due to pathogenic invasion:** There are three different types:
 - A. **Invasion of wind:** Fever, sore throat, headache, cough, irritability, runny nose, loss of consciousness, four-extremity convulsions and spasm, clenched teeth, a red tongue with a pale yellow coating, and a floating, fast pulse.
 - B. **Invasion of summer heat:** High fever, sweating, headache, stiff neck, nausea, vomiting, irritability, deep sleep, frequent convulsions, red tongue with thin, yellow, and sticky coating, and a slippery, fast pulse.
 - C. **Invasion of toxicity:** Acute onset, extreme heat, thirst, irritability, convulsions, loss of consciousness, full-body spasm, in combination with vomiting, abdominal pain,

loose stools with odor, deep red tongue with yellow, dry, or sticky coating, and a fast, strong pulse.

2. **Convulsions due to phlegm and food accumulation:** Poor appetite, vomiting, abdominal pain, and constipation in the beginning, then fever, loss of consciousness, convulsions, deep breathing, red tongue with yellow, thick, and sticky coating, and a wiry and slippery pulse.
3. **Convulsions due to being afraid:** Face alternating from red and blue with a frequent onset, irritability, convulsions, fever, dark blue stools, and a deep pulse.

Chronic Convulsions

1. **Spleen Yang deficiency:** Low energy, sleeps with eyes open, yellow face, diarrhea, cold extremities, convulsions, pale white tongue coating, and a deep, weak pulse.
2. **Spleen and kidney Yang deficiency:** Low energy, pale face, sweating easily, whole body cold, deep sleep, coma, frequent movement of the hands and feet, pale tongue with thin white coating, and a deep, weak pulse.
3. **Liver and kidney Yin deficiency:** Irritable, low energy, malar flush, body heat, weight loss, four-extremity stiffness, occasional convulsions, dry stools, red tongue without coating, and a deep, fast pulse.

Important Points for Diagnosis and Treatment

In the clinic, convulsions can be acute and chronic. Acute convulsions are usually of sudden onset with loss of consciousness, clenched teeth, stiffness of the neck, four-extremity convulsions usually with vomiting, fever, shaking head, floating and tight pulse, and the index finger vein is dark and blue before the convulsion occurs. Chronic convulsions are characterized by loss of consciousness, low energy; the child sleeps a lot; and the child has a pale face, cold body, weak breathing, depression of the head in the frontal area, and a deep, thin, and weak pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Vertex

Middle Line of Forehead

Line 1 Lateral to Forehead

Plus Si Shen Cong Points and Du 26 (Ren Zhong)

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. When inserting on the Middle Line of Vertex point, insert from the anterior to the posterior direction. When inserting on the forehead, insert all needles from the superior to the inferior direction. Use transverse insertion into the subaponeurotic tissue layer, and then use the gentle false lifting technique. Manipulate the needles for 30 to 60 seconds, and then retain the needles for up to 1 hour while manipulating the needles one or two times. If the patient is over 10 years old, insert the needle on the Middle

Line of Vertex point and ask the patient to relax and do abdominal breathing. If the patient has a severe condition with a rapid onset, combine the treatment with the Si Shen Cong points. Insert from anterior, posterior, left, and right with oblique insertion toward Du 20 (Bai Hui). This is the best technique for patients with conditions involving loss of consciousness.

2. TANG SYSTEM

Points:

Heart Area

Quiet Line

Wind Line

Lower Triangle

Liver and Gallbladder Area

Speech-Intelligence Area

Technique: Use 30 to 34 gauge, 0.5 cun long filiform needles.

Insert the needle into the scalp to a depth of 2.0 to 3.0 fen.

Use lifting and thrusting techniques to elicit Qi. Retain the needles for up to 2 hours while manipulating the needles two times. Treat the patient once daily or every other day, with 15 treatments to a course.

3. LIN SYSTEM

Points:

Three Needles at the Temple

Five Needles at the Forehead

Anterior Motor Area

Additional Area for Motor

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Quickly insert the needles into the subaponeurotic tissue layer. Without manipulating the needles, retain the needles for 1.5 to 2 hours. Treat the patient once daily or every other day, with 15 treatments to a course.

4. EXPERIMENTAL SCALP SYSTEM

Points:

Calm Shen Area

Consciousness Area

Peace-Safety Area

Epilepsy Area

Technique: Use 32 to 34 gauge, 0.5 cun long filiform needles.

Use fast perpendicular insertion to a depth of 2.0 to 3.0 fen until the needle reaches the periosteum. Use the rotation and twirling technique, or use cutaneous or intradermal needles. Retain the needles for a few hours or up to several days.

Scalp acupuncture is used only for children 2 years old or above. Infants less than 1 year old or children with fontanels not fully closed and children with open head wounds are contraindicated for use of scalp acupuncture.

Face Acupuncture

Points:

Lung

Heart

Top of face

Uterus and Bladder

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before needling. Then insert the needle slowly at an oblique, or transverse angle. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Subcortex

Shen Men

Occiput

Liver

Kidney

Temple

Forehead

Heart

Combine with Du 26 (Shui Gou), Kid 1 (Yong Quan)

2. EUROPEAN AURICULAR THERAPY

Points:

Brainstem

Zero

Master Cerebral

Master Oscillation

Heart

Mania Point

Technique: Use 30 to 34 gauge, 0.25 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. Insert the needles in the selected point using a quick jab and twist to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and withdraw the needles when convulsions stop.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. For repeat onset, continue to treat the patient by alternating different points until the condition becomes stable.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the left hand to hold the ear and in the right hand hold the three-edge needle. Quickly prick the point about 1.0 to

2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day. This technique is used for an acute stage only.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Lung

Heart

Kidney

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. The practitioner should perform Tui Na, acupressure, massage, TDP lamp, or manipulation on the abdomen. Then retain the needles for 30 minutes and manipulate slowly and gently every 10 minutes.

Philtrum Acupuncture

Points:

Philtrum 1

Philtrum 2

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion or angle the needle upward. Insert the needle to a depth of 0.3 to 0.6 cun. Use the gentle or strong rotation technique and manipulate the needle until the patient's convulsions stop. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Stop Convulsions

Revive

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Head Spot

Technique:

Bloodletting Therapy: Use a small-gauge three-edged needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release a few drops of blood. Treat the patient every other day, alternating treatment on both hands.

3. KORYO HAND THERAPY

Points:

A 8, 12, 16, 18, 24; G 7; E 38; C 9; B 24; D 7

Technique: Select a couple of points for treatment. Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun long. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Qian Yin Zhu
Hou Yin Zhu
Kidney 1
Li Nei Ting

2. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Qi Duan

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use proper clean needle technique to clean the surface of the skin. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use the lifting, thrusting, and rotation techniques and retain the needles for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes until convulsions stop.

Summary

Using micro-acupuncture for child convulsions usually has very good results. Sometimes you can stop the convulsions immediately with an acupuncture treatment that focuses on the philtrum, hand, and foot using bleeding techniques. Also use micro-acupuncture therapy in combination with macro-acupuncture for even better results. Du 26 (Shui Gou), LI 4 (He Gu), P 6 (Nei Guan), Liv 3 (Tai Chong), Kid 1 (Yong Quan), Du 20 (Bai Hui), Yin Tang, Shi Xuan, Du 14 (Da Zhui), and Liv 1 (Da Dun) are the common points to use for convulsion conditions. To treat convulsions, it is very important to treat the primary cause generally resulting from extreme heat or phlegm heat accumulation. Chronic convulsion should be used in combination with herbal therapy. During the convulsions, provide good care to prevent broken bones or damaged tendons. The child should lie on his or her side to prevent biting the tongue and to keep the respiratory pathway open to maintain respiration. Pay close attention to the patient's body temperature, sweating, breathing, pulse, blood pressure, pupils, and facial color. Children should avoid greasy foods and consume more vegetables and juice because they are easy to digest. After the convulsions stop, the child needs to rest in a quiet environment with little stimulation and good airflow.

INFANTILE PALSY—XIAO ER MA BI

Infantile palsy is a children's disease with early-stage characteristics that include fever, cough, sore throat, or whole-body muscle pain in combination with vomiting and diarrhea. In the later stages, these characteristics are followed by weakness of the four extremities, muscle atrophy, dysfunction of the four extremities, and shape changes in the body. Infantile palsy is a contagious disease that is caused by an epidemic toxin. Usually this disease occurs during the summer and fall. Infantile palsy is primarily caused by toxic-wind, heat-damp, and summer heat. If the disease is chronic, it can damage the liver and kidneys. In severe cases, the patient may have loss of consciousness, convulsions, and difficulty breathing.

Western medicine refers to this condition as polio or poliomyelitis.

Traditional Chinese Medicine Differential Diagnosis

- Toxic heat invading the lung and stomach:** Fever, sweating, cough, runny nose, sore throat, general malaise, headache, vomiting, abdominal pain, diarrhea, constipation, irritability, or sleepiness.
- Toxic heat invading the meridians:** Usually occurs 3 to 4 days after symptoms from invasion of the lung and stomach. The patient starts to have a fever again, whole-body pain, dysfunction of movement, crying, restlessness, and eventually paralysis, mostly occurring on the lower extremities either unilaterally or bilaterally. Sometimes urinary retention occurs.
- Qi deficiency with blood stasis:** After the fever subsides, the limbs become numb, flaccid, and weak, and atrophy. Sallow complexion, sweats easily, and low energy.
- Liver and kidney deficiency:** Muscle atrophy, the affected leg will be shorter and thinner than the unaffected leg, deformity of the bones and joints, spine acquires an anterior or lateral curvature, or plantar, inverted, or everted clubfoot.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Forehead

Middle Line of Vertex

Upper Middle Line of Occiput

Anterior Oblique Line of Vertex-Temporal Combined with Spinal Acupuncture

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle into the scalp and push into the subaponeurotic tissue layer. Use the false lifting technique continuously for 1 to 3 minutes on each point. While manipulating the needles, massage the patient's lower leg, as well as help the patient move his or her legs. Then retain the needles for 1.5 to 2 hours and manipulate the needles

one or two times. The patient should continue normal physical activities while needles are retained.

2. JIAO SYSTEM

Points:

Upper One-Fifth of Motor and Sensory Area

Foot Motor and Sensory Area

Usage Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle transversely and quickly push the needle into the subaponeurotic tissue layer. Use the fast rotation technique up to 150 to 200 times per minute. Each needle should be rotated for 1 to 3 minutes. Retain the needles for 30 minutes, and manipulate the needles one or two times. Treat the patient once daily or every other day with 10 treatments to a course.

Remark: When using scalp acupuncture to treat infantile palsy, use only on patients who are at least 2 years of age, and make sure the skull has been well developed. Usually combine with macro-acupuncture points.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Corresponding Body Area

Spleen

Stomach

Kidney

Liver

Adrenal

Mouth

Small Intestine

San Jiao

2. EUROPEAN AURICULAR THERAPY

Points:

Stomach

Small Intestine

Large Intestine

Abdomen

Sympathetic Autonomic

Omega

Thalamus

Zero

Technique:

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow with 70% alcohol to clean the ear. Hold the ear with the left hand and stretch the skin taut if possible. Use the right hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to

stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the left hand and apply the ball with adhesive tape using the right hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitutes a course, with 1 to 2 days of rest between courses.

The active Qi treatment is a very important technique in the ear acupuncture therapy. Insert a few intradermal needles or auricular seeds on the sensitive ear points then let the patient perform active physical movement of the targeted area. If the patient is not capable of moving his or her body, the practitioner should perform Tui Na, acupressure, massage, or manipulation on the related areas.

Back Shu Acupuncture

Points:

UB 20 (Xin Shu)

UB 18 (Gan Shu)

UB 13 (Fei Shu)

UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 to 1.2 cun long filiform needles. Insert the needle at an oblique angle on the upper and middle back and a perpendicular angle on the lower back. Push the needle in to a depth of 0.5 to 1.2 cun. Use the rotation technique to elicit Qi. Retain the needles for 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Spinal Acupuncture

Points:

Major Spinous Process Point

Thoracic 5

Lumbar 4

Sacral Vertebra 3

Hou He Gu

Jian San Zhen

Xin Huan Tiao

Huai Bian

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 1.5 cun long filiform needles. For the Back Spinous Process points, use 30 to 32 gauge, 1.0 cun long filiform needles. The practitioner should use the thumb and index finger of the pressing hand to pinch the skin of the spinous process and the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. Use rotation techniques until the patient feels a Qi sensation along the spine. Retain the needles for 40 minutes or up to 1 to 2 hours.

For the Hou He Gu point, use 30 to 34 gauge, 0.5 cun long filiform needles. Insert the needle into Hou He Gu and elicit Qi. Lift the needle up to the subcutaneous tissue and

move the needle to a 15-degree angle along the second metacarpal bone. Retain the needle for 30 minutes.

For the Jian San Zhen points, use 32 to 34 gauge, 1.5 cun long filiform needles. When inserting the three needles, use perpendicular insertion into the skin and manipulate the needles to elicit Qi. Then lift up the needle to the subcutaneous tissue and move to a 15-degree angle along the arm. Retain the needle for 30 minutes.

For the Xin Huan Tiao point, use 0.6 mm gauge, 1.5 cun long filiform needles. Use perpendicular insertion to the skin, elicit Qi, and retain the needle for 30 minutes.

For the Huai Bian point, use 32 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to gently invert the feet. Insert the needle at the lower border of the external malleolus and then along the tibial-fibular joint upward 0.5 to 0.8 cun long. Rotate the needles to elicit Qi, and the patient should feel a sensation up to the knee. Treat the patient every other day with 10 treatments to a course. For a chronic condition, use 15 treatments to a course.

Abdominal Acupuncture

Points:

Heaven and Earth combination: Choose Ren 12 (Zhong Wan) and Ren 4 (Guan Yuan) with Ren 8 (Shen Que).

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly in the sky, person, and earth layers to a depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach, meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

HAND IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Corresponding Leg and Foot Body Parts

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the patient or perform passive range of motion and retain the needles for 20 to 30 minutes.

Wrist and Ankle Acupuncture

Points:

Lower 4

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles.

Have the patient lie in a comfortable position. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with active and passive activity methods, including Tui Na, Qi Gong, and moxibustion techniques while retaining the needles. The child should continually do normal physical activities. There are 10 treatments to a course. Rapidly withdraw the needles and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Infantile palsy is a muscle atrophy condition resulting from an acute infection. When using micro-acupuncture, the best systems to choose are ear, back Shu, hand, and spine acupuncture. For ear acupuncture, most techniques involve using ear balls and ear massage. Use daily for 2 months to 1 year. The back Shu system will help the patient recover. Normally use back Shu, hand, or spine micro-system points together and use treatment methods to activate and move the Qi. The practitioner should massage the leg or legs or use Tui Na while using acupuncture needles. An herbal bath and food therapy are very beneficial for the patient's recovery.

INFANTILE INTELLECTUAL MALDEVELOPMENT—XIAO ER WU CHI ZHENG

Infantile intellectual maldevelopment, also known as Wu Chi Zheng or five slow syndrome in Chinese medicine, refers to a child who is physically and intellectually underdeveloped. Most children with infantile intellectual maldevelopment have slow development of standing, walking, hair growth, tooth growth, and verbal ability. These children also have extremely soft bone tissue and muscles, such as a very soft head and neck with an inability to hold up the head. The hands, feet, and muscles are also very soft. Infantile intellectual maldevelopment is caused by a genetic deficiency, liver and kidney deficiency, spleen and stomach Qi deficiency, and Qi and blood deficiency with inability to nourish the brain, muscles, and bones.

Western medicine refers to this condition as Down syndrome, intellectual maldevelopment, hydrocrania, and cerebral palsy.

Traditional Chinese Medicine Differential Diagnosis

- Liver and kidney deficiency:** Tendon and bone weakness and softness, developmental retardation, sitting, standing, walking, and tooth growth are all slower than in a normal child, even a 4- or 5-year-old is unable to walk, tired all the time, likes to sleep, pale face, pale complexion, no energy, pale tongue with a thin white coating, and a weak pulse.
- Heart blood deficiency:** Intellectual developmental retardation, no energy, extremely quiet, slow to speak or unclear speech, pale skin, yellow or thin hair, poor appetite, constipation, a pale tongue with little shiny coating, and a weak pulse.
- Spleen and kidney deficiency:** Head and neck softness with an inability to hold up the head, drooping lips, little power to chew, hands are soft, drooping, and unable to make a fist, feet and ankles are soft with an inability to walk or stand, muscles are loose, too weak to move, pale lips, pale tongue with little coating, and a weak pulse.
- Qi and blood deficiency:** Four-extremity weakness and softness, joint softness with an inability to stabilize, no spirit, intellectual maldevelopment, pale face, cold hands and feet, open mouth with the tongue outside of the mouth, poor appetite, indigestion, pale lips, pale tongue with shiny and little coating, and a weak pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Forehead

Middle Line of Vertex

Line 1 Lateral to Forehead

Line 2 Lateral to Forehead

Anterior Oblique Line of Vertex-Temporal—Dysfunction of Four Extremities

Anterior Temporal Line—Dysfunction of speech

Posterior Temporal Line—Dysfunction of hearing

Lower Lateral Line of Occiput—Balance problems

Technique: Select a few points from the list. Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use transverse insertion from the superior to the inferior direction for the forehead area. Insertion from the posterior to the anterior direction for the vertex area. Quickly push the needle into the subaponeurotic tissue layer and use the false lifting or false thrusting technique. Manipulate the needles to elicit Qi. Meanwhile, help the patient move his or her four extremities or massage the anterior part of the ear. Direct the patient to move their eyes and lead them in a conversation. Retain the needles for 30 minutes.

Treat the patient once daily, with 10 treatments to a course and 7 days of rest between courses. Treat the patient for up to 6 months, and then treat once a week for maintenance.

2. JIAO SYSTEM

Points:

Chorea and Tremor Control Area—Abnormal four-extremity movement

Foot Motor and Sensory Area—Abnormal four-extremity movement

Balance Area—Inability to walk straight or balance problems

Upper One-Fifth of Motor Area—Inability to walk straight or balance problems

Vision Area—Vision problems

Speech 2—Loss of speech (especially use left side of the scalp)

Speech 3—Loss of speech (especially use left side of the scalp)
Plus Si Shen Chong Points

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the fast rotation and turning technique up to 150 to 200 times per minute.

Retain the needles for up to 30 minutes, and manipulate the needles one or two times. Treat the patient once daily with 10 treatments to a course. When using the Si Shen Chong points, there are three different techniques:

Si Shen Chong to Du 20 (Bai Hui)

Du 20 (Bai Hui) to Si Shen Chong

Special square insertion

3. FANG SYSTEM

Points:

Speech

Memory

Technique: Use 32 to 34 gauge, 0.5 cun long filiform needles.

Use fast perpendicular insertion to a depth of 2.0 to 3.0 fen until the needle reaches the periosteum. Use the rotation and twirling technique, or use cutaneous or intradermal needles. Retain the needles for a few hours or up to several days.

4. TANG SYSTEM

Points:

Quiet Line

Heart Area

Lower Triangle

Speech

Intelligence Area

Technique: Use 32 to 34 gauge, 1.0 cun long filiform needles.

Use oblique insertion to a depth of 2.0 to 3.0 fen. Use the lifting and thrusting technique to elicit Qi. Retain the needles for up to 2 hours.

5. LIN SYSTEM

Points:

Three Needles at the Temple—plus Si Shen Cong for intellectual maldevelopment

Five Needles at the Forehead—plus Si Shen Cong for intellectual maldevelopment

Anterior Motor Area—paralysis

Technique: Use 32 to 34 gauge, 1.0 cun long filiform needles. Use oblique insertion up to a depth of 2.0 to 3.0 fen. Use the lifting and thrusting technique to elicit Qi. Retain the needles for up to 2 hours.

6. EXPERIMENTAL SCALP SYSTEM

Points:

Calm Shen Area

Consciousness Area

Peace-Safety Area

Epilepsy Area

Spirit-Emotion Area

Technique: Use 32 to 34 gauge, 0.5 cun long filiform needles.

Use fast perpendicular insertion to a depth of 2.0 to 3.0 fen until the needle reaches the periosteum. Use the rotation and twirling technique, or use cutaneous or intradermal needles.

Retain the needles for a few hours or up to several days.

When using scalp acupuncture to treat infantile intellectual maldevelopment, use only on patients who are at least 2 years of age, and make sure the skull has been well developed. Usually combine the treatment with macro-acupuncture points. The patient should continue to do normal physical activities while needles are retained.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Kidney

Spleen

Stomach

Liver

Adrenal

Small Intestine

Endocrine

Subcortex

Occiput

2. EUROPEAN AURICULAR THERAPY

Points:

Zero

Temporal Cortex

Master Sensorial

Frontal Cortex

Master Cerebral

Master Oscillation

Corpus Callosum

Reticular Formation

Technique:

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible.

Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin.

Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time. Five treatments constitute a course.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses. The patient should continue normal physical activity while the needles or seeds are retained.

Back Shu Acupuncture

Points:

UB 15 (Xin Shu)

UB 18 (Gan Shu)

UB 20 (Pi Shu)

UB 21 (Wei Shu)

UB 23 (Shen Shu)

UB 27 (Xiao Chang Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle at an oblique angle or perpendicular angle depending on the point location. Push the needle in to a depth of 0.5 to 1.2 cun. Use the rotation technique to elicit Qi. Retain the needles for 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course. Combine with Tui Na after withdrawing the needles.

Abdominal Acupuncture

Points:

Heaven and Earth combination: Choose Ren 12 (Zhong Wan) and Ren 4 (Guan Yuan) with Ren 8 (Shen Que).

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly in the sky, person, and earth layers to a depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's diseased areas. Follow with the waiting for Qi, moving Qi, and increasing Qi procedures. Retain the needles for 30 minutes.

Foot Acupuncture

FOOT POINT THERAPY

Points:

Zhu Xin Xue

Stomach
Spleen
Small Intestine
Technique:

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed. It is also helpful to combine abdominal massage with foot acupuncture points if necessary.

Summary

Infantile intellectual maldevelopment is a common condition referring to children with slow development mostly seen in standing, walking, hair growth, tooth growth, and verbal ability, as well as intellectual development. Use micro-acupuncture systems such as scalp, ear, and back Shu acupuncture to help with development. For scalp acupuncture, focus on the tonification technique with caution over the child's fontanelles, which are contraindicated to needle before 12 to 18 months of age. The back Shu points should use the flying, standing, and stopping techniques, which follow the back Shu area starting at UB 10 down the UB channel, focusing on the UB points along the way; then stop on the major Shu points, and focus on the kidney and liver Shu points. The patient should use nutritional therapy and get physical exercise.

SORE THROAT—YAN HOU ZHONG TONG

Sore throat is mainly characterized by pain in the throat with difficulty speaking and swallowing, and it may be accompanied by other symptoms in the body. Sore throat is usually caused by wind heat invasion, long-term exposure to toxins, dust, excessive speaking, alcohol, smoking, spicy foods, or internal organ disorders, such as lung and stomach toxic heat, liver and kidney Yin deficiency, and spleen deficiency.

Western medicine refers to this condition as acute or chronic pharyngitis, tonsillitis, and laryngitis.

Traditional Chinese Medicine Differential Diagnosis

1. **Wind heat invasion:** Pain, redness, and swelling of the throat, dryness, itchiness, cough, lower voice, difficulty swallowing combined with fever, slight aversion to cold, headache, body aches, pink tongue with red tip and yellow coating, and a floating, rapid pulse.
2. **Lung and stomach toxic heat:** Severe throat pain, cough, yellow and sticky phlegm, hoarse voice, difficulty swallowing in combination with high fever, thirst, irritability, yellow urination, dry stools, a red tongue with yellow coating, and a rapid, slippery pulse.
3. **Liver Yin deficiency:** Dryness and itching of the throat, slight pain with a hoarse voice, worse in the afternoon and

evening, red tongue with white coating, and a thin, rapid pulse.

4. **Kidney deficiency with empty fire rising:** Sore throat, burning sensation, strong thirst, cough due to itchy throat, small amount of sticky phlegm, irritability, low back and knee pain, little tongue coating, and a rapid, thin pulse.
5. **Spleen deficiency with dampness:** Pain of the throat with swelling, congestion with difficulty swallowing, diarrhea, heavy sensation, large, swollen tongue with tooth marks and a white tongue coating, and a weak, moderate pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Forehead

Line 1 Lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. For the Middle Line of Forehead point, use a transverse insertion from the superior to the inferior direction. If the patient has a sore throat and fever, use the against insertion technique. After needling into the subaponeurotic tissue layer, use the rotation technique with false lifting. Manipulate each needle for 1 to 3 minutes, and instruct the patient to swallow his or her saliva.

2. JIAO SYSTEM

Points:

Thoracic Cavity

Lower Two-Fifths of the Sensory Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert the needle rapidly at an oblique angle into the subaponeurotic tissue layer. Use the rotation technique and rotate the needles 150 to 200 times per minute, and continue to manipulate the needles for 1 to 3 minutes using the false lifting technique until the patient feels a release of heat and his or her whole body feels comfortable. Instruct the patient to perform a swallowing movement or take deep breaths. Retain the needles for 30 minutes, and manipulate the needles once. Treat once or twice daily for 1 to 3 days.

3. FANG SYSTEM

Points:

Upper Jiao of Prone Organ

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast insertion into the scalp at a perpendicular angle to a depth of 2.0 to 3.0 fen. Use the rotation and twirling technique to elicit Qi, and then retain the needles for 30 minutes while rotating one or two times.

Face Acupuncture

Points:

Throat

Stomach

Lung

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well. Then insert the needle slowly at an oblique, or transverse angle. Use strong rotation to elicit Qi. Instruct the patient to perform a swallowing movement or take a few deep breaths. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. For chronic conditions, treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding. For pain control, use the electro-acupuncture technique.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Ear Apex

Tonsil

Pharynx-Larynx

Lung

Shen Men

Helix 6

2. EUROPEAN AURICULAR THERAPY

Points:

Zero

Vitality Point

Throat

Lung

Mouth

Tonsil

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Instruct the patient to perform a swallowing movement or take a few deep breaths. Use the strong rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected points. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes.

When using the electro-machine, do not touch the two filiform needles together as accidental contact can create a dangerous electrical shock.

Ear Bleeding Technique: Select Ear Apex and Helix 6 as bleeding points. Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear and in the puncturing hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed a few drops or until blood changes from dark red to bright red. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once a day until recovered.

Eye Acupuncture

Points:

Lung of Area 1

Upper Jiao of Area 3

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the edge orbital margin insertion technique with transverse insertion to the subcutaneous tissue. This technique requires shallow insertion. The distance of the insertion point should be about 2.0 mm from the orbital margin. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball to the hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

Do not retain the needles for too long when using eye acupuncture especially for EPI conditions. Usually 5 to 10 minutes is standard.

Nose Acupuncture

1. NOSE THERAPY

Points:

Head and Face

Throat

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Instruct the patient to perform a swallowing movement. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes.

Fast Spot Pricking Technique: Use 32 to 34 gauge, 0.5 cun long filiform needles. Quickly prick the point. The nose area has less muscles and skin; therefore it is very sensitive, so needle insertion should be shallow and gentle.

Upper Jiao Technique: Use standard clean needle technique.

Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles.

Begin with the Head and Face point and manipulate the needle until you elicit Qi, and then gently lift the needle to the subcutaneous layer. Redirect the needle tip toward the Ear point until you elicit Qi. Now, gently lift the needle and redirect the tip toward the Ear point on the other side of the face until you elicit Qi. Next, gently lift the needle and thread the needle tip downward to the Heart point until you elicit Qi. Last, bring the needle back to the Head and Face point and retain it there for the duration of the treatment.

The skin and muscles around the nose and face are thin. Be careful not to insert needles too deeply or stimulate too strongly.

2. NOSE SAN JIAO THERAPY

Points:

3, 20, 62

Technique:

For Point 3, use perpendicular insertion 1.0 fen deep.

For Point 20, use transverse insertion upward 1.0 to 2.0 fen deep.

For Point 62, use oblique insertion downward 2.0 to 3.0 fen deep.

Philtrum Acupuncture

Points:

Philtrum 1

Philtrum 2

Philtrum 3

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with perpendicular insertion or angle the needle upward. Insert the needle to a depth of 0.5 to 0.8 cun. Use the strong rotation technique.

Alternatively, use a three-edge needle to perform fast spot pricking on the point to release a few drops of blood. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

The philtrum is located in the so-called “dangerous triangle,” therefore it is advisable to strictly follow clean needle technique in order to avoid infection.

Tongue Acupuncture

Points:

Pharynx-Larynx

Jin Jin Yu Ye

She Zhu

Zhong Ju

Heart

Spleen

Technique: Select one or two points from the list. Use fresh water to cleanse the patient’s mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. If needles are to be inserted on the surface of the tongue, ask the patient to stick his or her tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the

tongue with the tip of the tongue touching the incisors of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edge needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion at the local point to a depth of 0.5 to 1.2 cun.

Neck Acupuncture

Points:

St 9 (Ren Ying)

St 10 (Shui Tu)

St 11 (Qi She)

Technique: Use group needle stimulation techniques, in other words, traditional ancient techniques (the “Yang Ci” technique). The practitioner can also use a cutaneous needle such as a seven star needle. This technique involves multiple needles inserted closely together at one point. Choose 0.5 cun long, 30 to 34 gauge filiform needles. Hold several needles together and insert them at the same time in one point or insert them one by one closely together on one point. Insert to a depth of 0.2 to 0.3 cun and gently use lifting and thrusting techniques to stimulate the area until the skin turns pink-red in a circle around the needles. Instruct the patient to perform a swallowing movement. Retain the needles for 30 to 60 minutes.

Spinal Acupuncture

Points:

Major Spinous Process Point

Cervical 7

Thoracic 5

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the other Back Spinous Process points, use 30 to 32 gauge, 2.0 cun long filiform needles. The practitioner should use the thumb and index finger of the pressing hand to pinch the skin of the spinous process and the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. Use rotation techniques until the patient feels a Qi sensation along the spine. Instruct the patient to perform a swallowing movement a few times to increase the treatment effects. Retain the needles for 40 minutes or up to 1 to 2 hours.

Remarks: This technique requires needle insertion at the correct layer. If the skin becomes rough on the surface, this indicates that the needle is inserted too shallowly. If the needle is difficult to push in any further, this indicates that insertion is too deep and the needle may be hitting the spinous process. In either case, the needle should be adjusted. The needles should be inserted above the center of the spine.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Tonsil
Throat
Revive

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Mouth Point
Lung 1 Spot
Common Cold
Throat
Xiao Gu Kong
Shi Xuan

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for up to 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides.

Bloodletting Therapy: Select Tonsil or Revive points as a bleeding points. Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release a few drops of blood. Treat the patient every other day, alternating treatment on both hands.

3. KORYO HAND THERAPY

Points:

A 8, 12, 16, 20, 24; C 1, 5

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun long. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Mouth
Throat
Tonsil 1

Tonsil 2

Li Nei Ting

2. FOOT NEW POINT THERAPY

Points:

21, 22, 23

3. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Head and Neck of Feet Prone Imaging
Head Corresponding Area of Feet Prone Organs

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast strong, insertion. Use lifting, thrusting, and rotation techniques to elicit Qi, and then retain the needles for 20 to 30 minutes. Instruct the patient to perform a swallowing movement. Manipulate the needles every 5 to 10 minutes.

Summary

Sore throat can be chronic or acute. For the acute condition, use the ear, nose, hand, feet, and tongue micro-systems. For an acute condition with high fever, use hand and foot acupuncture with strong stimulation to force the patient to sweat, or use the bleeding technique on the ear. For chronic conditions, combine with back Shu points to support the patient's spleen, lung, and kidney Yin to focus on nourishing Yin and descending fire. For the patient who is sensitive to acupuncture needles, use ear seeds on the ear to help recovery. Normally, when the patient has a sore throat, educate the patient to avoid overwork, catching cold and wind, eating spicy food, smoking, and drinking alcohol. For patients who catch cold easily and have repeated sore throats associated with season changes, treat the patient before the season starts, and instruct the patient to perform physical exercise and eat nutritious foods.

MOUTH SORES—KOU CHUANG

Mouth sores, also known as canker sores, are characterized by superficial yellowish-white ulcerations appearing on the lips, tongue, gums, or mucous membranes of the oral cavity. Mouth sores usually have a rapid onset with varying sizes and shapes, and one or more sores can appear at a time. Mouth sores are caused by excessive consumption of alcohol, spicy foods, or the patient's body constitution with external wind, fire, or dryness leading to spleen and stomach excess heat. Mouth sores can also be caused by overwork or long-term illness leading to heart and kidney Yin deficiency with empty fire rising. Patients with

long-term illness of the digestive system can develop Zhong Qi deficiency leading to mouth sores.

Western medicine refers to this condition as aphthous stomatitis.

Traditional Chinese Medicine Differential Diagnosis

- Spleen and stomach excess heat:** Ulceration of the mucous membranes of the oral cavity, sores that are yellowish-white in color with slight swelling, palpitations, irritability, easily angered, thirst, desire to drink cold water, constipation, yellowish urination, red tongue with a yellow dry coating, and a fast, forceful pulse.
- Heart and kidney Yin deficiency with empty fire rising:** Ulceration of the mucous membranes of the oral cavity, relatively smaller number of sores that are grayish-white in color, dry mouth, palpitations, irritability, insomnia, five-palm heat, mouth sores that are painful at night, the sores mostly occur when the patient is overworked, tired, or has lack of sleep, red tongue with little coating, and a thin, fast pulse.
- Zhong Qi deficiency:** Ulceration of the mucous membranes of the oral cavity, sores that are white in color, local pain on the sore that is aggravated during eating, poor appetite, abdominal fullness, low energy, pale tongue with white coating, and a thin, weak pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Lower one-third of Posterior Oblique Line of Vertex-Temporal Middle Line of Forehead
Anterior Temporal Line

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the false lifting technique in combination with the comprehensive tonification and sedation techniques. Treat the patient once daily with 10 treatments to a course.

2. HEAD MERIDIANS AND POINTS

Points:

UB 9 (Yu Zhen)

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use routine clean needle technique to clean the point. Use your pressing hand to apply pressure on UB 9. Use your puncturing hand to insert the needle into the subaponeurotic tissue layer of the scalp at a 30-degree angle. For patients with middle Jiao excess heat, use fast manipulation of the needles and shaking to open the hole and release a few drops of blood. Treat the patient once daily with three to seven treatments to a course. For the patient with heart and kidney Yin deficiency with empty fire rising, use the rotation technique with the false lifting technique.

After the patient feels Qi, retain the needles for 10 to 15 minutes and manipulate the needles two or three times. For patients with Zhong Qi deficiency, use rotation and tonification techniques to stimulate the needles. After the patient feels Qi, retain the needles for 15 to 20 minutes. After taking out the needles, use indirect moxibustion to warm the scalp for 20 to 30 minutes.

Remarks: For mouth sores, use differential diagnosis to determine which of the different treatment skills to use. The patient will usually see results in 3 to 10 treatments.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Ear Apex
Tonsil
Pharynx-Larynx
Lung
Shen Men
Helix 6
Tongue

2. EUROPEAN AURICULAR THERAPY

Points:

Zero
Vitality Point
Throat
Lung
Mouth
Tonsil
Master Oscillation

Technique: For acute mouth sores: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 0.2 to 0.3 cun. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Instruct the patient to perform a swallowing movement or take a few deep breaths. Use strong stimulation, and retain the needles for 20 to 30 minutes.

Auricular Seed and Magnet Pressing Therapy: For chronic mouth sores: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the left hand and apply the ball with adhesive tape using the right hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Ear Bleeding Technique: For acute mouth sores: Select Ear Apex and Helix 6 as bleeding points. Massage the ear until it is

red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the left hand to hold the ear and in the right hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed a few drops or until blood changes from dark red to bright red. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once a day until the condition improves.

Tongue Acupuncture

Points:

Stomach

Ju Quan

Pharynx-Larynx

Jin Jin Yu Ye

She Zhu

Zhong Ju

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles.

If needles are to be inserted on the surface of the tongue, ask the patient to stick his or her tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisors of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes.

Alternatively, use a three-edge needle to perform fast spot pricking on the tongue to release a few drops of blood.

For the spot pricking technique, use fast insertion on the local point to a depth of 0.5 to 1.2 cun.

Foot Acupuncture

1. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Head and Neck of Feet Prone Imaging

Head Corresponding Area of Feet Prone Organs

Technique: Choose a comfortable lying position for the patient with the foot in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the toes, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain needles for 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides.

Summary

Mouth sores can be chronic or acute. For acute conditions, use the ear, foot, and tongue micro-systems. For an acute condition with high fever, use hand and foot acupuncture with strong

stimulation to force the patient to sweat, or use the bleeding technique on the ear. When using tongue acupuncture, insert the needle on the tongue and have the patient swallow the saliva that is created by the stimulation. For chronic conditions, combine with macro-acupuncture to support the patient's kidneys to avoid repeated onset. For the patients who are sensitive to acupuncture needles, use ear seeds on the ear to help recovery. Normally, when the patient has mouth sores, educate the patient to avoid overwork, catching cold and wind, eating spicy food, smoking, and drinking alcohol. For the patient who catches cold easily and has repeated mouth sores associated with season changes, treat the patient before the season starts, and instruct the patient to perform physical exercise and eat nutritious foods.

TOOTHACHE—YA TONG

Toothaches are a common ailment seen in mouth diseases. It is usually caused by pathogenic heat in the large intestine and the stomach. Exogenous pathogenic wind attacks and accumulates in the Yangming meridians; overwork and excessive sexual activity cause kidney deficiency leading to empty fire rising. Sometimes toothaches are caused by dental caries and eating too much sour and sweet food.

Western medicine refers to this condition as acute and chronic pulpitis, dental caries, peridental abscess, and pericoronitis.

Traditional Chinese Medicine Differential Diagnosis

1. **Toothache due to stomach fire:** Severe toothache accompanied by foul breath, thirst, constipation, bitter taste, red tongue with yellow coating, and forceful, rapid pulse.
2. **Toothache due to wind fire:** Acute toothache with gingival swelling accompanied by chills and fever, red tongue with white, thin coating, and superficial, rapid pulse.
3. **Toothache due to kidney Yin deficiency:** Dull pain off and on, loose teeth, absence of foul breath, red tongue, and thin, fast pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. JIAO SYSTEM

Points:

Lower Two-Fifths of Sensory Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Insert the needle at a 30-degree angle into the subaponeurotic tissue layer to a depth of 1.0 to 1.2 cun. Use the rotation technique up to 200 times per minute and rest for 5 to 10 minutes, or use the false lifting technique. Repeat manipulation until the patient feels a strong Qi sensation on the scalp and the toothache lessens. Ask the patient to move his or her jaw or tap his or her upper to lower teeth. Then retain the needles for 20 to 30 minutes while manipulating the needles two times.

Face Acupuncture

Points:

Kidney
Liver
Thigh

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at a perpendicular, oblique, or transverse angle. For the zygomatic and cheek areas use a perpendicular insertion. Rotate the needles to elicit Qi. Instruct the patient to perform a swallowing movement, open and close the jaw or take a few deep breaths. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding. Use the electro-acupuncture technique for pain control.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Ear Apex
Tonsil
Pharynx-Larynx
Lung
Shen Men
Helix 6
Tooth
Jaw
Mouth
San Jiao

Supplemental Points:

Stomach excess heat—Ear Apex bleeding
Stomach deficient heat—Kidney

2. EUROPEAN AURICULAR THERAPY

Points:

Zero
Vitality Point
Throat
Lung
Mouth
Tonsil
Master Oscillation
Thyroid Gland
Teeth
TMJ
Upper Jaw
Lower Jaw
Technique:

Electro-Acupuncture Ear Therapy: *For an acute toothache:*
Select a few points from the list. Use 30 to 34 gauge,

0.5 cun long sterilized filiform needles. Use Betadine to pre-clean the surface of the ear, and follow with 70% alcohol to clean the ear. Insert the filiform needles into the selected points. Use more than a 100 Hz high frequency. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Instruct the patient to perform a swallowing movement or take a few deep breaths. Maintain the stimulation for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Ear Bleeding Technique: Select Ear Apex and Helix 6 as bleeding points. Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the left hand to hold the ear and in the right hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed a few drops or until blood changes from dark red to bright red. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once a day.

It is very important to first use Betadine to clean the ear surface followed by a 70% alcohol rub to prevent infections.

Philtrum Acupuncture

Points:

Philtrum 1

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with a perpendicular insertion or angle the needle upward. Insert the needle to a depth of 0.5 to 0.8 cun. Use the strong rotation technique.

The bloodletting technique can also be used. Select a three-edge needle with the spot pricking technique to release a few drops of blood. This is especially useful for toothaches with a headache.

Tongue Acupuncture

Points:

Stomach
Jin Jin Yu Ye
She Zhu
Zhong Ju

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. If needles are to be inserted on the surface of the tongue, ask the patient to stick his or her tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisors of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edge needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use a fast insertion at the local point to a depth of 0.5 to 1.2 cun.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Throat

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Common Cold

Toothache

Throat

Mouth Point

3. HAND IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Head of Hand Radial Inverted Organ

Head of Hand Ulnar Inverted Organ

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release a few drops of blood. Treat the patient every other day, alternating treatment on both hands.

4. KORYO HAND THERAPY

Points:

A 8, 12, 16, 24, 25, 26, 28; J 7; K 9; N 5

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Head

Mouth

2. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Wai Huai Qian Jiao Mai

Nu Xi

Ba Feng

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use the lifting, thrusting, and rotation techniques to elicit Qi, and then retain the needles for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Wrist and Ankle Acupuncture

Points:

Upper 1

Upper 2

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive activity methods. Ask the patient to clench their teeth while retaining the needles. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Acupuncture is an effective treatment for toothaches. Micro-acupuncture treatments on the ear, scalp, philtrum, hand, and foot have good results. In the clinic, toothaches manifest with rapid, sudden, and increasing pain. Use acupuncture to treat a

toothache at the time of severe pain for the best result. It can be used in combination with the cooling the sky technique or the bleeding technique. Use strong stimulation and retain the needles for a longer period of time for better results. Electroacupuncture also has good results for toothaches. If used in combination with macro-acupuncture, there is usually a better result. The most common points to use are LI 4 (He Gui), St 4 (Di Cang), St 44 (Nei Ting), St 7 (Xia guan), SJ 2 (Ye Men), GB 20 (Feng Chi), and Kid 3 (Tai Xi). The patient with a severe infection or severe tooth disease requires surgery to treat the primary disease, such as a root canal. The patient should avoid cold, acrid, spicy, sour, and sweet foods. Dental care is also very important to prevent toothaches from occurring.

TINNITUS AND DEAFNESS—ER MING ER LONG

Tinnitus is a disorder that is characterized by experiencing a noise in one or both ears. The noise may be constant or intermittent and may vary in intensity and character. The noise can occur in combination with a distended sensation in the ear and decreased hearing. The noise may sound like a high-pitched whistle, a bell, an engine running, or rushing water. Tinnitus is usually caused by emotional strain, excessive sexual activity, overwork, old age, abnormal diet, or exposure to loud sounds, which can lead to liver and gallbladder stagnation, heart Yin deficiency, liver and kidney Yin deficiency, phlegm-fire obstruction, or kidney Yang deficiency. Tinnitus has excess and deficiency conditions.

Western medicine refers to this condition as nervous tinnitus or nervous deafness.

Traditional Chinese Medicine Differential Diagnosis

Excess Conditions

1. **Liver and gallbladder fire:** Tinnitus with a sudden onset and a loud sound, like an engine running, distended sensation in the ear, decreased hearing, clearly related to emotional strain, red face and eyes, bitter taste, dry throat, irritability, anger, constipation, red tongue with yellow coating, and a wiry pulse.
2. **Phlegm-fire flaming upward:** Tinnitus that sounds like a cricket or running engines, decreased hearing or deafness, a feeling of oppression of the chest, headache, dizziness, heavy sensation, fullness of the chest, shortness of breath, coughing with yellow phlegm, a red tongue with a yellow sticky coating, and a wiry, slippery pulse.

Deficiency Conditions

1. **Heart Yin insufficiency:** Intermittent tinnitus, a high-pitched whistle that usually happens in both ears, decreased hearing, palpitations, insomnia, disturbing dreams, slight anxiety, a pale tongue with a thin coating, and a thin, choppy pulse.
2. **Liver and kidney Yin deficiency:** Tinnitus with gradual onset, a high-pitched whistle sometimes alternating with

a low sound like rushing water or buzzing, worse in the evening, decreased hearing, dizziness, eye strain, night sweats, thirst, dry mouth, low back and knee weakness, red tongue with little coating, and wiry, thin pulse.

3. **Kidney Yang deficiency:** Tinnitus with a weak and low sound, worse in the evening, deafness more than tinnitus, mostly in one ear, a full and distending sensation in the ear, low back soreness with a cold sensation, cold body, low energy, long and clear urination, frequent urination at night, diarrhea in the morning, pale tongue with white moist coating, and deep, thin, and weak pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Posterior-Temporal Line
Middle Line of Vertex
Middle Line of Forehead
Plus St 8 (Tou Wei)

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion into the scalp. When inserting on the Posterior-Temporal Line, insert the needle from GB 8 (Shuai Gu) to GB 7 (Qu Bin). When inserting on the forehead, insert the needle from the superior to the inferior direction. When inserting on the vertex, insert the needle from the anterior to the posterior direction. In severe cases, insert the needle using the against insertion technique. When inserting at the St 8 (Tou Wei) point, use the needle cross insertion technique. Use the false lifting technique for all of the points. Use continuous manipulation on each needle for up to 1 minute, and then retain the needles for 30 to 60 minutes, while manipulating the needles every 15 minutes. Ask the patient to apply pressure to the ear orifice 10 times, or ask the patient to squeeze the nose ala nasi area to close the ear pathway and push until the patient feels a sensation in both ears. Treat the patient daily or every other day with 7 to 10 treatments to a course. Usually the patient will need two to five different courses with a rest time of 3 to 5 days between courses.

2. JIAO SYSTEM

Points:

Vertigo and Hearing Area
Liver and Gallbladder Area

Technique: Use 30 to 34 gauge, 1.5 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the fast rotation technique up to 200 times per minute continuously for up to 1 minute. Retain the needles for 30 to 60 minutes while manipulating the needles one or two times. Treat the patient once daily with 10 treatments to a course. Usually the patient needs one or two courses.

3. LIN SYSTEM

Points:

Sound Memory Area
Speech Area
Three Needles at the Temple
Additional Motor Area

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Quickly insert the needles into the subaponeurotic tissue layer. Without manipulating the needles, retain the needles for up to 1.5 to 2 hours. Ask the patient to perform physical movement during the retention of the needles. Treat the patient once daily or every other day, with 10 treatments to a course and 3 to 5 days of rest between courses. Usually the patient needs three to five courses or longer according to the disease.

4. FANG SYSTEM

Points:

Auditory

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast insertion perpendicularly to a depth of 2.0 to 3.0 fen into the periosteum. Use the rotation and turning technique until the patient feels Qi. Retain the needles for 30 to 60 minutes. Treat the patient once daily with 10 treatments to a course.

Face Acupuncture

Points:

Back
Kidney

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at a perpendicular angle. Rotate the needles to elicit Qi. Ask the patient to apply pressure to the ear orifice several times. Retain the needles for 20 to 30 minutes and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Inner Ear
External Ear
Occiput
Liver
Gallbladder
Subcortex
Sympathetic

2. EUROPEAN AURICULAR THERAPY

Points:

Zero

Master Sensorial
Master Oscillation
Temporal Cortex
Auditory Nerve

Technique: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear and in the puncturing hand to hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

Do not treat the ear if the patient has ulcers, broken skin, or skin lesions on the ear.

Eye Acupuncture

Points:

Kidney of Area 2
Liver of Area 4
Upper Jiao of Area 3

Technique: Use 30 to 34 gauge, 0.5 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use gentle insertion perpendicularly, obliquely, or transversely to the orbital margin area to a depth of 2.0 to 3.0 fen in order to elicit Qi. Be sure not to insert over into another area. Follow the direction of the flow of Qi for tonification and go against the flow of Qi for sedation. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball to

the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

Nose Acupuncture

1. NOSE THERAPY

Points:

Head and Face

Ear

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes.

2. NOSE SAN JIAO THERAPY

Points:

30, 38, 61

Technique:

For Point 30, use perpendicular insertion to a depth of 1.0 to 2.0 fen.

For Point 38, use transverse insertion along the eyebrow to a depth of 2.0 to 4.0 fen to treat ear conditions.

For Point 61, use oblique insertion toward St 6 to a depth of 2.0 to 5.0 fen.

Tongue Acupuncture

Points:

Ear

Kidney

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. If needles are to be inserted on the surface of the tongue, ask the patient to stick his or her tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisors of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edge needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion on the point to a depth of 0.5 to 1.2 cun.

The tongue is a highly sensitive and active area of the body and therefore achieves good treatment results.

Neck Acupuncture

Points:

5 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

- For the 5 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun and then use lifting, thrusting, and rotation techniques. If using the rotation technique, use mild stimulation to elicit Qi. Then use the warming needle technique for 5 to 9 Zhuangs of moxa cones so the patient feels warmth but not a burning sensation. The needles are usually retained for 20 to 30 minutes.
- These points are located close to the medulla. When inserting the needle and manipulating it, it is important that you keep the needle at a shallow level to avoid the needle contacting the medulla, which could lead to a fatal outcome.

Back Shu Acupuncture

Points:

UB 23 (Shen Shu)

UB 18 (Gan Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle at an oblique angle on UB 18 (Gan Shu) and a perpendicular angle on UB 23 (Shen Shu). Push the needle in to a depth of 0.8 to 1.2 cun. Use the rotation technique to elicit Qi. Retain the needles for 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Kidney

Liver

Side of Head

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert the needle into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the affected area of the body or apply pressure to the ear orifice several times. Retain the needles for up to 20 to 30 minutes.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release a few drops of blood. Treat the patient every other day, alternating treatment on both hands.

Bleeding techniques work very well for hand acupuncture treatments. It is an effective way to open meridians, release stagnation, help circulation, and speed up the healing process, especially for chronic and difficult diseases.

2. KORYO HAND THERAPY

Points:

A 1, 5, 6, 8, 12, 16; G 7; N 5; F 5; B 24; H 7; M 28

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Ear

Nei Lin Qi

Nei Xia Xi

Kidney

2. FOOT NEW POINT THERAPY

Points:

19, 24

3. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Head and Neck of Feet Prone Imaging

Head of Feet Tibia Inverted Imaging

Head of Feet Fibula Inverted Imaging

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use the lifting, thrusting, and rotation techniques to elicit Qi, and then retain the needles for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes and massage the ears or have the patient apply pressure to the ear orifice several times as the needles are being manipulated. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage

techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Wrist and Ankle Acupuncture

Points:

Upper 4

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with active and passive activity methods, including Tui Na, Qi Gong, moxibustion, massaging the ear area, or pressure applied to the ear orifice several times while retaining the needles. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Tinnitus is a difficult condition to treat, and the results with micro-acupuncture, as well as acupuncture therapy and herbs, are not the best. However, this is an alternative method to treat tinnitus and has more effective results than any other therapy. Relatively better results are achieved with scalp, ear, neck, back Shu, and foot acupuncture. The treatment should be in combination with macro-acupuncture therapy. Usually an excess condition is easier to treat than a deficiency condition. Patients who have tinnitus with arteriosclerosis or tumor that causes tinnitus receive little benefit from acupuncture. For any other type of tinnitus, micro-acupuncture may be effective, but the condition can easily recur or worsen. For patients with long-term tinnitus, the practitioner can use ear massage to augment micro-acupuncture, especially when the needle is inserted at the point. To perform ear massage, place both palms on the ear and apply pressure and then loosen; repeat 10 to 30 times. Patients can use this therapy themselves two or three times a day. Continue to treat for 30 to 60 days in combination with micro-acupuncture. This massage technique should only be used when tinnitus is becoming severe. For the tinnitus patient who is elderly and has a deficiency condition, it is necessary that the patient rest and decrease sexual activity. Lifestyle improvements, food therapy, and exercise will help tinnitus recovery.

NOSEBLEEDS — BI NIU

Nosebleeds are an abnormal disorder that can occur at any age and may be due to a variety of conditions, such as nose disease, susceptibility to bleeding disorder, trauma, invasion of external wind heat, alcoholic beverages, spicy food, poor dietary habits, emotional anger and worry, overwork, and excessive sexual activities. All of this can cause lung heat, stomach fire, liver fire rising, and spleen and kidney deficiency. Nosebleeds have deficiency and excess conditions. Excess conditions are mostly due to blood heat or rebellious Qi, and deficiency conditions are mostly due to blood deficiency or Qi deficiency.

Western medicine refers to this condition as epistaxis.

Traditional Chinese Medicine Differential Diagnosis

- Lung heat:** Dryness of the nasal cavity, nosebleeds with a moderate amount of brightly colored blood, coughing with a lack of phlegm, dry mouth, body warmth, a red tongue with a white thin or dry coating, and a fast pulse.
- Stomach heat:** Nosebleeds with a large amount of bright red or dark red blood, dry nose, burning sensation of the nose, dry mouth, likes to drink, bad breath, constipation, scanty urination, red tongue with yellow dry coating, and a rapid, big pulse.
- Liver fire rising:** Nosebleeds with a large amount of dark red blood, headache, dizziness, vertigo, bitter taste in mouth, dry throat, red face, palpitations, fullness of the chest and hypochondrium area, constipation, a red tongue with yellow dry coating, and a wiry, fast pulse.
- Liver and kidney Yin deficiency:** Intermittently recurring nosebleeds with a small amount of pink-red blood, nosebleeds that are worse at night, dry mouth, thirst, night sweats, five-palm heat, tinnitus, blurred vision, a red tongue with little coating, and a thin, fast pulse.
- Spleen failing to control the blood:** Intermittently recurring nosebleeds with less blood that is light red in color, lusterless complexion, shortness of breath, low energy, poor appetite, diarrhea, pale tongue, and a weak pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Forehead

Middle Line of Vertex

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle from the superior to the inferior direction on the Middle Line of Forehead point. Insert the needle from the anterior to the posterior direction for the Middle Line of Vertex point. Use transverse insertion into the subaponeurotic tissue layer. Use the false lifting technique and continuously manipulate the needles for 1 to 2 minutes. Meanwhile, use your hand to apply pressure to the ala nasi

area by continually pressing and releasing the area. Retain the needles for 30 minutes, and manipulate the needles once during the needle retention. Treat the patient once daily with three to four treatments to a course. This technique can usually stop the nosebleed immediately.

2. HEAD MERIDIANS AND POINTS

Points:

Du 23 (Shang Xing)

UB 3 (Mei Chong)

UB 4 (Qu Chai)

UB 7 (Tong Tian)

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use perpendicular insertion until the needle reaches the periosteum. Use rotation and sedation techniques.

Manipulate the needles for 30 seconds on each point and then release the needles. Alternatively, you can use 0.5 cun long filiform needles or three-edge needles and perform the spot pricking bloodletting technique on the scalp.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Inner Nose

Forehead

Lung

Apex of Ear

Shen Men

Adrenal Gland

2. EUROPEAN AURICULAR THERAPY

Points:

Inner Nose

External Nose

Thalamus

Zero

Allergy Point

Adrenal Gland

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located.

Use the slow rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Insert the filiform needles

into the selected points. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Please note that you must be aware of the patient's medical history, especially in terms of coagulation disorders or blood-thinning medication. Consult with a medical doctor as needed before you perform the acupuncture treatment.

Nose Acupuncture

1. NOSE THERAPY

Points:

Head and Face plus Du 20 (Bai Hui)

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Upper Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Head and Face point and manipulate the needle until you elicit Qi, and then gently lift the needle to the subcutaneous layer. Redirect the needle tip toward the Ear point until you elicit Qi. Now, gently lift the needle and redirect the tip toward the Ear point on the other side of the face until you elicit Qi. Next, gently lift the needle and thread the needle tip downward to the Heart point until you elicit Qi. Last, bring the needle back to the Head and Face point and retain it there for the duration of the treatment.

2. NOSE SAN JIAO THERAPY

Points:

4, 12, 36, 37, 58

Technique:

For Point 4, use perpendicular insertion 1.0 fen deep or oblique insertion laterally to 1.0 to 2.0 fen deep.

For Point 12, use oblique insertion upward 1.0 fen deep.

For Point 36, use oblique insertion toward the midline 2.0 to 3.0 fen deep.

For Point 37, use oblique insertion upward and toward the midline 2.0 to 3.0 fen deep.

For Point 58, use perpendicular insertion 1.0 fen deep.

Hand Acupuncture

1. NEW HAND ACUPUNCTURE THERAPY

Points:

Nose Point

Stomach point

Nose Bleeding

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for up to 20 to 30 minutes.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin.

Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release a few drops of blood. Treat the patient every other day, alternating treatment to both hands.

Bleeding techniques on the hand work very well for nosebleeds.

It is an effective way to open meridians, release stagnation, and increase circulation back to its normal pathways.

2. KORYO HAND THERAPY

Points:

A 4, 5, 8, 12, 16; G 7; J 7

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Nose

Lung

2. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Head and Neck of Feet Prone Imaging

Head of Feet Tibia Inverted Imaging

Head of Feet Fibula Inverted Imaging

Head Corresponding Area of Feet Prone Organs

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use the lifting, thrusting, and rotation techniques to elicit Qi. Manipulate the needles and massage the forehead then retain the needles for up to 20 to 30 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Summary

Micro-acupuncture has good results for minor bleeding and chronic nosebleeds. For profuse bleeding, combine with any other therapy. Nose, hand, and foot acupuncture are the common methods used to treat nosebleeds. For nose acupuncture, use mostly during the time of bleeding because stimulating the local area can cause the blood vessels to spasm and stop the bleeding. Using foot acupuncture has good results for repeat-onset nosebleeds. Normally use stimulation on the bottom of the foot on the Stomach point or use garlic to make a paste and apply on the Stomach area on the foot. This can usually reduce repeated onset and the amount of blood.

NASAL CONGESTION—BI YUAN

Nasal congestion is characterized by abnormal nasal discharge, stuffy nose, headache, heaviness of the head, loss of the sense of smell, and facial pain. In some cases, it may be combined with dizziness, fatigue, diminished memory, and lack of concentration. Nasal congestion may be caused by repeated invasions of external wind cold or wind heat, which causes fluid stagnation in the nose or sinuses. This is often combined with an internal organ imbalance, such as lung deficiency or spleen deficiency.

Western medicine refers to this condition as a viral, bacterial, or fungal infection or an allergic reaction in the nose and sinus cavities.

Traditional Chinese Medicine Differential Diagnosis

Excess Conditions

1. **Invasion of wind heat:** Yellow discharge from the nose to the back of throat, stuffy nose, loss of the sense of smell, and facial pain, in combination with fever, aversion to cold, headache, fullness of the chest, a red tongue with yellow coating, and a floating, rapid pulse.

2. **Shaoyang fire:** Yellow and sticky discharge from the nose to the back of the throat, loss of the sense of smell, frontal headache with severe pain, fever, bitter taste in the mouth, dry throat, dizziness, tinnitus, irritability, a red tongue with yellow coating, and a rapid, wiry pulse.
3. **Spleen damp heat:** Yellow and sticky discharge, heaviness of the head, loss of the sense of smell, headache, dizziness, loss of appetite, bloating, a red tongue with yellow, sticky coating, and a soft, slippery pulse.

Deficiency Conditions

1. **Lung Qi deficiency:** Discharge that is white and sticky, stuffy nose, diminished sense of smell, dizziness or heaviness of the head, aversion to cold, coldness of the four extremities, shortness of breath, fatigue, pale tongue with a white coating, and a moderate, slow pulse.
2. **Spleen Qi deficiency:** Profuse white or yellow sticky discharge, stuffy nose, loss of the sense of smell, fatigue, heaviness of the body, poor appetite, diarrhea, pale tongue with a white coating, and a soft, deep, and weak pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Forehead

Line 1 Lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle transversely from the superior to the inferior direction. After the needle is in the subaponeurotic tissue layer, use the false lifting technique continuously for 2 to 3 minutes. During the manipulation of the needles, ask the patient to massage the nose, apply pressure on the LI 20 (Ying Xiang) point and on the sides of the nose, or actively open and close the nose. Using moxibustion along the forehead during the treatment will have remarkable results. Retain the needles for 30 minutes and manipulate the needles one or two times during the treatment. Treat the patient once daily for acute conditions. For chronic conditions, treat the patient once every other day with 7 to 10 treatments to a course, and then rest for 3 to 5 days and repeat again for two to four courses.

2. TANG SYSTEM

Points:

Nose Area

Frontal Area

Lung Trachea Area

Wind Line (if nasal congestion is caused by allergy)

Blood Line

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Transversely insert the needle to a depth of 2.0 to 3.0 fen. Use lifting and thrusting techniques to attain Qi, and then

retain the needles for 60 minutes. During the retention of the needles, ask the patient to massage their nose.

Face Acupuncture

Points:

Top of Face
Lung
Spleen
Stomach

Technique: Use 32 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at an oblique, or transverse angle. Rotate the needles to elicit Qi. Ask the patient to take deep breaths through the nose. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Inner Nose
Forehead
Lung
Apex of Ear
Shen Men
Adrenal Gland
External Nose

2. EUROPEAN AURICULAR THERAPY

Points:

Inner Nose
External Nose
Thalamus
Zero
Allergy Point
Adrenal Gland
Frontal Sinus

Technique: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needles for 20 to 30 minutes. Ask patient to take deep breaths through the nose during the stimulation.

Eye Acupuncture

Points:

Lung of Area 1
Upper Jiao of Area 3

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the inner margin insertion technique with perpendicular insertion, needling the point slightly toward the eyeball. Insert needles to a depth of 0.2 to 0.5 cun. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball to the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

Nose Acupuncture

1. NOSE THERAPY

Points:

Lung
Head and Face
Hip and Thigh
Knee and Leg
Foot and Toes

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Have the patient breathe in herbs or aromatic fragrances during the treatment. It stimulates sensory nerve reactions, and helps to open up the nasal passages. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes.

Upper Jiao Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Begin with the Head and Face point and manipulate the needle until you elicit Qi, and then gently lift the needle to the subcutaneous layer. Redirect the needle tip toward the Ear point until you elicit Qi. Now, gently lift the needle and redirect the tip toward the Ear point on the other side of the face until you elicit Qi. Next, gently lift the needle and thread the needle tip downward to the Heart point until you elicit Qi. Last, bring the needle back to the Head and Face point and retain it there for the duration of the treatment.

2. NOSE SAN JIAO THERAPY

Points:

12, 21, 29, 33, 35, 36, 40, 45, 53

Technique:

For Point 12, use oblique insertion upward 1.0 fen deep.
 For Point 21, use oblique insertion downward 1.0 to 2.0 fen deep.
 For Point 29, use perpendicular insertion 1.0 to 2.0 fen deep.
 For Point 33, use perpendicular insertion 1.0 to 2.0 fen deep.
 For Point 35, use oblique insertion toward the inferior midline 2.0 to 3.0 fen deep.
 For Point 36, use oblique insertion toward the midline 2.0 to 3.0 fen deep.
 For Point 40, use perpendicular insertion 2.0 fen deep.
 For Point 45, use oblique insertion upward 1.0 fen deep.
 For Point 53, use perpendicular insertion 1.0 to 2.0 fen deep.

Philtrum Acupuncture**Points:**

Philtrum 9

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion. Insert the needle to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Mouth Acupuncture**Points:**

Area of Head

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the lower lip apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Tongue Acupuncture**Points:**

Nose

Lung

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. If needles are to be inserted on the surface of the tongue, ask the patient to stick his or her tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisors of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edge needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use a fast insertion on the point to a depth of 0.5 to 1.2 cun.

Do not use tongue acupuncture for patients who bleed easily or continue to bleed, or patients who are weak or have severe conditions.

Neck Acupuncture**Points:**

5 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. For the 5 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun and then use lifting, thrusting, and rotation techniques. If using the rotation technique, use mild stimulation to elicit Qi. Apply moving moxibustion on the neck area. The needles are usually removed after Qi is obtained.

Hand Acupuncture**1. NEW HAND ACUPUNCTURE THERAPY****Points:**

Nose Point

Lung Point

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to needle into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Apply moxibustion on the forehead and retain the needles for up to 20 to 30 minutes.

2. KORYO HAND THERAPY**Points:**

A 3, 4, 5, 6, 8, 12, 16, 18; B 1, 2, 3, 4, 5, 6, 7

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days. Moxibustion Therapy: Hold a moxa roll above the surface of the hand for a comfortable, warm, and moving sensation, or use direct moxa techniques. Apply a little garlic juice or massage oil to the skin to help the moxa cone stay in place.

Use rice cone moxa for up to 2 to 3 Zhuangs during the treatment. Seo Am moxa, which has adhesive tape underneath the moxa cone, can also be used. Seo Am moxa is convenient because it adheres directly to the skin while the patient's hand is in any position.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Nose
Lung

2. FOOT NEW POINT THERAPY

Points:

1, 17

3. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Head and Neck of Feet Prone Imaging

Head Corresponding Area of Feet Prone Organs

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use the lifting, thrusting, and rotation techniques to elicit Qi. Ask the patient to take deep breaths through the nose, and then retain the needles for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Indirect moxibustion may be used on specific points or areas. Usually use a moxa stick for indirect moxibustion. Ask the patient to lie supine to work on the dorsal side of the feet and lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Wrist and Ankle Acupuncture

Points:

Upper 1

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles.

Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the

diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with active or passive activity methods, including Tui Na, Qi Gong, moxibustion, and breathing techniques while retaining the needles. It is also helpful to combine wrist and ankle acupuncture with macro-acupuncture points or other micro acupuncture systems if necessary. There are 10 treatments to a course. Rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Nasal congestion may be caused by an infection or allergy. Micro-acupuncture has shown good results in alleviating nasal congestion without side effects.

- For acute stages, use the nose, ear, and eye micro-acupuncture systems for the best results. If the patient has lung or spleen Qi deficiency, the treatment may be combined with Chinese herbal therapy as well to treat the internal disease.
- This disease may need long-term treatment. Ear pressure may be a beneficial addition to the treatment for long-term use.
- For disease prevention, advise the patient to exercise regularly. For a deficient patient, include herbs in the treatment to tonify the Qi and stabilize the exterior.
- Massage therapy may be included. Massage the nose area to produce sweating for better results.

NECK PAIN—JING TONG

Neck pain is a common condition that is characterized by pain in the neck, stiffness, soreness, swelling, dysfunction, and limited range of motion, accompanied by headache, shoulder pain, and arm pain. It is caused by acute or chronic injury, exogenous pathogenic invasion, Qi and blood deficiency, weakness of the liver and kidneys due to old age or long-term illness leading to Qi and blood stagnation, or damp-phlegm obstruction causing pain.

Western medicine refers to this condition as cervical spondylotic syndrome, such as hyperosteo-geny, prolapse of intervertebral disc, and soft tissue damage or degeneration.

Traditional Chinese Medicine Differential Diagnosis

1. **Wind cold invasion:** Neck and upper shoulder and back pain, fixed pain, prefers warmth, stiffness, limited range of motion, acute or chronic onset, rope-like muscles in the

back of the neck and trigger points, upper arm heaviness and weakness, headache, chest pain, poor appetite, a normal tongue or one that is slightly dark and swollen with tooth marks, and a deep, slow pulse or wiry, slippery pulse.

2. **Damp phlegm obstruction:** Neck pain, stiffness, soreness in the shoulder and upper arm, body heaviness, weak when lifting weight, a heavy head, dizziness, chest pain, fullness, sleeps a lot, lack of appetite, swollen tongue with a white, sticky coating, and a deep, slippery pulse.
3. **Qi and blood stagnation:** Acute or chronic onset, neck, shoulder, back, and four extremities have numbness, sharp pain, fixed pain that is tender to the touch, pressure, worse in the evening, dizziness, blurred vision, insomnia, forgetfulness, distension and fullness of the chest, irritability, dark and purple tongue with black spots on the side of the tongue, and a thin, choppy pulse.
4. **Qi and blood deficiency:** Neck and upper back soreness and dysfunction, shoulder and upper arm numbness, lack of sleep, dreams a lot, spontaneous sweating, night sweating, dizziness, eye strain, palpitations, and shortness of breath. For women the symptoms will get worse after menses, irregular menstruation, pale tongue with a thin coating, and a thin, weak pulse.
5. **Liver and kidney deficiency:** Neck and shoulder discomfort, distension pain in the brain, dizziness, tinnitus, limited range of motion, low energy, forgetfulness, low back and knee soreness, a thin, small tongue that is red with little coating, and a wiry, thin pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Upper arm numbness, soreness, pain, and dysfunction:

Anterior Oblique Line of Vertex-Temporal

Posterior Oblique Line of Vertex-Temporal

Headache and dizziness:

Middle Line of Vertex

Middle Line of Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion from the superior to the inferior or from the anterior to the posterior direction. Or use across insertion technique from the Anterior Oblique Line of the Vertex-Temporal to the Posterior Oblique Line of the Vertex-Temporal to connect two different meridians. Quickly push the needle into the subaponeurotic tissue layer. Use the false lifting or thrusting techniques according to the deficiency or excess conditions. For better results, use in combination with neck massage, rub and press the occipital area of the neck, physical movement such as rotating the neck or warming moxa therapy along the Hua Tuo Jia Ji points on the neck. Treat the patient once daily with 10 treatments to a course.

2. JIAO SYSTEM

Points:

Upper One-Fifth of Motor and Sensory Area

Middle Two-Fifths of Motor and Sensory Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the rotation and turning technique up to 200 times per minute until the patient feels Qi. Have the patient rotate or bend the neck, lifting the arms upwards.

Treat the patient once daily with 10 treatments to a course.

3. FANG SYSTEM

Points:

Neck of the Prone Imaging

Middle Portion of Inverted Imaging and Inverted Organ

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use fast insertion perpendicularly to a depth of 2.0 to 3.0 fen to reach the periosteum. Use the rotation and turning technique, or use cutaneous or intradermal needles along the neck area on the scalp. Ask the patient to move his or her neck and do physical activity to increase Qi flow.

4. ZHU SYSTEM

Points:

Vertex Occipital Zone 1

Posterior Vertex Zone

Middle One-Third of Vertex Temporal Zone—Shoulder pain

Anterior Temporal Zone—Upper arm numbness and pain

Front Vertex Zone—Headache and dizziness

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use oblique insertion to a depth of 2.0 to 3.0 fen. Use lifting and thrusting techniques until the patient feels Qi. Retain the needles for up to 2 hours, or retain the needles for up to 4 to 8 hours. Ask the patient to move the neck or apply massage. Also use warm moxibustion therapy around the neck. Treat the patient every other day with 10 treatments to a course.

Face Acupuncture

Points:

Cervical vertebra

Technique: Use 32 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Be sure to clean the area well before insertion. Then insert the needle slowly at an oblique, or transverse angle. Rotate the needles to elicit Qi. Have the patient rotate the neck. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Neck

Cervical Vertebrae
 Shen Men
 Occiput
 Clavicle
 External Genitals

Supplemental Points:

Liver
 Endocrine
 Liver Yang
 Sympathetic

2. EUROPEAN AURICULAR THERAPY

Points:

Zero
 Cervical Spine
 Spinal Cord
 Neck
 Clavicle

Technique: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected point. Use more than a 100 Hz high frequency. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear and in the puncturing hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

The active Qi treatment is a very important technique in ear acupuncture therapy. Insert a few filiform needles, intradermal needles, or auricular seeds on the sensitive ear points then let the patient perform active physical movement of the neck. Patients may react with pain reduction or decreased muscular contraction. If the patient is not capable of moving his or her neck, the practitioner should perform Tui Na, acupressure, or massage on the neck. For patients with acute neck pain and limited range of motion, avoid inserting needles on the neck area because it may cause the muscles to contract. Most of the patients will receive immediate benefit from the treatment.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Neck and Upper Back

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then let the patient perform active physical movement of the neck. Retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Intradermal Needle:

Intradermal needles are used for conditions that require stimulation for a longer period, such as a few days. Usually use grain-like intradermal needles. Before needling, the surface of the nose should be cleaned well. Hold the needle with forceps, insert it horizontally into the point, and then apply adhesive tape to fix the needle to the skin. The needled area should be kept dry and clean.

2. NOSE SAN JIAO THERAPY

Points:

18

Technique:

For Point 18, use oblique insertion toward the anterior-lateral direction to 1.0 fen deep.

Philtrum Acupuncture

Points:

Philtrum 2

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion or angle the needle toward the left or right, depending on the disease location. Insert the needle to a depth of 0.5 to 0.8 cun. Use the gentle rotation technique. Let the patient perform active physical movement of the neck area. If the patient is not capable of moving his or her neck,

the practitioner should perform Tui Na, acupressure, or massage on the neck. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Mouth Acupuncture

Points:

Area of the Head

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the lower lip apart in order to locate the point. Insert the needle with the right hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Neck Acupuncture

Points:

5 Point Locations

15 Point Locations

27 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Select one technique for each treatment.

- For the 5 point locations technique, insert the needles slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun and then use lifting, thrusting, and rotation techniques. If using the rotation technique, use mild stimulation to elicit Qi. Then use the warming needle technique for 5 to 9 Zhuangs of moxa cones so the patient feels warmth but not a burning sensation. The needles are usually retained for 20 to 30 minutes.
- For the 15 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 0.5 to 0.8 cun. Use gentle lifting and thrusting rotation to elicit Qi, and retain the needles for 20 to 30 minutes. All 15 points are needled in the same treatment.
- For the 27 point locations technique, insert the needles to a depth of 0.5 to 0.8 cun and perform mild lifting and thrusting techniques or a small degree of rotation to elicit Qi. Retain the needles for 20 to 40 minutes. There are four vertical lines. Be careful when inserting the needle; the direction of insertion should be perpendicular to the skin. All 27 points on the neck area will follow the shape and curve of the neck.

Jia Ji Acupuncture

Points:

Cervical Jia Ji Points

Thoracic Jia Ji Points T 1 through T 3

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled.

Insert the needle perpendicularly to a depth of 0.5 to 1.0 cun at the Cervical and Thoracic Jia Ji points. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Chest Acupuncture

Points:

Clavicular 2

Shoulder-Arm 1 & 2

Infrascapular

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on the patient's body size. Elicit Qi and withdraw the needle. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course.

Acupressure: Find the chest acupuncture point or positive trigger point, especially working any points with a ropey or bumpy feel. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, for children, for weak patients, or if the chest point area has an obvious pressure pain or sensitivity reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. For the lumbar area or an area with abundant muscles, use a small piece of hard wood to replace your hand and apply pressure for a particularly long time, usually 7 to 15 minutes. For urgent conditions, treat two or three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days to a course, then rest for 2 to 3 days and continue another course.

Intradermal Embedding Technique: Clean needle technique is critical for preparing the point. Use the left hand to tightly stretch the skin, and use the right hand to hold a small hemostat to insert a disposable grain-like intradermal needle into the skin and tape the needle down when finished. Retain the needle for 3 to 5 days with 10 treatments to a course. If the embedded needle becomes painful and affects sleep, adjust the needle direction or depth until the patient is pain-free.

Chest acupuncture distribution has a close relationship with nerve segment distribution. So when treating the disease, if unable to find a sensitive point, select a point that is on the nerve segment distribution area (rather than the point) along the lower border of the costal bone to find the trigger point, and replace the point that was originally designed for the treatment.

Abdominal Acupuncture

Points:

Head, Neck, and Occiput

Technique: Use a 30 to 34 gauge, 1.5 cun long filiform needle. Insert the needle perpendicularly to a depth of 1.0 to 1.2 cun. Ask the patient to turn and rotate or massage the neck. Manipulate the needles to elicit Qi. Retain the needles for 20 to 30 minutes, and manipulate the needles every 5 minutes.

Points:

Ren 12 (Zhong Wan), Kidney 17 (Shang Qu), Stomach 24 (Hua Rou Men)

Side of the neck – Kidney 17 (Shang Qu), Stomach 24 (Hua Rou Men)

Back of the neck – Ren 10 (Xia Wan), Kidney 17 (Shang Qu)

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly into the sky layer and use a rotation technique to elect Qi, and then gently move the needle to the person layer and use the rotation technique with very gentle lifting and thrusting. Lastly, push the needle deeper into the earth layer and use the rotation technique to elicit Qi. So, the gentle lifting and thrusting technique is mainly used on the person layer. Use moxibustion or TDP lamp on the stomach area. Meanwhile massage the patient's neck. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Neck

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Occipital of Head

Zhong Xian

Lou Zhen 1

Neck

3. HAND IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Head and Neck of Hand Prone Imaging

Neck of Hand Radial Inverted Imaging

Neck of Hand Ulnar Inverted Imaging

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. The active Qi treatment is a very important technique. Ask the patient to move their neck in all different directions.

Most of the patients will receive immediate benefit from the treatment. If the patient is not capable to moving his or her neck due to severe pain, the practitioner should assist the patient in doing passive activity such as massage or moxibustion on the neck during the treatment. Retain the needles for 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides, and massage the affected area or have the patient exercise the affected area as the needles are being manipulated.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release some drops of blood. Treat the patient every other day, alternating treatment to both hands.

Electro-Acupuncture Therapy: After inserting the needle, use an electro-machine to simulate the point. Use a continuous wave, dense wave, or intermittent wave. Usually treat the patient for 20 to 30 minutes with seven treatments to a course. Be careful not to needle the tendons.

Pellet Therapy: This technique is used for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Stiff Neck

2. FOOT NEW POINT THERAPY

Points:

20

3. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Xia Kun Lun

Shu Wei

4. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Head and Neck of Feet Prone Imaging

Neck of Feet Tibia Inverted Imaging

Neck of Feet Fibula Inverted Imaging

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient sit or lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points.

Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use the lifting, thrusting, and rotation techniques to elicit Qi. The practitioner should perform Tui Na, acupressure, massage, or manipulation on the neck, and retain the needles for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

The active Qi treatment is a very important technique in the foot acupuncture technique. Insert a few needles on the foot points then instruct the patient to perform active or passive activity movement of the neck, such as stretching, rotating or massaging the neck, TDP lamp, and moxibustion.

Summary

Using acupuncture to treat neck pain is a highly effective therapy. The patient should receive early treatments. Use micro-acupuncture therapy on the ear, philtrum, neck, hand, and foot for the best results, especially for acute neck pain. For chronic neck pain use ear, neck, and abdominal acupuncture. It is necessary to use in combination with macro-acupuncture points, such as GB 39 (Xuan Zhong), SI 6 (Yang Lao), and Du 26 (Shui Gou). Also use local points such as Du 14 (Da Zhui), UB 10 (Tian Zhu), GB 20 (Feng Chi), SI 13 (Hou Xi), Lu 7 (Lie Que), and SI 7 (Zhi Zheng), which have good results especially for a patient with acute back pain. When using micro-acupuncture therapy, it is very important to use it in combination with manipulation and Tui Na massage. Encourage the patient to move his or her neck in order to get Qi to move. Often warming needle, cupping, or moxibustion treatments are used in combination with the needle therapy. Also important is good physical care, using the right pillow, and avoiding catching cold or wind. Patients who have posture problems should pay attention to their posture at work. Patients who have cervical spondylotic syndrome should combine stretching and yoga practice. Physical exercise is very important for long-term care.

FACIAL PAIN—MIAN TONG

Facial pain is unilateral or bilateral facial sensations of soreness, sharpness, burning, cutting, or tearing. It can be chronic or acute, and it is sometimes combined with headaches. Any conditions occurring on the face, such as nose, eye, dental, or ear conditions, can cause facial pain. It can be caused by wind, cold, damp, or heat obstructing the meridians, or liver and gallbladder damp heat obstructing the channels. Anything that causes stomach fire rising, such as alcohol or spicy foods, can lead to facial pain. Excessive stress, excessive sexual activity, and overwork causes kidney Jing deficiency with liver Yang rising, which can lead to facial pain. Anything that damages the spleen and stomach can lead to clear Yang not rising, Qi and blood not nourishing the face, and phlegm obstructing the channels, all of which can cause facial pain. A traumatic injury can cause Qi and blood stasis leading to facial pain.

Western medicine refers to this condition as headache, trigeminal neuritis, herpes, any kind of facial tumor, any surgery on the face, epidemic parotitis, infections on the face, or cancer of the maxillary antrum.

Traditional Chinese Medicine Differential Diagnosis

1. **Wind cold invading:** Acute facial pain, spasms, pain is better with warmth and worse when exposed to cold or wind, headache, runny nose, body aches, thin white or white sticky tongue coating, and a floating, tight, or wiry pulse.
2. **Wind heat invading:** Burning pain in the face, pain is worse when exposed to heat, headache, thirst, red tongue with thin, white, or yellow coating, and a wiry, rapid pulse.
3. **Stomach fire rising:** Face and gum pain with a burning sensation, pain is worse when exposed to heat, red face, red eyes, thirst, likes to drink, irritability, constipation, scanty urination, red tongue with yellow coating, and a slippery, rapid pulse or a floating, rapid pulse.
4. **Liver and gallbladder damp heat:** Facial pain from time to time, burning sensation, pain distending to the corner of the anterior head, pain is worse with emotional changes, irritability, easily angered, red face, red eyes, bitter taste in the mouth, red tongue especially at the tongue tip, and a wiry, fast pulse.
5. **Yin deficiency with wind agitating within:** Facial distending pain, spasm of the facial muscles or numbness, facial sensations worse with anger, headache, dizziness, irritability, easily angered, warm and burning sensation in the face, insomnia, disturbing dreams, soreness of the lumbar and legs, tinnitus, red face, dry mouth, red tongue with little coating, and a wiry, thin, fast pulse.
6. **Qi and blood deficiency:** Headache and facial pain from time to time, dull and mild pain with an empty sensation, pain is worse when the patient gets up in the morning and better when lying down, worse after exertion, pale face, tired, shortness of breath, poor appetite, a pale tongue with white coating, and a thin, weak pulse.

7. **Wind phlegm obstructing the channels:** Facial pain with heaviness and numbness, vertigo, nausea, vomiting saliva, fullness of the chest and abdomen, tired, heavy four extremities, pale tongue with white sticky coating, and a wiry, slippery pulse.
8. **Qi and blood stasis:** Facial pain that is usually fixed, pain has a cutting or stabbing quality, long-term history of pain, pain is worse at night, dark blue facial color, dark blue tongue with black spots, and a wiry, choppy pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Anterior Temporal Line—Plus St 8 (Tou Wei)

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. When inserting the needles on St 8 (Tou Wei), use the needle cross insertion technique, which uses two needles. One needle is inserted from up to down and the other is inserted from anterior to posterior, to form a cross on the middle of the point. The appearance of the needles is a cross. When needling the Anterior Temporal Line points, insert the needle from GB 4 (Han Yan) to a depth of 1.0 cun toward GB 6 (Xuan Li). When the needles are at the required depth, the practitioner can use both hands on the two needles of St 8 to manipulate the needles at the same time with the false lifting technique. Ask the patient or an assistant to apply pressure on the painful area of the face from a gentle pressure to a strong pressure until the patient has severe pain on the face. The practitioner can increase the power of the lifting technique until the patient feels that the pain has gradually reduced and the pain is no longer present when pressure is applied to the face. For the anterior temporal line, use the gentle false lifting technique. Retain the needles for 30 to 60 minutes, and manipulate the needles every 15 minutes for up to 1 to 2 minutes each. When the patient has pain, treat once daily or one to two times per day, with five to seven treatments to a course. Between treatments, use needles at GB 20 (Feng Chi), LI 4 (He Gu), SJ 5 (Wai Guan), and GB 39 (Xuan Zhong). Treat every other day with five to seven treatments to a course.

2. JIAO SYSTEM

Points:

Lower Two-Fifths of Sensory Area Contralaterally

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use a transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the fast rotation and twirling technique up to 200 times per minute. Ask the patient to massage the face until the pain is reduced.

3. FANG SYSTEM

Points:

Upper Jiao of Prone Organ

Upper Jiao of Inverted Organ

Head Area of Prone Imaging

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast perpendicular insertion to a depth of 1.0 to 3.0 fen until the needle reaches the periosteum. Use the rotation and turning technique until the patient feels Qi. Retain the needles for 30 minutes, and manipulate one or two times during the needle retention. Treat the patient once daily with 7 to 10 treatments to a course. If the patient has no facial pain, treat only once every other day.

4. TANG SYSTEM

Points:

Face Area (Diseased side)

Wind Line

Blood Line

Upper Triangle

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use oblique insertion to a depth of 2.0 to 3.0 fen. Insert the needle from the superior to the inferior direction and use lifting and thrusting techniques until the patient feels Qi. Retain the needles for 30 minutes to 2 hours, and manipulate the needles once every 15 minutes. Treat the patient once daily with 10 to 12 treatments to a course.

5. HEAD MERIDIAN AND POINT

Points:

Du 23 (Shang Xing)

UB 5 (Wu Chu)

UB 6 (Cheng Guang)

UB 7 (Tong Tian)

UB 8 (Luo Que)

Du 21 (Qian Ding)

Du 20 (Bai Hui)

GB 15 (Tou Ling Qi)

GB 16 (Mu Chuang)

GB 17 (Zheng Ying)

GB 18 (Cheng Ling)

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use oblique or perpendicular insertion and alternate two groups of points. Use one group of points only each time. Alternatively, use three-edge needles to perform the spot pricking bloodletting technique on the points to release a few drops of blood. Treat the patient once daily with 10 treatments to a course. This technique is good for patients with acute facial pain or an acute onset of facial pain.

Remark: Any of these scalp acupuncture systems and formulas can usually stop pain immediately, but the pain can easily return. So during the treatment, tell the patient to prevent any possible reason that would bring on facial pain, such as avoiding wind cold and avoiding or treating local infections. Meanwhile, the patient should use self-massage on the face, temple, vertex, and eye area or massage on the palm of the hand and dorsal side of the hand. The patient can also

apply pressure on LI 4 (He Gu) or Kd 1 (Yong Quan) to stabilize the treatment effect.

Face Acupuncture

Points:

Shoulder

Arm

Medial Thigh

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at a perpendicular angle. Rotate the needles to elicit Qi. Then use the electro-acupuncture technique. Retain the needles for 20 to 30 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men

Forehead

Temple

Cheek

Jaw

Supplemental Points:

Liver

Large Intestine

Occiput

Stomach

2. EUROPEAN AURICULAR THERAPY

Points:

Zero

Master Sensorial

Temporal Cortex

Upper Jaw

Thalamus

Technique: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected point. Use more than a 100 Hz

high frequency. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with the pressing hand and apply the ball with adhesive tape using the puncturing hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the left hand to hold the ear and in the right hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

The active Qi treatment is a very important technique in the ear acupuncture therapy. It can increase local vessel expansion to improve blood circulation, and help control pain. Use massage or moxibustion on the face during the treatment or let the patient perform active physical movement such as rubbing the forehead and pressing the temporal area, closing and opening the eye, bulging the cheek, smiling, and whistling. Most of the patients will receive immediate benefits from the treatment.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Head of Face

Heart

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according

to the point location. Use gentle massage or moxibustion on the face during the treatment. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Philtrum Acupuncture

Points:

Philtrum 2

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion or angle the needle toward the left or right, depending on the disease. Insert the needle to a depth of 0.5 to 0.8 cun for chronic conditions and 0.3 to 0.6 cun for acute conditions. Use the gentle rotation technique and gentle massage or moxibustion on the face during the treatment. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Mouth Acupuncture

Points:

Area of Nerves

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper lip apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Neck Acupuncture

Points:

5 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Select one technique for each treatment. For the 5 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun and then use lifting, thrusting, and rotation techniques. If using the rotation technique, use mild stimulation to elicit Qi. Then use the warming needle technique for 5 to 9 Zhuangs of moxa so the patient feels warmth but not a burning sensation. The needles are usually retained for 20 to 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Throat
Forehead

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Throat
Toothache

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the affected area of the body, and retain the needles for up to 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides, and massage the face or have the patient exercise the face as the needles are being manipulated.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release some drops of blood. Treat the patient every other day, alternating treatment to both hands.

Foot Acupuncture

1. FOOT NEW POINT THERAPY

Points:

1, 2, 12, 13, 22

2. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Head Corresponding Area of Feet Prone Organs
Head Corresponding Area of Feet Tibia Inverted Organs
Head Corresponding Area of Feet Fibula Inverted Organs

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Ask the patient to wash his or her feet before starting the treatment. Have the patient sit or lie on his or her back with the legs stretched out and relaxed. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi, use active Qi treatment then retain the needles for about 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Indirect moxibustion may be used on specific points or areas. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and

focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

The active Qi treatment is a very important technique in the foot acupuncture technique. Insert a few needles on the foot points then instruct the patient to perform active or passive activity movement of the face, such as rub and press the temples, forehead, and cheeks while retaining the needles on the feet.

Wrist and Ankle Acupuncture

Points:

Upper 1

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles.

Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with active or passive activity methods, including Tui Na, Qi Gong, or moxibustion while retaining the needles. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Holographic Acupuncture

SECOND METACARPAL BONE

Points:

Head

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle along the edge of the radial side of the second metacarpal bone or the ulnar side of the fifth metacarpal bone. Direct the needle toward the palmar surface of the hand to a depth of 0.3 to 0.8 cun. Adjust the needle direction for a more sensitive reaction. Retain the needles for about 30 to 45 minutes, with rotation and manipulation every 5 to 10 minutes. If the patient has a warm, burning, or sweating sensation in the diseased area, this indicates that better results will occur.

Use the tip of the thumbnail to massage the points of the second metacarpal bone with mild clockwise pressure until the patient feels numbness, distension, heaviness, or soreness sensations on the local area of the hand. The patient will usually have treatment results immediately.

Electro-Acupuncture:

Insert the needles and then connect an electro-machine to the needles. Use sparse wave, dense-sparse wave, and/or

intermittent wave. Treat the patient once daily or every other day, with seven treatments to a course.

Summary

Facial pain usually occurs because of infection, catching cold or heat, or internal organ imbalance causing fire rising leading to pain. The micro-systems most commonly used are ear and face acupuncture. The most common technique is bleeding the ear in combination with pressing ear balls on the ear surface. Sometimes face acupuncture and hand acupuncture are used to treat facial pain. Clinical experience shows that to treat facial pain, use active Qi treatment especially facial massage combined with needle insertion in the ears or hands. For the patient with pain associated with nerve disorders, use electro-acupuncture locally. The patient should avoid acrid, spicy foods, smoking, and alcohol.

FACIAL PALSY—MIAN TAN

Facial palsy is a condition in which the patient feels pain around the ear and face before the condition starts, and then the patient usually wakes up in the morning to find mouth and eye deviation with facial paralysis. During physical examination, you will find that half of the face has become paralyzed. The patient will be unable to wrinkle the forehead, close the eye completely, the mouth will be deviated toward the unaffected side, and the lip on the affected side will not move when attempting to smile. The patient will not be able to perform certain movements during the examination such as closing the eye completely, bulging the cheek, smiling, and whistling. On the affected side, the patient will usually have frequent tearing, drooling saliva, or food retained between the cheek and teeth. Facial palsy can be caused by overwork, emotional stress, excessive sexual activity, irregular diet, physical overwork, leading to weak Zang Fu, essence, and Qi, and blood deficiency. The wind heat, wind cold, and wind damp pathogens invade the empty meridians causing Qi and blood stasis leading to facial palsy. The four pathogenic factors involved in this kind of condition are wind, phlegm, fire, and stasis.

Western medicine refers to this condition as peripheral facial paralysis, also known as Bell's palsy, or a central nerve disorder from cerebral hemorrhage, cerebral thrombosis, cerebral embolism, or spasm of the cerebral vessels.

Traditional Chinese Medicine Differential Diagnosis

1. **Wind heat invading the channels:** Mouth and eye deviation, the face feels loose and fatigued, teary and red eyes, sometimes headache, dry eyes, ear pain, red tongue with yellow coating, and a wiry, fast pulse.
2. **Wind invading empty channels:** Mouth and eye deviation, tight sensation on the face, aversion to wind and cold, unable to close the eye, bulge the cheeks, smile, or whistle, tearing, headache, pale tongue with red tip and white coating, and a floating pulse.

3. **Wind phlegm obstructing channels:** Mouth and eye deviation, tightness of the face, tearing, pain behind the ear, headache, heavy sensation of the body, low energy, pale and swollen tongue with white coating, and a floating, tight pulse.
4. **Damp phlegm obstructing channels:** Mouth and eye deviation, unable to completely close the eye, numbness of the face, a lot of phlegm from the mouth, pale and swollen tongue with white sticky coating, and a wiry, slippery pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Anterior Temporal Line

Lower One-Third of Anterior Oblique Line of Vertex-Temporal Plus St 8 (Tou Wei), GB 20 (Feng Chi), LI 4 (He Gu)

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion into the subaponeurotic tissue layer and the false lifting technique to manipulate the needles. On the St 8 point, use the cross needle insertion technique. If the patient has a numb sensation on the face, insert one needle at the Lower One-Third of Anterior Oblique Line of Vertex-Temporal point. Then insert the other needle from the anterior to the posterior direction to cross the first needle at the lower one-third area, which is a running needle from the anterior oblique line to the posterior oblique line. Use the false lifting technique. Manipulate the needles by using both hands and move in both directions. Meanwhile, ask the patient to apply self-massage on the face by pushing the facial muscles toward the ears. The technique should be gentle. Let the patient feel a local warm, comfortable sensation. For the patient without the ability to wrinkle the forehead, use massage to lift up the forehead while manipulating the needles on the scalp. For GB 20 and LI 4 manipulation, use routine stimulation, eliciting Qi and releasing the needles. For scalp acupuncture, retain the needles for at least 30 minutes and manipulate the needles one or two times during the retention. Treat the patient daily or every other day, with 10 to 12 treatments to a course and 3 to 5 days of rest between courses.

2. JIAO SYSTEM

Points:

Lower Two-Fifths of Sensory Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the rotation and turning technique up to 200 times per minute until the patient feels Qi. Meanwhile, ask the patient to perform self-massage on the affected side of the face or use moxibustion. Retain the needles for 30 to 60 minutes, and manipulate the needles two or three times during the retention.

3. FANG SYSTEM

Points:

Upper Jiao of Prone Organ

Upper Jiao of Inverted Organ

Head Area of Prone Imaging

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use fast perpendicular insertion to a depth of 1.0 to 3.0 fen until the needle reaches the periosteum. Use the rotation and turning technique until the patient feels Qi. Have the patient rub their forehead and press the temporal area, closing and opening the eye, bulging the cheek, smiling, and whistling. Retain the needles for 30 minutes, and manipulate one or two times during the needle retention. Treat the patient once daily with 7 to 10 treatments to a course.

4. TANG SYSTEM

Points:

Face Area (Diseased Side)

Wind Line

Blood Line

Upper Triangle

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use oblique insertion to a depth of 2.0 to 3.0 fen. Insert the needle from the superior to the inferior direction, and use lifting and thrusting techniques until the patient feels Qi. Retain the needles for 30 minutes to 2 hours, and manipulate the needles once every 15 minutes during the needle retention. Treat the patient once daily with 10 to 12 treatments to a course.

Face Acupuncture

Points:

Medial Thigh

Kidney

Spleen

Umbilicus

Technique: Use 32 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at a perpendicular, oblique, or transverse angle. For the zygomatic and cheek areas use a perpendicular insertion. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding. Electro-acupuncture technique can be used as well.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men

Forehead

Temple
Cheek
Jaw

Supplemental Points:

Liver
Large Intestine
Occiput
Stomach

2. EUROPEAN AURICULAR THERAPY

Points:

Zero
Master Sensorial
Temporal Cortex
Upper Jaw
Thalamus

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 0.2 to 0.3 cun. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use strong stimulation, and retain the needles for 20 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected points. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the left hand to hold the ear and in the right hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

For patients with facial palsy, the practitioner needs to use massage or moxibustion on the face during the treatment or instruct the patient to perform active physical movement such as rub the forehead and press the temporal area,

closing and opening the eye, bulging the cheek, smiling, and whistling.

Eye Acupuncture

Points:

Upper Jiao of Area 3

Technique: Use 30 to 34 gauge, 0.5 cun long filiform needles.

Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use gentle insertion perpendicularly, obliquely, or transversely to the orbital margin area to a depth of 2.0 to 3.0 fen in order to elicit Qi. Be sure not to insert over to another area. Follow the direction of the flow of Qi for tonification and go against the flow of Qi for sedation. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball to the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

Philtrum Acupuncture

Points:

Philtrum 2

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with perpendicular insertion or angle the needle toward the left or right, depending on the disease. Insert the needle to a depth of 0.5 to 0.8 cun. Use the gentle rotation technique. Ask the patient to apply self-massage on the face by pushing the facial muscles toward the ears. For the patient without the ability to wrinkle the forehead, use massage to lift up the forehead while manipulating the needles on the philtrum.

The philtrum is located in the so-called "dangerous triangle"; therefore it is advisable to strictly follow clean needle technique in order to avoid infection.

Mouth Acupuncture

Points:

Area of Nerves

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper lip apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Neck Acupuncture

Points:

St 9 (Ren Ying)
St 10 (Shui Tu)
St 11 (Qi She)

Technique: Use group needle stimulation techniques, or, in other words, traditional ancient techniques (the “Yang Ci” technique). The practitioner can also use a cutaneous needle such as a seven star needle. This technique involves multiple needles inserted closely together at one point. Choose 0.5 cun long, 30 to 34 gauge filiform needles. Hold several needles together and insert them at the same time in one point or insert them one by one closely together on one point. Insert to a depth of 0.2 to 0.3 cun and gently use lifting and thrusting techniques to stimulate the area until the skin turns pink-red in a circle around the needles. Ask the patient to apply self-massage on the face by pushing the facial muscles toward the ears. Retain the needles for 30 to 60 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Side of Head

Spleen

Liver

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the face, or have the patient close and open the eye, bulging the cheek, smiling, and whistling and retain the needles for up to 20 to 30 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

2. KORYO HAND THERAPY

Points:

A 4, 5, 8, 12, 16, 18, 26; I 10, 14, 19, 38; B 19, 24; E 38; G 7; C 9; F 5

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few

days. Have the patient rub the forehead and press the temporal area, closing and opening the eye, bulging the cheek, smiling, and whistling as the pellets are being remained.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Head

Stomach

Liver

2. FOOT NEW POINT THERAPY

Points:

1

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi, then retain the needle for about 20 to 30 minutes. For patients with facial palsy, the practitioner needs to use massage or moxibustion on the face during the treatment or let the patient perform active physical movement such as rub the forehead and press the temporal area, closing and opening the eye, bulging the cheek, smiling, and whistling. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Indirect moxibustion may be used on specific points or areas on the feet. When using indirect moxibustion, lightly warm the point until the skin turns pink. In the mean time, let the patient perform active physical movement such as rubbing the forehead and pressing the temporal area, closing and opening the eye, bulging the cheek, smiling, and whistling. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Summary

There is not much clinical information on using micro-acupuncture systems for facial palsy. The scalp, ear, hand, and face acupuncture therapies are usually used. When treating facial palsy, it is very important to insert the needles on a distal area while having the patient perform facial exercise such as

chewing gum, or to massage the face to increase muscle tone. Nutritious food is necessary for this kind of condition, and the patient should avoid direct exposure to wind and cold on the face. Taking Chinese herbs, doing facial exercises, and a regular lifestyle is very important for patient recovery.

SHOULDER PAIN—JIAN TONG

Shoulder pain is one of the most common conditions seen in the clinic, and it is characterized mainly by pain in one or both shoulders. There is stiffness, soreness, swelling, dislocation, limited range of motion, or radiating pain up to the neck or down the arm. It is caused by acute or chronic injury, exogenous pathogenic invasion, or long-term illness causing Qi and blood deficiency leading to Qi and blood stasis, causing pain.

Western medicine refers to this condition as scapulohumeral periarthritis, tendonitis of the supraspinatus muscle, or Duplay syndrome.

Traditional Chinese Medicine Differential Diagnosis

- 1. Wind cold invading:** Shoulder pain that usually occurs on one side, chronic onset, pain at the shoulder, stiffness, worse on a rainy day and better when it is warm, no swelling, limited range of motion with abduction, worse at night, pale tongue with white coating, and wiry, tight pulse.
- 2. Blood stasis:** A history of injury, shoulder pain, swollen and distended feeling, worse in the evening, can hear bone cracking sounds when moving the shoulder, pale tongue or pink red with black spots on the side of the tongue, and a wiry, thin, and choppy pulse.
- 3. Qi and blood deficiency:** Normally seen in a chronic condition, shoulder pain, no local swelling, worse with physical activity or on a rainy day, limited range of motion, pale tongue with white coating, and a deep, slow pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Two-Fifths of Anterior Oblique Line of Vertex-Temporal

Middle Two-Fifths of Posterior Oblique Line of Vertex-Temporal

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion into the scalp. The needle direction depends on the area of the pain. If the patient has anterior shoulder pain, insert the needle from the posterior to the anterior direction. If the patient has posterior shoulder pain, insert the needle from the anterior to the posterior direction. If the patient has both anterior and posterior shoulder pain, use two needles and the against insertion technique or the across connecting insertion technique. After the needle reaches the subaponeurotic tissue layer, use the false lifting technique continuously for 1 to 3 minutes. If using the against insertion or across

connecting insertion techniques, the practitioner should use two hands to manipulate both needles at the same time. If the patient feels the pain being released or reduced, that is the Qi coming. Then retain the needles for 1 hour or more while manipulating the needles once every 10 to 30 minutes. During the time of retention, ask the patient to do physical activities, such as abduction, raising and rotating the shoulders, or climbing the wall or touching his or her ear with the arm. The degree of movement will start at a small range and increase to a large range and increase from light to heavy. Also use acupressure on the local shoulder Ashi points. Do movements for 5 to 10 minutes each time for two to three times per day. Treat the patient with acupuncture once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses.

2. JIAO SYSTEM

Points:

Middle Two-Fifths of Motor and Sensory Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the rotation and turning technique up to 200 times per minute until the patient feels Qi. The patient then moves the arms in all different directions; rotation, adduction, abduction, and stretching back to touch the opposite scapula. Retain the needles for 30 minutes while manipulating the needles once every 10 minutes. Treat the patient once daily with 10 treatments to a course.

3. FANG SYSTEM

Points:

Shoulder Area of the Prone Imaging

Upper Jiao of Prone Organ

Middle One-Third of Inverted Imaging

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast insertion perpendicularly to a depth of 2.0 to 3.0 fen to reach the periosteum. Use the rotation and turning technique to manipulate the needles. Retain the needles for 30 minutes while manipulating one or two times during the retention. Treat the patient once daily with 10 treatments to a course.

4. ZHU SYSTEM

Points:

Posterior Vertex Zone

Technique: Use 30 to 34 gauge, 1.5 cun long filiform needles. Insert needles on this zone. After needling into the subaponeurotic tissue layer, use the false lifting technique continuously for up to 3 minutes. If one shoulder is diseased, choose the contralateral side of the Posterior Vertex Zone. If both shoulder joints have limited range of motion, use both sides of the Posterior Vertex Zone. Manipulate the needles separately. Use strong, fast manipulation, and meanwhile ask the patient to do shoulder physical exercise.

Retain the needles for 30 to 60 minutes while manipulating one or two times. If the patient has inflammation limiting range of motion at the shoulder area, combine with shoulder massage and acupressure on GB 21 (Jian Jing).

5. TANG SYSTEM

Points:

Yin Shoulder Line
 Yang Shoulder Line
 Wind Line
 Quiet Line
 Blood Line
 Yin Shoulder Line—Contralateral or bilateral severe anterior shoulder pain
 Yang Shoulder Line—Contralateral or bilateral severe posterior shoulder pain
 Yin and Yang Shoulder Lines—Pain over entire shoulder area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use oblique insertion to a depth of 2.0 to 3.0 fen in the direction of the top of the vertex to the side of the head.

Use lifting and thrusting techniques to elicit Qi. Ask the patient to do shoulder physical exercise. Retain the needles for up to 1 to 2 hours. Ask the patient to do physical exercise during the needle retention.

Remark: Using scalp acupuncture to treat shoulder pain often gets immediate results to stop the pain. To get these good results, it is very important to focus on the relationship of the needle direction with the painful spots. It is important to have the patient mentally focus on the painful spots while the practitioner performs massage on the area. We also can use intradermal needles with physical exercise for recovery.

Face Acupuncture

Points:

Shoulder
 Arm

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at a perpendicular angle. Rotate the needles to elicit Qi. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Ask the patient to do physical exercise, such as climbing the wall or touching his or her ear. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding. For pain control, use the electro-acupuncture technique.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men
 Occiput

Shoulder
 Shoulder Joint

Adrenal
 Clavicle
 Cervical Vertebrae

Supratragic Apex

Supplemental Points:

Liver
 Spleen
 Endocrine

2. EUROPEAN AURICULAR THERAPY

Points:

Zero
 Shoulder
 Master Shoulder
 Clavicle
 Cervical Spine
 Thoracic Spine
 Adrenal
 Parathyroid Gland
 Anterior Pituitary

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected point. Use more than a 100 Hz high frequency. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulation for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear and in the puncturing hand hold the

three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three or more drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

The active Qi treatment is a very important technique.

Ask the patient to move the arms in all different directions; rotation, adduction, and stretching arm back to touch the opposite scapula. This technique is especially useful to the patient who has shoulder pain with range of the motion problems.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Arm

Shoulder point

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Ask the patient to move the shoulder in all different directions; rotation, adduction, and stretching the arm back to touch the opposite scapula. If the patient is not capable of moving his or her shoulder, the practitioner should perform Tui Na, acupressure, massage, or manipulation on the shoulder area. Keep the shoulder warm or use TDP lamp or moxibustion for chronic conditions. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes.

Intradermal Needle: Intradermal needles are used for conditions that require stimulation for a longer period, such as a few days. Usually use grain-like intradermal needles.

Before needling, the surface of the nose should be cleaned well. Hold the needle with forceps, insert it horizontally into the point, and then apply adhesive tape to fix the needle to the skin. The needled area should be kept dry and clean.

2. NOSE SAN JIAO THERAPY

Points:

23, 30, 32, 46, 47

Technique:

For Point 23, use perpendicular insertion 1.0 fen deep.

For Point 30, use perpendicular insertion 1.0 to 2.0 fen deep.

For Point 32, use perpendicular insertion 1.0 fen deep.

For Point 46, use oblique insertion superiorly toward the midline 2.0 fen deep.

For Point 47, use oblique insertion superiorly toward the midline 2.0 fen deep.

Mouth Acupuncture

Points:

Upper Arm

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles.

Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper lip apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Tongue Acupuncture

Points:

Upper Extremity

Liver

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles.

Ask the patient to stick his or her tongue out. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. The Qi sensation of tongue acupuncture usually appears as a sore, distended sensation. Ask the patient to move the shoulder in all different directions. Retain the needles for about 5 minutes. Alternatively, use a three-edge needle to perform fast spot pricking on the tip of the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion at the local point to a depth of 0.5 to 1.2 cun.

Neck Acupuncture

Points:

15 Point Locations

27 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

- For the 15 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 0.5 to 0.8 cun. Use gentle lifting and thrusting rotation to elicit Qi, and using moxa along the spine up and down during the treatment, then retain the needles for 20 to 30 minutes. All 15 points are needled in the same treatment.
- For the 27 point locations technique, insert the needle to a depth of 0.5 to 0.8 cun and perform mild lifting and thrusting techniques or a small degree of rotation to elicit Qi. Retain the needles for 20 to 40 minutes. There are four vertical lines. Be careful when inserting the needle; the direction of insertion should be perpendicular to the skin. All 27 points on the neck will follow the shape and curve of the neck.

Jia Ji Acupuncture

Points:

Cervical Jia Ji Points

Thoracic Jia Ji Points T 1 through T 3

Technique: Use a 30 to 34 gauge, 1.0 to 1.5 cun long filiform needle. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needle perpendicularly to a depth of 0.5 to 1.0 cun at the Cervical and Thoracic Jia Ji points. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Apply moxibustion along the spine to increase the treatment effect. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Chest Acupuncture

Points:

Clavicular 2

Shoulder-Arm 1, 2, 3, 4

Infrascapular

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on the patient's body size. Elicit Qi and withdraw the needle. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course.

Acupressure: Find the chest acupuncture point or positive trigger point, especially working any points with a ropey or bumpy feel. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, for children, for weak patients, or if the chest point area has an obvious pressure pain or sensitive reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. For the lumbar area or a point area with abundant muscles, use a small piece of hard wood to replace your hand and apply the pressure for a particularly long time, usually 7 to 15 minutes. For urgent conditions, treat two to three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days to a course, then rest for 2 to 3 days and continue another course.

Abdominal Acupuncture

Points:

Shoulder

Technique: Use a 30 to 34 gauge, 1.5 cun long filiform needle. Insert the needle perpendicularly to a depth of 1.0 to 1.2 cun. Manipulate the needles to elicit Qi. Retain the needles for 20 to 30 minutes, and manipulate the needles every 5 minutes during the retention.

Points:

Ren 12 (Zhong Wan), Kidney 17 (Shang Qu), Stomach 24 (Hua Rou Men)

Larger area of pain – Stomach 24 (Hua Rou Men) as the major point and use three Triangle insertions

Localized pain – Stomach 24 (Hua Rou Men) as the major point and use a small Triangle insertion

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use a gentle and slow insertion to insert the needles perpendicularly in the sky, person, and earth layers to a depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's shoulder. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

If the patient has an enlarged liver or spleen, a prolapsed stomach, or fullness of the urinary bladder, insert the needles carefully.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Shoulder

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Neck

Right and Left Shoulder

3. HAND IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Arms of Hand Prone Imaging

Arms of Radial Inverted Imaging

Hand of Ulnar Inverted Imaging

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the shoulder area of the body, and retain the needles for up to 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides, and massage the shoulder area or ask the patient to do shoulder physical exercise as the needles are being manipulated.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper

clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release some drops of blood. Treat the patient every other day, alternating treatment to both hands.

Electro-Acupuncture Therapy: After inserting the needles, use an electro-machine to stimulate the points. Use a continuous wave, dense wave, or intermittent wave. Usually treat the patient for 20 to 30 minutes with seven treatments to a course. Be careful not to needle the tendons.

4. KORYO HAND THERAPY

Points:

A 4, 5, 8, 16, 18; E 22; G 3; K 2; C 1; D 11; H 10; L 11

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Ask the patient to do shoulder physical exercise. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Foot Acupuncture

1. FOOT NEW POINT THERAPY

Points:

11

2. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Xia Kun Lun

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use the lifting, thrusting, and rotation techniques to elicit Qi. During the time of retention, ask the patient to do physical activities, such as abduction, raising and rotating the shoulders, then retain the needles for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Foot acupuncture is highly effective at relieving pain, especially acute pain due to sprained muscles and tendons, and nerves. It is an effective way to open meridians, release stagnation, help circulation, and speed up the healing process.

Wrist and Ankle Acupuncture

Points:

Upper 4

Upper 5

Upper 6

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles.

Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with active or passive activity methods, including Tui Na, Qi Gong, moxibustion, massage, and cupping techniques while retaining the needles. Ask the patient to do physical activities, such as abduction, and raising and rotating the shoulders. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Using acupuncture or micro-acupuncture to treat shoulder pain is highly effective. Usually at the very early stage of the

shoulder pain, one can insert needles on the shoulder points on the ear, nose, face, and hand, and manipulate. In the meantime, use cupping and bleeding techniques at the local area of the shoulder or have the patient move the joint for 10 to 20 minutes until the patient feels a gentle sweating. Next use local points in combination with cupping therapy. Acupuncture is effective for the patient who has acute pain or a short history of shoulder pain. For the patient who already has obvious muscle atrophy or scar tissue, Tui Na manipulation techniques should be used. The patient needs physical exercise of the shoulder during the treatment time, should stay warm, and should wear clothes that are loose and comfortable. Avoiding wind, cold, and damp invasion to the shoulder will help during the healing process. The warming needle technique is an effective therapy for the patient with a cold type of condition. Therapy in combination with local points will have good results, such as LI 15 (Jian Yu), SJ 14 (Bi Nao), Jian Nei Ling, and Lu 9 (Lie Que). The patient can also undergo physical therapy treatment.

ELBOW PAIN—ZHOU TONG

Elbow pain is the condition of elbow area pain, stiffness, soreness, swelling, dysfunction, and limited range of motion due to soft tissue injury, dislocation of the elbow, fracture of the bone, or chronic inflammation and degenerative changes. Elbow pain can be caused by long-term overuse, strenuous exercise, external conditions, a fall or forceful stretching, overburdening, or twisting of the joints, as well as long-term illness causing weak energy flow around the elbow area. All of these conditions eventually cause local Qi and blood stasis. External pathogens, such as wind, cold, and damp, can gradually add to the severity of the injury and prolong the illness.

Western medicine refers to this condition as any injury causing fracture of the bone or damage to the tendons and tissues, arthritis, or degenerative changes, as well as lateral or medial epicondylitis.

Traditional Chinese Medicine Differential Diagnosis

- Wind cold invading:** Elbow pain, soreness, stiffness, swelling, dysfunction, worse on a rainy day, aversion to cold, slightly dark or pale tongue and swollen with teeth marks, and a deep, slow pulse or a floating, tight pulse.
- Damp heat accumulation:** Elbow pain, swelling, redness, burning sensation on the local area, pounding pain especially at night, limited range of motion, patient feels hot, thirst, red tongue with yellow coating, and a fast pulse.
- Qi and blood stasis:** Long-term elbow pain, stiffness, severely limited range of motion, dysfunction, slightly purple tongue with black spots on the sides, and a choppy pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle One-Third of Anterior Oblique Line of Vertex-Temporal
Middle One-Third of Posterior Oblique Line of Vertex-Temporal

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion from the original point and quickly push the needle into the subaponeurotic tissue layer along the Anterior Oblique Line of Vertex-Temporal. Then use another needle from the original point and insert the needle in the posterior direction toward the Posterior Oblique Line of Vertex-Temporal point, so that these two needles will be at a 90-degree angle and cross each other. Use the false lifting technique and manipulate the needles for up to 1 minute. Ask the patient to perform physical exercise on the elbow, such as flexion, extension, stretching, pronation, and supination, or ask an assistant to perform gentle massage on the elbow. For the patient with a bone fracture, do not perform any physical activities. Retain the needles for up to 1 hour and manipulate the needles every 10 to 20 minutes. For the patient with an acute condition, treat once daily, and for a chronic condition, treat every other day with 10 treatments to a course.

2. JIAO SYSTEM

Points:

Middle Two-Fifths of Motor Area
Middle Two-Fifths of Sensory Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the rotation technique up to 200 times per minute. Ask an assistant to massage the elbow or perform range of motion. Retain the needles for 30 minutes. Treat the patient once daily with 10 treatments to a course.

3. FANG SYSTEM

Points:

Elbow Area of Prone Imaging
Middle Portion of Inverted Imaging

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast perpendicular insertion to a depth of 2.0 to 3.0 fen until the needle reaches the periosteum. Use the rotation and turning technique until the patient feels Qi. On the scalp corresponding elbow areas, you can also use cutaneous needles during the treatment or intradermal needles for up to 3 to 4 days. With filiform needles, treat once daily with 10 treatments to a course.

4. TANG SYSTEM

Points:

Yin—Elbow Line
Yang—Elbow Line

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use oblique insertion to a depth of 2.0 to 3.0 fen. Use lifting and thrusting techniques until the patient feels Qi. Retain the needles for up to 2 hours.

Remark: Scalp acupuncture for elbow pain usually has good results. It is very important to move or exercise the elbow during the treatment in order to bring Qi to the local area. However, the elbow should stay in a restful position and avoid additional physical exercise after the treatment to let the body heal itself.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men

Occiput

Elbow

Adrenal

Clavicle

Cervical Vertebrae

Supratragic Apex

Supplemental Points:

Liver

Spleen

Endocrine

2. EUROPEAN AURICULAR THERAPY

Points:

Zero

Elbow

Clavicle

Cervical Spine

Thoracic Spine

Adrenal

Parathyroid Gland

Anterior Pituitary

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. The patient then moves the arms in all different directions; rotation, adduction, stretching the elbow. Use the slow rotation technique to stimulate the needles, and retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected point. Use more than a 100 Hz high frequency. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine

on to the appropriate amount of stimulation. Maintain the stimulation for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The patient should move the arms in all different directions; rotation, adduction, and stretching the elbow periodically. The needles may be retained for 3 to 5 days at a time.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear and in the puncturing hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Arm

Elbow point

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle in the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. The patient then moves the arms in all different directions; rotation, adduction, stretching the elbow. Retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

2. NOSE SAN JIAO THERAPY

Points:

23, 30

Technique:

For Point 23, use perpendicular insertion 1.0 fen deep.

For Point 30, use perpendicular insertion 1.0 to 2.0 fen deep.

Philtrum Acupuncture

Points:

Philtrum 3

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion or

angle the needle toward the left or right depending on the disease location. Insert the needle to a depth of 0.5 to 0.8 cun. Use the rotation technique and wait for the patient to experience a sensation of wanting to sneeze, or tearing of the eyes. Ask the patient to stretch the elbow. This area of the face has an abundance of nerves, and can be more sensitive than other points. The patient should be advised before the treatment that the needling may be more painful, and the needling should then be light and performed quickly to prevent overstimulation.

Mouth Acupuncture

Points:

Upper Arm

Forearm

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper lip apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Tongue Acupuncture

Points:

Upper Extremity

Liver

Technique: Use fresh water to cleanse the patient's mouth. Use

30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to stick his or her tongue out. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. The Qi sensation of tongue acupuncture usually appears as a sore, distended sensation. Ask patient to stretch his or her elbow. Retain the needles for about 5 minutes. Alternatively, use a three-edge needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion at the local point to a depth of 0.5 to 1.2 cun.

Chest Acupuncture

Points:

Clavicular 2

Shoulder-Arm 1, 2, 3, 4

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on the patient's body size. Elicit Qi and withdraw the needle. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course.

Acupressure: Find the chest acupuncture point or positive trigger point, especially working any points with a ropey or

bumpy feel. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, for children, for weak patients, or if the chest point area has an obvious pressure pain or sensitive reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. For the lumbar area or an area with abundant muscles, use a small piece of hard wood to replace your hand and apply the pressure for a particularly long time, usually 7 to 15 minutes. For urgent conditions, treat two or three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days to a course, then rest for 2 to 3 days and continue another course.

Intradermal Embedding Technique: Clean needle technique is critical for preparing the point. Use the left hand to tightly stretch the skin, and use the right hand to hold a small hemostat to insert a disposable grain-like intradermal needle into the skin and tape the needle down when finished. Retain the needles for 3 to 5 days with 10 treatments to a course. If the embedded needle becomes painful, adjust the needle direction or depth until the patient is pain-free.

Abdominal Acupuncture

Points:

Tennis elbow: Ren 12 (Zhong Wan), Kidney 17 (Shang Qu),

Stomach 24 (Hua Rou Men), Arthritis 1

Severe elbow pain – Arthritis 1 with triangle insertion

With right wrist pain – Lung 9 (Lie Que)

With middle wrist pain – San Jiao 5 (Wai Guan)

Technique: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly to the sky, person, and earth layers to the depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's elbow or instruct the patient to move his or her elbow to perform rotation, flexion, and extension to improve results. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Arms of Hand Prone Imaging

Arms of Hand Prone Organ

Arms of Hand Radial Inverted Imaging

Arms of Hand Ulnar Inverted Imaging

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the elbow area and retain the needles for up to 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides, and massage the affected area or have the patient exercise the elbow as the needles are being manipulated.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release some drops of blood. Treat the patient every other day, alternating treatment to both hands.

Electro-Acupuncture Therapy: After inserting the needle, use an electro-machine to stimulate the point. Use a continuous wave, dense wave, or intermittent wave. Usually treat the patient for 20 to 30 minutes with seven treatments to a course. Be careful not to needle the tendons.

2. KORYO HAND THERAPY

Points:

D 7; H 7; L 7; G 7; K 6; C 5; A 3, 5, 6, 8, 10, 12, 16; B 1, 2, 3, 4, 5, 6, 7

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Moxibustion Therapy: Hold a moxa roll above the surface of the hand for a comfortable, warm, and moving sensation, or use direct moxa techniques. Apply a little garlic juice or massage oil to the skin to help the moxa cone stay in place. Use rice cone moxa for up to 2 to 3 Zhuangs during the treatment. Seo Am moxa, which has adhesive tape

underneath the moxa cone, can also be used. Seo Am moxa is convenient because it adheres directly to the skin while the patient's hand is in any position.

Wrist and Ankle Acupuncture

Points:

Upper 5

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with active or passive activity methods, including Tui Na, Qi Gong, moxibustion, and massage techniques while retaining the needles. Ask the patient to stretch their elbow. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Using acupuncture or micro-acupuncture to treat elbow pain is highly effective. It is important to insert needles on the elbow points on the ear, nose, face, and hand; manipulate needles; use cupping, bleeding, manipulation, or Tui Na massage at the local area of the elbow; or have the patient move the joint for 10 to 20 minutes until the patient sweats slightly. For the patient who already has obvious muscle atrophy or scar tissue, use Tui Na manipulation. The patient should be careful to stay warm and wear clothes that are loose and comfortable, and avoid wind, cold, and damp invasion. Use of warming needles is an effective therapy for the patient with a cold type of condition. Electro-acupuncture also has very good results for elbow pain. Physical exercise is very important for long-term care.

WRIST PAIN—SHOU WAN TONG

Wrist pain is the condition of wrist area pain, stiffness, soreness, swelling, dysfunction, and limited range of motion due to soft tissue injury, dislocation of the joint, bone fracture, wrist sprain by injury, and chronic inflammation or degenerative changes. Forceful stretching or sprain causes most wrist pain, but it can also be caused by over use, strenuous exercise, external conditions, a fall, or twisting of the joint. All of these conditions eventually cause local Qi and blood stagnation. External pathogens, such

as wind, cold, and damp, can gradually add to the severity of the injury and prolong the illness.

Western medicine refers to this condition as any injury causing fracture of the bone or damage to the tendons and tissues, arthritis, or degenerative changes, as well as carpal tunnel syndrome.

Traditional Chinese Medicine Differential Diagnosis

1. **Qi and blood stagnation:** Wrist area local distension, swelling, and pain, sometimes with redness or dark purple discoloration, restriction of movement, slightly purple tongue with black spots on the sides and white coating, and a choppy pulse.
2. **Wind damp cold obstruction:** Wrist area pain and sometimes swollen, worse with cold, an enlarged joint, limited range of motion, dysfunction, pale and swollen tongue with teeth marks and white coating, and a moderate or tight pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle One-Third of Anterior Oblique Line of Vertex-Temporal Contralaterally

Line 2 Lateral to Vertex Contralaterally

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion from the superior to the inferior direction on the Anterior Oblique Line of Vertex-Temporal point and quickly push the needle into the subaponeurotic tissue layer. Then insert from the anterior to the posterior direction on the Line 2 Lateral to Vertex point. These two needles should be inserted using the across connecting insertion technique. After both needles are at the subaponeurotic tissue layer, the practitioner should use both hands to manipulate both needles at the same time, using strong stimulation with the false lifting technique continuously for up to 2 to 3 minutes until the wrist pain is reduced. Ask the patient to perform range-of-motion movements with the wrist, or if the patient has wrist swelling, add warm moxibustion to the treatment. Retain the needles for 30 to 60 minutes, and manipulate the needles one or two times. Treat the patient once daily with 10 treatments to a course.

2. JIAO SYSTEM

Points:

Middle Two-Fifths of Motor Area

Middle Two-Fifths of Sensory Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the turning and rotation technique up to 200 times per minute. Ask the patient to move his or her wrist, or apply moxa to the wrist

if it is swollen. Treat the patient once daily with 10 treatments to a course.

3. FANG SYSTEM

Points:

Wrist Area of Prone Imaging

Middle Portion of Inverted Imaging

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use fast perpendicular insertion to a depth of 2.0 to 3.0 fen until the needle reaches the periosteum. Use the rotation and turning technique until the patient feels Qi. The active Qi treatment is a very important technique. Ask the patient to rotate the wrists, twist the hands, or make a fist during the manipulation. You can also use intradermal needles in the scalp for up to 2 days.

4. TANG SYSTEM

Points:

Yin—Wrist Line

Yin—Palm-Finger Line

Yang—Wrist Line

Yang—Back of the Hand-Finger Line

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use oblique insertion from the superior to the inferior direction to a depth of 2.0 to 3.0 fen. Use lifting and thrusting techniques to elicit Qi. Ask the patient to rotate the wrists, twist the hands, or make a fist during manipulation. Retain the needles for up to 2 hours. Treat the patient once daily with 10 treatments to a course.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men

Occiput

Wrist

Adrenal

Clavicle

Cervical Vertebrae

Supratragic Apex

Supplemental Points:

Liver

Spleen

Endocrine

2. EUROPEAN AURICULAR THERAPY

Points:

Zero

Wrist

Clavicle

Cervical Spine

Adrenal

Parathyroid Gland

Anterior Pituitary

Hand and Fingers

Technique: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Ask the patient to rotate the wrists, twist the hands, or make a fist during manipulation. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Insert the filiform needles into the selected points. Use more than a 100 Hz high frequency. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear and in the puncturing hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

Philtrum Acupuncture

Points:

Philtrum 3

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion or angle the needle toward the left or right depending on the disease location. Insert the needle to a depth of 0.5 to 0.8 cun. Use the gentle rotation technique. Ask the patient to rotate the wrists, twist the hands, or make a fist during manipulation. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Tongue Acupuncture

Points:

Upper Extremity

Liver

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to stick his or her tongue out. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Ask the patient to rotate the wrists, twist the hands, or make a fist during manipulation. Retain the needles for about 5 minutes. Alternatively, use a three-edge needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion at the local point to a depth of 0.5 to 1.2 cun.

Tongue acupuncture is effective for patients with body movement conditions, either inability to move or dysfunction of the four extremities.

Chest Acupuncture

Points:

Clavicular 2

Shoulder-Arm 1

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on the patient's body size. Elicit Qi and withdraw the needle. It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course.

Acupressure: Find the chest acupuncture point or positive trigger point, especially working any points with a ropey or bumpy feel. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, for children, for weak patients, or if the chest point area has an obvious pressure pain or sensitive reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. For the lumbar area or an area with abundant muscles, use a small piece of hard wood to replace your hand and apply the pressure for a particularly long time, usually 7 to 15 minutes. For urgent conditions, treat two or three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days to a course, then rest for 2 to 3 days and continue another course.

Intradermal Embedding Technique: Clean needle technique is critical for preparing the point. Use the left hand to tightly stretch the skin, and use the right hand to hold a small hemostat to insert a disposable grain-like intradermal needle into the skin and tape the needle down when finished. Retain the needle for 3 to 5 days with 10 treatments

to a course. If the needle becomes painful, adjust the needle direction or depth until the patient is pain-free.

Abdominal Acupuncture

Points:

Carpal Tunnel Syndrome: Ren 12 (Zhong Wan), Kidney 17 (Shang Qu), Stomach 24 (Hua Rou Men), Arthritis 1 and 3
Ulnar side pain – Lung 7 (Lie Que)
Middle wrist pain – San Jiao 5 (Wai Guan)

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly in the sky, person, and earth layers to a depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's wrist. Or, ask the patient to rotate the wrists, twist the hands, or make a fist during manipulation. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. NEW HAND ACUPUNCTURE THERAPY

Points:

Right and Left Hand
Wrist
Forearm
Elbow
Five Tiger Point

2. HAND IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Arm of Hand Prone Imaging
Arm of Hand Prone Organ
Arm of Hand Radial Inverted Imaging
Arm of Hand Ulnar Inverted Imaging

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Apply moxibustion along the midline of the hand up and down to increase the treatment effect. Retain the needles for up to 20 to 30 minutes.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then

release some drops of blood. Treat the patient every other day, alternating treatment on both hands.

Electro-Acupuncture Therapy: After inserting the needle, use an electro-machine to stimulate the point. Use a continuous wave, dense wave, or intermittent wave. Usually treat the patient for 20 to 30 minutes with seven treatments to a course. Be careful not to needle the tendons.

3. KORYO HAND THERAPY

Points:

D 3; H 3; L 3; G 11; K 10; C 9; A 8, 12, 16; B 18, 19, 20

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Wrist and Ankle Acupuncture

Points:

Upper 4
Upper 5

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with active or passive activity methods, including Tui Na, Qi Gong, moxibustion, and massage techniques while retaining the needles. Ask the patient to rotate the wrists, twist the hands, or make a fist during manipulation. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Using acupuncture or micro-acupuncture to treat wrist pain is highly effective. It is important to insert needles on the wrist points on the ear, nose, face, and hand; manipulate needles; use cupping, bleeding, manipulation, or Tui Na massage at the local area of the wrist; or have the patient move the joint for 10 to

20 minutes until the patient sweats slightly. For the patient who already has obvious muscle atrophy or scar tissue, use Tui Na. The patient should be careful to stay warm and wear clothes that are loose and comfortable, and avoid wind, cold, and damp invasion. Use of warming needles is an effective therapy for the patient with a cold type of condition. Electro-acupuncture also has very good results for wrist pain. Physical exercise is very important for long-term care.

BACK PAIN—BEI TONG

Back pain refers to pain and stiffness of the back. The pain may be located bilaterally or unilaterally and may be chronic or acute. Back pain usually is associated with neck, and upper and middle back pain. Back pain may be caused by an external invasion of cold and dampness that leads to cold damp obstruction. Excessive physical work, traumatic injury, postsurgical recovery, improper positioning, sprain, or accidents can lead to Qi and blood stagnation in the back. Back pain may also be related to internal disease such as liver, gallbladder, stomach, or heart disease that usually involves pain radiating to the back.

Western medicine divides back pain into four major classes:

1. Spinal disorders such as rheumatoid spondylitis, hypertrophic arthritis, hyperosteoegeny, ankylosing spondylitis, and spinal osteoarthritis
2. Soft tissue disorders such as muscle strain
3. Nerve stimulation such as spinal compression, or a deformity of the spinal column
4. Internal organ disorders such as heart, liver, stomach, and gallbladder disorders

Traditional Chinese Medicine Differential Diagnosis

1. **Back pain due to cold dampness:** Low back pain, feelings of heaviness and coldness, pain that is relieved with heat and aggravated by cold, damp weather, difficulty moving, pain that is worse in the morning and better with exercise, a pale or purple tongue with white, sticky coating, and a deep, slow pulse.
2. **Back pain due to damp heat:** Back pain, warm sensation in the back, pain that is relieved with exercise and worse with hot, rainy, or damp weather, thirsty but no desire to drink, scanty urination, a red tongue with a yellow, sticky coating, and a slippery, rapid pulse.
3. **Qi and blood stagnation:** Severe, stabbing pain in the back, pain that is worse with rest and at night and better with light exercise, the low back is tender to the touch, not affected by weather changes or application of heat, worse standing or sitting, difficulty in moving, and a purple tongue with choppy pulse. The patient will usually have a history of injury or trauma to the back.
4. **Kidney deficiency:** Chronic back pain, dull pain and soreness that is better with rest and worse with overwork or fatigue, soreness and weakness of the back, aggravated with

physical activity, better with massage, weakness of the legs and knees, and frequent recurrence of symptoms.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Upper-Middle Line of Occiput—Middle back pain

Middle Line of Vertex

Line 3 Lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion into the scalp until the needle reaches the subaponeurotic tissue layer. Use the false lifting technique continuously for 2 to 3 minutes. If the patient has back pain due to acute strained muscles, ask the patient to perform physical activities, such as bending over, straightening up, lateral turning, or rotating the back area. The practitioner can also use the hand to palpate or tap on the back, or apply acupressure with the fingers to activate painful spots on the back. For chronic conditions, retain the needles for 30 minutes, or add moxibustion or warming needles on the local area. Use 10 treatments to a course, and rest for 5 to 7 days between courses. For the patient with back pain due to a disc problem or spondylosis condition, ask the patient to perform deep abdominal breathing during the manipulation. Treat once daily with 10 treatments to a course.

2. JIAO SYSTEM

Points:

Foot Motor and Sensory Area

Upper One-Fifth Area of Sensory Area

Select needles contralaterally for one-sided pain or bilaterally for pain on both sides.

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use fast rotation up to 200 times per minute continuously for up to 1 minute. After the patient feels Qi, retain the needles for 30 minutes. Treat once daily with 7 to 10 treatments to a course, and rest for 3 to 5 days between courses.

3. FANG SYSTEM

Points:

Back Area of Prone Imaging

Middle Jiao of Inverted Organ

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use a fast insertion perpendicularly to a depth of 2.0 to 3.0 fen until the needles reach the periosteum. Use the rotation and turning technique to elicit Qi. The treatment will have the best results if the patient feels the needle sensation into the back. Then retain the needles for 40 to 60 minutes, and combine with physical activities of the back area. Treat the patient once daily, and after one to four treatments the patient will see results.

Face Acupuncture

Points:

Back

Lumbar Vertebra

Sacral Vertebra

Technique: Use 32 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at a perpendicular, oblique, or transverse angle. Rotate the needles to elicit Qi. Have the patient bend over or lie in a supine position and bring their knees to their chest at a 90-degree angle. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. For acute back pain, treat the patient daily until pain free. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding. You can also use the electro-acupuncture technique for pain control.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Thoracic Vertebrae

Shen Men

Liver

Kidney

2. EUROPEAN AURICULAR THERAPY

Points:

Zero

Darwin's Point

Thalamus

Master Oscillation

Thoracic Spine

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of the pressing hand to hold the ear and the puncturing hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 0.2 to 0.3 cun. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use strong stimulation, and retain the needles for 20 to 30 minutes. The active Qi treatment is a very important technique in the ear acupuncture therapy. It can increase local vessel expansion to improve blood circulation, and help pain control. Have the patient bend over or lie in a supine position and bring their knees to their chest at a 90-degree angle. Most of the patients will receive immediate benefit from the treatment. If the patient is not capable of moving his or her body due to severe pain, the practitioner should assist the patient in doing passive activity such as massage or moxibustion on the back during the treatment.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with the pressing hand and stretch the skin taut if possible. Use the puncturing hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Electro-Acupuncture Ear Therapy: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Insert the filiform needles into the selected points. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulation for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Eye Acupuncture

Points:

Kidney of Area 2

Upper Jiao of Area 3

Lower Jiao of Area 8

Technique: Use 30 to 34 gauge, 0.5 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use gentle insertion perpendicularly, obliquely, or transversely to the orbital margin area to a depth of 2.0 to 3.0 fen in order to elicit Qi. Be sure not to insert over into another area. Follow the direction of the flow of Qi for tonification and go against the flow of Qi for sedation. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball to the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Lumbar Vertebrae

Kidney

Lumbar Triangle point

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Have the patient

bend over or lie in a supine position and bring their knees to their chest at a 90-degree angle. If the patient is not capable of moving his or her back due to severe pain, the practitioner should assist the patient in doing passive activity such as Tui Na, acupressure, massage, or manipulation on the back. Retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Philtrum Acupuncture

Points:

Philtrum 5

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with perpendicular insertion or angle the needle toward the left or right depending on the disease location. Insert the needle to a depth of 0.5 to 0.8 cun. Use the gentle rotation technique. Have the patient bend over or lie in a supine position and bring their knees to their chest at a 90-degree angle. Most of the patients will receive immediate benefit from the treatment. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Neck Acupuncture

Points:

15 Point Locations

27 Point Locations

Technique: Use 30 to 34 gauge, 1.5 cun long filiform needles.

- For the 15 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 1.0 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 1.0 cun. Use gentle lifting and thrusting rotation to elicit Qi. Using moxibustion along the spine up and down during the treatment will have remarkable results. Retain the needles for 20 to 30 minutes. All 15 points are needled in the same treatment.
- For the 27 point locations technique, insert the needle to a depth of 1.0 cun and perform mild lifting and thrusting techniques or a small degree of rotation to elicit Qi. Retain the needles for 20 to 40 minutes. This group of points has multiple points all located on the back of the neck. There are four vertical lines. Be careful when inserting the needle; the direction of insertion should be perpendicular to the skin. All 27 points on the neck area will follow the shape and curve of the neck.

These points are located close to the medulla. When inserting the needle and manipulating, it is important that you keep the needle at a shallow level to avoid the needle contacting the medulla, which could lead to a fatal outcome.

Back Shu Acupuncture

Points:

UB 18 (Gan Shu)

UB 15 (Xin Shu)

UB 23 (Shen Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle at an oblique angle on upper back and perpendicular angle on UB 23 (Shen Shu) then push the needle in to a depth of 0.5 to 1.2 cun. Use the rotation technique to elicit Qi. The practitioner should perform Tui Na, acupressure, massage, or manipulation on the related areas. For patients with acute back pain and limited range of motion, avoid inserting needles on the targeted area because it may cause the muscles to contract. Most of the patients will receive immediate benefit from the treatment. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Jia Ji Acupuncture

Points:

Thoracic Jia Ji Points T 1 through T 12

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needles perpendicularly to a depth of 0.5 to 1.2 cun at the Lumbar Jia Ji points. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Apply moxibustion along the spine up and down to increase the treatment effect. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Spinal Acupuncture

Points:

Major Spinous Process Point

Thoracic 2 through 12

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the Back Spinous Process points, use 30 to 32 gauge, 2.0 cun long filiform needles. The practitioner should use the thumb and index finger of the pressing hand to pinch the skin of the spinous process and the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. The insertion should be gentle and at the correct depth. If the insertion is too shallow, the skin will wrinkle and it will be difficult to insert the needle completely and manipulate the needle. If the insertion is too deep, the needle will touch the bone of the spinous process. Use rotation techniques until the patient feels a Qi sensation along the spine. Retain the needles for 40 minutes or up to 1 to 2 hours.

Chest Acupuncture

Points:

Back—Scapular 1, 2, 3, 4

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun. Elicit Qi on the needle and withdraw the needle.

It is possible to use multiple points in one treatment. Treat the patient every other day with 10 treatments to a course.

Acupressure: Find the chest acupuncture point or positive trigger point, especially working on a point with a ropey or bumpy feel. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, for children, for weak patients, or if the chest point area has an obvious pressure pain or sensitive reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. For the lumbar area or an area with abundant muscles, use a small piece of hard wood to replace your hand and apply the pressure for a particularly long time, usually 7 to 15 minutes. For urgent conditions, treat two to three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days to a course, then rest for 2 to 3 days and continue another course.

Abdominal Acupuncture

Points:

Back pain: Ren 12 (Zhong Wan), Ren 6 (Qi Hai), Ren 4 (Guan Yuan), Spleen 15 (Da Heng)

Severe back pain – Stomach 24 (Hua Rou Men), Stomach 23 (Tai Yi), Kidney 18 (Shi Guan), Arthritis 1 and 4

Pain due to Damp Cold – Arthritis 1 and 4

Pain due to deficiency – Kidney 17 (Shang Qu), Kidney 14 (Si man), Qi Xue point

Pain due to Kidney deficiency – Arthritis 4, Stomach 28 (Shui Dao)

Technique: Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly into the sky layer and use a rotation technique to elect Qi, and then gently move the needle to the person layer and use the rotation technique with very gentle lifting and thrusting. Lastly, push the needle deeper into the earth layer and use the rotation technique to elicit Qi. So, the gentle lifting and thrusting technique is mainly used on the person layer. Use moxibustion or TDP lamp on the stomach area. Meanwhile massage the patient's back by putting the hand underneath the patient's back and using your fingers to give a massage. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Vertebrae

Liver

Kidney

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Neck

Back

Ling Gu

Zhong Bai

3. HAND IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Body Trunk of Hand Prone Imaging

Body Trunk of Hand Radial Inverted Imaging

Body Trunk of Hand Ulnar Inverted Imaging

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the back area of the body and retain the needles for up to 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes and have the patient bend over or lie in a supine position and bring their knees to their chest at a 90-degree angle. If the patient is not capable to moving his or her body due to severe pain, the practitioner should assist the patient in doing passive activity such as Tui Na, acupressure, massage, or manipulation on the back areas until the pain subsides.

The hand has an abundance of blood vessels that can cause swelling and bruising as a result of needling, so insertion should be gentle. Avoid inserting into the artery, which may cause a hematoma on the palm. Apply pressure to the point with a cotton ball after removing the needles.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release some drops of blood. Treat the patient every other day, alternating treatment to both hands.

Electro-Acupuncture Therapy: After inserting the needle, use an electro-machine to stimulate the point. Use a continuous wave, dense wave, or intermittent wave. Usually treat the patient for 20 to 30 minutes with seven treatments to a course. Be careful not to needle the tendons.

Intradermal Needle Therapy: Thumbtack and grain-like needles are used in hand acupuncture therapy. Use routine clean needle technique on the hand. Use a vertical insertion for a thumbtack needle and transverse insertion for a grain-like needle, and then affix the needle with adhesive tape. After the needle is inserted, the patient should not feel any sensations when moving his or her hand. T-Bong needles resemble thumbtack needles, but the sharp tip is

substituted with a dull surface that is unique to hand acupuncture therapy. T-Bong needles come in a package with an adhesive plaster to protect the needle and hold the needle in place.

4. KORYO HAND THERAPY

Points:

A 3, 4, 5, 6, 8, 10, 12, 16; B 4, 5, 6, 7

Moxa: A 3, 5, 8, 12

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Moxibustion Therapy: Hold a moxa roll above the surface of the hand for a comfortable, warm, and moving sensation. Seo Am moxa, which has adhesive tape underneath the moxa cone, can be used. Seo Am moxa is convenient because it adheres directly to the skin while the patient's hand is in any position.

The active Qi treatment is a very important technique in the hand acupuncture therapy, especially very useful for acute back pain.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Kidney

Qian Yin Zhu

Lumbar and Leg

2. FOOT NEW POINT THERAPY

Points:

15, 18, 30

3. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Xia Kun Lun

4. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Trunk of Feet Prone Imaging

Trunk of Feet Tibia Inverted Imaging

Trunk of Feet Fibula Inverted Imaging

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle in to the points perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi, and then retain the needle for about 20 to 30 minutes. The active Qi treatment is a very important technique in treating back pain. It can increase local vessel expansion to improve blood circulation, and help pain control. The practitioner should assist the patient in doing passive activity such as massage, TDP lamp, Tui Na, or moxibustion on the back during the treatment. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Foot acupuncture is highly effective at relieving pain, especially acute pain due to sprained muscles and tendons, and nerves.

It is an effective way to open meridians, release stagnation, help circulation, and speed up the healing process.

Wrist and Ankle Acupuncture

Points:

Upper 6

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles.

Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the

subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. Have the patient bend over or lie in a supine position and bring their knees to their chest at a 90-degree angle. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Back pain may be due to kidney deficiency, combined with external evil Qi factors of cold, dampness, and traumatic injury. Treatment should be focused on dispersing cold, draining dampness, clearing heat and damp, invigorating the blood, softening the tendons, and activating the channels. It is important to focus on tonifying the kidneys as well. Acupuncture, herbal therapy, herbal plasters and topical applications, cupping, and massage may all be incorporated into the treatment. Acupuncture is effective in treating back pain with muscle spasms. The hand, philtrum, ear, back Shu, Jia Ji, and scalp micro-acupuncture systems have the best results. If the patient's body is in too much pain for the patient to move, the practitioner may help the patient to use passive/active movement or Tui Na during the treatment. For the patient with nerve damage on the back, it is recommended to use electro-acupuncture on the Jia Ji points; however, in patients with heart disease, avoid using electrical wires across the heart. Back pain may be caused by internal organ disorders as well, and it is important to identify the underlying cause of the pain. Needles inserted in the back area should be at the correct angle and depth to avoid damage to the internal organs. The patient should maintain good posture during work and sleep, and avoid excess physical exercise.

HIP PAIN—KUAN GU TENG TONG

Hip pain involves pain, stiffness, soreness, or spasm in the lower low back to sacral area or hip area, or difficulty walking due to chronic inflammation, degenerative changes, bone fracture, chronic arthritis, or injury. Hip pain is caused by long-term chronic inflammation, overuse, overwork, or excessive sexual activity leading to kidney and liver deficiency and Qi and blood stagnation, with wind, cold, and dampness adding to the severity of the condition.

Western medicine refers to this condition as sciatic nerve pain, degenerative osteoarthritis, or muscular piriformis syndrome.

Traditional Chinese Medicine Differential Diagnosis

1. **Qi and blood stagnation:** Local area hip pain, fixed pain that is worse at night, pain usually radiates down the legs, inability to walk for a long distance, history of injury, dark-colored tongue with white coating, and a choppy, tight pulse.
2. **Damp cold obstruction:** Local area hip pain, heaviness, stiffness, and pain radiating down the legs, worse on a rainy day, worse at night and especially bad when the patient wakes up in the morning, unable to walk for a long distance, pale and swollen tongue with teeth marks and a white coating, and a weak, slow pulse.
3. **Liver and kidney deficiency:** Long history of hip pain, chronic onset and gradually getting worse, mostly occurring in elderly patients, inability to stand up straight, pain at the local hip area with radiation down the legs, can walk only short distances, small tongue with little coating, and a slow or fast pulse that is deep and weak.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Upper One-Third of Posterior Oblique Line of Vertex-Temporal
Middle Line of Vertex
Line 1 Lateral to Vertex

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion from the superior to the inferior direction on the Posterior Oblique Line of Vertex-Temporal point. On the vertex area, insert the needle from the anterior to the posterior direction and quickly push the needle into the subaponeurotic tissue layer. Use the false lifting technique to manipulate the needles, and ask the patient to stretch and move the hip area, or use the TDP lamp on the hip. Retain the needles for 30 to 60 minutes. Treat the patient once daily with 10 treatments to a course.

2. JIAO SYSTEM

Points:

Upper One-Fifth of Motor Area
Upper One-Fifth of Sensory Area
Foot Motor and Sensory Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the fast rotation technique up to 200 times per minute and use a large angle of rotation. Retain the needles for 30 minutes, and manipulate the needles every 5 to 10 minutes during the retention. Ask the patient to perform hip rotation or abduction leg movements.

3. FANG SYSTEM

Points:

Buttocks of Prone Imaging
Upper One-Third Portion of Inverted Imaging

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast perpendicular insertion to a depth of 2.0 to 3.0 fen until the needle reaches the periosteum. Use the turning and rotation technique to manipulate the needles.

Alternatively, use intradermal needles on the scalp for up to 3 to 4 days.

4. TANG SYSTEM

Points:

Yin—Upper Leg Line

Yang—Upper Leg Line

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use oblique insertion from the superior to the inferior direction to a depth of 2.0 to 3.0 fen. Use lifting and thrusting techniques to elicit Qi. Retain the needles for up to 2 hours.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Lumbosacral Vertebrae

Buttocks

Sciatic Nerve

Shen Men

Pelvic Cavity

Hip

Kidney

Supplemental Points:

Spleen

Liver

2. EUROPEAN AURICULAR THERAPY

Points:

Zero

Hip

Thalamus

Lumbar Spine

Adrenal Gland

Omega 2

Darwin's Point

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate. Ask the patient to perform hip rotation or abduction, and retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Insert the filiform needles into the selected point. Use more than a 100 Hz frequency.

Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Hip and Thigh

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Ask the patient to perform hip rotation or abduction. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes.

Mouth Acupuncture

Points:

Sciatic Nerve

Upper Leg

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Jia Ji Acupuncture

Points:

Lumbar Jia Ji Points L 2 through L 5

Technique: Use a 30 to 34 gauge, 1.0 to 1.5 cun long filiform needle. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needles perpendicularly to a depth of 0.5 to 1.2 cun at the Lumbar Jia Ji points. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine.

Apply moxibustion along the spine up and down to increase the treatment effect. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Spinal Acupuncture

Points:

Major Spinous Process Point

Lumbar 1

Xin Huan Tiao

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the Back Spinous Process points, use 30 to 32 gauge, 2.0 cun long filiform needles. For the Xin Huan Tiao points, choose 32 to 34 gauge, 3.0 cun long filiform needles. The practitioner should use the thumb and index finger of the pressing hand to pinch the skin of the spinous process and the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. The insertion should be gentle and at the correct depth. Use rotation techniques until the patient feels a Qi sensation along the spine. Retain the needles for 40 minutes or up to 1 to 2 hours.

For the Xin Huan Tiao point, use 30 to 34 cun gauge, 3.0 cun long filiform needles. Use perpendicular insertion to the skin, elicit Qi, and retain the needle for 30 minutes.

Remarks: This technique requires needle insertion at the correct layer. If the skin becomes rough on the surface, this indicates that the needle is inserted too shallowly. If the needle is difficult to push in any further, this indicates that insertion is too deep and the needle may be hitting the spinous process. In either case, the needle should be adjusted. The needles should be inserted above the center of the spine.

Chest Acupuncture

Points:

Lumbar

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use routine clean needle technique to prepare the point. Use oblique or transverse insertion to a depth of 0.3 to 0.5 cun or deeper depending on the patient's body size. Elicit Qi and apply moxibustion along the spine to increase the treatment effect then withdraw the needle. Treat the patient every other day with 10 treatments to a course.

Acupressure: Find the chest acupuncture point or positive trigger point, especially working any points with a ropey or bumpy feel. Use the thumb or index finger to apply pressure and gentle rotation. For conditions that are serious or urgent, as well as for people with no obvious pressure pain or sensitivity, use strong pressure to stimulate the point. For minor conditions, for children, for weak patients, or if the chest point area has an obvious pressure pain or sensitive reaction, use a moderate degree of stimulation. If you want to continuously apply stronger stimulation, apply pressure on the point and perform continual vibration. For the lumbar area or an area with abundant muscles, use

a small piece of hard wood to replace your hand and apply the pressure for a particularly long time, usually 7 to 15 minutes. For urgent conditions, treat two to three times per day for 2 to 3 consecutive days. For chronic conditions, treat once per day for 7 days to a course, then rest for 2 to 3 days and continue another course.

Intradermal Embedding Technique: Clean needle technique is critical for preparing the point. Use the left hand to tightly stretch the skin, and use the right hand to hold a small hemostat to insert a disposable grain-like intradermal needle into the skin and tape the needle down when finished. Retain the needle for 3 to 5 days with 10 treatments to a course. If the needle becomes painful, adjust the needle direction or depth until the patient is pain-free.

Abdominal Acupuncture

Points:

With sciatic pain – Qi Pang, Stomach 26 (Wai Ling), arthritis 4 and 6

Hip Area

Technique: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly to the sky, person, and earth layers to the depth of 1.0 to 2.0 cun. When the needle tip touches the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach area, meanwhile massage the patient's hip. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Sciatic

Lumbar and Leg

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Kidney Point

Left and Right Hip

Buttocks

Da Bai

Ling Gu

Hip Pain

Sciatic

3. HAND IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Leg of Hand Prone Imaging

Leg of Hand Radial Inverted Imaging

Leg of Hand Ulnar Inverted Imaging

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the hip area of the body or let the patient perform rotation of the hips or bending their back, and retain the needles for up to 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides, and massage the hip area or have the patient exercise the affected area as the needles are being manipulated.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release some drops of blood. Treat the patient every other day, alternating treatment to both hands.

Electro-Acupuncture Therapy: After inserting the needle, use an electro-machine to stimulate the point. Use a continuous wave, dense wave, or intermittent wave. Usually treat the patient for 20 to 30 minutes, with seven treatments to a course. Be careful not to needle the tendons.

Intradermal Needle Therapy: Thumbtack and grain-like needles are used in hand acupuncture therapy. Use routine clean needle technique on the hand. Use a vertical insertion for a thumbtack needle and transverse insertion for a grain-like needle, and then affix the needle with adhesive tape. After the needle is inserted, the patient should not feel any sensation when moving his or her hand. T-Bong needles resemble the thumbtack needles, but the sharp tip is substituted with a dull surface that is unique to hand acupuncture therapy. T-Bong needles come in a package with an adhesive plaster to protect the needle and hold the needle in place.

4. KORYO HAND THERAPY

Points:

A 1, 3, 8, 12, 16; B 1, 19, 24; I 29; M 22; J 11, N 13, F 13, E 34 and corresponding points

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

The active Qi treatment is a very important technique in the hand acupuncture therapy. If the patient is in severe pain and is unable to do any physical activity, the practitioner can start with moxibustion on the local area, and then apply gentle passive massage or rotate the hip for the patient. This technique is very useful for a pellet therapy because the pellet can remain in place for a few days.

Hand acupuncture is highly effective at relieving pain, especially acute pain due to sprained muscles and tendons, nerves, sprained ankle pain, sciatic nerve pain, acute low back pain, neck pain, headache, dysmenorrhea, and stomach pain.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Sciatica
Lumbar and Leg

2. FOOT NEW POINT THERAPY

Points:

5, 15, 21, 30

3. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Xia Kun Lun

4. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Hip of Feet Prone Imaging
Hip of Feet Tibia Inverted Imaging
Hip of Feet Fibula Inverted Imaging

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi. If the patient is not capable of moving his or her hip for any reason, use massage or moxibustion to work on the diseased or painful area, then retain the needles for about 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Wrist and Ankle Acupuncture

Points:

Lower 5

Lower 6

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles.

Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive activity methods, including Tui Na, Qi Gong, moxibustion, cupping, and massage techniques while retaining the needles. If the patient is in severe pain and is unable to do any physical activity, the practitioner can start with moxibustion on the local area, and then apply gentle passive massage or rotate the hip for the patient. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Using acupuncture or micro-acupuncture to treat hip pain is highly effective. It is important to insert needles on the hip points on the ear, nose, and hand; manipulate needles; use cupping, bleeding, or Tui Na massage on the hip; or have the patient move the joint for 10 to 20 minutes until the patient

sweats slightly. For the patient who already has obvious muscle atrophy or scar tissue, use Tui Na manipulation. The patient should be careful to stay warm and wear clothes that are loose and comfortable, and avoid wind, cold, and damp invasion. Use of warming needles is an effective therapy for the patient with a cold type of condition. Electro-acupuncture also has very good results for hip pain. Physical exercise is very important for long-term care.

KNEE PAIN—XI TONG

Knee pain involves knee area pain, stiffness, soreness, swelling, heat sensations, dysfunction, limited range of motion, joint rigidity, joint deformity, and later-stage muscle atrophy due to soft tissue injury, dislocation of the joint, bone fracture, and chronic inflammation and degenerative changes. Knee pain can be caused by external wind, cold, damp, and heat invading the empty channels, damp constitution, long-term accumulation of phlegm, obstruction to the joint, overuse, strenuous exercise, external conditions, forceful stretching, a fall, overburdening, or twisting of the joint, which all can lead to local Qi and blood stagnation in the joint. Long-term illness causing liver and kidney deficiency and continuous wind cold damp invasion can add to the severity of injury and illness and prolong the condition.

Western medicine refers to this condition as hyperplastic arthritis, rheumatoid arthritis, rheumatic arthritis, gouty arthritis, or allergic purpura.

Traditional Chinese Medicine Differential Diagnosis

- 1. Wind cold invading:** Joint pain, mild and slow to start, four-extremity and joint soreness, pain, and discomfort, pain worse with cold, cold sensations at the local joint, pale tongue with thin white coating, and a wiry, tight pulse.
- 2. Damp heat obstruction:** Acute onset, the joint burns, redness, swelling, pain, feels better with cold, painful to the touch, fever, irritability, dry throat, thirsty, scanty urination, constipation, red and dry tongue with yellow, dry coating, and a fast pulse.
- 3. Cold dampness invading:** Severe joint pain, cold and heaviness, joint rigidity, fixed pain, worse with cold and dampness, joint deformity, the local skin is pale and painful to the touch, weight loss, pale complexion, pale tongue with white sticky coating, and a deep, tight pulse.
- 4. Phlegm accumulation:** Long-term joint pain, alternates with feeling better and worse, joint rigidity and deformity, unable to stretch the joint, numbness and sharp pain, local skin is dark pale, slightly dark purple tongue with black spots on the sides and a white greasy coating, and tight or slippery pulse.
- 5. Qi and blood stasis:** Long history of illness, joint enlargement, joint rigidity and deformity, muscle atrophy, sharp pain, dysfunction of stretching and bending, purple tongue with black spots and a white sticky coating, and a deep, choppy pulse.

6. Liver and kidney deficiency: Long-term illness with a rapid onset, stiffness of the joint, unable to stretch and bend, joint deformity, muscle atrophy, mild pain, low energy, low back and knee soreness and weakness, dizziness, tinnitus, red tongue with lack of coating, and a deep, thin, and weak pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Upper One-Third of Anterior Oblique Line of Vertex-Temporal
Upper One-Third of Posterior Oblique Line of Vertex-Temporal
Line 1 Lateral to Vertex

Middle Line of Vertex

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion from the superior to the inferior direction on the Anterior Oblique Line of Vertex-Temporal point, and insert from the anterior to the posterior direction on the vertex area. Quickly push the needle into the subaponeurotic tissue layer, and then use the false lifting and thrusting techniques. Ask the patient to gently move the joint with extension and flexion, stretching, rotation, and bending the knee while you manipulate the needles until the pain is reduced. Treat the patient once daily with 10 treatments to a course.

2. JIAO SYSTEM

Points:

Upper One-Fifth of Motor Area
Upper One-Fifth of Sensory Area
Foot Motor and Sensory Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the turning and rotation technique up to 200 times per minute. Meanwhile, use moxibustion on the knee or use a TDP lamp. For the patient with a damp heat condition, use the false lifting technique, and ask the patient to move his or her knees. Retain the needles for 30 to 40 minutes, and manipulate the needles one or two times during the retention. Treat the patient once daily with 10 treatments to a course.

3. FANG SYSTEM

Points:

Leg Area of Prone Imaging
Upper One-Third of Inverted Imaging

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast perpendicular insertion to a depth of 2.0 to 3.0 fen until the needle reaches the periosteum. Use the turning and rotation technique until the patient feels that the pain is reduced, or use subcutaneous or intradermal needles on the local area. Treat once daily with 10 treatments to a course.

4. TANG SYSTEM

Points:

Yin—Knee Line

Yang—Knee Line

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use oblique insertion to a depth of 2.0 to 3.0 fen. Use lifting and thrusting techniques to elicit Qi, and manipulate the needles until the patient feels that the pain is reduced. Retain the needles for up to 2 hours.

5. ZHU SYSTEM

Points:

Upper One-Third of Vertex-Temple Zone

Anterior Vertex Zone

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use oblique insertion into the zone area. Use the false lifting technique continuously until the patient feels Qi and feels that the pain is reduced. Retain the needles for 30 minutes. Treat the patient once daily with 10 treatments to a course.

Face Acupuncture

Points:

Knee

Patella

Technique: Use 32 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Use the handle of the needle to apply gentle pressure to the selected area to find a sensitive spot. Be sure to clean the area well before insertion. Then insert the needle slowly at an oblique angle. Rotate the needles to elicit Qi. Ask the patient to rotate his or her knee. Retain the needles for 20 to 30 minutes, and manipulate the needles once every 5 to 10 minutes. Treat the patient once daily or every other day, with 10 treatments to a course and 5 to 7 days of rest between courses. Use a clean cotton ball to apply pressure to the needled area to prevent bleeding. For pain control, use the electro-acupuncture technique.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men

Knee

Kidney

Adrenal Gland

Buttocks

2. EUROPEAN AURICULAR THERAPY

Points:

Knee

Zero

Adrenal Gland

Thalamus

Technique: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Select a few of the most tender points

from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate. Ask the patient to gently move the joint with extension and flexion, stretching, rotation, and bending the knee and manipulate the needles until the pain is reduced. Then retain the needle for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected point. Use more than a 100 Hz frequency. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the stimulation for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time. Some patients may be sensitive to the adhesive, so a hypoallergenic tape should be used.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear and in the puncturing hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Knee and Lower Leg

Kidney

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Ask the patient to

gently move the knee joints with extension and flexion, stretching, rotation, and bending the knee, then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Intradermal Needle: Intradermal needles are used for conditions that require stimulation for a longer period, such as a few days. Usually use grain-like intradermal needles. Before needling, the surface of the nose should be cleaned well. Hold the needle with forceps, insert it horizontally into the point, and then apply adhesive tape to fix the needle to the skin. The needled area should be kept dry and clean.

Philtrum Acupuncture

Points:

Philtrum 8

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle rapidly with perpendicular insertion or angle the needle toward the left or right depending on the disease. Insert the needle to a depth of 0.5 to 0.8 cun. Use the gentle rotation technique. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

The philtrum is located in the so-called “dangerous triangle”; therefore it is advisable to strictly follow clean needle technique in order to avoid infection.

Jia Ji Acupuncture

Points:

Lumbar Jia Ji Points L 2 through L 5

Technique: Use a 30 to 34 gauge, 1.0 to 1.5 cun long filiform needle. Ask the patient to lie in a comfortable prone position. Use alcohol to swab the local areas to be needled. Insert the needles perpendicularly to a depth of 0.5 to 1.2 cun at the Lumbar Jia Ji points. Use lifting, thrusting, and rotation techniques to create a Qi sensation that follows the spine. Retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Abdominal Acupuncture

Points:

Stomach 24 (Hua Rou men), Stomach 26 (Wai Ling), Qi Pang, arthritis 4

Sprained knee joint medial – Arthritis 5

Sprained knee joint lateral – Arthritis 6 Three angle insertion

Knee joint bone sprained – Heaven and earth insertion and Qi Wai point

Arthritis – Spleen 15 (Da Heng)

Technique: Before needling, it is important to palpate the internal organs of the abdomen. Needle carefully to avoid the organs and large vessels. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient’s body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow insertion to insert the needles perpendicularly to the sky, person, and earth layers to the depth of 1.0 to 2.0 cun. When the needle tip touches

the estimated depth at each layer, use a rotation technique with very gentle lifting and thrusting. Manipulate the needles to elicit Qi and use moxibustion or TDP lamp on the stomach, meanwhile massage the patient's knee. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. NEW HAND ACUPUNCTURE THERAPY

Points:

Kidney 2 Spot
Right and Left Knee

2. HAND IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Leg of Hand Prone Imaging
Leg of Hand Radial Inverted Imaging
Leg of Hand Ulnar Inverted Imaging

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage the knee, and retain the needles for up to 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides, and massage the affected area or have the patient move their knee as the needles are being manipulated.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release a few drops of blood. Treat the patient every other day, alternating treatment to both hands.

Electro-Acupuncture Therapy: After inserting the needle, use an electro-machine to stimulate the point. Use a continuous wave, dense wave, or intermittent wave. Usually treat the patient for 20 to 30 minutes, with seven treatments to a course. Be careful not to needle the tendons.

4. KORYO HAND THERAPY

Points:

J 7; I 33; M 26; N 9; F 9; E 38; A 3, 5, 6, 8, 10, 12, 16; B 1, 2, 3, 4, 5, 6, 7

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth

(approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point.

The pellet can remain in place for several hours to a few days.

Moxibustion Therapy: Hold a moxa roll above the surface of the hand for a comfortable, warm, and moving sensation.

Seo Am moxa, which has adhesive tape underneath the moxa cone, can also be used. Seo Am moxa is convenient because it adheres directly to the skin while the patient's hand is in any position.

Foot Acupuncture

1. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Leg of Feet Prone Imaging
Leg of Feet Tibia Inverted Imaging
Leg of Feet Fibula Inverted Imaging

Technique: Choose a comfortable lying position for the patient with the foot in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For points located on the toes, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Massage or use moxabustion on the knee area, and retain the needles for up to 20 to 30 minutes. For acute conditions, manipulate the needles for 3 to 5 minutes until the pain subsides, and massage the affected area or have the patient exercise the affected area as the needles are being manipulated.

Wrist and Ankle Acupuncture

Points:

Lower 3
Lower 4
Lower 5

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for

20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with active or passive activity methods, including Tui Na, Qi Gong, moxibustion, and massage while retaining the needles. Also ask the patient to gently move the joint with extension and flexion, stretching, rotation, and bending the knee and manipulate the needles until the pain is reduced. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Using acupuncture or micro-acupuncture to treat knee pain is highly effective. It is important to insert needles on the knee points on the ear, nose, face, and hand; manipulate needles; use cupping, bleeding, or Tui Na massage at the local area of the knee; or have the patient move the joint for 10 to 20 minutes until the patient sweats slightly. For the patient who already has obvious muscle atrophy or scar tissue, use Tui Na. The patient should be careful to stay warm and wear clothes that are loose and comfortable, and avoid wind, cold, and damp invasion. Use of warming needles is an effective therapy for the patient with a cold type of condition. Electro-acupuncture also has very good results for knee pain. Physical exercise is very important for long-term care.

FOOT AND ANKLE PAIN—ZU TONG

Foot and ankle pain involves the foot and ankle characterized by pain, stiffness, soreness, swelling, dysfunction, limited range of motion, bleeding under the subcutaneous tissue, pain on walking and pressure due to soft tissue injury, bone fracture, and chronic inflammation and degenerative changes. For acute conditions, moving the ankle and foot for a while or rest can usually reduce the pain. Foot and ankle pain can be caused by acute external conditions that cause ankle sprain, in addition to forceful stretching, overuse, strenuous exercise, and overburdening the foot. Any conditions that cause kidney Yin and kidney Yang deficiency, cold dampness invading, damp heat and hot toxin accumulation, or Qi and blood deficiency can cause Qi and blood stasis leading to foot and ankle pain.

Western medicine refers to this condition as calcaneal spur, bursitis, acute ankle sprain, ankle ligament injury, tarsal tunnel syndrome, plantar fasciitis, Buerger's disease, neuropathy, Raynaud's disease, and polyarthritis.

Traditional Chinese Medicine Differential Diagnosis

1. **Damp cold invading:** Foot and ankle heaviness, pain, and numbness, better with warmth, lower extremity heaviness and weakness, soreness of the lower legs, joint dysfunction of stretching and bending, pale and swollen tongue with sticky coating, and a soft, moderate pulse.
2. **Qi and blood stasis:** Foot and ankle pain that is sharp and fixed, inability to touch the floor, worse when first starting to walk, history of ankle sprain or forceful stretching, purple tongue with black spots on the side, and a thin, choppy pulse.
3. **Damp heat obstruction:** Foot redness with swelling and pain, inability to walk, heaviness and weakness, broken toes and ulcerated, hot pain, red tongue with yellow sticky coating, and a wiry, fast pulse.
4. **Toxic heat obstruction:** Sharp pain of the lower leg especially on the end of the feet, burning sensation, worse at night, prefers cold, aversion to heat, local area redness, swelling, and burning pain, oozing with a smell, high fever, thirst, irritability, constipation, scanty urination, dark red tongue with yellow dry coating, and a floating, wiry pulse.
5. **Qi and blood deficiency:** Leg and foot skin dryness, muscle atrophy, long-term illness, more weakness than pain, worse when overworked, ulcers on the feet, pale complexion, low energy, pale tongue with white coating, and a deep, thin, and weak pulse.
6. **Liver and kidney deficiency:** Soreness of the foot and ankle area, local area not red or swollen but a cold pain is present, unable to stand for long periods of time, low back pain, weakness of the knees, pale or red tongue with little coating, and a deep, thin pulse or a thin, fast pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Upper One-Third of Anterior Oblique Line of Vertex-Temporal Line 1 Lateral to Vertex

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion. When inserting on the Anterior Oblique Line of Vertex-Temporal, insert the needle in the anterior-inferior direction. When inserting on the Line 1 Lateral to Vertex point, insert the needle from the anterior to the posterior direction. These two needles should be inserted using the across needle insertion technique. Use two hands to manipulate both needles at the same time. Use the false lifting technique continuously for 2 to 3 minutes on each needle. Retain the needles for 30 to 60 minutes, and manipulate the needles one or two times. During the manipulation, ask the patient to perform range-of-motion movements with the ankle or massage the feet. Treat the patient once daily with 10 treatments to a course.

2. JIAO SYSTEM

Points:

Upper One-Third of Sensory Area
Foot Motor and Sensory Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the turning and rotation technique up to 200 times per minute.

Ask the patient to rotate his or her ankle or tap on the ground. If the patient is in severe pain and is unable to do any physical activity, the practitioner can start with moxibustion on the local area, and then apply gentle passive massage or rotate the ankle for the patient. Treat the patient once daily with 10 treatments to a course.

3. FANG SYSTEM

Points:

Foot-Ankle Area of Prone Imaging
Upper One-Third of Inverted Organ

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use fast perpendicular insertion to a depth of 2.0 to 3.0 fen until the needle reaches the periosteum. Use the rotation and turning technique until the patient feels Qi. You can also use intradermal needles in the scalp for up to 2 days.

4. ZHU SYSTEM

Points:

Frontal—Vertex Zone 4
Upper One-Third of Vertex-Temple Zone

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use oblique insertion into the zone area. Use the false lifting technique continuously until the patient feels Qi and feels that the pain is reduced. Retain the needles for 30 minutes. Treat the patient once daily with 10 treatments to a course.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men
Heel
Toes
Ankle
Kidney
Liver

2. EUROPEAN AURICULAR THERAPY

Points:

Toes
Ankle
Heel
Zero
Thalamus

Technique: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle

will be determined by where the point is located. Use the slow rotation technique to stimulate. Ask the patient to rotate his or her ankle or tap on the ground. If the patient is in severe pain and is unable to do any physical activity, the practitioner can start with moxibustion on the local area, and then apply gentle passive massage or rotate the ankle for the patient. Then retain the needle for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Insert the filiform needles into the selected point. Use more than a 100 Hz high frequency. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Foot and Toes

Technique:

Intradermal Needle: Intradermal needles are used for conditions that require stimulation for a longer period, such as a few days. Usually use grain-like intradermal needles. Before needling, the surface of the nose should be cleaned well. Hold the needle with forceps, insert it horizontally into the point, and then apply adhesive tape to fix the needle to the skin. The needled area should be kept dry and clean.

2. NOSE SAN JIAO THERAPY

Points:

12, 27, 45

Technique:

For Point 12, use oblique insertion upward 1.0 fen deep. For Point 27, use oblique insertion downward 1.0 to 2.0 fen deep. For Point 45, use oblique insertion upward 1.0 fen deep.

Mouth Acupuncture

Points:

Lower Leg

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open.

The practitioner should use gauze and his or her pressing hand to stretch the lower lip apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Abdominal Acupuncture

Points:

Ankle pain – Arthritis 5, Stomach 27 (Da Ju)

Technique: It is very important to perform an abdominal diagnosis and carefully check every area of the abdomen muscle tension, pressure pain, and tumors, as well as internal organ abnormalities such as an enlarged liver or spleen. Use 30 to 34 gauge, 1.0 to 2.5 cun long filiform needles depending on the patient's body size. Divide the abdominal area into three layers: sky, person, and earth. Use gentle and slow perpendicular insertion into the sky layer and use a rotation technique to elect Qi, and then gently move the needle to the person layer and use a rotation technique with very gentle lifting and thrusting. Lastly, push the needle deeper into the earth layer and use a rotation technique to elect Qi. So the gentle lifting and thrusting technique is mainly used on the person layer. Use moxibustion or TDP lamp on the stomach. Meanwhile massage the patient's feet or ask the patient to rotate his or her ankle or tap on the ground. Follow with the waiting for Qi, moving Qi, and increasing Qi procedure. Retain the needles for 30 minutes.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Ankle
Heel Pain

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Left and Right Foot
Ankle
Lower Leg
Knee
Five Tiger Point

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Ask the patient to rotate his or her ankle or tap on the ground. If the patient is in severe pain and is unable to do any physical activity, the practitioner can start with

moxibustion on the local area, and then apply gentle passive massage or rotate the ankle for the patient.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release some drops of blood. Bleeding techniques are an important method to open the pathways and should be used based on the patients' conditions.

Electro-Acupuncture Therapy: After inserting the needle, use an electro-machine to stimulate the point. Use a continuous wave, dense wave, or intermittent wave. Usually treat the patient for 20 to 30 minutes, with seven treatments to a course. Be careful not to needle the tendons.

3. KORYO HAND THERAPY

Points:

J 3; I 37; M 30; N 5; F 5; E 42; B 3, 4, 5, 7

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days. The active Qi treatment is a very important technique in the hand acupuncture therapy. It can increase local vessel expansion to improve blood circulation, and help pain control. Most of the patients will receive immediate benefit from the treatment. If the patient is not capable of moving his or her body due to severe pain, the practitioner should assist the patient in doing passive activity such as massage or moxibustion on the ankle and feet during the treatment. Hand acupuncture is highly effective at relieving pain, especially acute pain due to sprained muscles and tendons, nerves, sprained ankle pain, sciatic nerve pain, acute low back pain, neck pain, headache, dysmenorrhea, and stomach pain.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Nei lin Qi
Nei Tai Chong
Li Nei Ting
Zhu Xin Xue

2. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Xia Kun Lun
Ba Feng

3. FOOT IMAGING ACUPUNCTURE THERAPY (FANG SYSTEM)

Points:

Leg of Feet Prone Imaging
Leg of Feet Tibia Inverted Imaging
Leg of Feet Fibula Inverted Imaging

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs outstretched and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi, then retain the needles for about 20 to 30 minutes. The practitioner can start with moxibustion on the ankle and feet area, and then apply gentle passive massage or rotate the ankle for the patient. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses. It is important to use clean needle technique in order to avoid infection. Always avoid needling into the periosteum and blood vessels.

Moxibustion: Both direct and indirect moxibustion may be used on specific points or areas. Usually use Seo Am (Korean) moxa for direct moxibustion and a moxa stick for indirect moxibustion. Ask the patient to lie prone with the feet plantar side up, or lie supine to work on the dorsal side of the feet. Usually use 3 to 7 Zhuangs of cones per point for direct moxa. Remove the moxa immediately once the patient feels that the moxa is hot. When using indirect moxibustion, lightly warm the point until the skin turns pink. Treat the patient for 5 to 15 minutes per treatment, with 10 treatments to a course and 2 to 3 days of rest between courses. Be careful not to burn the patient.

Massage Technique: Use hand massage to stimulate specific points on the feet. Use the following massage techniques: gripping, touching, pressure strokes, and stretching. Alternate different techniques during the treatment and focus on rhythmical movements. Usually massage the patient for 5 to 10 minutes, or as needed.

Wrist and Ankle Acupuncture

Points:

Lower 1
Lower 6

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position

for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with active or passive activity methods. The practitioner can start with moxibustion on the ankle and feet area, and then apply gentle passive massage or rotate the ankle for the patient while retaining the needles. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Using acupuncture or micro-acupuncture to treat foot and ankle pain is highly effective. It is important to insert needles on the foot or ankle points on the ear, nose, feet, abdominal and hand systems; manipulate needles; use bleeding, or Tui Na massage on the local area of the foot and ankle; or have the patient rotate his or her ankle or tap on the ground for 10 to 20 minutes until the patient sweats slightly. For the patient who already has obvious muscle atrophy or scar tissue, use Tui Na manipulation. Use of warming needles is an effective therapy for the patient with a cold type of condition. Electro micro-acupuncture also has very good results for foot and ankle pain. Physical exercise is very important for long-term care.

STOP SMOKING—JIE YAN

Smoking has a more than 500-year history. Smoking has a large effect on human health according to clinical research. Long-term and excessive amounts of smoking will affect a person's respiratory system, cardiovascular system, digestive system, nervous system, and vital organs. Smoking can also cause irregular menses, miscarriage, premature delivery, and birth defects. When acupuncture is used for smoking cessation, many patients state that they have a loss of interest in smoking, or a change in the taste of the cigarette where it becomes bitter, bland, grass-like, or strong tasting. Sometimes there is increased production of phlegm, dry throat, or dizziness. Cigarettes are toxic substances, and long-term absorption into the body can cause the patient to have an imbalance of Yin and Yang, and Qi and blood dysfunction, which can cause deficiencies of the lung, liver, heart, spleen, and kidneys.

Traditional Chinese Medicine Differential Diagnosis

1. **Heart and lung Qi deficiency:** Smoking cigarettes in combination with coughing, asthma, chest pain and fullness, sore throat, palpitations, shortness of breath, irritability, less sleep, disturbing dreams, pale tongue, and weak pulse.
2. **Liver and kidney Yin deficiency:** Smoking cigarettes with dizziness, vertigo, tinnitus, impotence, spermatorrhea, irregular menses, infertility, red tongue with little or no coating, and a thready pulse.
3. **Spleen and stomach deficiency:** Smoking cigarettes with chronic abdominal pain, mild pain, distension and bloating of the abdomen, lack of appetite, diarrhea, heaviness in the body, heavy head, pale, swollen tongue with sticky coating, and soft, moderate pulse.

Micro-Acupuncture Therapy

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men
Sympathetic
Lung
Liver
Thirst Point
Mouth
Subcortex
Central Rim
Trachea

2. EUROPEAN AURICULAR THERAPY

Points:

Master Cerebral
Nicotine Point
Aggressivity
Sympathetic Autonomic
Lung
Zero
Allergy Point

Technique: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Use Betadine to

pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Insert the filiform needles into the selected point. Use more than a 100 Hz high frequency. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation. Maintain the current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

The active Qi treatment is a very important technique in the ear acupuncture therapy. It can increase local vessel expansion to improve blood circulation. Ask patient to take deep breaths, perform a swallowing movement, listen to therapeutic music with different rhythms that match the patient's breathing, and look at different colors on a picture which creates psychological, physiological, and pathological changes in the human body. The practitioner also uses spiritual support, suggestion support, and behavioral support to encourage the patient. This is an important step in building up the patient's confidence to continue to receive treatments.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Gallbladder
Throat
Lung
Liver

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Select the Gallbladder point on both sides of the nose. Apply mild pressure and turn the needle in the point perpendicularly using slight rotation. Use oblique and running needle techniques for other points, and wait for the patient to experience heaviness, distension, soreness, numbness,

a sensation of wanting to sneeze, or tearing of the eyes. Ask the patient to take deep breaths, listen to therapeutic music, use spiritual support, suggestion support, and behavioral support to encourage the patient. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes.

Back Shu Acupuncture

Points:

UB 13 (Fei Shu)
UB 15 (Xin Shu)
UB 18 (Gan Shu)
UB 19 (Dan Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle at an oblique angle and push the needle in to a depth of 0.5 to 0.8 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

The grain-like intradermal needles are used on the back Shu system. Hold the body of the grain-like needle with forceps and insert it horizontally into the point, leaving it lying flat on the skin. Then affix the needle with a piece of adhesive tape for 2 to 3 days.

Abdominal Acupuncture

Points:

Ba Gua Zhen

Technique:

Ba Gua Zhen Technique: The Ba Gua technique divides the abdominal area into eight sections. Each section indicates one organ disease. This system is based on the post heaven Ba Gua. Choose 32 to 34 gauge filiform needles and select the insertion area from north, south, east, west, northeast, northwest, southeast, and southwest. Each needle has 45 degrees between and uses an oblique insertion toward the umbilicus or needle from the umbilicus and insert toward the outside. Gently manipulate the needles and use the waiting Qi, moving Qi, and increase Qi technique. Retain the needles for 30 minutes.

Hand Acupuncture

HAND ACUPUNCTURE POINT THERAPY

Points:

Chest
Lung
Liver
Heart

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum.

Use pushing, lifting, thrusting, and rotating methods of stimulation. Ask the patient to take deep breaths, listen to therapeutic music, use spiritual support, suggestion support, and behavioral support to encourage the patient. Retain the needles for up to 20 to 30 minutes.

Summary

In the clinic, using acupuncture and micro-acupuncture to aid in smoking cessation has been proven to have very good results. Clinical experience shows that the more abnormal smoking sensations the patient experiences, the more successful the treatments will be. The most common techniques to use are ear, nose, and hand acupuncture in combination with macro-acupuncture, especially the special points Du 20 (Bai Hui) and Tian Mei. It is important to use Chinese medicine diagnosis and to use body points based on differentiation. For the patient with heart and lung Qi deficiency, use back Shu acupuncture in combination with ear acupuncture and also choose points Lu 1 (Zhong Fu), Ren 14 (Ju Que), P 6 (Nei Guan), and Sp 6 (San Yin Jiao). For people with liver and kidney Yin deficiency, choose the body points Ht 7 (Shen Men), Liv 2 (Xin Jian), and Kidney 3 (Tai Xi). For patients with a spleen and stomach deficiency, use Liv 14 (Qi Men), St 36 (Zhu San Li), and P 6 (Nei Guan) in combination. During the treatment, if the patient becomes irritable, has emotional changes, becomes depressed, or becomes tired, use ear ball pressure and have the patient apply pressure two or three times a day to relieve symptoms. When using electro-acupuncture, choose a dense wave with a frequency of more than 200 waves per minute and continue to retain for 30 minutes. Younger male patients will usually have better results.

OBESITY—JIAN FEI

Overweight, or obesity, is the condition where the human body has an excessive accumulation of fat and the body weight is above 20% of the standard weight. Obesity is mostly seen in patients over 40 years old. Chinese medicine believes obesity is caused by overeating fatty food, or it may occur when the patient has a disease that causes a spleen and stomach dysfunction accumulating water, or the patient lacks physical activity resulting in Qi and blood lack of circulation that becomes stagnant, causing obesity.

Western medicine refers to this condition as obesity, which may be related to a genetic determinant or disease.

Traditional Chinese Medicine Differential Diagnosis

1. **Central Yang excess:** Overweight, excessive appetite, gets hungry easily, eats large amounts of food, red face, high voice, red tongue with a white, sticky coating, and a slippery, fast pulse.
2. **Damp-phlegm obstruction:** Overweight, low energy, lack of sleep, no appetite, bland taste in the mouth, scanty menstruation or amenorrhea for women and impotence for men,

a swollen and big tongue with teeth marks, and a deep, soft, or slippery pulse.

- Blood stasis:** Overweight, chest and hypochondrium area pain, palpitations, dizziness, dark red tongue with dark spots on the side of the tongue, pale coating, and a deep pulse.

Micro-Acupuncture Therapy

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men
Mouth
Stomach
Esophagus
Small Intestine
Endocrine
San Jiao
Hunger
Spleen
Excitation

2. EUROPEAN AURICULAR THERAPY

Points:

Zero
Sympathetic Autonomic
Stomach
Master Cerebral
Large Intestine
Small Intestine
Abdomen
Esophagus
Thalamus
Endocrine
Antidepressant
Aggressivity

Technique: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Insert the filiform needles into the selected point. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation.

Maintain the current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

The active Qi treatment is a very important technique in the ear acupuncture therapy. It can increase local vessel expansion to improve blood circulation. Ask the patient to take deep breaths, or use deep abdominal breathing, perform a swallowing movement, listen to therapeutic music with different rhythms that match the patient's breathing, and look at different colors on a picture that creates psychological, physiological, and pathological changes in the human body. The practitioner also uses spiritual support, suggestion support, and behavioral support to encourage the patient. This is an important step in building up the patient's confidence to continue to receive treatments.

Tongue Acupuncture

Points:

Lung
Stomach
Spleen
Small Intestine
Large Intestine
San Jiao

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. If needles are to be inserted on the surface of the tongue, ask the patient to stick his or her tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisors of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edge needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion at the local point to a depth of 0.5 to 1.2 cun.

Back Shu Acupuncture

Points:

UB 13 (Fei Shu)
 UB 18 (Gan Shu)
 UB 20 (Pi Shu)
 UB 21 (Wei Shu)
 UB 25 (Da Chang Shu)

Technique: Use standard clean needle technique. Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle at an oblique angle on the upper back and a perpendicular angle on UB 25 (Da Chang Shu) then push the needle in to a depth of 0.5 to 1.2 cun. Use the rotation technique to elicit Qi. Retain the needles for about 15 to 30 minutes. Treat the patient every other day with 10 treatments to a course.

Abdominal Acupuncture

Points:

Ba Gua Zhen

Technique:

Ba Gua Zhen Technique: The Ba Gua technique divides the abdominal area into eight sections. Each section indicates one organ disease. This system is based on the post heaven Ba Gua. Choose 32 to 34 gauge filiform needles and select the insertion area from north, south, east, west, northeast, northwest, southeast, and southwest. Each needle has 45 degrees between and use an oblique insertion toward the umbilicus or needle from the umbilicus and insert toward the outside. Gently manipulate the needles and use the waiting Qi, moving Qi, and increase Qi technique. Retain the needles for 30 minutes.

Hand Acupuncture

1. KORYO HAND THERAPY

Points:

A 3, 4, 5, 8, 12, 16; F 5, 7, 19; N 5, 18; M 28; D 7

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Ask the patient to take deep breaths, or use deep abdominal breathing, perform a swallowing movement, listen to therapeutic music with different rhythms that match the patient's breathing, and look at different colors on a picture that creates psychological, physiological, and pathological changes in the human body. The practitioner also uses spiritual support, suggestion support, and behavioral support to encourage the patient. This is an important step in building up the patient's confidence to continue to receive treatments. Retain the needles for an average of 30 to 40 minutes.

Koryo hand therapy often uses pellet therapy for a longer duration of treatment. The pellet is made of an aluminum plate with one or more protrusions. The plate size can be chosen according to the width of the application area. Detach the pellet with its adhesive tape and place it on the point. The pellet can remain in place for several hours to a few days.

Summary

Using acupuncture and micro-acupuncture to lose weight has been proven effective in the clinic. From research, it has been determined that acupuncture stimulation on the points can decrease appetite and hunger sensations. In addition, it adjusts nerves and the endocrine system so it can change metabolic activities to help the body absorb less fat from the diet and eliminate extra body weight. Acupuncture and micro-acupuncture have better results for the patient with a simple type of obesity, but for the patient who has obesity due to family history or genetics, it is less effective. Patients should control their food and total calorie intake each day. Patients who are overweight should consume low-calorie foods and fewer carbohydrates and sweet foods, such as candy, cookies, and soft drinks, and fewer fatty meats and deep-fried foods. The patient should eat more vegetables and lean meat. Limit intake of foods that contain high carbohydrates, such as potatoes, rice, and starchy foods. Ear, mouth, back Shu, and abdominal acupuncture have been proven to have better results in the clinic.

WIND RASH—FENG ZHEN/YIN ZHEN

Wind rash is a commonly observed allergic skin condition, which is characterized by a rash appearing on the skin that is bright red or pale white in color with a tendency to be itchy. Patches appear after the rash is touched, and many different-sized patches can connect together to become an irregular shape. Wind rash can happen all over the body. It can develop rapidly and likewise disappear rapidly without leaving a scar. If wind rash is associated with the digestive system, the patient can have nausea, vomiting, and abdominal pain. In a few cases, the patient will have edema at the larynx area that causes difficulty breathing. The acute condition can continue for a couple of days or a few months with rapid onset, and a wind rash for over 3 months is considered chronic. Wind rash can occur at any age and in both males and females. Wind rash can occur due to an allergy, such as an allergy to food, drugs, or biologic products, or an infection, parasites, an emotional condition, or external wind and cold stimulation. These can cause nutrient Qi and defensive Qi disharmony, damp heat generation, wind damp battling with heat on the skin, Qi and blood deficiency, Chong and Ren disharmony, lack of blood nourishment, and development of wind rash with dryness.

Western medicine refers to this condition as hives.

Traditional Chinese Medicine Differential Diagnosis

1. **Wind cold:** White patchy rash, worse when exposed to cold and wind, heat helps relieve the rash, mostly occurring in the winter, pink or pale tongue with thin white coating, and slow or moderate pulse.
2. **Wind heat:** Red patchy rash, worse when exposed to heat, cold helps relieve the rash, mostly occurs in the summer, red tongue with sticky yellow coating, and a floating, fast pulse.
3. **Stomach and intestine damp heat:** Red patchy rash accompanied by digestive system symptoms, such as stomach and abdominal pain, low energy, poor appetite, constipation or diarrhea, nausea, vomiting, swollen red tongue with yellow sticky coating, and a slippery, fast pulse.
4. **Qi and blood deficiency:** Rapid-onset wind rash several times during the year, increasing in severity after being overworked or tired, low energy, pale tongue with thin white coating, and a soft, thin pulse.
5. **Chong and Ren disharmony:** Usually occurs several days before menstruation, disappears following the end of menstruation, rapid onset at the next cycle, in combination with dysmenorrhea and irregular menstruation.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Posterior Oblique Line of Vertex-Temporal

Line 1 Lateral to Forehead

Line 2 Lateral to Forehead—Gastrointestinal syndrome

Middle Line of Vertex

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Insert the needle from the superior to the inferior direction on the forehead lines. Use transverse insertion from the superior to the inferior direction on the Posterior Oblique Line of the Vertex-Temporal point. If the patient has a wind rash on the legs, start the insertion on Du 20 (Bai Hui) to the inferior direction. If the patient has a wind rash on the arms, start the insertion between the upper and middle intersection area and needle toward the anterior-inferior direction. After the needle reaches the subaponeurotic tissue layer, use the false lifting technique and continuously manipulate the needles for 2 to 3 minutes until the symptoms become minor. Then retain the needles, usually for up to 2 hours. During the retention, if the patient starts to have itching, manipulate the needles immediately. If possible, retain the needles for up to 12 to 24 hours. Treat the patient once daily or every other day with five to seven treatments to a course. If the patient has an onset of wind rash, start treatment immediately. Maintenance treatments should be done 1 to 2 months following the second course of treatment.

2. JIAO SYSTEM

Points:

Upper One-Fifth of Sensory Area

Foot Motor and Sensory Area—for severe itching

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the fast turning and rotation technique up to 200 times per minute, and continuously manipulate the needle for 1 minute. Then retain the needles for 30 minutes and manipulate the needles two or three times during the retention.

3. FANG SYSTEM

Points:

Upper, Middle, and Lower Jiao of the Prone Organ

Corresponding Area

Upper, Middle, and Lower Jiao of the Inverted Organ

Corresponding Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast perpendicular insertion to a depth of 2.0 to 3.0 fen until the needles reach the periosteum. Use the turning and rotation technique to manipulate the needles. Alternatively, use intradermal needles on the scalp for up to 1 to 3 days.

4. TANG SYSTEM

Points:

Quiet Line

Wind Line

Blood Line

Lung Trachea Area

Spleen and Stomach Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use oblique insertion into the scalp to a depth of 2.0 to 3.0 fen. Use lifting and thrusting techniques to elicit Qi. Then retain the needles for up to 2 to 4 hours, and manipulate the needles once every 30 minutes during the retention.

Remark: Using scalp acupuncture to treat wind rash can stop itching sensations quickly, but this disease has a tendency to recur. The practitioner should use maintenance treatments and lead the patient away from allergens.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men

Lung

External Genitals

Wind Stream

External Nose

Corresponding Body Area

Apex of Ear

Kidney

Adrenal

Endocrine

Ear Center

Supplemental Points:

Liver

Spleen

Stomach

Small Intestine

Occiput

2. EUROPEAN AURICULAR THERAPY

Points:

Corresponding Body Area

Thalamus

Zero

Lung

Master Sensorial

Anterior Pituitary

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needle for 20 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses. Some patients may be sensitive to the adhesive, especially for the patient with skin problems, so a hypoallergenic tape should be used.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Lung

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Fast Spot Pricking Technique: Use 32 to 34 gauge, 0.5 cun long filiform needles. Quickly prick the point. The nose has less muscles and skin; therefore it is very sensitive, so needle insertion should be shallow and gentle.

2. NOSE SAN JIAO THERAPY

Points:

16

Technique: For Point 16, use oblique insertion upward 1.0 fen deep.

Spinal Acupuncture

Points:

Major Spinous Process Point

Thoracic 5

Thoracic 2

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the other Back Spinous Process points, use 30 to 32 gauge, 2.0 cun long filiform needles. The practitioner should use the thumb and index finger of the pressing hand to pinch the skin of the spinous process and the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. Use rotation techniques until the patient feels a Qi sensation along the spine. Retain the needles for 40 minutes or up to 1 to 2 hours.

Remarks: This technique requires needle insertion in the correct layer. If the skin becomes rough on the surface, this indicates that the needle is inserted too shallowly. If the needle is difficult to push in any further, this indicates that insertion is too deep and the needle may be hitting the spinous process. In either case, the needle should be adjusted. The needles should be inserted above the center of the spine.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Stop Itching

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Throat Point

Stop Itching
Lung Point
Stomach Point

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for up to 20 to 30 minutes.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release a few drops of blood. Treat the patient every other day, alternating treatment to both hands.

3. KORYO HAND THERAPY

Points:

F 5; G 7; D 2; H 6; I 38; J 7

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Wrist and Ankle Acupuncture

Points:

Upper 1

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Summary

Wind rash is an allergic skin condition that can be acute or chronic. Micro-acupuncture therapy is effective for the acute conditions. The ear, abdominal, and hand systems are most commonly used. For acute conditions, use the bleeding technique to release a few drops of blood to ease itching and development. For chronic conditions, the treatment period needs to last longer, usually two to four treatment courses, to see results. Normally use ear ball pressure and hand therapy. For patients on medication, micro-acupuncture can help the patient gradually taper off the medication so that the patient will have an increased immune response against allergic conditions. In severe cases, combine with herbal therapy. The patient should avoid allergic sources, avoid eating acrid, spicy, and aromatic foods, maintain a smooth bowel movement, and keep clean skin while avoiding strong soaps.

ECZEMA—SHI ZHEN

Eczema is a pathologic skin condition that is commonly observed as an allergic inflammatory skin condition. Itching, polymorphic skin lesions, and an asymmetric distribution characterize eczema. The patient feels itching and involuntarily touches the skin to relieve the itching. This condition can have a rapid onset with patches, vesicles, and ulcers, and can easily develop into a chronic condition. Eczema can be localized, can cover the entire body, or may only occur in a specific place, such as the head, face, ears, wrists, umbilicus, genitals, hands, and lower legs. Eczema can occur at any age and in either males or females, but it is mostly seen in patients with a genetic weakness or an overly sensitive or allergic body type. Eczema has no obvious relation to the different seasons, but it usually has repeat onset at the wintertime. Eczema can be caused by weakness of the body with invading wind, heat, or damp evils. The acute condition is usually caused by damp heat. However, chronic eczema is usually due to a prolonged illness that injures the blood, leading to blood deficiency that generates internal wind and dryness with skin nutrition loss.

Western medicine also refers to this condition as eczema.

Traditional Chinese Medicine Differential Diagnosis

1. **Damp heat:** Mostly occurs in acute conditions, skin is reddish, swollen, and itchy, there are rapid eruptions of growing patches, papules, and vesicles exuding fluid and forming a scar after being scratched open, constipation, scanty urination, white or yellow sticky tongue coating, and a slippery, fast pulse. If the disease has a gradual onset, the skin will mostly have papules or vesicles, and the patient will have fatigue, poor digestion, frequent diarrhea, swollen and enlarged tongue with white sticky coating, and a wiry, slippery pulse.
2. **Blood deficiency with wind dryness:** Symptoms are often chronic and recurring over an extended period of time,

slightly dark color of the damaged skin, itchiness, desquamation, crusting and flaking of the skin, scarring, dizziness, fatigue, low back pain, soreness pain, weakness of the legs, pink-red tongue with thin white coating, and a weak pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Posterior Oblique Line of Vertex-Temporal

Line 1 Lateral to Forehead

Line 2 Lateral to Forehead—Gastrointestinal syndrome

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion from the superior to the inferior direction on the Posterior oblique line of Vertex-Temporal. Insert the needle from the superior to the inferior direction on the forehead lines. If the patient has a wind rash on the legs, start the insertion at Du 20 (Bai Hui). If the patient has a wind rash on the arms, start the insertion between the upper and middle intersection area and needle toward the anterior-inferior direction. After the needle reaches the subaponeurotic tissue layer, use the false lifting technique and continuously manipulate the needles for 2 to 3 minutes until the symptoms become minor. Then retain the needles, usually for up to 2 hours. During the retention, if the patient starts to have itching, manipulate the needles immediately. If possible, retain the needles for up to 12 to 24 hours. Treat the patient once daily or every other day, with five to seven treatments to a course. Maintenance treatments should be done 1 to 2 months following the second course of treatment.

2. JIAO SYSTEM

Points:

Upper One-Fifth of Sensory Area

Foot Motor and Sensory Area—for severe itching

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the fast turning and rotation technique up to 200 times per minute, and continuously manipulate the needles for 1 minute. Then retain the needles for 30 minutes, and manipulate the needles two or three times.

3. FANG SYSTEM

Points:

Upper, Middle, and Lower Jiao of the Prone Organ

Corresponding Area

Upper, Middle, and Lower Jiao of the Inverted Organ

Corresponding Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast perpendicular insertion to a depth of 2.0 to 3.0 fen until the needles reach the periosteum. Use the turning and

rotation technique to manipulate the needles. Alternatively, use intradermal needles on the scalp for up to 1 to 3 days.

4. TANG SYSTEM

Points:

Quiet Line

Wind Line

Blood Line

Lung Trachea Area

Spleen and Stomach Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use oblique insertion into the scalp to a depth of 2.0 to 3.0 fen. Use lifting and thrusting techniques to elicit Qi. Then retain the needles for up to 2 to 4 hours, and manipulate the needles once every 30 minutes during the retention.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men

Lung

External Genitals

Wind Stream

Spleen

External Nose

Corresponding Body Area

Apex of Ear

Adrenal

Endocrine

Ear Center

Supplemental Points:

Liver

Spleen

Stomach

Small Intestine

Occiput

2. EUROPEAN AURICULAR THERAPY

Points:

Corresponding Body Area

Thalamus

Zero

Lung

Master Sensorial

Anterior Pituitary

Technique: Use 30 to 34 gauge, 0.5 cun (15 mm) long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle

angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Mouth Acupuncture

Points:

Area of the Skin

Technique: Use fresh water to cleanse the patient's mouth. Use 30 to 34 gauge, 0.5 to 1.5 cun long filiform needles. Ask the patient to sit up straight with his or her mouth open. The practitioner should use gauze and his or her pressing hand to stretch the upper and lower lips apart in order to locate the point. Insert the needle with the puncturing hand into the membranes of the mouth at about a 15- to 30-degree oblique angle. Manipulate the needles to elicit Qi, and retain the needles for 20 to 30 minutes. Treat once daily with 10 treatments to a course.

Spinal Acupuncture

Points:

Major Spinous Process Point

Thoracic 5

Thoracic 2

Technique: For the Major Spinous Process point, use 28 to 30 gauge, 2.5 cun long filiform needles. For the other Back Spinous Process points, use 30 to 32 gauge, 2.0 cun long filiform needles. The practitioner should use the thumb and index finger of the pressing hand to pinch the skin of the spinous process and the puncturing hand to insert the needle at a 30-degree angle. Push the needle parallel to the skin and along the spine, following the curve of the spine. Use rotation techniques until the patient feels a Qi sensation along the spine. Retain the needles for 40 minutes or up to 1 to 2 hours.

Remarks: This technique requires needle insertion in the correct layer. If the skin becomes rough on the surface, this indicates that the needle is inserted too shallowly. If the

needle is difficult to push in any further, this indicates that insertion is too deep and the needle may be hitting the spinous process. In either case, the needle should be adjusted. The needles should be inserted above the center of the spine. Spinal acupuncture uses fewer needles and points to stimulate a wide area. It is highly valuable in clinical practice.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Stop Itching

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Throat Point

Lung Point

Stomach Point

Spleen Point

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for up to 20 to 30 minutes.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release a few drops of blood. If bleeding is profuse, keep the cotton ball on the point, and use your other hand to hold and apply pressure on the radial and ulnar sides of the finger to help stop the bleeding.

3. KORYO HAND THERAPY

Points:

A 3, 4, 8, 12, 16; F 5, 9; N 5, 9; C 5, 7; J 5; L 6

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use a very fine, sharp, and short Seo Am needle, which is usually 0.5 cun in length. Using a needle dispenser, place the dispenser on the point to be needled. Release the dispenser lever and the needle will penetrate the skin at a very shallow depth (approximately 0.5 mm). Alternatively, use a Sooji needle that is inserted with an automatic needle dispenser for a nearly pain-free insertion. Retain the needles for an average of 30 to 40 minutes.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Tonsil 1

2. FOOT NEW POINT THERAPY

Points:

11

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi, then retain the needle for 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Wrist and Ankle Acupuncture

Points:

Upper 1

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. There are 10 treatments to a course.

Summary

Eczema is a skin condition caused by wind, damp, heat, and a weak body constitution. The ear, scalp, spine, and hand acupuncture systems help this condition. For acute conditions, use strong stimulation with bleeding techniques. For chronic conditions, combine with back Shu points to increase the body's immunity against allergic conditions. The patient should avoid acrid, spicy foods, seafood, wine, hot water, and strong soap, as well as combining treatment with herbal therapy or medications.

PATCH BALDING—BAN TU

Patch balding, known in Chinese as “You Feng,” is a condition in which the patient suddenly loses large patches of hair in a short period of time, with smooth and shiny skin left where the hair patches were. In severe cases, patch balding can happen on any part of the body with group hair loss, such as on the elbow, armpit, or pubic region. Patch balding usually happens in

patients who are overtired, have a lack of sleep, or have emotional stress. It can happen at any age and in both males and females. Patch balding can be caused by long-term overwork, stress, excessive sexual activity, and malnutrition leading to blood deficiency unable to nourish the skin, blood stasis, or liver and kidney deficiency.

Western medicine refers to this condition as alopecia areata.

Traditional Chinese Medicine Differential Diagnosis

1. **Wind and dryness in the blood:** Sudden onset, usually the patient has patch baldness with no other symptoms, hair loss is mostly in round patches on the scalp with smooth and shiny skin at the patch, in some cases the patient can lose all the hair on the scalp or all the body hair, dizziness, insomnia, low energy, pale tongue with thin coating, and a weak, thready pulse.
2. **Qi and blood stasis:** Loss of hair occurring over an extended period of time, smooth and shiny scalp patches, headache, chest and hypochondrium area pain, the area of the skin condition may have a history of hematoma from an external trauma, insomnia, dark tongue with stasis macules, and a deep, thin pulse.
3. **Liver and kidney deficiency:** Loss of hair occurring over an extended period of time, patient can lose all of the scalp hair or all body hair, dizziness, tinnitus, insomnia, vertigo, pale tongue with geographic rough coating, and a thin pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Lower Lateral Line of Occiput, plus Du 20 (Bai Hui) and St 8 (Tou Wei)

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion into the subaponeurotic tissue layer. Use the false thrusting and false lifting techniques to manipulate the needles. Use seven-star needles, and tap on the patch areas or use indirect moxibustion with ginger on the patches. For ST 8 (Tou Wei), use needle cross insertion techniques. Treat the patient once daily or every other day, with 10 treatments to a course and 3 to 5 days of rest between courses.

2. JIAO SYSTEM

Points:

Lower Two-Fifths of Sensory Area

Foot Motor Sensory Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the rotation and twisting technique up to 200 times per minute. Use a seven-star needle, and tap on the patches or along the side

of the spine until the coccyx is reached. Treat the patient once daily with 10 treatments to a course.

3. FANG SYSTEM

Points:

Head Area of Prone Imaging

Upper, Middle, and Lower Jiao of Prone Organ

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use fast perpendicular insertion to a depth of 2.0 to 3.0 fen until the needles reach the periosteum. Use the turning and rotation technique to manipulate the needles, or connect the needles to the electro-machine. Treat the patient once daily, with 10 treatments to a course and 5 to 7 days of rest between courses.

4. MERIDIAN AND POINT

Points:

Longevity Point—Located 1 cun posterior to Du 20 (Bai Hui)

Strength Brain Point—Located 0.5 cun inferior to GB 20 (Feng Chi)

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Use oblique insertion and quickly push the needle into the subaponeurotic tissue layer. Use the rotation technique up to 200 times per minute continuously for 1 to 3 minutes. Retain the needles for 30 minutes, and manipulate the needles every 10 minutes. Treat the patient once daily, with 10 treatments to a course and 5 to 7 days of rest between courses. During the rest time, choose macro-acupuncture points, such as UB 23 (Shen Shu), UB 15 (Xin Shu), UB 17 (Ge Shu), and Sp 6 (San Yin Jiao). Treat four or five times before starting another course of scalp treatment. Cutaneous needles can also be used on the patches, the back of the neck, and along the spine. First use cutaneous needles to tap on the patch areas from the outside of the patch toward the center, until the skin becomes red or slightly bleeding. Then tap on the back of the neck inferiorly to the sacral area. Start by focusing the tapping on GB 20 (Feng Chi), then along the Du meridian at the Hua Tuo Jia Ji position, and then on the foot Taiyang meridian. Each meridian should be tapped one or two times. Treat the patient once daily, with 15 treatments to a course and 7 to 10 of rest days between courses.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men

Lung

External Genitals

Wind Stream

Spleen

External Nose

Corresponding Body Area

Apex of Ear

Adrenal

Endocrine

Ear Center

Supplemental Points:

Liver

Spleen

Stomach

Small Intestine

Occiput

2. EUROPEAN AURICULAR THERAPY

Points:

Corresponding Body Area

Thalamus

Zero

Lung

Master Sensorial

Anterior Pituitary

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needles for 20 to 30 minutes. Also use cutaneous needles to tap on the patch areas.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Auricular Seed and Magnet Pressing Therapy: Use herb seeds, stainless steel, silver, gold, or magnetic balls to stimulate ear points. Use 70% alcohol to clean the ear. Hold the ear with one hand and apply the ball with adhesive tape using the other hand. Apply pressure to stimulate the point and obtain Qi sensation. The balls may be retained for 3 to 5 days, and the patient should be instructed to apply pressure to the balls two to three times daily. Five treatments constitute a course, with 1 to 2 days of rest between courses.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Liver

Kidney
Head and Face
Spleen

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. First insert the needle perpendicularly, and then use oblique and running needle techniques according to the point location. Wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Cutaneous needles can be used on the patch balding area of the scalp. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Summary

Patch balding refers to sudden hair loss. The course of treatment will take several months. Scalp and nose therapy are the main micro-systems used. For scalp acupuncture, ginger juice on the surface of the area of hair loss with a seven-star needle usually has good results. Alternatively, follow the scalp acupuncture treatment to stimulate the whole system with a seven-star needle to help stop continued hair loss and to help promote hair growth. For nose acupuncture, use strong stimulation plus massage or a seven-star needle on the surface of the scalp. For chronic conditions, nutritional therapy is necessary with tonification of the blood and kidneys as the main treatment principle for patch balding.

SORE, RED, SWOLLEN EYES—MU CHI ZHONG TONG

Redness, pain, and swelling of the eyes are acute symptoms that are often seen in a variety of eye illnesses. They can be caused by invasion of seasonal wind heat, lung and stomach excess heat, or liver and gallbladder fire rising to disturb the eyes.

Western medicine refers to this condition as an ophthalmological condition, such as acute conjunctivitis, pseudomembranous conjunctivitis, and epidemic keratoconjunctivitis.

Traditional Chinese Medicine Differential Diagnosis

1. **External wind heat:** Redness, pain, and swelling of the eyes, itching and pain, oversensitive to light, excessive tearing, in combination with headache, stuffy nose, aversion to wind, fever, red tip of the tongue with a thin white coating, and a floating, fast pulse.
2. **Lung and stomach excessive heat:** Redness, pain, and swelling of the eyes, oversensitive to light, tearing with sticky mucus, in combination with headache, irritability, constipation, scanty urination, red tongue with yellow coating, and a fast pulse.

3. **Liver and gallbladder fire rising:** Redness, pain, and swelling of the eyes, oversensitive to light, tearing, itching eyes, excessive discharge that is sticky causing difficulty in opening the eye, in combination with a dry bitter taste in the mouth, dry throat, irritability, tinnitus, headache, constipation, dark urine, red tongue with yellow coating, and a rapid, wiry pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Forehead
Upper Middle Line of Occiput
Upper Lateral Line of Occiput
Lower One-Third of Posterior Oblique Line of
Vertex-Temporal—Hot, burning sensation of the eyes
Middle Line of Vertex—Aversion to light

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the false lifting technique in combination with the turning and rotation technique up to 200 times per minute, and ask the patient to close and open his or her eye or massage the eye. Manipulate the needles for 1 to 3 minutes and then retain the needles for 30 minutes, manipulating the needles once every 10 minutes. Treat the patient once daily, with 10 treatments to a course and 5 to 7 days of rest between courses.

2. JIAO SYSTEM

Points:

Vision Area

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the rotation technique up to 200 times per minute continuously for 1 to 3 minutes. Retain the needles for 30 minutes, and manipulate the needles once every 10 minutes. Treat the patient once daily with 10 treatments to a course until the symptoms have reduced or disappear.

3. FANG SYSTEM

Points:

Vision Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast perpendicular insertion to a depth of 2.0 to 3.0 fen until the needle reaches the periosteum. Use the turning and rotation technique to manipulate the needles. Alternatively, use intradermal needles and retain the needles in the scalp for a couple of days.

4. TANG SYSTEM

Points:

Jing Ming Area

Eye Area

Liver and Gallbladder Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use oblique insertion to a depth of 2.0 to 3.0 fen. Use lifting and thrusting techniques to elicit Qi, and then retain the needles for up to 2 hours. You may also connect the needles to an electro-machine. Use a dense wave at a frequency of 200 per minute to stimulate the needles for 30 minutes. Most patients will recover in one to three treatments.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Shen Men

Liver

Occiput

Adrenal Gland

Apex of Ear

Kidney

Eye 1

Eye 2

Eye

New Eye

Supplemental Points:

Endocrine

Liver Yang

Temple

Wind Screen

2. EUROPEAN AURICULAR THERAPY

Points:

Master Sensorial

Eye

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. You can use pressure or an electrical point finder to help locate points. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deeply enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the slow rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Electro-Acupuncture Ear Therapy: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Insert the filiform needles into the selected point. Select the wave and frequency desired for the treatment. Use micro-gator clips to connect the inserted needles to the electro-machine, and slowly turn the machine on to the appropriate amount of stimulation.

Maintain the current for 10 to 30 minutes. Treat the patient one to three times a week for 2 to 10 weeks.

Embedding Needles: Select a thumbtack-type intradermal needle. Use Betadine to pre-clean the surface of the ear, and follow up with 70% alcohol to clean the ear. Hold the ear with one hand and stretch the skin taut if possible. Use the other hand to pick up the intradermal needle with a hemostat and insert the needle quickly into the skin. Then use adhesive tape to cover the needle and press the needle in to its full depth. The needles may be retained for 3 to 5 days at a time.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear and in the puncturing hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed one to three drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

Eye Acupuncture

Points:

Liver of Area 4

Middle Jiao of Area 5

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Follow standard clean needle technique, being careful not to get alcohol in the patient's eye. Use your pressing hand to apply slight pressure to the eyeball to hold it in place, while also stretching the skin around the orbital margin. Use the inner margin insertion technique with perpendicular insertion, needling the point slightly toward the eyeball. Insert the needles to a depth of 0.2 to 0.5 cun. Retain the needles for 5 to 20 minutes. Gently remove the needle with light pressure and hold a clean cotton ball to the needle hole to prevent bleeding. Treat the patient once daily with 10 treatments to a course.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Breasts

Neck and Upper Back

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 0.5 cun long filiform needles. Apply mild pressure and turn the needle into the point using slight rotation. Insert the needle perpendicularly and wait for the patient to experience heaviness, distension, soreness, numbness, a sensation of wanting to sneeze, or tearing of the eyes. Then retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Tongue Acupuncture

Points:

Eye

Heart

Small Intestine

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Ask the patient to stick his or her tongue out. Quickly insert the needle and use mild lifting, thrusting, and rotation technique to manipulate the point. Retain the needles for about 5 minutes. Alternatively, use a three-edge needle to perform fast spot pricking on the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion at the local point to a depth of 0.5 to 1.2 cun.

The tongue is a highly sensitive and active area of the body and achieves good results.

Neck Acupuncture

Points:

15 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Select one technique for each treatment. For the 15 point locations technique, insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun on the Xia Nao Hu point. All other needles should be inserted into the point perpendicularly and slowly to a depth of 0.5 to 0.8 cun. Use gentle lifting and thrusting rotation to elicit Qi, and retain the needles for 20 to 30 minutes. All 15 points are needled in the same treatment.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Eye

Revive

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Xiao Gu Kong

Technique: Choose a comfortable position for the patient with the hand in a loose, relaxed position. Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. For a point that is located on the fingers, insert the needle perpendicular to the skin above the joint or at the side of the periosteum. Take care not to insert into the periosteum. Use pushing, lifting, thrusting, and rotating methods of stimulation. Retain the needles for up to 20 to 30 minutes.

Bloodletting Therapy: Use a small-gauge three-edged needle, lancet, or pricking needle with a dispenser. Use proper clean needle technique to clean the surface of the skin. Using fast and strong insertion techniques, insert the needle into the Revive point to a depth of 1.0 to 2.0 fen, and then release some drops of blood. Treat the patient every other day, alternating treatment to both hands.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Nei Lin Qi

Nei Xia Xi

Liver

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Ask the patient to wash his or her feet before starting the treatment. Have the patient lie on his or her back with the legs stretched out and relaxed, or have the patient lie on his or her stomach with a small pillow underneath the ankles. Follow routine clean needle technique for all points. Insert the needle perpendicularly, obliquely, or horizontally with fast insertion. Use lifting, thrusting, and rotation techniques to elicit Qi, then retain the needles for about 20 to 30 minutes. Manipulate the needles every 5 to 10 minutes. Use 10 treatments to a course, with a rest period of 3 to 5 days between courses.

Wrist and Ankle Acupuncture

Points:

Upper 1

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles.

Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. There are 10 treatments to a course. When the retention time is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding.

Holographic Acupuncture

SECOND METACARPAL BONE

Points:

Head

Liver

Kidney

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle along the edge of the radial side of the second metacarpal bone. Direct the needle toward the palmar surface of the hand to a depth of 0.3 to 0.8 cun. Adjust the needle direction for a more sensitive reaction. Retain the needles for about 30 to 45 minutes, with rotation and manipulation every 5 to 10 minutes. If the patient has a warm, burning, or sweating sensation in the diseased area, this indicates that better results will occur.

Use the tip of the thumbnail to massage the points of the second metacarpal bone with mild clockwise pressure until the patient feels numbness, distension, heaviness, or soreness sensations on the local area of the hand. The patient will usually have these results immediately.

Electro-Acupuncture: Insert the needles and then connect an electro-machine to the needles. Use sparse wave, dense-sparse wave, and/or intermittent wave. Treat the patient once daily or every other day, with seven treatments to a course.

Summary

Treatment of sore, red, swollen eyes has good results using micro-acupuncture with ear, scalp, hand, and foot therapy. For acute conditions, the most effective method is to bleed the ear apex or find a sensitive spot on the ear to bleed, in combination with scalp, hand, and foot therapy. Also use ear ball therapy to help the treatment last longer. During the treatment, the patient can use the herbs Ye Ju Hua and Pu Gong Ying to make a decoction taken internally and used as an external eyewash. The patient should eat fresh foods and vegetables while avoiding spicy, acrid foods and keep the bowels moving freely.

EPILEPSY—JIAN ZHENG

Epilepsy, also known as seizures, is known in traditional Chinese medicine as “Yang Jian Feng.” Epilepsy is characterized by a sudden loss of consciousness, foaming at the mouth, screaming, rolling back of the eyes, and violent involuntary movements of the limbs. The patient will regain consciousness without lingering symptoms. Epilepsy can occur suddenly, briefly, and with a rapid onset. The causes can be genetic and usually develops in childhood, spleen and stomach deficiency causes phlegm accumulation, and excessive emotions leading to liver Qi stagnation. These liver, spleen, and kidney organ imbalances can lead to wind phlegm rising and obstruction of the clear orifices to cause epilepsy.

Western medicine refers to this condition as grand mal and petit mal seizures, as well as psychomotor and focal epilepsies.

Traditional Chinese Medicine Differential Diagnosis

1. **Obstruction by wind phlegm:** Sudden loss of consciousness, pale face, rolling back of the eyes, convulsions, foaming at the mouth, screaming, possible incontinence of urine, regain consciousness without lingering symptoms, dizziness and chest fullness before onset, white sticky tongue coating, and a slippery, fast pulse.
2. **Phlegm fire agitates within:** Sudden loss of consciousness, falling to the ground, convulsions, foaming at the mouth, rolling back of the eyes, and screaming. The patient may have symptoms between seizures, such as irritability, insomnia, bitter mouth, dry throat, constipation, red tongue with yellow sticky coating, and a wiry pulse.

3. **Liver stagnation with spleen deficiency:** Depression, lack of speech, pale complexion, sometimes loss of consciousness for a short time, shortness of breath, palpitations, soreness of the lower back and knees, red tongue with pale white coating, and a thin, slippery pulse.
4. **Liver and kidney Yin deficiency:** Prolonged epilepsy, in combination with dizziness, vertigo, insomnia, forgetfulness, weak and achy lower back and knees, dry stool, red tongue with thin sticky coating, and a thin, weak pulse.
5. **Spleen Qi deficiency and phlegm accumulation:** Prolonged epilepsy, in combination with tiredness, fatigue, dizziness, vertigo, poor appetite, lusterless complexion, profuse phlegm, pale tongue with white coating, and a thin, weak pulse.

Micro-Acupuncture Therapy

Scalp Acupuncture

1. ISNSA

Points:

Middle Line of Forehead

Middle Line of Vertex

Line 1 Lateral to Vertex

Line 2 Lateral to Vertex

Upper Middle Line of Occiput

Upper Lateral Line of Occiput

Line 2 Lateral to Forehead

Technique: Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles. Use transverse insertion from the superior to the inferior direction on the forehead lines. For the lines on the vertex, insert the needle from the anterior to the posterior direction. For the lines on the occiput, insert the needle from the superior to the inferior direction. Push the needle into the subaponeurotic tissue layers and use the false lifting technique continuously for 1 to 3 minutes. For the patient with a grand mal condition, insert each line using the up and down opposite insertion and anterior and posterior opposite insertion techniques. For the patient with focal epilepsy, use the contralateral side of the Line 1 Lateral to Vertex and Line 2 Lateral to Vertex points. If the patient has an emotional condition, add the Line 2 Lateral to Forehead point. Retain the needles for 30 to 60 minutes, and manipulate the needles every 15 to 30 minutes.

In between seizure onsets, choose the Middle Line of Forehead, Line 2 Lateral to Forehead, and Middle Line of Vertex points. Manipulate the needles for 1 minute, and retain the needles for 30 minutes. Treat the patient once daily or every other day, with five to seven treatments to a course and 3 to 5 days of rest between courses.

2. JIAO SYSTEM

Points:

Motor Area

Sensory Area

Chorea and Tremor Control Area—for Grand Mal seizures

Thoracic Cavity—for Petit Mal seizures

Vertigo and Hearing Area—for Petit Mal seizures or emotional conditions

Foot Motor and Sensory Area—for Petit Mal seizures

Technique: Use 30 to 34 gauge, 1.5 to 2.0 cun long filiform needles. Use transverse insertion and quickly push the needle into the subaponeurotic tissue layer. Use the rotation technique up to 200 times per minute, and continuously manipulate each needle until the patient stops violent involuntary movements of the limbs.

3. FANG SYSTEM

Points:

Head Area of Prone Imaging

Upper Jiao of Inverted Organ

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast perpendicular insertion to a depth of 2.0 to 3.0 fen until the needle reaches the periosteum. Use the rotation technique to manipulate the needles until patient stops violent involuntary movements of the limbs. Treat the patient once daily with 10 treatments to a course.

4. EXPERIMENTAL SYSTEM

Points:

Epilepsy Control Area

Epilepsy Area

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use fast oblique insertion and push the needle into the subaponeurotic tissue layer. Use the rotation technique to manipulate the needles until patient stops violent involuntary movements of the limbs. Treat the patient once daily with 10 treatments to a course.

5. ELECTROENCEPHALOGRAM FOR DIAGNOSIS OF SEIZURE LOCATION

Seizure locations can be on the frontal lobe, temporal lobe, parietal lobe, or occipital lobe of the brain. Use these locations to choose corresponding scalp acupuncture stimulation areas.

Points: For example, if the patient has a seizure at the frontal lobe of the brain, choose the Line 1 Lateral to Forehead and Line 2 Lateral to Forehead points. If the patient has a seizure at the parietal lobe of the brain, choose the Line 1 Lateral to Vertex, Line 2 Lateral to Vertex, or Middle Line of Vertex point.

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles. Use transverse insertion and push the needle into the subaponeurotic tissue layer. Use the rotation technique to manipulate the needles until the patient stops violent involuntary movements of the limbs. Treat the patient every other day, with 30 treatments to a course and 5 to 7 days of rest between courses.

Ear Acupuncture

1. CHINESE AURICULAR THERAPY

Points:

Subcortex

Shen Men

Occipital

Liver

Endocrine

Uterus

Temple

Forehead

Central Rim

Heart

Supplemental Points:

Kidney

Stomach

2. EUROPEAN AURICULAR THERAPY

Points:

Brainstem

Zero

Master Cerebral

Master Oscillation

Heart

Mania Point

Technique: Use 30 to 34 gauge, 0.5 cun long sterilized filiform needles. Select a few of the most tender points from the list for each treatment. Use Betadine to pre-clean the ear surface, and follow up with 70% alcohol to clean the ear. Use the thumb and index finger of one hand to hold the ear and the other hand to insert the needle in the selected point, using a quick jab and twisting to a depth of 1.0 to 2.0 mm. The needle should be inserted deep enough to hold firmly. The direction and needle angle will be determined by where the point is located. Use the strong rotation technique to stimulate, and retain the needles for 20 to 30 minutes.

Ear Bleeding Technique: Massage the ear until it is red and slightly swollen. Use Betadine to clean the ear surface, and then apply 70% alcohol for further cleaning. Use the pressing hand to hold the ear and in the puncturing hand hold the three-edge needle. Quickly prick the point about 1.0 to 2.0 mm, and then remove the needle and allow the point to bleed a few drops of blood. Apply a sterile cotton ball to the surface of the point after bleeding. Treat once every other day.

Nose Acupuncture

1. BASIC NOSE THERAPY

Points:

Heart

Kidney

Technique: Use standard clean needle technique. Before needling, the surface of the nose should be cleaned well. Use 32 to 34 gauge, 1.0 cun long filiform needles. Apply pressure and insert the needle perpendicularly into the point and then use oblique and running needle techniques to obtain the Qi. Manipulate the needles until the patient stops violent involuntary movements of the limbs.

Retain the needles for 30 minutes, and manipulate slowly and gently every 10 minutes during the retention.

Philtrum Acupuncture

Points:

Philtrum 7

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle rapidly with perpendicular insertion, or angle the needle upward. Insert the needle to a depth of 0.5 to 0.8 cun. Use the strong rotation technique.

Manipulate the needles until the patient stops violent involuntary movements of the limbs. Most of the patients will receive immediate benefit from the treatment. It is also helpful to combine philtrum acupuncture with macro-acupuncture points if necessary.

Tongue Acupuncture

Points:

Heart

Zhong Ju

Shen Gen

Zhuo Quan

Technique: Use fresh water to cleanse the patient's mouth.

Use 30 to 34 gauge, 1.0 to 1.5 cun long filiform needles.

If needles are to be inserted on the surface of the tongue, ask the patient to stick his or her tongue out. If needles are to be inserted underneath the tongue, ask the patient to curve up the tongue with the tip of the tongue touching the incisors of the supramaxilla. Quickly insert the needle and use mild lifting, thrusting, and rotation techniques to manipulate the point. Manipulate the needles until patient stops violent involuntary movements of the limbs.

Alternatively, use a three-edge needle to perform fast spot pricking on the tip of the tongue or underneath the veins of the tongue to release a few drops of blood. For the spot pricking technique, use fast insertion at the local point to a depth of 0.5 to 1.2 cun.

The tongue is a highly sensitive and active area of the body and achieves good results. Bleeding at the tip of the tongue or the vein underneath the tongue is particularly effective for patients in a coma or epilepsy conditions.

Neck Acupuncture

Points:

5 Point Locations

Technique: Use 30 to 34 gauge, 1.0 cun long filiform needles.

Insert the needle slowly with the needle tip slightly downward to a depth of 0.5 to 0.8 cun and then use lifting, thrusting, and rotation techniques. If using the rotation technique, use mild stimulation to elicit Qi. Manipulate the needles until the patient stops violent involuntary movements of the limbs.

These points are located close to the medulla. When inserting the needle and manipulating, it is important that you keep the needle at a shallow level to avoid the needle contacting

the medulla, which could lead to a fatal outcome especially for patients with epilepsy conditions.

Hand Acupuncture

1. HAND ACUPUNCTURE POINT THERAPY

Points:

Chest

Revive

Liver

2. NEW HAND ACUPUNCTURE THERAPY

Points:

Shi Xuan

Technique: Use 30 to 34 gauge, 0.5 to 1.0 cun long filiform needles. Insert the needle perpendicular to the skin to a depth of 3.0 to 5.0 fen. Use pushing, lifting, thrusting, and rotating methods with a strong stimulation. Manipulate the needles until the patient stops violent involuntary movements of the limbs.

Bloodletting Therapy: Use a small-gauge three-edge needle, lancet, or pricking needle with a dispenser. Using fast and strong insertion techniques Shi Xuan points, insert the needle into the skin to a depth of 1.0 to 2.0 fen, and then release a few drops of blood.

Foot Acupuncture

1. FOOT ACUPUNCTURE POINT THERAPY

Points:

Head

Qian Yin Zhu

Hou Yin Zhu

Kidney 1

Kidney

Nei Lin Qi

Nei Xia Xi

Headache

Vertigo

2. FOOT SPECIAL EFFECTS POINT THERAPY

Points:

Da Chi Ju Mao

Zhu Xin Xue

Ba Feng

Qi Duan

Technique: Select a few points from the list for each treatment. Use 30 to 34 gauge, 1.0 cun long filiform needles. Insert the needle perpendicularly, obliquely, or horizontally with a fast insertion. Use strong lifting, thrusting, and rotation techniques to elicit Qi. Manipulate the needles until the patient stops violent involuntary movements of the limbs.

Wrist and Ankle Acupuncture

Points:

Upper 1

Technique: Use 34 to 38 gauge, 1.5 cun long filiform needles. Have the patient lie in a comfortable position for needle insertion. Rapidly insert the needle into the skin at a 30-degree angle with the needle tip directed toward the diseased area. Then slowly push the needle further into the subcutaneous tissue at a 10-degree angle. If the patient has a sensation of heaviness, numbness, soreness, and tingling, the needle has been inserted too deeply and into the muscle layer. If this occurs, the needle needs to be relocated to the subcutaneous layer by pulling the needle back, adjusting the needle angle, and reinserting the needle into the subcutaneous layer. The needles are usually retained for 20 to 30 minutes without any stimulation, or retain the needles for up to 2 days. This technique is more effective when combined with passive activity methods, including Tui Na, Qi Gong, moxibustion, cupping, and breathing techniques while retaining the needles. There are 10 treatments to a course. When the retention time

is over, rapidly withdraw the needle and apply pressure to the point with a clean cotton ball to prevent bleeding. Wrist and ankle acupuncture is mainly used for prevention treatment.

Summary

Micro-acupuncture can help control and treat epilepsy. Epilepsy requires a long course of treatment. The patient usually needs to combine acupuncture with drugs and herbs. For the patient with acute-onset and frequent epilepsy, use ear, hand, and nose acupuncture. Scalp acupuncture has good results to control the onset of epilepsy. The patient should maintain stable emotions with a regular lifestyle and avoid eating acrid, spicy, and greasy foods. Micro-acupuncture systems usually have better results for this condition when combined with macro-acupuncture.

MESSAGE OF THE HEAD AND FACE**VIGOROUSLY RUB HANDS THEN MASSAGE THE FACE**
(FIGURE 24-1)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then vigorously rubs the hands together until the hands get warm and then places the palms of the hands on the forehead. Push and rub on the face first toward the jaw and then upward toward the forehead. Repeat at least 10 times. Patients with facial paralysis should use the hands to push the muscles of the face toward the ears.

Indications: Use for patients with insomnia, poor memory, dizziness, Bell's palsy, facial spasms, trigeminal neuralgia, and other face and head conditions.

RUB THE FOREHEAD (FIGURE 24-2)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient should then put his or her thumb on the Tai Yang point (located in the depression about 1 inch posterior to the midpoint between the lateral end of the eyebrow and the outer canthus of the eye) while bending the index finger to use the medial side of the interphalangeal side of the bone



A



B

FIGURE 24-1 A and B, Vigorously rub hands then massage the face.



FIGURE 24-2 Rub the forehead.



FIGURE 24-3 Rub and press St 7 (Xia Guan).

to gently rub on the Yin Tang point. Or place the thumb on the Tai Yang point and use the other four fingers to rub from Yin Tang to the Tai Yang points. Continue to use gentle pressure, rubbing from the Yin Tang point along the eyebrows to the sides of the head. Repeat this motion up to 40 times. If the patient has muscular paralysis due to Bell's palsy in the muscles of the forehead and is unable to open or close the eyes, the fingers should be used to rub the skin up toward the anterior hairline. Repeat several times.

Indications: Use for patients with forehead pain, facial paralysis, insomnia, dizziness, chronic eye conditions, high blood pressure, and trigeminal neuralgia conditions.

RUB AND PRESS XIA GUAN (ST 7) (FIGURE 24-3)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then puts the index or middle finger on the Xia Guan (St 7) point area of the face. The area around the point should then be rubbed in a rotating forward movement, combined with gentle pressure, up to 30 to 40 times. Instruct the patient to close and open his or her mouth while doing this movement.

Indications: Use for patients with deafness, tinnitus, toothache, facial paralysis, and pain or motor impairment of the face.



FIGURE 24-4 Rub and press Tai Yang.

RUB AND PRESS TAI YANG (FIGURE 24-4)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient should then put the pad of his or her index finger or middle finger on the Tai Yang point (located in the depression about 1 inch posterior to the midpoint between the lateral end of the eyebrow and the outer canthus of the eye). Using gentle pressure, perform clockwise rotations 10 to 20 times until the local area is sore and has a distending sensation.

Indications: Use for patients with headache on the temple area, insomnia, chronic eye conditions, and blurred vision.

RUB AND PRESS THE TEMPORAL AREA (FIGURE 24-5)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then puts the pad of his or her thumb on the Tai Yang point and, with gentle pressure, moves back and forth from the temple toward the occipital area 10 to 20 times until the local area is a bit sore and has a distending sensation.



FIGURE 24-5 Rub and press the temporal area.

Indications: Use for patients with temporal headaches, insomnia, tinnitus, deafness, and speech difficulties.

TAPPING THE TOP OF THE HEAD (FIGURE 24-6)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then opens the eyes wide and tightens up the jaw then uses the palm of the hand to gently tap on the top of the head with a regular rhythm about 10 times. Caution: This technique should not be performed on children.

Indications: Use for patients with vertex headaches, dizziness, insomnia, high blood pressure, and paralysis due to stroke.

TWISTING ON THE TOP OF THE SCALP (FIGURE 24-7)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then places the hand on the anterior hairline and then performs twisting motions toward the posterior direction at least 10 times. Also, the patient can separate the five fingers and then rub from the anterior hairline backward.

Indications: Use for patients with headaches, dizziness, insomnia, hair loss, hypertension, cerebral central nerve disorders, stroke, and menopause.

MESSAGE OF THE NECK AREA

TURNING THE NECK (FIGURE 24-8)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient then turns



A



B

FIGURE 24-6 A and B, Tapping the top of the head.

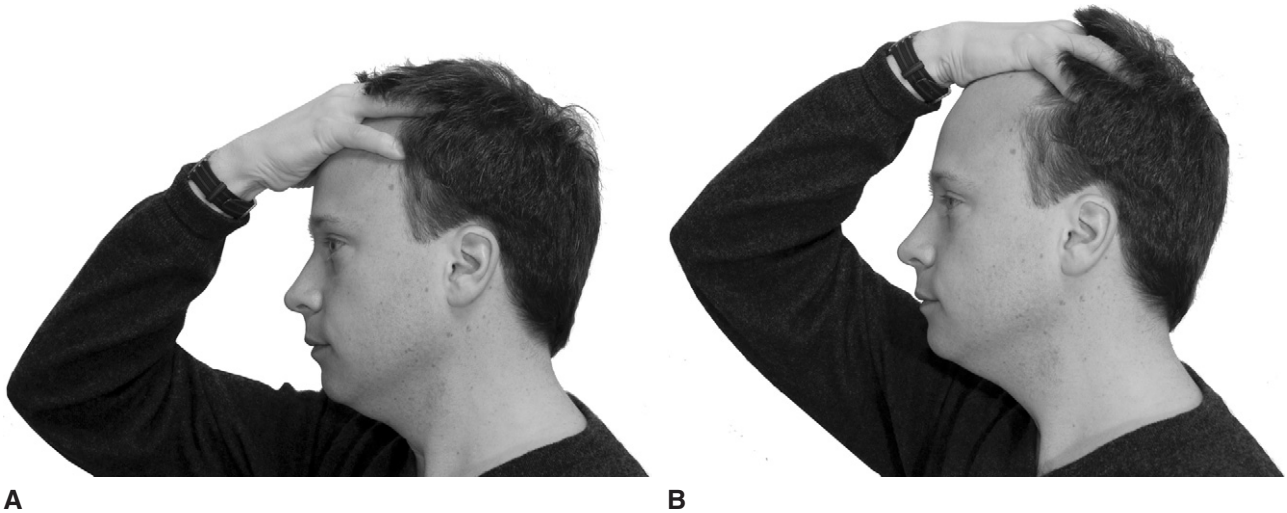


FIGURE 24-7 A and B, Twisting on the top of the scalp.

the head to the left and right while performing flexion and extension motions.

Indications: Use for patients with acute neck pain, headache, whiplash, and numbness of the arms and hands.

ROTATE THE NECK (FIGURE 24-9)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient then rotates the head in a clockwise and counterclockwise direction a few times until the patient feels that the stiffness or pain has been released.

Indications: Use for patients with chronic or acute neck pain, as well as headaches.

RUB AND PRESS THE OCCIPITAL AREA OF THE NECK (FIGURE 24-10)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses the pads of the thumb to apply gentle pressure on the GB 20 (Feng Chi) point located in the depression between the upper portion of the sternocleidomastoid and the trapezius. Movement should use pressure and rotation in a clockwise or counterclockwise direction up to 20 to 30 times, until the patient feels soreness or a distending sensation in the neck area.

Indications: Use for patients with occipital headaches, dizziness, insomnia, common colds, chronic eye diseases, high blood pressure, and neck pain.

CLASPING AND RUBBING THE NECK (FIGURE 24-11)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient then

crosses both hands over the back of the neck with the head tilted slightly backward. Both hands should then be used to provide gentle clasp and rubbing on the neck 10 to 20 times. The patient can also rotate the neck and turn the head to both sides.

Indications: Use for patients with chronic and acute neck pain.

MESSAGE ON AREAS AROUND THE EYES

ROLLING ON THE UB 2 (ZHAN ZHU) POINT (FIGURE 24-12)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses the pads of both thumbs to put pressure on UB 2 (Zhan Zhu), located on the medial extremity of the eyebrow or on the supraorbital notch, while performing gentle rolling and circling techniques in the local area.

Indications: Use for patients with headaches, blurred vision, pain of the supraorbital region, swollen and painful eyes, and twitching of the eyelid.

SQUEEZE AND PRESS ON THE UB 1 (JING MING) POINT (FIGURE 24-13)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses the thumb and index finger to hold UB 1 (Jing Ming) (located 0.5 cun superior to the inner canthus of the eye). Pinch and apply pressure until the local area has a distending sensation and soreness.

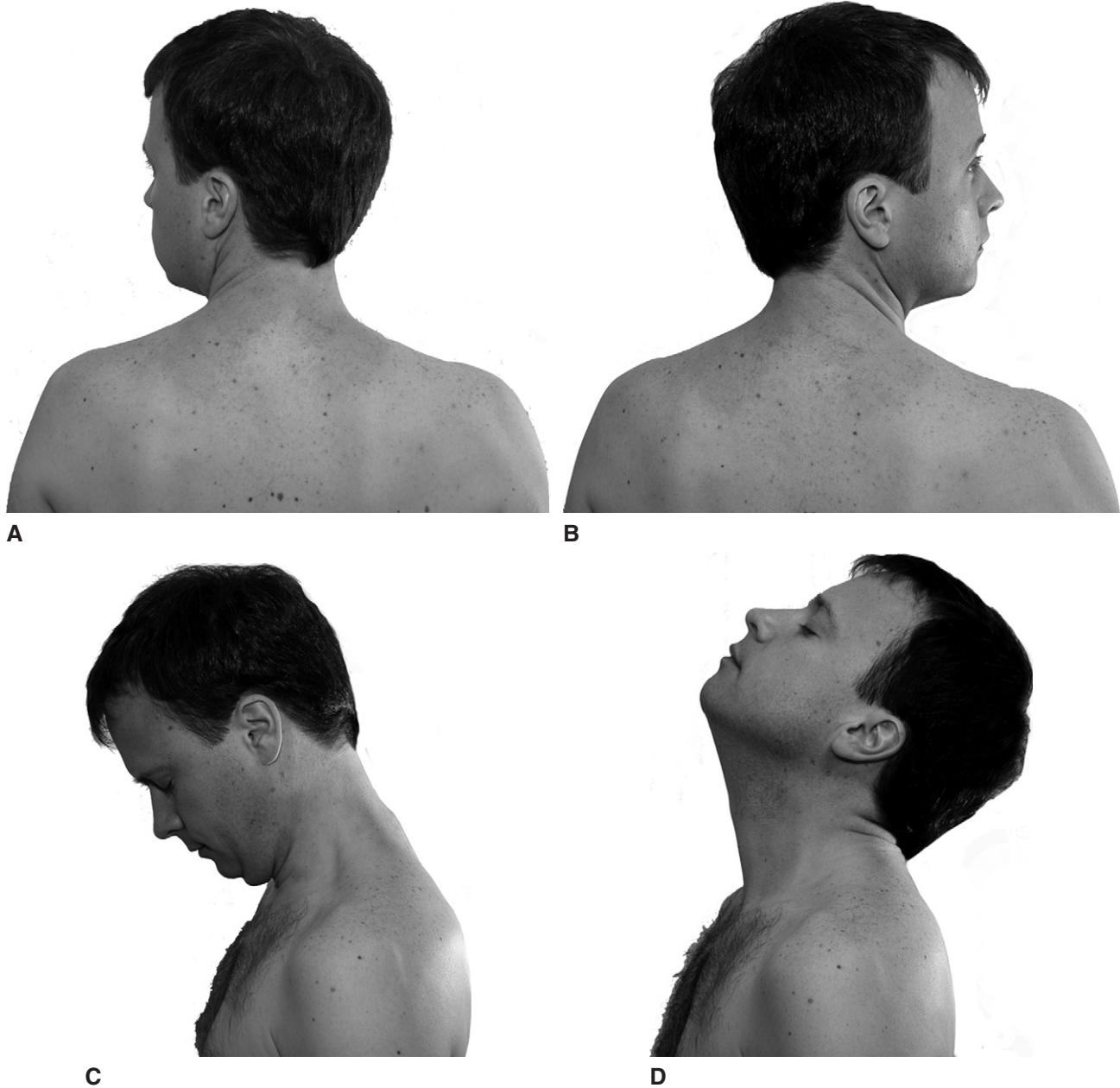


FIGURE 24-8 A, B, C, and D, Turning the neck.

Indications: Use for patients with red, swollen, painful eyes, itching of the inner canthus, blindness, color blindness, and blurred vision.

RUB AND PRESS ON THE ST 2 (SI BAI) POINT (FIGURE 24-14)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses the pads of both index fingers to apply pressure on St 2 (Si Bai) (located in the depression at the infraorbital foramen). Use rubbing, rolling, and

pressure techniques until the local area has a feeling of soreness and distension.

Indications: Use for patients with painful, red, itchy eyes, facial paralysis, twitching of the eyelid, and pain in the face.

CIRCULAR MASSAGE AROUND THE ORBIT OF THE EYE (FIGURE 24-15)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then bends the index fingers and, using the radial side of the middle interphalangeal joint, applies gentle



FIGURE 24-9 A and B, Rotate the neck.



FIGURE 24-10 Rub and press the occipital area of the neck.



FIGURE 24-11 Clasping and rubbing the neck.

pressure on the supraorbital and infraorbital areas. The patient should use a circular scrubbing technique moving from the orbital area to the Tai Yang point. Alternate rubbing the supraorbital area and infraorbital area until both areas have a feeling of soreness and distension.

Indications: Use for patients with red, sore, itchy, or painful eyes and blurred vision.

RUBBING AND PRESSING ON THE ORBITAL EDGE (FIGURE 24-16)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then puts the tips of the thumbs on the edges of the orbital area and, using gentle pressure, rubs from the inner canthus to the outer canthus on the



FIGURE 24-12 Rolling on the UB 2 (Zhan Zhu) point.



FIGURE 24-15 Circular massage around the orbit of the eye.



FIGURE 24-13 Squeeze and press on the UB 1 (Jing Ming) point.



FIGURE 24-16 Rubbing and pressing on the orbital edge.



FIGURE 24-14 Rub and press on the St 2 (Si Bai) point.

supraorbital and infraorbital areas. Repeat with gentle pressure around the entire orbital area. If the patient is unable to open his or her eyelids due to muscle problems or Bell's palsy, the patient should rub and apply pressure moving toward the forehead.

Indications: Use for patients with red, painful, itchy eyes, blurred vision, and facial paralysis.

MASSAGE OF AREAS AROUND THE EAR

PRESSURE ON THE AUDITORY EAR CANAL (FIGURE 24-17)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses the palms of both hands to apply pressure followed by release over the ear canal 10 to 30 times.

Indications: Use for patients with deafness.

LISTENING TO THE EARDRUM (FIGURE 24-18)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses



FIGURE 24-17 Pressure on the auditory ear canal.

the palms of both hands to tightly cover the ear canal. The middle finger is then placed at the base of the occipital area. The index finger covers the middle finger, and then the two fingers work together to tap on the base of the occipital area. Repeat this motion 10 to 30 times.

Indications: Use for patients with rhinitis, deafness, Ménière's syndrome, insomnia, dizziness, and balance problems.

LIFTING AND STRETCHING THE EARLOBE (FIGURE 24-19)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient uses both hands to pull, squeeze, and stretch the earlobe. The technique should begin with light pulling and then slowly increase. Lift and stretch the earlobes 10 to 20 times.

Indications: Use for patients with headaches, dizziness, high fever, and convulsions.

LIFTING AND STRETCHING THE EAR HELIX (FIGURE 24-20)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient uses his or her index fingers and thumbs to lift and stretch both ear helixes (located at the top of the ear). Repeat this motion 10 to 20 times.

Indications: Use for patients with headaches, dizziness, ringing in the ears, or convulsions, and for the prevention of colds and influenza.

SQUEEZING AND PULLING THE EAR TRAGUS (FIGURE 24-21)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient uses his or her thumb and index finger to squeeze and pull on the ear tragus 10 to 20 times. The patient can open and close the mouth in combination with squeezing and pulling on the ear tragus.



A



B

FIGURE 24-18 A and B, Listening to the eardrum.



FIGURE 24-19 Lifting and stretching the earlobe.



FIGURE 24-21 Squeezing and pulling the ear tragus.



FIGURE 24-20 Lifting and stretching the ear helix.

Indications: Use for patients with ringing in the ears, deafness, decreased hearing, and temporomandibular joint (TMJ) problems, and for the prevention of colds and influenza.

SQUEEZING AND PULLING THE ANTITRAGUS OF THE EAR (FIGURE 24-22)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient uses his or her thumb and index finger to squeeze and pull the antitragus of the ear. Repeat this motion 10 to 20 times.

Indications: Use for patients with headaches, dizziness, forgetfulness, hormonal imbalance, and irregular menses.

MASSAGE OF AREAS AROUND THE NOSE

SQUEEZING THE BRIDGE OF THE NOSE (FIGURE 24-23)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses the index finger and thumb to hold and squeeze the bridge of the nose between the eyes. The technique should involve gently applying a slight squeeze upward and then downward 10 to 20 times.

RUBBING AND PRESSING LI 20 (YING XIANG)

The patient sits or lies in a supine position while the practitioner inserts needles in selected

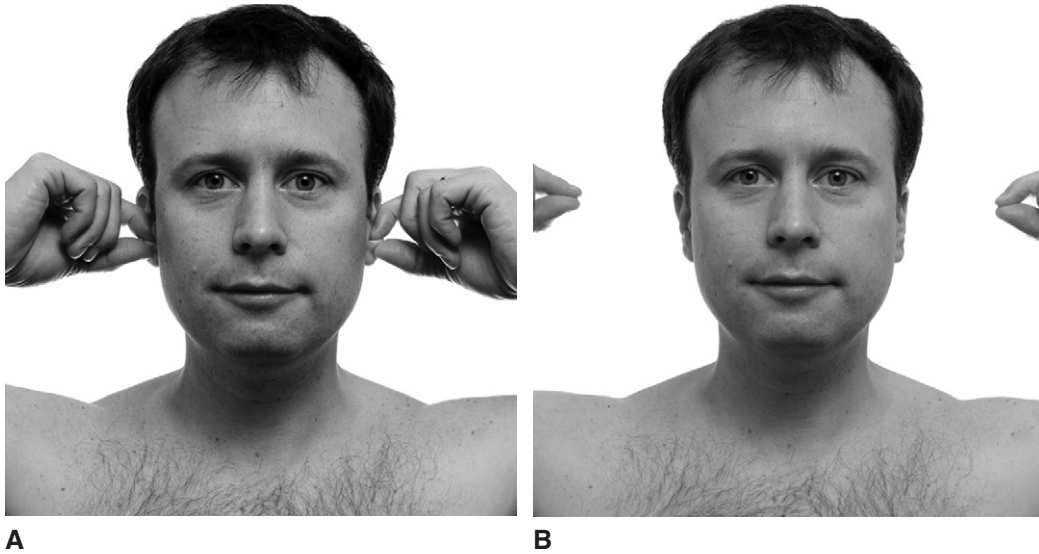


FIGURE 24-22 A and B, Squeezing and pulling the antitragus of the ear.



FIGURE 24-23 Squeezing the bridge of the nose.



FIGURE 24-24 Rubbing and pressing LI 20 (Ying Xiang).

micro-acupuncture points. The patient uses the index fingers to apply pressure and rub on the LI 20 (Ying Xiang) point, located in the nasolabial groove. Use a rotating technique in both clockwise and counterclockwise directions, up to 30 times (Figure 24-24).

RUBBING THE SIDES OF THE NOSE

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses the index fingers to apply pressure to both sides of the nose with a rubbing



FIGURE 24-25 Rubbing the sides of the nose.

movement upward and downward along the edges of the nose (Figure 24-25).

OPENING THE ALANASA OF THE NOSE (FIGURE 24-26)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then takes a series of deep breaths, exhaling through the nose so as to open the ala nasa.

MASSAGING THE AREA AROUND THE MOUTH

CLENCHING THE TEETH (FIGURE 24-27)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then gently clenches the upper and lower teeth together and then releases, 20 to 30 times.

Indications: Use for patients with toothache.

GENERATING FLUIDS IN THE MOUTH BY ROTATING THE TONGUE (FIGURE 24-28)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then rotates the tongue 10 to 20 times until the mouth is full of saliva.



A



B

FIGURE 24-26 **A** and **B**, Opening the alanasa of the nose.



FIGURE 24-27 Clenching the teeth.



FIGURE 24-29 Swallowing saliva.



FIGURE 24-28 Generating fluids in the mouth by rotating the tongue.

SWALLOWING SALIVA (FIGURE 24-29)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. This technique is used in combination with the technique shown in Figure 24-28. After rotating the tongue to generate saliva, the patient should blow out the cheeks and swallow the saliva a few times. This technique is mostly used with micro-acupuncture on the scalp to help patients with speech problems.

Indications: Use for patients with speech difficulties.

MESSAGE AREAS ON THE ARMS

HOLD AND APPLY PRESSURE ON GB 21 (JIAN JING) (FIGURE 24-30)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses the fingers to grab the muscle around the GB 21 (Jian Jing) point on the opposite shoulder. GB 21 is located midway between Du 14 (Da Zhui) and the acromion process, at the highest point of the muscle. Use a holding and squeezing technique with gentle lifting of the muscle 10 to 30 times. Repeat with the other hand for the other shoulder. The practitioner can perform this technique on both shoulders at the same time during treatment.



FIGURE 24-30 Hold and apply pressure on GB 21 (Jian Jing).



FIGURE 24-31 Rubbing and pressing the top of the shoulder.



A



B

FIGURE 24-32 **A** and **B**, Rubbing the shoulder and arm.

RUBBING AND PRESSING THE TOP OF THE SHOULDER (FIGURE 24-31)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient can use one hand to rub and apply pressure to the opposite shoulder around painful spots until the patient feels soreness or a distending sensation.

RUBBING THE SHOULDER AND ARM (FIGURE 24-32)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses the palm of the hand to rub up and down on the opposite shoulder and upper arm. Twist and rub until the local area becomes red and warm.



FIGURE 24-33 Squeezing and rubbing the elbow area.

Indications: Use for patients with shoulder injuries, frozen shoulder, and numbness or paralysis of the arm.

SQUEEZING AND RUBBING THE ELBOW AREA (FIGURE 24-33)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses the pad of the thumb to apply a gentle pressure and rolling technique on LI 11 (Qu Chi), located on the lateral end of the transverse cubital crease or Ht 3 (Shao Hai), in the depression between the medial end of the transverse cubital crease and the medial epicondyle of the humerus. Or rub on SI 8 (Xiao Hai) in the depression between the olecranon of the ulna and the medial epicondyle of the humerus until the local area has a sensation of soreness and distension.

SQUEEZING AND RUBBING THE ARMS (FIGURE 24-34)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient uses one hand to squeeze and rub on the opposite arm from the shoulder down to the lower part of the forearm. Repeat the motion until there is a sensation of relaxation in the area.

Indications: Use for patients with arm soreness, numbness, or paralysis.

ROTATION OF THE SHOULDERS (FIGURE 24-35)

The patient stands while the practitioner inserts and manipulates needles in selected micro-acupuncture points.



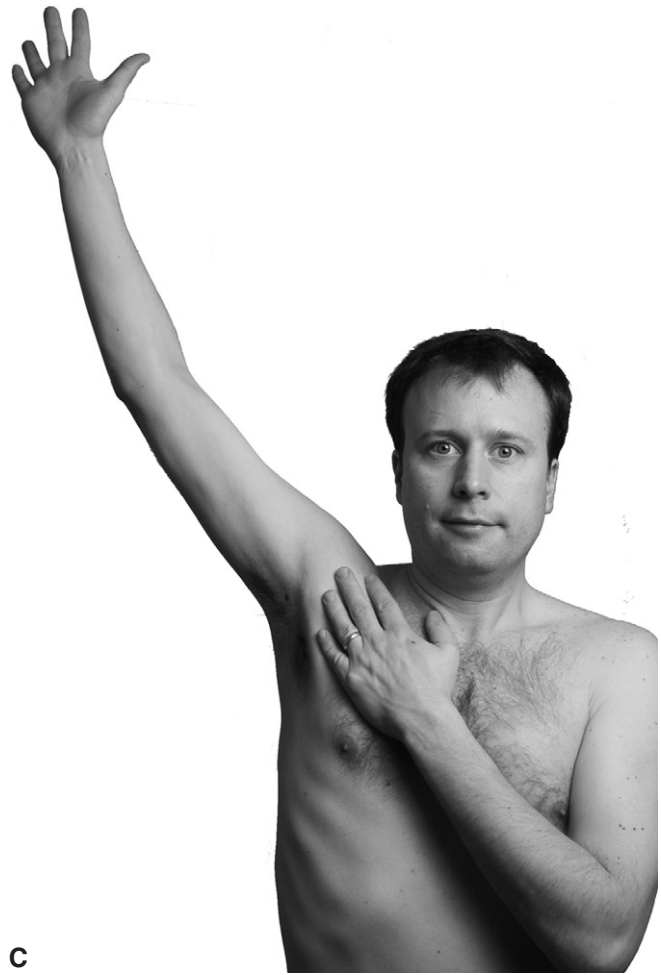
A

B

FIGURE 24-34 **A** and **B**, Squeezing and rubbing the arms.



A



C



B

FIGURE 24-35 A to C, Rotation of the shoulders.

The patient then moves the arms in all different directions; rotation, adduction, abduction, and stretching back to touch the opposite scapula.

Indications: Use for patients with shoulder pain, arthritis, and frozen shoulder.

STRETCHING THE ELBOW (FIGURE 24-36)

The patient sits, lies supine, or stands while the practitioner inserts needles in selected micro-acupuncture points. The patient then stretches the elbow by flexing and extending 20 to 30 times, until there is a sense of soreness in the arm muscles. If the patient has range-of-motion problems, the patient should stop once the muscles begin to feel loose.

Indications: Use for patients with arthritis, tennis elbow, and tendonitis.

ROTATION OF THE WRISTS (FIGURE 24-37)

The patient sits, lies supine, or stands while the practitioner inserts needles in selected micro-acupuncture points. The patient then rotates the wrists in a clockwise or counterclockwise direction on both hands 20 to 50 times,

until there is a sense of heaviness and soreness in the wrists or arms.

Indications: Use for patients with arthritis, carpal tunnel syndrome, or injury of the wrist.

TAPPING ON P 6 (NEI GUAN) (FIGURE 24-38)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then holds one hand with five fingers together and gently taps on the opposite arm on the P 6 (Nei Guan) point (located 2 inches proximal to the transverse crease of the wrist in between the palmaris longus tendon and flexor radialis muscle).

Indications: Use for patients with cardiac pain, palpitations, chest stuffiness, hypochondriac pain, stomachache, vomiting, hiccups, insomnia, and irritability.

STRETCHING THE WRISTS (FIGURE 24-39)

The patient sits or lies in a supine position while the practitioner inserts needles in selected



FIGURE 24-36 A and B, Stretching the elbow.



FIGURE 24-37 Rotation of the wrists.

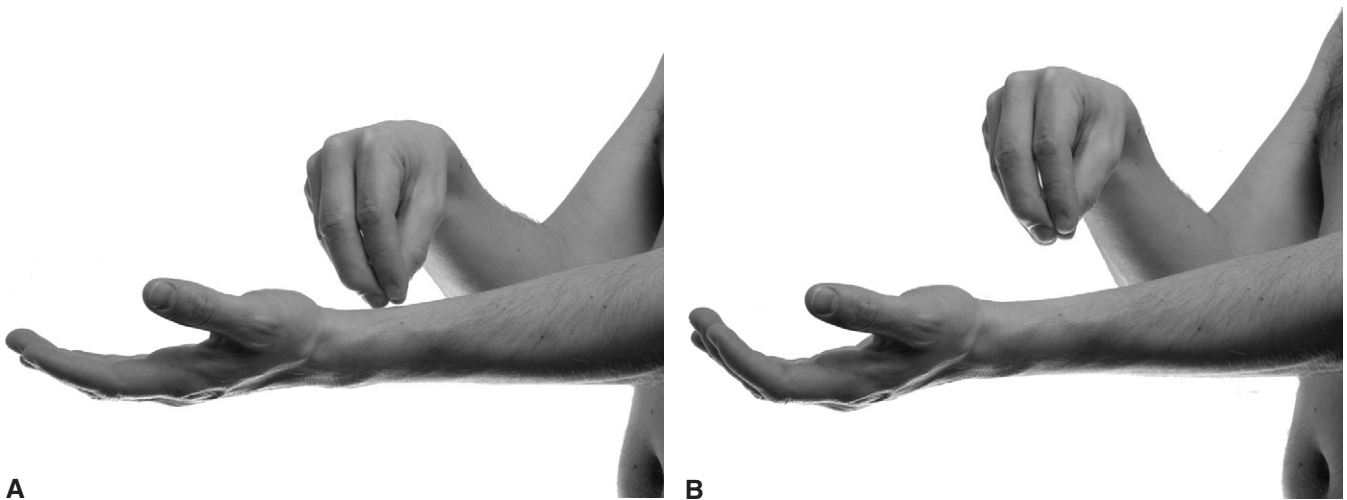


FIGURE 24-38 Tapping on P 6 (Nei Guan).



FIGURE 24-39 Stretching the wrists.

micro-acupuncture points. Let the wrists go loose and shake quickly upward and downward. Repeat this motion several times.

TWISTING THE FINGERS (FIGURE 24-40)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses the thumb and index fingers of one hand to hold one finger on the other hand. One should use a twisting motion up and down. Repeat the twisting technique on all other fingers.

Indications: Use for patients with numbness and pain of the fingers and joints.

KNOCKING THE FINGERTIPS (FIGURE 24-41)

The patient sits, stands, or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture



FIGURE 24-40 Twisting the fingers.

points. The patient then places both hands together by touching the fingertips and performs a knocking motion 20 to 50 times.

Indications: Use for patients with numbness and lack of sensation of the fingertips due to nerve damage or diabetes.

TWISTING THE HANDS (FIGURE 24-42)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient uses the palmar side of one hand and overlaps on the dorsal side of the other hand to apply pressure and then rubs, starting gently and slowly and increasing pressure and speed until the hand is warm and red. Repeat this technique on the other hand.

Indications: Use for patients with circulation problems such as Raynaud's disease, or for stiffness and pain of the hands.

MAKING A FIST (FIGURE 24-43)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then opens the hand, stretches the fingers, and then closes the fingers to make a fist several times, until the joint feels stiff and tight.

Indications: Use for patients with hand pain, circulation problems, and arthritis.

HOLDING AND RELEASING THE HANDS (FIGURE 24-44)

The patient stands while the practitioner inserts needles in selected micro-acupuncture points. The patient should stand with the legs separated at shoulder width. The patient then extends the arms in front of the body with the shoulders relaxed and wrists slightly extended. Place all five fingers as though they were holding a ball; slowly extend and flex all the fingers.

Indications: Use for patients with hand pain, as well as arthritis.



A



B

FIGURE 24-41 A and B, Knocking the fingertips.

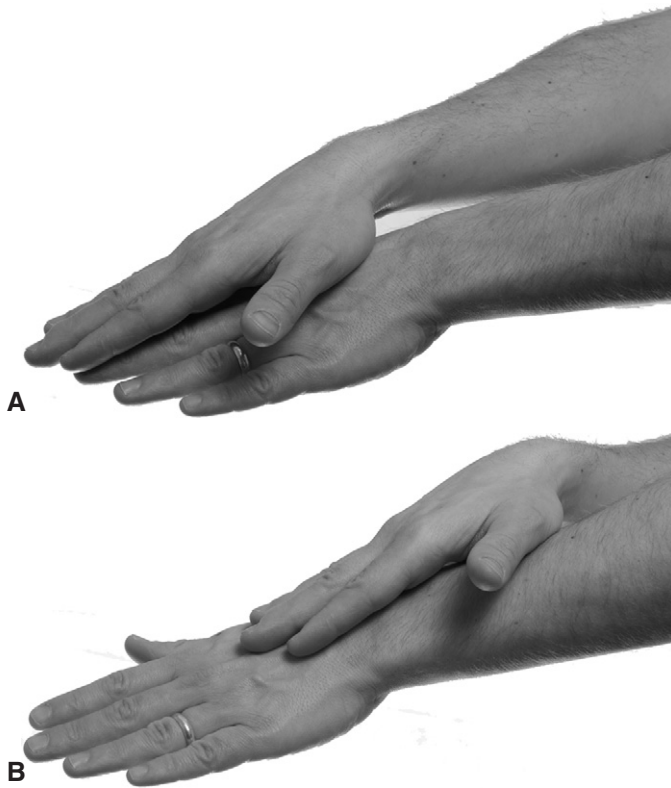


FIGURE 24-42 A and B, Twisting the hands.

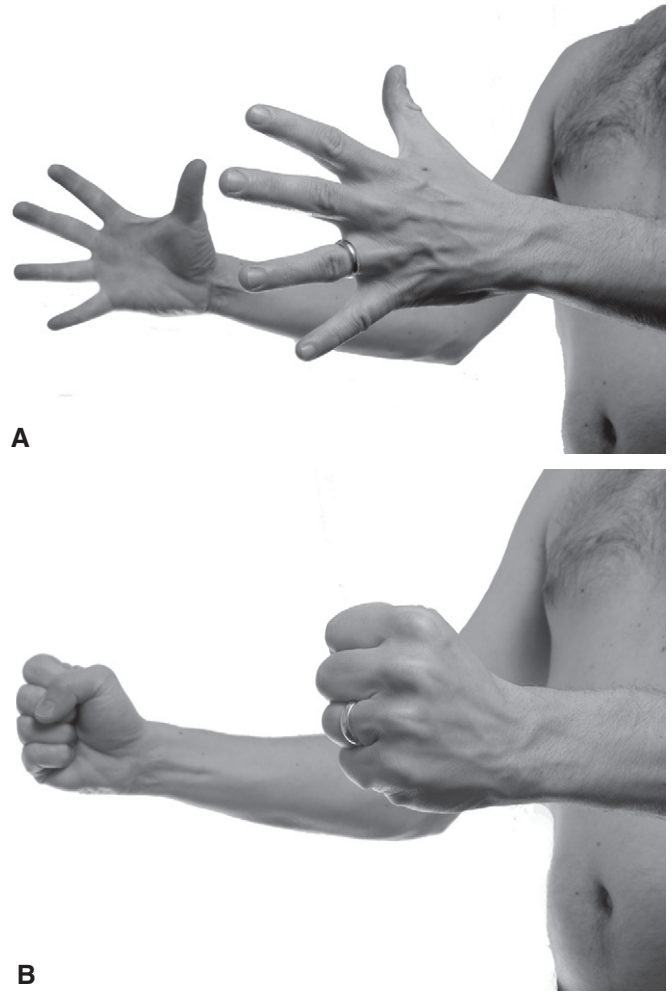


FIGURE 24-43 A and B, Making a fist.

ROLLING ON LI 4 (HE GU) (FIGURE 24-45)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. Use the index finger to hold the palm and then use the thumb pad to apply pressure on the LI 4 (He Gu) point on the opposite hand. The point is located on the dorsal side of the hand between the first and second metacarpal bone, approximately in the middle of the second metacarpal bone on the radial side. The patient should apply the rolling technique first slowly and then more quickly until a tight pressure is felt.

Indications: Use for patients with headaches, facial pain, nose blockage, eye conditions, sinusitis, and paralysis of the face.

ROLLING ON LU 10 (YU JI) (FIGURE 24-46)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then puts the pad of the thumb on the thenar eminence of the opposite hand and performs a rotation technique from 10 to 30 times. Repeat the technique on the other hand.

Indications: Use for patients with cough and asthma.

MASSAGING THE CHEST AND ABDOMEN

LIFTING THE CHEST MUSCLES (FIGURE 24-47)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses one hand on the opposite side of the chest, using the thumb pad on the chest muscles with the fingers under the armpit. Then grasp the muscles of the chest and lift up while squeezing. At the same time, the patient should inhale and exhale deeply. Repeat this motion 5 to 10 times on both sides.

Indications: Use for patients with fullness of the chest, chest pain, coughing, and asthma.

RUBBING AND PRESSING THE CHEST (FIGURE 24-48)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. Put the middle finger pad into the intercostal spaces and perform rolling and pressing techniques from the



FIGURE 24-44 A and B, Holding and releasing the hands.



FIGURE 24-45 Rolling on LI 4 (He Gu).



FIGURE 24-46 Rolling on Lu 10 (Yu Ji).



FIGURE 24-47 Lifting the chest muscles.



FIGURE 24-48 Rubbing and pressing the chest.

medial to the lateral areas and from up to down while gradually increasing pressure.

Indications: Use for patients with chest pain, especially intercostal pain causing a full sensation in the chest.

CLAPPING ON THE CHEST (FIGURE 24-49)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses both hands to clap on the chest, alternating between the right and left hands. At the same time, combine this technique with deep breathing exercises.

Indications: Use for patients with fullness of the chest, chest pain, coughing, asthma, and depression leading to a sense of fullness of the chest.



FIGURE 24-49 Clapping on the chest.



FIGURE 24-50 Deep breathing.

DEEP BREATHING (FIGURE 24-50)

The patient lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient can concentrate on holding the breath as deeply as possible, and then slowly exhale. The patient should try to breathe in through the nose and out through the mouth.

Indications: Use for patients with difficulty breathing.

RUBBING THE CHEST (FIGURE 24-51)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient places the hands on the chest and mostly uses the thenar eminence muscle to press on the surface of the chest followed by forcefully rubbing back and forth from medial to lateral until the skin is warm and red.

Indications: Use for patients with chest pain, fullness of the chest, cough, and asthma.



FIGURE 24-51 Rubbing the chest.

RUBBING THE HYPOCHONDRIUM AREA (FIGURE 24-52)

The patient sits or lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient places the hands below the ribs on both sides, close to the hypochondriac area, and pushes downward and then upward, rubbing back and forth several times. Meanwhile, have the patient perform deep breathing exercises. As the patient inhales, have the patient's hands move upward, and as the patient exhales, move the hands downward.

Indications: Use for patients with hypochondrium pain, fullness of the hypochondriac area, and tightness of the chest.



FIGURE 24-52 Rubbing the hypochondriac area.



FIGURE 24-53 Rolling on Ren 12 (Zhong Wan).



FIGURE 24-54 Rolling on the abdomen.

ROLLING ON REN 12 (ZHONG WAN) (FIGURE 24-53)

The patient lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then places one hand on the Ren 12 (Zhong Wan) point and performs a rotating rolling technique in a clockwise direction. Ren 12 is located on the anterior midline, 4 cun superior to the umbilicus.

Indications: Use for patients with stomach pain, nausea, vomiting, and a full sensation of the abdomen.

ROLLING ON THE ABDOMEN (FIGURE 24-54)

The patient lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient places both hands on the lower abdomen or below the umbilicus. The patient should overlap the hands and perform a rolling motion in a clockwise direction. Meanwhile, the patient should take deep breaths, trying to match the rolling technique to the rhythm of the breath.

RUBBING THE LOW ABDOMEN

(FIGURE 24-55)

The patient lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then places both hands on the side of the abdomen and pushes down in an inferior and anterior direction toward the lower abdomen. The patient should perform deep breathing and continue with the technique until the skin is red and warm.

Indications: Use for patients with abdominal pain, dysmenorrhea, bloating, and gas.

HOLDING THE ABDOMEN (FIGURE 24-56)

The patient lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then breathes deeply, holding up the lower abdomen while contracting the perineum for a few seconds, and then slowly exhales and releases.



FIGURE 24-55 **A** and **B**, Rubbing the low abdomen.

Indications: Use for patients with organ prolapse, incontinence, and premature ejaculation.

MASSAGING AREAS ON THE BACK

RUBBING THE LOW BACK (FIGURE 24-57)

The patient sits while the practitioner inserts needles and performs manipulation on selected micro-acupuncture points. The patient places his or her hands on the lower back and forcefully rubs up and down 10 to 20 times. The patient can also stretch the back and bend over as the patient rubs the back.

Indications: Use for patients with chronic low back pain, tightness of low back muscles, and Bi syndrome.

ROLLING ON THE YAO YAN POINT (FIGURE 24-58)

The patient sits while the practitioner inserts needles and performs manipulation on selected micro-acupuncture points. The patient then makes a fist with both hands and places them over the Yao Yan points (located approximately 3.5 cun lateral to the lower border of the spinous process of the fourth lumbar vertebra). The patient then performs

a rolling motion with both hands, moving toward the spine of the back until the skin is red. As the patient rolls over the Yao Yan points, the patient can stretch the back and bend over.

Indications: Use for patients with acute and chronic low back injury, low back pain, and a herniated disk.

TAPPING ON THE LOW BACK AND SACRAL AREA (FIGURE 24-59)

The patient sits while the practitioner inserts needles and performs manipulation on selected micro-acupuncture points. The patient then makes a fist with both hands on the low back and performs a tapping motion upward and downward on the low back.

Indications: Use for patients with acute and chronic low back pain and herniation.

LIFTING AND HOLDING THE PERINEUM (FIGURE 24-60)

The patient lies in a supine position while the practitioner inserts needles and performs manipulation in selected micro-acupuncture points. In the meantime, the patient lifts up the perineum and then releases. Repeat this motion until the patient is too tired to continue lifting.



FIGURE 24-56 Holding the abdomen.



FIGURE 24-57 Rubbing the low back.

Indications: Use for patients with urination problems, diarrhea, incontinence, and hemorrhoids.

ACTIVATING THE LOW BACK (FIGURE 24-61)

The patient is in a standing position while the practitioner inserts needles in selected micro-acupuncture points. The patient stretches the arms upward while lifting the head. The patient should then slowly drop the arms and continue bending over at the waist until the hands reach the floor, stretching as much as possible. The patient should then return to the upright position, lifting the arms upward. Repeat this motion several times.

Another option is to have the patient stretch his or her arms up and then drop the arms toward the floor. Next, have the patient place the hands on the knees in a squat position and then stand up, straightening out the legs.

A third option is to perform rotation of the hips. The patient places his or her hands above the hips then rotates the hips in a clockwise or counterclockwise direction as the practitioner manipulates the needles on the micro-acupuncture system points.



FIGURE 24-58 Rolling on the Yao Yan point.



FIGURE 24-59 Tapping on the low back and sacral area.



FIGURE 24-60 Lifting and holding the perineum.

A fourth option is to have the patient lying in a supine position and stretch the arms toward the head. While the patient moves the arms down to the sides, have the patient bring the knees to the chest at a 90-degree angle. The patient should stretch the arms back above the head while straightening out the legs. Repeat this motion for patients with acute back pain until they feel their back muscles loosening. For patients with chronic low back pain, continue this motion until they become too tired to continue.

MESSAGE ON THE LEGS AND FEET

ROLLING AND PRESSING ON THE LEGS (FIGURE 24-62)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses the palms of both hands to roll and press on the leg in an upward and downward direction with gentle pressure that increasingly becomes heavier until the patient feels soreness or a distending sensation.

ROLLING AND PRESSING ON THE KNEES (FIGURE 24-63)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses the thumb and index finger to hold the patella of the knee and performs a gentle rotation from the medial toward the lateral side. The patient can also squeeze and hold the knee.

STRETCHING AND BENDING THE KNEE (FIGURE 24-64)

The patient sits or stands while the practitioner inserts needles in selected micro-acupuncture points. The patient then stretches out the knee and continues to flex and extend until the patient feels his or her quadriceps muscles tighten and feels some soreness. The patient can also choose to stand and bend over while holding the knee and then return to a standing position until there is a feeling of soreness or pain.

Indications: Use for patients with arthritis and knee pain.

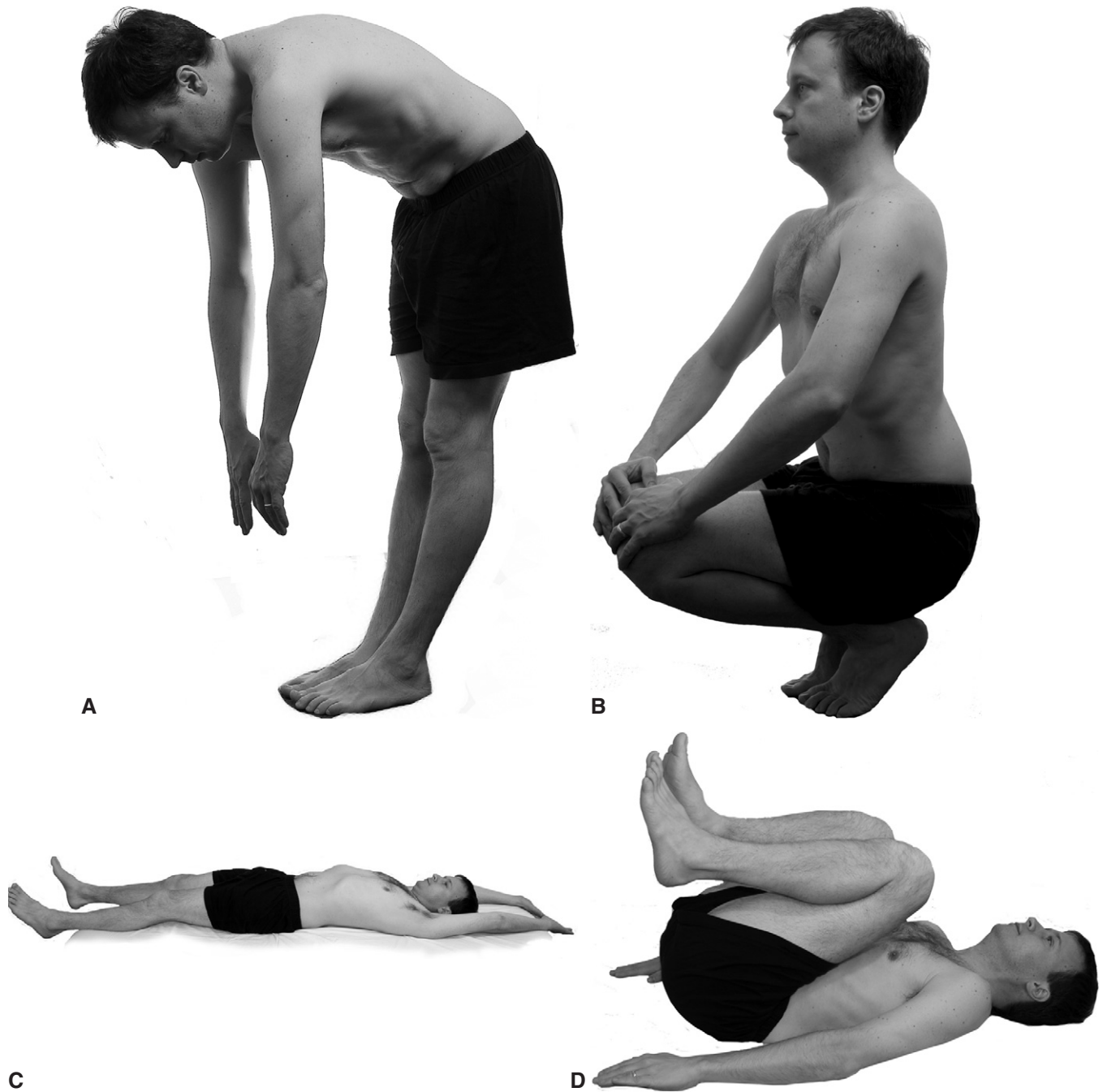


FIGURE 24-61 A to D, Activating the low back.

HOLDING THE LEG MUSCLES (FIGURE 24-65)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses one hand to hold and squeeze the talus muscles and moves up and down the muscle with the hand, increasing pressure until there is a sense of soreness.

Indications: Use for patients with restless leg syndrome.

ROLLING AND PRESSING ON ST 36 (ZU SAN LI) (FIGURE 24-66)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient then places the thumb on St 36 (Zu San Li), located 3 cun inferior to ST 35, one finger breadth lateral to the tibia's anterior crest in the tibialis anterior muscle, and performs a rolling



FIGURE 24-62 Rolling and pressing on the legs.



FIGURE 24-63 **A** and **B**, Rolling and pressing on the knees.



FIGURE 24-64 A and B, Stretching and bending the knee.

technique in a clockwise direction on the right leg and a counterclockwise direction on the left leg, about 10 to 30 times, until there is a sense of soreness.
Indications: Use for patients with leg pain or digestive problems, and for prevention of recurring colds and illness.



FIGURE 24-65 Holding the leg muscles.

PLUCKING AND PRESSING ON GB 34 (YANG LING QUAN) (FIGURE 24-67)

The patient sits while the practitioner inserts needles in selected micro-acupuncture points. The patient then presses on GB 34 (Yang Ling Quan) with the thumb (the point is located in the depression anterior and inferior



FIGURE 24-66 Rolling and pressing on St 36 (Zu San Li).



FIGURE 24-67 Plucking and pressing on GB 34 (Yang Ling Quan).

of the head of the tibia). Use the thumb to press and pluck until the patient feels soreness and numbness radiating to the toes.

Indications: Use for patients with arthritis, leg weakness, numbness and pain, painful and swollen knees, and digestive problems.

CLAPPING ON THE LEG (FIGURE 24-68)

The patient sits with the leg fully extended while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses the palm of both hands to clap on the entire leg up and down with increasing pressure 10 to 20 times.

Indications: Use for patients with paralysis, weakness of the legs, Bi syndrome, and painful and swollen legs.

ROTATION OF THE ANKLE JOINT (FIGURE 24-69)

Patient sits with one leg crossed over the other while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses one hand to hold the lower part of leg while the other hand holds the ball of the foot and performs rotation in a clockwise and a counterclockwise direction. The patient can also stand and put his or her toes on the floor to rotate the ankle.

Indications: Use for patients with arthritis, swollen legs, and sprained ankles.

RUBBING ON KID 1 (YONG QUAN) (FIGURE 24-70)

The patient sits with one leg crossed over the other while the practitioner inserts needles in selected micro-acupuncture points. The patient then uses one hand to hold the lower

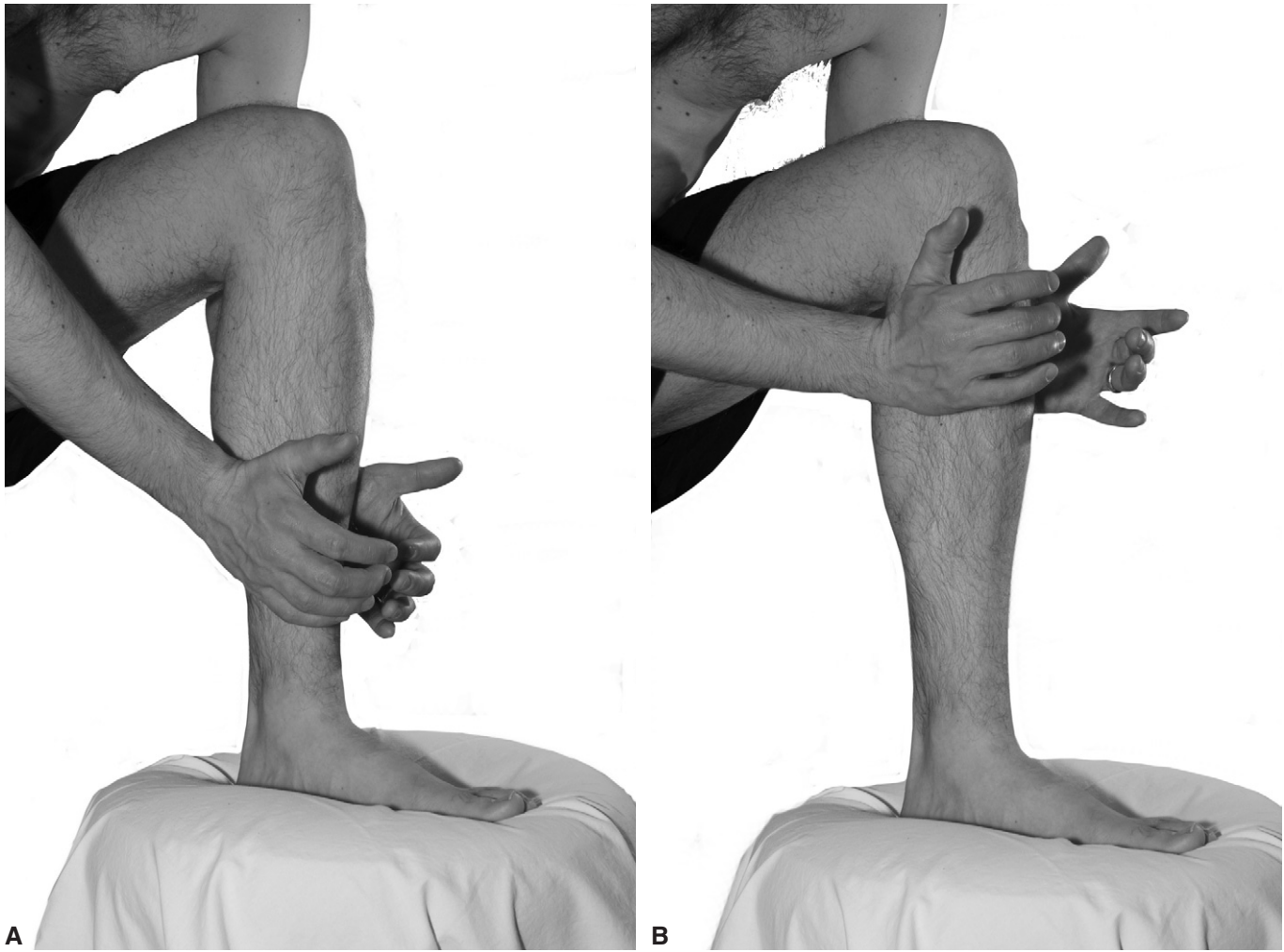


FIGURE 24-68 A and B, Clapping on the leg.



FIGURE 24-69 Rotation of the ankle joint.

leg while the other hand rubs on Kid 1 (Yong Quan), located on the sole in the depression when the foot is in plantar flexion, approximately at the junction of the anterior and posterior two-thirds of the sole, until the area is warm and relaxed.

Indications: Use for patients with poor circulation in the extremities, headaches, blurred vision, dizziness, sore throat, feverish sensation in the soles, and foot pain.

STRETCHING OF THE FINGERS AND TOES
(FIGURE 24-71)

The patient lies in a supine position while the practitioner inserts needles in selected micro-acupuncture points. The patient then flexes and extends both the fingers and the toes 10 to 30 times, until there is a sense of soreness in the local area.

Indications: Use for patients with stiff joints in the fingers and toes and for arthritis.



FIGURE 24-70 Rubbing on Kid 1 (Yong Quan).



A



B

FIGURE 24-71 **A** and **B**, Stretching of the fingers and toes.

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